BAJAJ ALLIANZ
EXTRA CARE PLUS
A SUPER TOP UP PLAN TO TAKE CARE
OF HIGHER MEDICAL EXPENSES

Caringly yours

CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-H/V.I/50/2016 -17
INTRODUCTION

In the times of rising medical costs Bajaj Allianz’s Extra Care Plus Policy acts as an additional cover to your existing health insurance cover and provides wider health protection for you and your family. In case of higher expenses due to illness or accidents, Extra Care Plus policy takes care of the additional expenses. It is important to consider the fact that with rising inflation the health insurance cover may not be adequate, at the same time buying a large insurance cover may not be affordable. This policy is a perfect fit for a wider health insurance cover to take care of the rising health care expenses.

WHAT ARE THE SPECIAL FEATURES OF EXTRA CARE PLUS POLICY?

• Floater policy for proposer/ spouse/ dependent children/dependent parents (dependent parents under same policy)
• Entry age 91 days to 80 years
• Wide range of sum insured and aggregate deductible options
• No pre-policy medical tests up to 55 years of age (subject to clean proposal form)
• Pre-existing disease covered after 12 months from your first Extra Care Plus policy
• In patient Hospitalisation cover
• Pre 60 days and post 90 days hospitalisation expenses cover
• Emergency road ambulance cover
• Option to opt for Air Ambulance Cover
• Day care procedures as defined under the policy
• Free health check up
• Maternity expenses including complications of maternity
• Income tax benefit under 80 D of the IT Act on premiums paid for this policy, subject to changes in the tax laws

COVERAGE

What is covered under Extra Care Plus Policy?

1 Medical Expenses

   If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred, subject to aggregate deductible as specified on the policy document

   Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

   a. In patient Hospitalisation expenses:-
      i. Room Rent/Boarding and Nursing Expenses
      ii. ICU Rent/ Boarding and Nursing Expenses
      iii. Fees of Medical Practitioner, Surgeon, Anaesthetist, Nurses and Specialist Doctor
      iv. Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process

   b. Pre-hospitalisation expenses

      The medical expenses incurred in the 60 days immediately before you were hospitalised, provided that:
      i. Such medical expenses were incurred for the same condition requiring subsequent Hospitalisation, and;
      ii. We have accepted the claim underIn-Patient Hospitalisation expenses

   c. Post-hospitalisation expenses

      The medical expenses incurred in the 90 days immediately after you were discharged, provided that:
      i. Such medical expenses were in fact incurred for the same condition requiring earlier Hospitalisation, and;
      ii. We have accepted the claim under In-Patient Hospitalisation expenses

   d. Day care treatment

      We will pay you the medical expenses as listed under In-patient Hospitalisation Expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

2. Maternity Expenses:

   We will pay the Medical Expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-
   i. We will cover the Medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule
   ii. We will also cover expenses towards lawful medical termination of pregnancy during the Policy period.
   iii. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization
   iv. Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with us. However this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.

3. Ambulance Expenses

   If a claim under Medical Expenses is accepted, We will also pay the ambulance expenses to a maximum of Rs3000/- per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital’s ambulance or in an ambulance provided by any ambulance service provider.

4. Organ Donor Expenses

   We will pay for Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,
   i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
   ii. The organ donated is for the use of the Insured Person, and
   iii. We have accepted an inpatient Hospitalisation claim for the insured member under Medical expenses section

Specific exclusions:

1. Claims which have NOT been admitted under Medical expenses section
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

Additional benefits (Additional benefits for which aggregate deductible is not applicable)

1. Free Medical Check-up

   At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse the free medical checkup expenses as below
   • The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member.
   • The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy.

