



Allianz 

Caringly yours

A Healthcare Plan that cares the way you want




**My Healthcare
Plan**
Transforming MY Care - MY Way

■ Introduction

My Healthcare Plan – a truly modular plan offers you the flexibility to curate an individual bouquet of features that you feel is best suited for you and your family.

■ USPs of my health care plan 05

- Base cover up to INR 5Cr and additional up to INR 95L under Super Top Up cover & aggregate deductible from 5-10L
- Option to avail Super Cumulative Bonus from minimum of 50% per annum max up to 100% to 100% per annum and max up to 600%
- Hospital Daily Cash Benefit for continuous hospitalization of 7 days
- Major illness or accidental injuries sum insured multiplier which doubles the sum insured
- International Cover available for emergency care
- Fracture Care in case Accidental Bodily Injury sustained by Insured person during Policy Period
- voluntary Co-payment option from 5% - 20%

■ What are the Sum Insured options available under the policy?

5/10/15/20/25/50/75L/1/2/3/4/5 Cr

■ What type of plans are available?

Individual and Floater Policy

■ What is the entry and renewal age?

Proposer /Spouse /Dependent Parents/ Dependent Sister/ Dependent Brother/ Dependent Parents-in-law/ Dependent Aunt/ Dependent Uncle/ Dependent Grand Children - 18 years to 65 years
Dependent Children/ Dependent Grandchildren: 3 months – 30 years
Family Floater policy- Insured; his/her lawfully wedded spouse and dependent children
For Parents/ Parents in law separate floater Policy can be taken
Renewal age - Lifetime

■ What is the Policy Period?

Policy can be taken for 1year/ 2years OR 3years

■ What is premium paying term?

Annually / Half yearly/ Quarterly or Monthly.

■ Is there any pre-policy check-up for enrolling under My Health Care Plan?-

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*
46years to 65years	Sum Insured 5lacs to 50lacs	Tele MER*
46years to 65years	Sum Insured < 5lacs and above 50lacs	Medical Tests required as listed below: Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio

*Subject to no adverse health conditions

■ What is covered under My Health Care Plan?

If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted by Insured beneficiary during the Cover Period, then We will indemnify you against Reasonable and Customary Medical Expenses incurred for:

What Will we pay for :

1. In-patient Hospitalization Treatment-

- i. Room and boarding expenses, ICU expenses, nursing expenses, Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees and so on that are medically necessary prescribed by the treating Medical Practitioner

2. Super top up (SI):

If You are hospitalized for Inpatient Care on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred for below listed expenses, subject to Aggregate Deductible as specified on the Policy Schedule.

- i. Room and Boarding expenses as per the limit/category specified on the Policy Schedule.
- ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals.
- iii. Nursing Expenses as provided by the Hospital.
- iv. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
- vi. Medicines & Drugs, Medical Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy.
- vii. Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process.
- viii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

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.

Please refer to Table of Benefits for plan wise options.

3. Pre & Post Hospitalisation Expenses-

60 days and 90 Days respectively with Options to customize as per your requirement

4. Modern Treatment Methods and Advancement in Technologies

Medical Expenses if You undergo Modern Treatment Methods and Advancement in Technologies procedures maximum up to Inpatient Hospitalization Treatment Sum Insured

5. Day Care Treatment

Medical Expenses for Day care procedures / surgeries taken as an Inpatient in a Hospital or Day care centre but not in the Outpatient department up to Inpatient Hospitalization Treatment Sum Insured

6. Organ donor expenses

Medical expenses incurred for organ donor's in-patient treatment for harvesting of the organ donated provided if Insured Beneficiary is the receiver of the organ.

7. Ayurvedic and Homeopathic Hospitalization Cover

Inpatient Treatment- Medical Expenses for Ayurvedic and/or Homeopathic treatment up to In-patient Hospitalization Treatment Sum Insured on the advice of a Medical practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period

8. Road Ambulance

The expenses incurred on a road ambulance for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on a road ambulance offered for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.

9. Domiciliary Hospitalization

The Expenses for Medical Treatment for an illness/disease/injury up to In-patient Hospitalization Treatment Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances.

1. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
2. The patient takes treatment at home on account of non-availability of room in a hospital.
3. Domiciliary Hospitalization should exceed 3 days.

