

BAJAJ ALLIANZ HEALTH ENSURE

HEALTH IS SURE
WITH HEALTH ENSURE



Caringly yours



Introduction

We all want to give the best of facilities to our families and their sound health is of supreme importance to us hence we want to have the best when it comes to Health Insurance.

Bajaj Allianz's Health Ensure Policy comes with new comprehensive benefits at competitive premiums and is a perfect product to care of medical expenses for you and your family in case of unfortunate event of hospitalisation for illness/injury.

Special features of Health Ensure

- Individual policy for Self, Spouse, Children, Grandchildren, Brother, Sister, Parents, Parents in law, Grand Parents
- No pre-policy medical tests up to 50 years of age (subject to clean proposal form)
- Pre-existing disease covered after 24 months from your first Health Policy
- Pre 30 days and post 60 days hospitalisation expenses cover
- Emergency road ambulance cover
- Day care procedures
- Free preventive health check up
- Income tax benefit under 80 D of the IT Act on premiums paid for this policy
- Ayurvedic and Homeopathic Hospitalisation Cover
- Organ Donor Expenses
- 5% Cumulative bonus for each claim free year

What are the Sum Insured options available under the policy?

- Sum Insured Options Under Individual Policy-
Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs

What is Entry age under this policy?

- Minimum Entry age for proposer/ spouse/ dependent parents/ Sister/ Brother/Parent In law/Grand Parents - 18 years
- Maximum Entry Age for proposer/ spouse/ dependent parents/ Sister/ Brother/ Parent In law/Grand Parents - Lifetime
- Minimum Entry age for Dependent Child/Grandchild - 3 months
- Maximum Entry Age for Dependent Child/Grandchild - 30 years

What is Renewal Age?

- Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).
- 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. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer

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
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

What is the Policy period?

- Policy can be taken for 1 year

What is Premium paying term?

- Annual Premium payment for 1 year policy premium would be collected at the time of risk inception

Is this a floater policy / individual policy?

- Policy provides Individual sum insured options

Who can be covered under Health Ensure Policy?

- Self, Spouse, Dependent Children, Grandchildren, Parents, Sister, Brother, Parents In law, Grand Parents can be covered under individual option

COVERAGE

1. In-patient Hospitalisation Treatment

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 below:

- i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.
- iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: In case of admission to a room at rates exceeding the limits as mentioned under 1.(i) & (ii), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

2. Pre-Hospitalisation

The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.

3. Post-Hospitalisation

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs. 1000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider 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 an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- a. Such life threatening emergency condition is certified by the Medical Practitioner, and
- b. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section

of the Policy.

This benefit will be applicable annually for policies with term more than 1 year.

5. Day Care Procedures

We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment 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.

6. Organ Donor Expenses:

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, 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 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment.

Specific exclusions applicable to Organ Donor Expenses:

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

7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall 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.

8. Ayurvedic / Homeopathic Hospitalisation Expenses

If You are Hospitalised for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals 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:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- i. Room Rent and Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii. Nursing care
- iii. Consultation fees
- iv. Medicines, drugs and consumables,
- v. Ayurvedic and Homeopathic treatment procedures

Note: In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room

rent charges.

Our maximum liability is up to 20% of Sum Insured per policy year. This benefit will be applicable annually for policies with term more than 1 year.

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis

EXCLUSIONS UNDER THE POLICY

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Policy, provided the preexisting disease / ailment/ injury is disclosed on the proposal form.

The above exclusion 1 shall cease to apply if You have maintained a Health Policy with Us for a continuous period of a full 24 months without break from the date of Your first Health Policy.

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) and if the policy is a renewal of Health Ensure Policy with Us without break in cover.

2. Without derogation from C1) above, any Medical Expenses incurred during the first year in connection with any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment, subject to the referred illness were not present at the time of commencement of the policy.

This exclusion period shall apply for a continuous period of a full 2 years from the date of Your first Health Policy if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy.

3. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Policy,

In case of enhancement of Sum Insured, the waiting periods shall apply afresh only to the extent of the amount by

1. Benign prostatic hypertrophy	9. Hernia of all types
2. All types of sinuses	10. Fistulae, Fissure in ano
3. Haemorrhoids	11. Fibromyoma
4. Dysfunctional uterine bleeding	12. Hysterectomy
5. Endometriosis	13. Any kind of Malignant tumor or growth
6. Stones in the urinary and biliary systems	14. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps.
7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	
8. Cataracts,	

which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover.