   For the avoidance of doubt, We shall only be liable for medical check up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.
**OPTIONAL COVER:**

1. **Air Ambulance Cover**
   - In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the Extra Care Policy. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

   **Specific Conditions Applicable to Air Ambulance Cover:**
   1. Return transportation to the Insured’s home by air ambulance is excluded.
   2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government.
   3. Deductible will not be applied on the claim admissible under Air Ambulance cover

2. **WAITING PERIOD**

   **I. Waiting Period**
   - Benefits will not be available for Any Pre-existing condition, ailment or injury, which is declared on proposal form and accepted by us, until 12 months of continuous coverage have elapsed after the date of inception of the first Extra Care Plus policy with us.
   - In case of enhancement of sum insured this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Plus Policy without break in cover.

   2. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.

   3. We will also not pay for claims arising out of or howsoever connected to the following for the first 12 months of Extra Care Plus policy

   ![List of exclusions](image)

   \[In case of enhancement of Sum Insured at the time of renewal, the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Extra Care Plus policy with Us without break in cover.\]

4. We shall not be liable to make any payment under this Policy in connection with or in respect of maternity expenses within first 12 months from the date of inception of the first Policy with us. However the 12 months waiting period would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.

**II. General Exclusion**

1. We are not liable for claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule

2. Any Medical Expenses of the new born baby

3. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.

4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civilwar, commotion, unrest, rebellion, revolution, insurrection, military or usurped power/confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

5. Circumcision unless required for the treatment of illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender

6. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury

7. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.

8. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

9. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.

10. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

11. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.

12. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/ mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.

13. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.

14. Vaccination or inoculation unless forming a part of treatment recommended by the treating doctor.

15. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
16. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor

17. Experimental, unproven or non-standard treatment

18. Weight management services and treatment related to weight reduction programmes including treatment of obesity & treatment for arising direct or indirect complications of Obesity.

19. Treatment for any mental illness or psychiatric illness, Parkinson’s disease.

20. All non-medical Items as per Annexure II provided in Policy Wordings.

21. Any treatment received outside India.

22. Treatment for any other system other than modern medicine (also known as Allopathy)

23. Venereal disease or any sexually transmitted disease or sickness.

- **WHAT IS AGGREGATE DEDUCTIBLE?**
  Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period.

- **HOW DOES EXTRA CARE PLUS POLICY BENEFIT ME?**
  • In times of rising medical inflation Extra Care Plus acts as an additional cover to your existing health insurance.
  • Extra Care Plus policy pays the hospitalisation expenses incurred above the aggregate deductible opted by you.

For Example-

Case: Insured has opted a plan for 2 members, Sum Insured is Rs-10,00,000 and Deductible of Rs. 200000. The Policy Period is from 01-April-2017 to 31-March-2018

<table>
<thead>
<tr>
<th>Claim details</th>
<th>Date of Hospitalisation</th>
<th>Total Claim Amount(inRs.)</th>
<th>Deductible Utilization(inRs.)</th>
<th>Balance deductible(inRs.)</th>
<th>Payable by insured(if any)(inRs.)</th>
<th>Payable under Extra Care PlusPolicy(inRs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim 1</td>
<td>10-Aug-2017</td>
<td>1,50,000</td>
<td>1,50,000</td>
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<td>750,000</td>
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<td>Claim 2</td>
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<td>50,000</td>
<td>0</td>
<td>50,000</td>
<td>2,50,000</td>
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<tr>
<td>Claim 3</td>
<td>10-Oct-2017</td>
<td>7,50,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7,50,000</td>
</tr>
</tbody>
</table>

- **WHO CAN BE COVERED UNDER THIS POLICY?**
  • Self, spouse, dependent children, dependent parents can be covered under this policy. A maximum of six members can be covered under single floater policy.

- **WHAT IS THE ENTRY AGE UNDER THIS POLICY?**
  • Minimum entry age for proposer/ spouse/ dependent parents - 18 years
  • Maximum Entry Age for proposer/ spouse/ dependent parents - 80 years
  • Minimum Entry age for dependent Children - 3 months
  • Maximum Entry Age for dependent Children - 25 years

- **WHAT WILL BE THE RENEWAL AGE?**
  • For proposer/ spouse/ dependent parents: Life time Renewal
  • For dependent children policy is renewable up to 35 years.
  In both the cases, renewal will not be denied except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.