However, this coverage/benefit shall not cover the following

- a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- b. Arthritis, Gout and Rheumatism,
- c. Chronic Nephritis and Nephritic Syndrome,
- d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
- e. Diabetes Mellitus and Insipidus,
- f. Epilepsy,
- g. Hypertension,
- h. Psychiatric or Psychosomatic Disorders of all kinds,
- i. Pyrexia of unknown origin
- j. Vector-borne diseases

10. Sum Insured Reinstatement

The In-patient Hospitalisation Treatment Sum Insured would be “reinstated” up to number of times for same illness, as specified in the Policy Schedule for the particular Policy Year provided that

1. The reinstated Sum Insured will be available for utilization for subsequent claim made by the Insured Beneficiary provided that the subsequent hospitalization is after a gap of at least 15 days from the date of discharge. This 15 days period is not applicable if the subsequent claim is for a different family member.
2. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment
3. For any claim under this benefit, the maximum liability per claim shall not exceed the In-patient Hospitalization Sum Insured.
4. This benefit is applicable during each Policy year and will not be carried forward to the subsequent policy year/ renewals.
5. Sum Insured Reinstatement for floater policy will be at policy level.
6. For individual Sum Insured policy, Sum Insured Reinstatement would be available on Insured Beneficiary level. Please refer the Table of Benefits at the end of this document for coverage details

11. Airlift Cover

Reasonable and Customary expenses incurred on airlift facility for life threatening health conditions which require transportation from Insured Beneficiary's location to a Hospital.

This facility can be availed voluntarily. This cover is applicable only if available under the plan as specified in the Policy Schedule.

Claim under this section shall be payable subject to the below conditions:

1. Such life-threatening condition is certified by the Medical Practitioner,
2. We have accepted Insured Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy.
3. Distance between Insured beneficiary's location and hospital is more than 200 kms.
4. Pre-approval is mandatory for making a claim under this cover.
5. Only domestic travel expenses will be paid

Please refer the Table of Benefits at the end of this document for coverage details

12. Cumulative Bonus

Cumulative Bonus ("CB") will be increased for each claim free year (no claims are reported) maximum upto 100% of inpatient hospitalisation sum insured, provided the Policy is renewed with the company without a break. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced.

Please refer the Table of Benefits at the end of this document for coverage details

13. Family Visit

If Insured sustains Accidental Injury or contracts Illness during the Policy Period requiring Hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or relative or friend of the Insured Beneficiary will be reimbursed

14. Renewal Premium Waiver Benefit

In event of death of the proposer (who is also an Insured Beneficiary) during the Policy Period due to Accidental Injury or Illness, we will pay the renewal premium of this Health Insurance plan for the dependant members.

The renewal premium is payable only for one subsequent renewal for the dependant Insured Beneficiary/ies for same sum insured.

15. Consumable Expenses

The Non-Medical Expenses/ consumables incurred during treatment of the Insured Beneficiary will be paid up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.

■ Optional Covers

1. Loss of Income Cover

If Insured is Hospitalized (because of any illness except infection) for a minimum of 72 consecutive hours on the advice of a Doctor/ Medical Practitioner because of any Illness or Accidental Injury during the Policy Period then a weekly payment

The benefit amount pay-out is as per the below grid

Number of Days of per Hospitalization	No of weeks of Benefit paid
3 days to 5 days	1 week
6 days to 10 days	2 weeks
11 days to 20 days	4 weeks
21 days to 30 days	6 weeks
Above 30 days	8 weeks

Sum Insured	Benefit
For Sum Insured 5 Lac To 10 Lac	10,000 per Week
For Sum Insured 15 Lac To 50 Lac	20,000 Per Week
For Sum Insured above 50 Lac	25,000 per Week

2. Major Illness and Accident Multiplier (Indemnity)

If Insured is Hospitalised for Inpatient Care on the advice of a Medical Practitioner for the below listed Critical Illnesses or due to Accidental Bodily Injuries during the Cover Period, then the sum insured for such Major Illnesses or Injury would be increased maximum up to two times of "Inpatient Hospitalization Treatment" Sum Insured

- i. Cancer
- ii. Open Chest Coronary Artery Bypass Grafting (CABG)
- iii. Kidney Failure Requiring Regular Dialysis
- iv. Major Organ Transplantation
- v. Multiple Sclerosis with Persisting Symptoms
- vi. Permanent Paralysis of Limbs
- vii. Open Heart Replacement or Repair of Heart Valves
- viii. End Stage Liver Failure
- ix. End Stage Lung Failure
- x. Bone Marrow Transplant

3. International Cover – Emergency Care only

The Company shall indemnify the Insured person for Hospitalization expenses incurred outside India and anywhere across the World for emergency care only up to the amount specified in the Policy Schedule subject to the conditions specified below:

