Bajaj Allianz General Insurance Company Limited
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Issuing Office :

Caringly yours

BAJAJ Allianz

FAMILY HEALTH CARE (GOLD)

Policy Wordings

Preamble

Whereas the insured described in the Group Policy Schedule hereto (hereinafter called the 'Insured' or "Policy holder/Policy Holder" or "Proposer") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal of Insured for Group Policy and proposal of/transcript of the Proposal of Insured on behalf of respective Insured Beneficiary/ies and or proposal of/transcript of the Proposal of Insured Beneficiary, for issuance of Certificate of Insurance [COI], which shall be the basis of this Contract and Certificate of Insurance and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Group Policy issued in the name of Policy Holder and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the Certificate of Insurance read with Group Policy as consideration for such insurance Contract, now the Company agrees, subject always to the Sum Insured as specified in the respective Certificate of Insurance, and the terms, conditions, exclusions, and limitations of the Group Policy and Certificate of Insurance, and in excess of the amount of the Deductible, to indemnify the Insured Beneficiary against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period, in the manner and to the extent hereinafter stated:

The term **Insured Beneficiary** in this document refers to the individual group members who will be treated as Insured Beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organization who has signed the proposal form and in whose name the Group Policy is issued. Also, the term **Insurer/ Us/ Our/ Company** in this document refers to Bajaj Allianz General Insurance Company Ltd.

A. COVERAGE

Scope of cover:

The Company hereby agrees to pay reasonable and customary expenses in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalisation Treatment

i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals.

ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals

iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, 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.

2. Pre- Hospitalisation Expenses

The Medical Expenses incurred during the 60 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 Benefit In Patient Hospitalisation Treatment Cover.

3. Post-Hospitalisation

The Medical Expenses incurred during the 90 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 Benefit In Patient Hospitalisation Treatment Cover.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs 3000/- per valid Hospitalisation claim 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.

Note: Claim under this section shall be payable by us provided, We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

5. Day Care Procedures

We will pay you the medical expenses as listed above under 1. **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. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

We will pay expenses incurred towards in case of major organ transplant, for harvesting of the organ provided that,

- 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
- We have accepted an inpatient Hospitalization claim for the insured member under in patient Hospitalization expenses.

Note: The above mentioned expenses are covered under the Sum Insured as opted under the plan

7. Sum Insured Reinstatement Benefit:

If the Hospitalization Sum Insured and cumulative benefit (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the hospitalization Sum Insured specified under In Patient Hospitalization Treatment be reinstated for the particular Policy Period provided that:

i. The reinstated Sum Insured will be triggered only after the Hospitalization Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy period;

ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in In Patient Hospitalisation Treatment Cover.

iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims

iv. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any illness/disease (including its complications) for which a claim has been lodged in the current policy year under Section1 (In-patient Hospitalisation Treatment).

v. This benefit is applicable only once during each policy period & will not be carried forward to the subsequent renewals if the benefit is not utilized.

vi. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.

vii. Additional premium would not be charged for reinstatement of the Sum Insured.

viii. Incase Family Floater policy, Restore Sum Insured will be available for all Insured Persons in the Policy.

8. **Hospital Cash Benefit**

If You are Hospitalised on the advice of a Medical Practitioner/Doctor as defined under the policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You:

The Daily Allowance of Rs. 500/- per day, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period.

9. **Preventive Health Check Up**

At the end of a block of every continuous 3 policy years during which You have held Our Family Health Care 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 2000/- during the block of 3 years.

For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Contact Email id- healthcheck@bajajallianz.co.in.

Note: Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

10. **Ayurvedic / Homeopathic Hospitalisation Expenses**

If You are Hospitalised for not less than 24 hours, 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 on the advice of a Medical Practitioner/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, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals

ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals

iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines& Drugs, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

- Our maximum liability maximum for any or all the above expenses is limited up to 25% of Sum Insured per policy period.