- **ELIGIBILITY**
  • Indian nationals residing in India would be considered for this policy.
  • This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency & by Indian Account only

- **WHAT IS THE POLICY PERIOD?**
  • This is an annual policy

- **IS THERE ANY PRE-POLICY CHECKUP FOR ENROLLING UNDER THE POLICY?**
  Pre-policy Medical Examination criteria for new Proposals & Portability proposals
  • No Medical tests up to 55 years, subject to no adverse health conditions
  • Medical tests are applicable for members 56 years and above.
  • The validity of the test reports would be 30 days from date of medical examination.
  • If pre-policy checkup is conducted, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

<table>
<thead>
<tr>
<th>Age of the person to be insured</th>
<th>Sum Insured</th>
<th>Medical Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 55 years</td>
<td>All Sum Insured options</td>
<td>No Medical Tests*</td>
</tr>
<tr>
<td>56 years to 80 years</td>
<td>All Sum Insured options</td>
<td>Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine</td>
</tr>
</tbody>
</table>

*Subject to no adverse health conditions

- **WHEN CAN I ENHANCE MY SUM INSURED?**
  • Sum Insured enhancement will be allowed only at the time of renewals.

- **FREE LOOK PERIOD**
  You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.
  If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,
  • A deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced
  • A deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
  • A deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced
  • Free look period is not applicable for renewal policies.

- **RENEWAL**
  i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.
ii. In case of Our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 12 month waiting period. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.

iii. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

CANCELLATION

i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.

ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

<table>
<thead>
<tr>
<th>Period in Risk</th>
<th>Premium Refund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 15 days</td>
<td>As per free look period clause</td>
</tr>
<tr>
<td>Exceeding 15 days but less than 2 months</td>
<td>75.00%</td>
</tr>
<tr>
<td>Exceeding 2 months but less than 4 months</td>
<td>60.00%</td>
</tr>
<tr>
<td>Exceeding 4 months but less than 6 months</td>
<td>45.00%</td>
</tr>
<tr>
<td>Exceeding 6 months but less than 8 months</td>
<td>30.00%</td>
</tr>
<tr>
<td>Exceeding 8 months but less than 10 months</td>
<td>15.00%</td>
</tr>
<tr>
<td>Exceeding 10 months but less than 12 months</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

GRACE PERIOD

• The grace period is 30 days

• If hospitalisation of the member occurs during this grace period, the company will not be liable to make any payments if claims are made due to any treatment of illness/ailment/disease diagnosed or hospitalisation taking place.

• If the premium is not paid within 30 days of the due date of the first unpaid premium then the policy will be terminated.

PORTABILITY CONDITIONS

I. Retail Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life and health insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

II. Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Plan. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

REVISION/ MODIFICATION OF THE POLICY:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

WITHDRAWAL OF POLICY

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

WHAT ARE THE SUM INSURED OPTIONS UNDER THE POLICY?

<table>
<thead>
<tr>
<th>Sum Insured (in INR)</th>
<th>Aggregate Deductible Options (in INR)</th>
</tr>
</thead>
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<tr>
<td>300000</td>
<td>200000</td>
</tr>
<tr>
<td>500000</td>
<td>200000</td>
</tr>
<tr>
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Air Ambulance Sum Insured options (Optional Cover)

<table>
<thead>
<tr>
<th>Base SI (In INR)</th>
<th>Air Ambulance SI (In INR)</th>
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</thead>
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<tr>
<td>30000</td>
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<tr>
<td>2500000</td>
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<tr>
<td>5000000</td>
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### FAMILY SIZE: 2 MEMBER

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<th>Sum insured (in INR)</th>
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<th>1000000</th>
<th>1500000</th>
<th>2000000</th>
<th>2500000</th>
<th>5000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/ deductible</td>
<td>200000</td>
<td>200000</td>
<td>300000</td>
<td>300000</td>
<td>500000</td>
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<td>21-25</td>
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### FAMILY SIZE: 3 MEMBER

