

Policy Benefit Chart

SPACE MULTIMEDIA PRIVATE LIMITED

Policy Number	OG-24-1801-8403-00000196	HAT Reference Number	134360
Risk Inception Date	13-NOV-23	Policy Active With other Insured	Pre Hospitalization Period[Days] 30
Risk Expiry Date	12-NOV-24	Policy Active With Bajaj Allianz 0	Post Hospitalization Period[Days] 60
Floater Details	Group Mediclaim	Beneficiary Name EMPLOYEE	Corporate A/C No

Outpatient No details

Relation	Coverage	Limit on Number of children	Entry age for child coverage	Beneficiary Name	Pre-Existing Diseases	% OF SI	30 Days waiting	1 Year waiting	02 Year waiting	04 Year waiting	Maximum Liability	Liability Limit	Co-Payment clause[%]	Percent-age
EMPLOYEES	Covered		0	Not Applicable	Covered		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No		No	
SPOUSE	Covered		0	Not Applicable	Covered		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No		No	
CHILD	Covered	2	0	Not Applicable	Covered		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No		No	

Maternity Benifit Covered **Max liability on maternity exp** 50000 **9 Months waiting period** Not Applicable

Limit for no of children 0 **Co-payment for maternity** **Max for normal delivery** 50000

Max for LSCS 50000 **Corporate buffer** Refer claim condition **Per Family Maximum**

Corporate Buffer Amount

Room Restrictions Refer claim condition
Yes

Claim Conditions

Refer claim condition

*Policy Type: New Business

*Family Definition : Self + Spouse + 2Dep. Children. (New Born Baby cover from Day 1 with the Floater Sum Insured).
3rd and 4th child in case of twins or triplets being born in the 1st or 2nd event of delivery. EMPLOYEES WITH A COMPLETED AGE OF 65 YEARS AND ABOVE AT THE TIME OF JOINING WILL NOT BE ELIGIBLE FOR PRE-EXISTING DISEASE COVER DURING THE TENURE OF THE POLICY

*Room Rent Restriction : Room rent restricted to 2% of the SI per day for normal and 4% of the SI per day for ICU and all other charges in accordance with room rent restriction. Room rent restriction will be applicable on restricted sum insured wherever sum insured is restricted. No Room Rent Proportionate deductions to be applied for ICU hospitalization and also for Normal Room in hospitals where there is no differential billing adopted by the hospital based on Room Category

*Emergency Ambulance : Ambulance charges covered upto INR 1000 per case in case of emergency only. Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider only

*Co-payment : Not Applicable

*Corporate Buffer : Not Applicable

*Maternity Condition : Maternity benefit will be applicable for Employee and Spouse for first two events of deliveries only in Insured's lifespan. Lawful termination of pregnancy not to be considered as an event of delivery

*Pre and Post Natal Expenses : Pre and post natal will be covered in case of IPD only within maternity limit .

*Other Conditions 1 : Pre and post hospitalization is 30 and 60 days respectively. Infertility treatment is not covered under the policy. Cost of artificial limb not covered under the policy; Congenital Internal Diseases are covered, congenital external diseases are not covered under the policy. While at the time of policy binding we would require the RFQ duly sealed and signed by the broker/client. Day Care Procedures Covered. Lasik surgery for eye correction is covered for eye power more than +/- 7.5 D. However the final decision will be taken by claims team on receipt of complete set of documents.

*Other Conditions 2 : Expenses related to the treatment of Covid 19 within 15 days from the date of commencement of the policy or date of joining of employee / dependents (in-case of mid-term additions of employees or their dependents) shall be excluded. The below premium is considering per person premium only, if at all the requirement is for per family premium our premium stands revised. Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the Insurer either in favour of the Group Manager or the Insured Member. However, wherever it has been agreed to settle the claim in favour of the Group Manager, the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member within 15 days of claim settlement to the Group Manager as per policy t&c. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance , if any to the Insured Member.

*Other Conditions 3 : Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum insured.- List - Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Oral chemotherapy, Immunotherapy- Monoclonal Antibody to be given as injection, Intra vitreal injections, Robotic surgeries, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the prostate(Green laser treatment or holmium laser treatment), IONM -(Intra Operative Neuro Monitoring), Stem cell therapy -Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment, Femto laser treatment for eye. It will be applicable for each eye each event. Cochlear Implant treatment shall be restricted to 50% of the SI.

*Other Conditions 4 : Covid Hospitalization expenses - The company shall indemnify Medical Expenses incurred for Hospitalization (Minimum 24 hrs hospitalization is mandatory) of the Insured Beneficiary during the Cover Period for the treatment of Covid on positive diagnosis of Covid in government laboratories or ICMR approved private laboratories including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy. This also includes expenses incurred under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy systems of medicines. The company shall also indemnify Pre and Post Hospitalization expenses incurred re-

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lated to an admissible hospitalization for the period as specified in the policy t and c.