- a. The Injury or Illness should occur while the Insured Person is outside India.
- b. The treatment must commence immediately on diagnosis of the Illness or occurrence of the Injury.
- c. A mandatory co-payment of 10% is applicable which will be in addition to any other co-payment/deductible if any applicable in the policy.
- d. The benefit is available for 45 continuous days from date of travel in a Single trip and 180 days on a cumulative basis as whole in a Policy year.
- e. The Medical Expenses payable shall be limited to Inpatient hospitalization treatment only. Pre and post hospitalization expenses, day care treatment, Maternity Package expenses are not covered under the purview of this cover.
- f. The payment of any claim under this cover will be based on the rate of exchange as on the date of loss published by the Reserve Bank of India and shall be used for conversion of foreign currency into Indian Rupees for payment of claims.
- g. The Insured person has to inform us within 24 hours of occurrence of the emergency condition and take prior approval for medical treatment.

- h. Reinstatement, Recharge, Cumulative Bonus, Super Cumulative Bonus, Major Illness and Accident Multiplier or Double Sum Insured Benefit accrued cannot be used for payment of claims under International Cover – Emergency Care only.
- All other terms and conditions will be as per those applicable to In-patient Hospitalization Treatment Cover.
- Subject otherwise to all other terms, conditions and exclusions of the policy.

4. Super Cumulative Bonus:

If this cover is opted, the Super Cumulative Bonus ("SCB") will be increased by specific amount as specified in the Policy Schedule in respect of each claim free Policy year (no claims are reported), provided the Policy is renewed with the Company.

Specific Condition For Super Cumulative Bonus:

- i. If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Super Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal. The Super Cumulative Bonus would be maintained as per the expiring policy.
- ii. In case where the Policy is on individual Sum Insured basis, the SCB shall be accrued and available individually to the Insured Beneficiary if no claim has been reported in respect of that Insured Beneficiary. In case of claim, SCB in respect of the Insured Beneficiary who has made the claim shall be reduced at the same rate at which it has accrued, subject to Point i. above.
- iii. In case where the Policy is on floater Sum Insured basis, the SCB shall be accrued and available to the Family on floater basis, provided no claim has been reported from any member of the Family. In case of claim, SCB shall be reduced at the same rate at which it has accrued, subject to Point i. above
- iv. In case the accrued SCB reduces, the Sum Insured will be maintained and will not be reduced in the renewal policy year.
- v. SCB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- vi. If the Sum Insured has been reduced at the time of Renewal, the applicable SCB shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the SCB shall be calculated on the Sum Insured of the last completed Policy Year.
- vii. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium then any awarded accrued SCB shall be withdrawn, subject to Point i. above.
- viii. This clause does not alter the annual character of this insurance.

5. Double SI Benefit:

If this cover is opted by You, the Sum Insured specified under Part I In-patient Hospitalization Sum Insured would get doubled subject to the following conditions

- i. This cover shall be applied only once during each Policy Year and any unutilized amount, in whole or in part will not be carried forward to the subsequent Policy Year.
- ii. The cover can be utilized for any number of claims admissible under the Policy during the Policy Year.
- iii. The cover will be applicable only after exhaustion of In-patient Hospitalisation Sum Insured.
- iv. In case of family floater policy, the cover will be available on floater basis for all Insured persons covered under the Policy and will operate in accordance with the above conditions.
- v. For individual Sum Insured policy, Double Sum Insured benefit would be available on each Insured Beneficiary level.

6. Hospital Daily Cash Benefit:

If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted during the Policy Period, then We will pay:

- i. The Daily Allowance as specified on the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period as specified in Policy Schedule for each hospitalization, or
- ii. Two times the Daily Allowance as specified on the Policy Schedule for each continuous and completed period of 24 hours required to be spent by the Insured or named Insured in the Intensive Care Unit of a Hospital during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period of 7 days for each hospitalization.

7. Fracture Care:

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 in case of any Accidental Bodily Injury sustained by Insured person during Policy Period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will pay the such percentage (as shown in the Fractures and Dislocations Benefit Schedule below) of Sum Insured as specified under the respective section of the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy. For an Accidental Injury where more than one of the circumstances described in the Fractures and Dislocations Benefit Schedule is met, we will pay the claim for only one of the benefits, whichever is high.