B. DEFINITIONS

1. **Accident, Accidental** –An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Act of Terrorism:-** Whoever

a. With intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people does any act or thing by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, in such a manner as to cause or likely to cause, death of or injuries to any person or persons or loss of or damage to or destruction of property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any state government or any of their agencies or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act

b. Is or continues to be a member of an association declared unlawful under the Unlawful Activities (Prevention) Act 1967, (37 of 1967), or voluntarily does an act aiding or promoting in any manner the objects of such association and in either case is in possession of any unlicensed firearms, ammunition, explosives or other instrument or substances capable of causing mass destruction and commits any act resulting in loss of human life or grievous injury to any person or causes significant damage to any property, commits a terrorist act.

3. **Any one illness-** Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

4. **AYUSH Hospital:**

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **AYUSH Day Care Centre:**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

6. **Bajaj Allianz Network Hospitals / Network Hospitals-** Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com.

7. **Bajaj Allianz Diagnostic Centre-** Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

8. **Cashless facility-** "Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

9. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the Cover Period, Insured Person name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s). Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.

10. **Co-Payment-** A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

11. **Condition Precedent-** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

12. **Congenital Anomaly-** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

13. **Cumulative Bonus-** Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

14. **Day care centre-** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i. has qualified nursing staff under its employment;

ii. has qualified medical practitioner/s in charge;

iii. has fully equipped operation theatre of its own where surgical procedures are carried out;

iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

15. **Day Care Treatment-** Day care treatment refers to medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

ii. Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

16. **Daily Allowance:** Means the amount and period specified in the Schedule.

17. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash Daily Allowance policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

18. **Dental Treatment: Dental** treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

19. **Dependent child:** A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposal.

20. **Disclosure to information norm-** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

21. **Emergency Care-** Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

22. **Family Definition for the purpose of Individual Sum Insured policy** includes the insured; his/her lawfully wedded spouse and dependent children & dependent parents

Family Definition for the purpose of Family Floater includes the insured; his/her lawfully wedded spouse and dependent children. For Parents separate floater policy can be opted.

23. **Grace Period-** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

24. **Group-** The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

25. **Group Policy or Master Policy** This Policy Document, the Policy Schedule and the Proposal, declaration and applicable Endorsements under the Policy containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Person with the details of the extent of cover available to the Insured Person, the Exclusions under the cover and the terms, conditions, warranties and limitations.

26. **Policy Holder/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Policy on behalf of all Insured Beneficiaries.

27. **Hospital -** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

--has qualified nursing staff under its employment round the clock;

--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

--has qualified medical practitioner(s) in charge round the clock;

--has a fully equipped operation theatre of its own where surgical procedures are carried out;

--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

28. **Hospitalisation-** Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours

29. **Illness-** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

30. **Inpatient Care-** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

31. **Injury/ Bodily Injury-** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

32. **Intensive Care Unit-** Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

33. **ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

34. **Limit of Indemnity-** Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover.

35. **Medical Advise-** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

36. **Medical expenses-** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

37. **Medical Practitioner/ Doctor/ Physician:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

38. **Medically Necessary:** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i. is required for the medical management of the illness or injury suffered by the insured;

ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. must have been prescribed by a medical practitioner,

iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

39. **Migration-** means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

40. **Named Insured/ Insured:** Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

41. **Non- Network:** Any hospital, day care centre or other provider that is not part of the network.

42. **Notification of Claim:** Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

43. **OPD treatment:** OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

44. **Portability:** Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

45. **Pre-Existing Disease:**

means any condition, ailment or injury or disease

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

46. **Pre-hospitalization Medical Expenses:** Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

47. **Post-hospitalization Medical Expenses :** Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

48. **Policy Schedule** means the Group Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.

49. **Qualified Nurse:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

50. **Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

51. **Room rent:** Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

52. **Renewal:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

53. **Surgery:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

54. **Schedule** means the Policy Schedule and any annexure to it with respective Certificate of Insurance.

55. **Unproven/Experimental treatment:** Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

56. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

57. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

C. GENERAL EXCLUSION

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:

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Family Health Care Policy with us.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02)

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Family Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsilitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

3. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Family Health Care Policy with Us in connection with:

a. Joint replacement surgery,

b. Surgery for vertebral column disorders (unless necessitated due to an accident)

c. Surgery to correct deviated nasal septum

d. Hypertrophied turbinate

e. Congenital internal diseases or anomalies

f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5

g. Bariatric Surgery

h. Parkinson's Disease

i. Genetic disorders

4. 30-day waiting period (Excl03)

a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. General Exclusion:

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.