*Other Conditions 5 : Covid Exclusions a)Expenses related to any admission primarily for diagnostics and evaluation purposes only. B)Any diagnostic expenses which are not related or not incidental to the Covid 19 diagnosis and treatment. C)Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes (i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. (ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. C) Dietary supplements and substances that can be purchased w/o prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Network Provider as part of Hospitalization claim or Home care treatment. d) Unproven Treatments: Expenses related to any unproven treatment, Contd

*Other Conditions 6 : services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of Covid 19 shall be covered. e)Any claim in relation to Covid 19 where it has been diagnosed prior to Group Policy Start Date. f)Any expenses incurred on Day Care treatment and OPD treatment.g)Testing done at a Diagnostic center which is not authorized by the Government/ICMR shall not be recognized under this Group Policy.h)All covers under this Group Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.i)Home Quarantine Treatment Expenses or treatment availed by the Insured Beneficiary at home for Covid-19.Other terms and conditions as per the agreed policy level benefits of the group medi-claim programme and standard policy wordings.

Maternity Conditions

Maternity benefit will be applicable for Employee and Spouse for first two events of deliveries only in Insured's lifespan. Lawful termination of pregnancy not to be considered as an event of delivery

Disclaimer :

1. No Individual (Employee or Dependent) can be Covered more than once in a policy.
2. Additional premium to be collected for each additional member.
3. The list of members submitted at the inception of the policy will be considered as final.
4. Incase of room rent restriction specified in the policy, all other hospitalization expenses (for e.g. OT Charges, Doctor Charges, Nursing charges etc.) shall be as per entitled room rent.

Quote Dis- claimer :

1. Continuity Guideline / Portability : Group to retail portability benefit can be availed at the time of retirement or resignation from the services (provided these events are falling within the policy period) Portability option is available under the existing retail health products, std coverage□s, terms, conditions, & guidelines of retail product would apply. .
2. Claim Intimation and Submission of Documents : As part of regular network hospital maintenance activity, a few hospitals have been excluded across the country basis our/industry experience of misuse of insurance policy. You are requested to check the list of cashless hospitals here <<https://www.bajajallianz.com/branch-locator.html>>. No planned hospitalization/treatment claims from any hospitals apart from these will be allowed. Health claim intimation will be mandatory for all health claim reimbursement cases. The customer/patient should intimate BAGIC prior to admission or within 48 hours of admission to hospital/clinic. Kindly call to our call centre 1800-103-2529 for claim intimation or send mail to health.admin@bajajallianz.co.in . Customer will be provided with Intimation number in form of □SR: XXXXXXX□ and same needs to be mentioned on claim form while submitting the claim documents to us. .
3. Guideline for Addition Endorsements : Midterm additions allowed only for natural additions subject to intimation received within 45 days. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining marriage / birth respectively. Backdating of 45 days from date of intimation shall not be allowed. Any endorsements will be from the date of addition and not from the inception of the policy. .

4.Guideline for Deletion Endorsements : In case of refund endorsements on account of deletion, pro-rata refund for entire family should be done subject to nil claims, whereas refund should be nil if the premium is charged on per family basis. Deletion to be intimated immediately on finalization of last working day of employee. In case employee avails the claim after his LWD for which intimation is received after DOA, insurer would recover paid amount from available float balance. Pro-rata refund will be calculated as from DOL if intimation is within 7days else intimation date will be consider for calculation subject to nil claim. .

5.Other Conditions : 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment and Stem Cell Transplantation, Robotic Surgery, Femto laser treatment for eye. It will be applicable for each eye each event. Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer Cochlear Implant treatment shall be restricted to 50% of the SI. Weight management services and treatment related to weight program's including treatment of obesity will not be payable. Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining, marriage / birth respectively. Additional premium for each additional member. Per person premium would be provided by HO once the quote is finalized. No Individual(Employee / Dependent) can be covered more than once in a policy. The list of members submitted at the inception of the policy will be considered as final. As employer/group manager, by obtaining our Group Medical Policy [subject to standard terms and conditions of Group Policy to be issued by us] to cover your employees, you would, inter alia, will get additional advantage of online web integration [subject to accepting terms and conditions, disclaimers,] with our website thereby you can online access for the purpose of enabling you to service, provide claim help and support etc., to your employees covered under GMC. Claims servicing and processing will be done by In-house Health Administration Team, Bajaj Allianz General Insurance Company. Rest all as per attached Standard Group Health policy wording. .

6.Other Conditions 1 : Declaration for PEP to be added in proposal form: Are you or any of the proposal applicants a PEP* or a close relative of PEP*? If yes, please share the details. "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc." Consent/Declaration to be added in proposal: I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC. I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required. Consent/Declaration to be added in claim for CKYC no.: I/we hereby give my/our consent to the Company to verify and obtain my/our identity/ address proof through Central KYC Registry for the purpose of undertaking KYC. .

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