Fractures and Dislocations Benefit Schedule	
Description	Percentage of Sum Assured
A) Hip or Pelvis (excluding thigh or coccyx)	
1. Open Fracture of more than one bone	100%
2. Open Fracture of one bone	50%
3. Closed Fracture of more than one bone	25%
4. Closed Fracture one bone	15%
B) Thigh or Lower Leg	
5. Open Fracture of more than one bone	60%
6. Open Fracture of one bone	45%
7. Closed Fracture of more than one bone	25%
8. Closed Fracture one bone	15%
C) Elbows, Arm (including wrist but excluding Colles type fractures)	
9. Open Fracture of more than one bone	45%
10. Open Fracture of one bone	35%
11. Closed Fracture of more than one bone	20%
12. Closed Fracture one bone	15%
D) Colles type fracture of the lower arm	
13. Open Fracture	25%
14. Closed Fracture	10%
E) Skull	
15. Fracture of the skull needing surgical Intervention	60%
16. Fracture of the skull not needing surgical Intervention	20%
F) Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
17. Open Fracture	30%

Fractures and Dislocations Benefit Schedule	
Description	Percentage of Sum Assured
18. Closed Fracture	15%
G) Spinal Column (Vertebrae but excluding coccyx)	
19. All compression fractures	40%
20. All spinous, transverse process of pedicle fractures	40%
21. Permanent Spinal Cord damage	40%
22. All vertebral fractures	15%
H) Lower Jaw	
23. Open Fracture	25%
24. Closed Fracture	10%
I) Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
25. Open Fracture of more than one bone	15%
26. Open Fracture of one bone	12%
27. Closed Fracture of more than one bone	4%
28. Closed Fracture one bone	2%
K) Dislocations requiring surgery under anesthesia	
33. Spine	35%
34. Back (Excluding slipped disc)	35%
35. Hip	25%
36. Knee (Left or right)	20%
37. Wrist (Left or right)	15%
38. Elbow (Left or right)	15%
39. Ankle (Left or right)	10%
40. Shoulder blade (Left or right)	10%
41. Collarbone	10%
42. Fingers (Left or right hand)	5%
43. Toes (Left or right foot)	5%
44. Jaw	5%
L) Internal Injuries	
45. Internal injuries resulting in open abdominal or Thoracic Surgery	25%
46. Intracranial haemorrhage and/ or physical brain injury	25%

■ When can I enhance my Sum Insured?

- Sum Insured enhancement will be allowed only at the time of renewals.
- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form and No claim in the expiring policies. In case of a claim, referral to be made to Underwriting Medical Practitioners for further advise.

■ Discounts

i. Zone Discount

Below discount will be applicable on Zone A Premium based on residential address of the proposer or insured person

- Zone B: 15%
- Zone C: 25%

There are three Zones for Premium payment

• Zone A

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.

• Zone B

Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.

• Zone C

Goa, Punjab, Chandigarh, Chattisgarh, Bihar, Jharkhand, Andaman & Nicobar Islands, Arunachal Pradesh, Himachal Pradesh, Jammu & Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Sikkim, Tripura, Uttarakhand

ii. Family Discount

10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15% if more than 2 of any of the eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to Floater Policies.

iii. Long Term Discount

- a. 4% discount is applicable if Policy is opted for 2 years
- b. 8% discount is applicable if Policy is opted for 3 years

Note: This will not apply to policies where premium is paid in instalments.

iv. Employee Discount

20% discount on published premium rates will be applicable for the Company's employees & employees of group companies, employees of Corporate customers of Bajaj Allianz General Insurance Co. Ltd. provided the Policy is booked in direct code.

This discount shall also be applicable to Intermediaries of Bajaj Allianz General Insurance Co. Ltd. for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy.

v. Online/Direct Business Discount

Discount of 5% will be offered in this product for policies underwritten through direct/online channel.

Note: Not applicable where employee discount is given

vi. Loyalty Discount

Discount of 5% shall be offered if the insured member is having any of the listed active Bajaj Allianz General Insurance Co. Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of 2500 INR

vii. Wellness Discount

At each renewal of My Health Care Plan with Us, wellness discount will be applicable subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each year in case of long term policies.

Sr. No	Health Parameter	Reading	
1	Health Risk Assessment	Complete the online health risk assessment	
2	HbA1c (%)	Up to 6.5%	
3	Fasting Blood Sugar	Upto 120 mg/dl	
4	Blood Pressure (mm of Hg)	Systolic	Diastolic
		Upto 140	Upto 90
5	Body Mass Index (BMI)	18 – 25	
6	Serum Cholesterol	200mg/dl	
7	Steps Count	5,000 steps daily – 20 days every month	
8	Hemoglobin	Male-13-18mg/dl Female- 11-15mg/dl	
Parameters Achieved		Discount Offered	
4/5 out of 8		5%	
6/7 out of 8		7.5%	
8 out of 8		10%	

Wellness Eligibility Criteria:

1. Wellness discount is applicable for members age 25 years and above
2. If the Insured person meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria she / she is eligible for 10% discount.
3. If an Insured meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
4. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

Discount under Floater Policy = $\frac{\text{Total No. of Parameters achieved by eligible members}}{\text{Total No. of eligible members in the family}}$

Total No. of eligible members in the family

viii. Early Entry Discount

5% discount shall be offered if, Insured Proposer is opting the My Health Care Plan long term policy prior to 35 years of age.