2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), 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 Act of Terrorism will be covered under the Policy.

4. Investigation & Evaluation (Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Excl05)

a. 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 medical, physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor

2. The surgery/Procedure conducted should be supported by clinical protocols

3. The member has to be 18 years of age or older and

4. Body Mass Index (BMI);

a. greater than or equal to 40 or

b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

15. Refractive Error (Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments (Excl16)

Expenses related to any unproven treatment, 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.

17. Sterility and Infertility (Excl17)

Expenses related to sterility and infertility. This includes:

a. Any type of contraception, sterilization

b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

c. Gestational Surrogacy

d. Reversal of sterilization

18. Maternity (Excl 18) :

a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

19. External medical equipment of any kind used at home as post Hospitalization 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.

20. 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 Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.

21. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.

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

23. Circumcision unless required for the treatment of Illness or Accidental bodily injury.

24. 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 Medical practitioner.

25. All non-medical Items as per Annexure II

26. Any treatment received outside India is not covered under this Policy.

D. CONDITIONS

1. **Conditions Precedent**

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. **Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

3. **Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

4. **Moratorium Period:**

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, as per the policy

5. **Insured**

Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

6. **Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

7. **Claims Procedure**

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

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. **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 hospitalization.

iii. In case of Emergency hospitalization , You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalization.

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 above 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..

B. Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure 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:

i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization & 48 hours prior to hospitalization in case of planned hospitalization

ii. You must immediately consult a Medical Practitioner/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
- Original/Attested copies Final Hospital Bill with breakup 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 Medical Practitioner/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.

Please send the documents on below address

Health Administration Team,

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

8. Paying a Claim

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. 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.

9. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

10. **Basis of Claims Payment**

i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Medical Practitioner/Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

ii. 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.

iii. Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year period referred to in Exclusion C2) above, shall be restricted to 20% of the Sum insured for each eye, subject to maximum of Rs 50,000/- for each of You.

iv. We shall make payment in Indian Rupees only.

v. If claim event falls within two policy periods the claims shall be administered taking into consideration the available sum insured in the two policy periods, including the deductibles (if any) for each policy period. The claim amount to be payable shall be reduced up to the extent of the premium to be received for renewal/due date of premium of this policy, if the same is not received earlier.

vi. Our obligation to make payment in respect of illness/surgeries listed below shall be restricted to :

Coverages	Sub-limit
Cataract	20% of the Sum insured for each eye, subject to maximum of Rs 50,000/- for each whichever is lower
Mental Illness	25% of Sum Insured or 2 Lac whichever is lower
Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III)	50% of Sum Insured or 5 Lacs whichever is lower

11. **Complete Discharge-**

Any payment to the policyholder, Insured beneficiary or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

12. **Cumulative Bonus:**

If You renew Your Family Health Care with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but:

i. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Family Health Care with Us.

ii. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy

iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent Family Health Care shall be reduced by 10%, save that the limit of indemnity applicable to Your firstFamily Health Care with Us shall be preserved.

13. **Fraud**

i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;

b. the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such actor omission as the law specially declares to be fraudulent

iv. The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

14. **Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The Insured beneficiary shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured beneficiary and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the Insured beneficiary, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

15. **Multiple Policies**

a. In case of multiple policies taken by an Insured beneficiary during a period from one or more insurers to indemnify treatment costs, the Insured beneficiary shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured beneficiary 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.

b. Insured beneficiary having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

c. If the amount to be claimed exceeds the sum insured under a single policy, the Insured beneficiary shall have the right to choose insurer from whom he/she wants to claim the balance amount.

d. Where an Insured beneficiary has policies from more than one insurer to cover the same risk on indemnity basis, the Insured beneficiary shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

16. **Renewal**

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the Insured beneficiary had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

17. **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.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Within 3 Months	65.00%
Exceeding 3 months but less than 6 months	45.00%
Exceeding 6 months to 12 months	0.00%

18. **Portability Conditions**

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

19. **Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

20. **Possibility of Revision of Terms of the Policy Including the Premium Rates:**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured beneficiary shall be notified three months before the changes are effected.