4. Any Medical Expenses incurred during the first 48 months during which You have the benefit of a Health Policy with Us in connection with:
 - i. Joint replacement surgery,
 - ii. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - iii. Surgery to correct deviated nasal septum

- iv. Hypertrophied turbinate
 - v. Gout and Rheumatism
 - vi. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.
5. 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.
 6. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth.
However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
 7. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury requiring Hospitalisation
 8. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
 9. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.
 10. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
 11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
 12. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
 13. 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.
 14. 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.
 15. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, stem cell implantation or surgery, or growth hormone therapy.
 16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
 17. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
 18. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
 19. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
 20. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
 21. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
 22. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by

the attending Doctor

23. Experimental or unproven treatment
24. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity.
25. Treatment for any mental illness or psychiatric illness
26. All non-medical Items as per Annexure II provided in Policy Wordings
27. Any treatment received outside India is not covered under this policy.

Pre-policy checkup for the policy

- Applicable only for new proposals
- No Medical tests up to 50 years, subject to no adverse health conditions
- Medical tests are applicable for members 51 years and above.
- Pre-policy checkup would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy checkup would be conducted in our paneled diagnostic centre, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance

Age of the person to be insured	Sum Insured	Medical Examination
Up to 50 years	All Sum Insured options	No Medical Tests*
51 years and above	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine

*Subject to no adverse health conditions

Loading due to adverse Health Conditions:

- The loading would be applicable on per individual basis for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.
- For Multiple conditions cumulative loading would be applied on the published premium.
- The maximum risk loading applicable for an individual shall not exceed 25% of the published premiums, for overall risk per person.
- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
- Please note that We will issue Policy only after getting Your consent.

Enhancement of Sum Insured

- i. The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.

- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company

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.

Additional benefits

• Cumulative Bonus

Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.

- i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.
 - ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.
 - iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.
- **Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy**

Multiple Policies

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of your claim in terms of any of your policies.

- i. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies. It is further clarified that the policyholder having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/ policies, even of the sum insured is not exhausted. Then we shall settle the claim subject to the terms and conditions of the other policy/policies so chosen.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, you shall have the right to choose insurers from whom you wants to claim the balance amount.

- iv. Where you have policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

Renewal

Any further implementation of the proposal is subject to approval of the Authority. Prospect Insured will be migrated to Health Ensure plan as per base policy premium & product terms & conditions. In case this base product is not operational or discontinued on date of next renewal then the customer can migrate in any existing product as per prevailing terms and conditions of the product.

Renewal Migration of Base Health Ensure Product is Subject to :

- i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
- 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 all waiting periods. 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 renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv. 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. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. 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
- v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- vi. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

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 misrepresentation, 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.

Period in Risk	Premium Refund
	Policy Period 1 Year
Within 15 Days	As per Free look up period
Exceeding 15 days but less than 3 months	65.00%
Exceeding 3 months but less than 6 months	45.00%
Exceeding 6 months but less than 12 months	0.00%

Note:

- The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.
- In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

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

Migration of policy:

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- 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

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

PREMIUM CHART

There are Two Zones for Premium payment

Zone A

"Following cities has been clubbed in Zone A:-

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

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

Note:-

Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.

But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co-payment will not be applicable for Accidental Hospitalization cases."

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

Premiums are exclusive of GST

Premium for Zone A (Individual)

Age / SI	3,00,000	4,00,000	5,00,000
0.3Mo-20	3,157	3,734	4,402
21-25	3,307	3,912	4,612
26-30	3,708	4,388	5,173
31-35	3,889	4,601	5,425
36-40	4,530	5,362	6,323
41-45	5,410	6,404	7,553
46-50	7,031	8,325	9,820
51-55	8,816	10,440	12,317
56-60	12,334	14,608	17,236
61-65	16,923	20,045	23,654
66-70	22,735	26,932	31,782
71-75	25,794	30,557	36,060
Above 75	29,464	34,906	41,194

Premium for Zone B (Individual)

Age / SI	3,00,000	4,00,000	5,00,000
0.3Mo-20	2,526	2,988	3,522
21-25	2,646	3,130	3,689
26-30	2,967	3,510	4,138
31-35	3,111	3,681	4,340
36-40	3,624	4,289	5,058
41-45	4,328	5,123	6,042
46-50	5,625	6,660	7,856
51-55	7,053	8,352	9,853
56-60	9,867	11,687	13,789
61-65	13,538	16,036	18,923
66-70	18,188	21,546	25,426
71-75	20,635	24,445	28,848
Above 75	23,572	27,925	32,955

Claim Process

Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You or Your representative:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form.
- ii. In case of Planned hospitalization , You/the insured person/ insured representative shall intimate such admission within 48 hours of such hospitalisation
- iii. In case of Emergency hospitalization , You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalisation
- iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information
- v. 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, an authorisation letter. The authorisation 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.
- vi. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation 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.