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<th>500000</th>
<th>1000000</th>
<th>1500000</th>
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### FAMILY SIZE: 4 MEMBER

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<td>200000</td>
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<td>300000</td>
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### Premiums are exclusive of GST
### FAMILY SIZE: 5 MEMBER

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### FAMILY SIZE: 6 MEMBER

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<th>1500000</th>
<th>2000000</th>
<th>2500000</th>
<th>5000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/deductible</td>
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<td></td>
<td></td>
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<td>9,222</td>
<td>15,601</td>
</tr>
</tbody>
</table>

### WHAT WOULD BE THE PROCESS IN CASE OF A CLAIM?

All Claims will be settled by in house claims settlement team of the company and no TPA is engaged.

- **Cashless Claims Procedure:**
  - Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, following procedure must be followed by You.
  - Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form We will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.
  - In the event of:
    - Planned Hospitalisation- Insured member should intiate such admission at least 72 hours prior to the planned admission.
    - Emergency Hospitalization- Insured member or his representative should intiate such admission within 24 hours of such admission.

- **After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre-authorization letter. The pre-authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.

- If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the Aggregate deductible in the Network Hospital that We are liable to indemnify under the policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy, You shall, in any event, be required to settle all other expenses directly.

- **Reimbursement Claim Procedure**
  - If pre-authorization under Cashless Claim Procedure mentioned above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then following procedure must be followed by You:
    - You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalisation in case of emergency hospitalisation and 48 hours prior to hospitalisation in case of planned hospitalisation.
    - You must immediately consult a Doctor and follow the advice and treatment that he recommends.
    - You must take steps or measure to minimize the quantum of any claim that may be made under this Policy.
    - You must have Yourself examined by Our medical advisors if We ask for This, at the insurers cost.
vi. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.

v. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.

vi. We shall not indemnify you for any period of hospitalisation of less than 24 hrs, except for Day Care Procedures.

vii. We shall make claim payment in Indian Rupees only.

viii. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Xerox copies of the claim documents.

*Note: Waiver of conditions (i), (v) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

Documents to be submitted for Claims

1. First Consultation letter from the Doctor
2. Duly completed claim form and NEFT Form signed by the Claimant
3. Original Hospital Discharge Card
4. Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor’s Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
5. Original Money Receipt, duly signed with a Revenue Stamp
6. All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
7. In case of a Cataract Operation, IOL Sticker will have to be enclosed
8. Claim settlement letter from any other insurer (if any)
9. In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.
10. Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Air Ambulance Cover (if Opted)

1. Duly completed claim form signed by the Claimant
2. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
3. In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

All documents related to claims should be submitted to:

Health Administration Team,
Bajaj Allianz General Insurance Co. Ltd.
2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar, Pune - 411 014.
For sales and Renewal-1800-209-0144
For service-1800-209-5858 / 1800-102-5858 / 020-30305858

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 5500+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centers, Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

‘Good things come with time’ and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly.

Health toll free number: 1800-103-2529
Exclusive Email address: customercare@bajajallianz.co.in, seniorcitizen@bajajallianz.co.in

SECTION 41 OF INSURANCE ACT 1938 AS AMENDED BY INSURANCE LAWS AMENDMENT ACT, 2015 (PROHIBITION OF REBATES)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to 10 lakh rupees.
FOR MORE DETAILS ON RISK FACTORS, TERMS AND CONDITIONS, PLEASE READ THE SALES BROCHURE BEFORE CONCLUDING A SALE.

CIN: U66010PN2000PLC015329 | UIN: IRDAI/HLT/BAGI/P-H/V.I/50/2016 -17

BJAZ-B-0248/15-Feb-19

POLICY HOLDERS CAN DOWNLOAD INSURANCE WALLET FOR ONE-TOUCH ACCESS. AVAILABLE ON:

BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006.
IRDA REG NO.: 113.

FOR ANY QUERY (TOLL FREE)
1800-209-0144 / 1800-209-5858

www.bajajallianz.com

bagichelp@bajajallianz.co.in