21. **Migration of policy:**

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

22. **Withdrawal of Policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured beneficiary about the same 90 days prior to expiry of the policy.

ii. Insured beneficiary will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

23. **Sum Insured Enhancement:**

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.

24. **Addition /Deletion of Insured Person(s)**

No person other than those persons named as the Insured Person(s) or those categories of the Insured specified in the Schedule shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured

Cover under this Policy shall be withdrawn from any Insured Person(s) named or any category of persons Insured immediately upon the Policyholder delivering written notice of the same to the Company.

25. **Nomination:**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

26. **Territorial Limits & Governing Law**

i. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

27. **Special Conditions relating to Group Policy**

All group policies are subject to the following conditions:

1. The insured will maintain sufficient deposit or provide a Bank Guarantee to comply with the requirement of section 64VB.

2. New names can be added to the existing group policies by charging pro-rata premium for the unexpired period of insurance.

3. For deletion of names from Group Policies during the currency of the Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular insured Person at the expiry of the policy only.

28. **Arbitration and Reconciliation**

i. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

29. **Grievance Redressal Procedure**

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:

- Our Website @ https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp
- Call us on our Toll free no 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in
- Write to Bajaj Allianz General Insurance Co. Ltd.

  Bajaj Allianz House, Airport Road, Yerwada

  Pune- 411006

Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Rakesh Sharma at ggro@bajajallianz.co.in

For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html

Level 3

If you are still not satisfied with the solutions provided, or have some feedback for us, write to the Head of Customer experience directly at head.customerservice@bajajallianz.co.in

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cellfor Insured 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

In case your complaint is not fully addressed by the insurer, You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDAI or call 155255. Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The contact details of the ombudsman offices are mentioned below. However, we request you to visit http://www.ecoi.co.in for updated details

FAMILY HEALTH CARE (GOLD)

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt. Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri/Smt..... Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab,Haryana,Jammu & Kashmir,Himachal Pradesh,Chandigarh.
CHENNAI - Shri/Smt..... Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam,Meghalaya, Manipur,Mizoram, Arunachal Pradesh, Nagaland and Tripura.

FAMILY HEALTH CARE (GOLD)

Office Details	Jurisdiction of Office Union Territory, District)
HYDERABAD - Shri/Smt..... Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Shri/Smt. Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri/Smt. Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt. Office of the Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri/Smt. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri. Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA - Shri/Smt. Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.

FAMILY HEALTH CARE (GOLD)

Office Details	Jurisdiction of Office Union Territory, District)
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Note: Address and contact number of Governing Body of Insurance Council

EXECUTIVE COUNCIL OF INSURERS,

3rd Floor, Jeevan Seva Annexe,

S. V. Road, Santacruz (W),

Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980

Fax: 022 – 26106949

E-mail ID: inscoun@ecoi.co.in

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 4000+ Network hospitals PAN India.

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

Annexure I:

List 1: List of Non-Medical Items

SL . No.	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERV ICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITA L)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable

27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB

7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List lll- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER

13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III: Modern Treatment Methods and Advancement in Technologies

Modern Treatment Methods and Advancement in Technologies (as per below list) are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages and exclusions

A. Uterine Artery Embolization and HIFU
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy- Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM -(Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

FAMILY HEALTH CARE (SILVER)

Policy Wordings

Preamble

Whereas the insured described in the Group Policy Schedule hereto (hereinafter called the 'Insured' or "Policy holder/Policy Holder" or "Proposer") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal of Insured for Group Policy and proposal of/transcript of the Proposal of Insured on behalf of respective Insured Beneficiary/ies and or proposal of/transcript of the Proposal of Insured Beneficiary, for issuance of Certificate of Insurance [COI], which shall be the basis of this Contract and Certificate of Insurance and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Group Policy issued in the name of Policy Holder and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the Certificate of Insurance read with Group Policy as consideration for such insurance Contract, now the Company agrees, subject always to the Sum Insured as specified in the respective Certificate of Insurance, and the terms, conditions, exclusions, and limitations of the Group Policy and Certificate of Insurance, and in excess of the amount of the Deductible, to indemnify the Insured Beneficiary against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period, in the manner and to the extent hereinafter stated:

The term **Insured Beneficiary** in this document refers to the individual group members who will be treated as Insured Beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organization who has signed the proposal form and in whose name the Group Policy is issued. Also, the term **Insurer/ Us/ Our/ Company** in this document refers to Bajaj Allianz General Insurance Company Ltd.