In policies where Proposer is also an Insured member, and his/her age is 35 years or below, this discount shall be extended to all other insured members also who are aged 35 years and below.

This discount shall be applicable at inception of policy as well as at each subsequent renewal, irrespective of claims, until the Insured member/s completes 45 years of age.

This discount will apply only if long term policy is opted

Note: This will not apply to policies where premium is paid in instalments

ix. Fitness Discount

The Insured member will be eligible for a Fitness Discount of 5%, if the below criteria is fulfilled

1. The Insured member submits completion certificates of at least two 5km marathons run in the past 12 months prior to policy inception date.

This discount shall only be applicable at the inception of the Policy with us for the first time.

x. Voluntary co-payment Discount

- If the Voluntary co-payment option is opted, then a discount corresponding to the co-payment opted would be applicable.
- If a claim has been admitted under In-patient Hospitalization Treatment then, the Insured shall bear a 5% or 10% or 15% or 20% (proportion to extent to discount availed) of the eligible claim amount payable under this Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

■ Waiting periods

- 30 days initial waiting period
- 24 months waiting period for Specified disease/procedure Waiting Period
- 36 months waiting period on pre-existing diseases

This list is indicative, for complete list of Standard, General and Specific Exclusion and waiting period please refer the policy wordings.

■ Table of Benefits

Base only	
Cover	Policy Bazar in built covers- Base Plan
In-Patient Hospitalization Expenses (Base SI)	5/10/15/20/25/50/75L/1/2/3/4/5 Cr
Room Rent	Single Pvt AC/Deluxe/Super Deluxe (Except Suite)
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Family Visit	Sub-limit of 25K till 10 Lakhs SI and 50K for above 10 Lakhs is included in the pricing
Cumulative bonus (reduction in CB in case of claim)	25% every claim free year up to 100%
PED WP	48 months
SP. Disease WP	24 months
Reinstatement on Partial Exhaustion- for next claim	Unlimited
Cataract Limit	Actuals
Medical Advancement Surgery Cover	Up to SI
Day-care Treatment Expenses	Up to SI
Organ Donor	Up to SI
Alternative Treatment Method	Up to SI
Road Ambulance	Up to SI
Domiciliary Hospitalization	Up to SI
Renewal premium waiver if death (CI+PA)	Applicable

Super Top Up Plan only	
Cover	Policy Bazar in built covers - Super top up
SI	15/20/40/45/95 Lakhs
Aggregate Deductible	5 & 10 lakhs
Room Rent	Single Pvt AC
Pre-hospitalization Medical Expenses	60 days

Super Top Up Plan only	
Cover	Policy Bazar in built covers - Super top up
Post-hospitalization Medical Expenses	90 days
Family Visit	Sub-limit of 25K till 10 Lakhs SI and 50K for above 10 Lakhs is included in the pricing.
PED WP	48 months
SP. Disease WP	24 months
Cataract Limit	Actuals
Medical Advancement Surgery Cover	Upto SI
Day-care Treatment Expenses	Upto SI
Organ Donor	Upto SI
Alternative Treatment Method	Upto SI
Road Ambulance	Upto SI
Domiciliary Hospitalization	Upto SI
Renewal premium waiver if death (CI+PA)	Applicable

Base+ Super Top Plan	
Cover	Policy Bazar – Base +Super Top Up plan
In-Patient Hospitalization Expenses (Base SI)	5/10/15/20/25/50/75L/1/2/3/4/5 Cr
Super top up (SI)	15/20/40/45/95 lakhs
Available aggregate deductible under Super top up	5 & 10 lakhs
Room Rent	Single Pvt AC/Delux/Super Delux (Except Suite)
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Family Visit	Sub-limit of 25K till 10 Lakhs SI and 50K for above 10 Lakhs is included in the pricing.
Cumulative bonus (reduction in CB in case of claim) - Applicable only for base plan	25% every claim free year up to 100%
PED WP	48 months
SP. Disease WP	24 months
Reinstatement on Partial Exhaustion- for next claim - Applicable only for base plan	Unlimited
Cataract Limit	Actuals
Medical Advancement Surgery Cover	Upto SI
Day-care Treatment Expenses	Upto SI
Organ Donor	Upto SI
Alternative Treatment Method	Upto SI
Road Ambulance	Upto SI
Domiciliary Hospitalization	Upto SI
Renewal premium waiver if death (CI+PA)	Applicable



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