Reimbursement Claims Procedure:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours** of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.
- v. 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 as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. 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**
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes

- Attested copies of Indoor case papers (Optional)
- Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- AADHAR No. & PAN Card/ Form 60 of proposer

Note- Aadhar and PAN/Form 60 of the deceased policyholder would not be insisted upon for settlement of death claim to the nominee or legal heirs, however Aadhar and PAN/Form 60 of the nominee or legal heirs is mandatory

Please send the documents on below address

Bajaj Allianz General Insurance Company

2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park, Off Nagar Road, Viman Nagar, Pune 411014

Toll free: 1800-103-2529, 1800-22-5858

Paying a Claim

- You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

Basis of Claims Payment

- If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.
- Our obligation to make payment in respect of illness/surgeries listed below will be restricted to (after the expiry of the 24 months period from commencement of your first Health Ensure Policy)

Sum Insured Rs.	Rs. 50000, Rs. 75000 and Rs. 1lac	Rs. 1.5lacs, Rs. 2lacs and Rs. 3 lacs	Rs. 4lacs ,Rs. 5lacs and Rs. 10lacs
Cataract (per eye)	Rs. 20000/-	Rs. 30000/-	Rs. 40000/-

- We shall make payment in Indian Rupees only.

Process to buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

Contact:

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: 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 provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

Disclaimer: The above information is only indicative in nature and for more details on the coverage, terms and exclusions, please get in touch with nearest office of Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz General Insurance gives its customers a GOQii Health Plan on purchase of insurance policy

Bajaj Allianz General Insurance to share basic customer details like Name, Mobile No, Policy number, Email ID (optional) & DOB (optional) for backend account creation

Basis the customer list shared by the insurance company, Team GOQii creates account for the customers within 48 working hours and sends a push notification (SMS or Email) to download the GOQii app and activate the account. Customer downloads the GOQii App, is asked to verify his mobile details with the help of an OTP along with the data sharing disclaimer/consent, which helps in identifying the customer & tagging under the Insurance Company.

Insurer is not responsible for any wrongful act at Goqii end.

Customer activates the GOQii account and starts to explore and engage on the GOQii Health Ecosystem. Customer takes HRA and starts following the health goals in order to lead a healthier lifestyle.

Continuous engagement on the GOQii Ecosystem helps reduce Health risk of the customer leading to better productivity which in turn helps in improving the customers Health Score

GOQii user can view his health progress and reports by syncing their GOQii Fitness Tracker to the GOQii App. All the data captured by the device will be visible upon successful sync. The user may choose to share the vital reports with their Doctors in case if they want to have it checked.

Health Ensure product features under this program:

Sum Insured options available are 3 Lakh, 4 Lakh and 5 Lakh only

Policy Term will be of 1 year only.

Benefit Chart: methodology for calculation of benefits-

- i. Coverages will be same as approved for our Health Ensure product.
- ii. Discount of 25% will be provided to Insured on annual premium.
- iii. Policy will start with a Co-pay of 50%. And On completion of 60th, 90th, 120th, 150th, 180th, 210th, 240th, 270th, 300th & 330th days the insured can check his engagement level and co-pay level on the App itself.
- iv. Any prospective customer willing to opt for this policy would have to enroll on the Tech platform of Goqii. Since, movement of co-pay levels is envisaged, the policy can start with Bronze Level: 50% co-pay for a prospective insured.

Based on the policy holder's healthy lifestyle, fitness data and engagement, the policyholder's co-pay will be decided in the course of policy as below:

1. Bronze Level (No engagement): 50% co-pay
 2. Silver Level (Low Engagement): 30% co-pay
 3. Gold Level (Mid Engagement): 20% co-pay
 4. Diamond level (High Engagement): 0% co-pay
- v. If a claim arises in the first 60 days of commencement of the policy, the 50% co-pay deduction would be as per bronze level. Subsequently the co-pay deductions would follow the applicable percentage as per customer's engagement level at the last landmark date

Disclaimer: Kindly note that the proposed sandbox proposal falls under BAGIC & GOQii Co-pay Model (IRDA Ref ID 50) and is implemented as an experiment for a limited period for a period from 01/02/2020 to 31/07/2020. Any further implementation of the proposal is subject to approval of the authority.



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

For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

CIN: U66010PN2000PLC015329 / UIN- IRDAI/17 HLT/BAGI/P-H/V.II/112/2017-18. Brochure as amended for Sandbox Proposal of BAGIC & GOQii CoPay Model – (IRDA Ref ID. 50 valid upto 31 Jul 2020).

BJAZ-B-0296/22-Apr-20