A. COVERAGE

Scope of cover:

The Company hereby agrees to pay reasonable and customary expenses in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalisation Treatment

i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals up to 1% of sum insured (excluding cumulative bonus) subject to a maximum of Rs. 3000/day.

ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals

iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, 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:

a. 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 Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

c. Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

2. Pre- Hospitalisation Expenses

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 Benefit In Patient Hospitalisation Treatment Cover.

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 Benefit In Patient Hospitalisation Treatment Cover.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs 1500/- per valid Hospitalisation claim 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.

Note: Claim under this section shall be payable by us provided, We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

FAMILY HEALTH CARE (SILVER)

5. Day Care Procedures

We will pay you the medical expenses as listed above under 1. **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. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

We will pay expenses incurred towards in case of major organ transplant, for harvesting of the organ provided that,

- 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
- We have accepted an inpatient Hospitalization claim for the insured member under in patient Hospitalization expenses

Note: The above mentioned expenses are covered under the Sum Insured as opted under the plan

7. Hospital Cash Benefit

If You are Hospitalised on the advice of a Doctor as defined under the policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You:

The Daily Allowance of Rs. 300/- per day, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period.

8. Preventive Health Check Up

At the end of a block of every continuous 3 policy years during which You have held Our Family Health Care 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 2000/- during the block of 3 years.

For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Contact Email id- healthcheck@bajajallianz.co.in.

Note: Payment under this benefit will not reduce the base Sum Insured mentioned in policy Schedule.

9. Ayurvedic / Homeopathic Hospitalisation Expenses

If You are Hospitalised for not less than 24 hours, 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 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, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals up to 1% of sum insured (excluding cumulative bonus) subject to a maximum of Rs. 3000/day.

ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals

iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines& Drugs, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Our maximum liability maximum for any or all the above expenses is limited up to 25% of Sum Insured per policy period.

Note:

a. 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 Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

c. Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

B. DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

1. **Accident, Accidental** –An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Act of Terrorism:-** Whoever

a. With intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people does any act or thing by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, in such a manner as to cause or likely to cause, death of or injuries to any person or persons or loss of or damage to or destruction of property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any state government or any of their agencies or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act

b. Is or continues to be a member of an association declared unlawful under the Unlawful Activities (Prevention) Act 1967, (37 of 1967), or voluntarily does an act aiding or promoting in any manner the objects of such association and in either case is in possession of any unlicensed firearms, ammunition, explosives or other instrument or substances capable of causing mass destruction and commits any act resulting in loss of human life or grievous injury to any person or causes significant damage to any property, commits a terrorist act.

3. **Any one illness:** Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

4. **AYUSH Hospital:**

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. **AYUSH Day Care Centre:**

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

6. **Bajaj Allianz Network Hospitals / Network Hospitals:** Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com.

7. **Bajaj Allianz Diagnostic Centre:** Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

8. **Cashless facility:** "Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

9. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiaryas per these terms and conditions detailing the Cover Period, Insured Beneficiary name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s). Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.

10. **Co-Payment:** A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

11. **Condition Precedent:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

12. **Congenital Anomaly:** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body

13. **Cumulative Bonus:** Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

14. **Day care centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i. has qualified nursing staff under its employment;

ii. has qualified medical practitioner/s in charge;

iii. has fully equipped operation theatre of its own where surgical procedures are carried out;

iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

15. **Day Care Treatment:** Day care treatment refers to medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement,

and

ii. Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

16. **Daily Allowance:** Means the amount and period specified in the Schedule.

17. **Deductible:** Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash Daily Allowance policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

18. **Dental Treatment:** Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

19. **Dependent child:** A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposal.

20. **Disclosure to information norm:**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact

21. **Emergency Care:** Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.

22. **Family Definition for the purpose of Individual Sum Insured policy** includes the insured; his/her lawfully wedded spouse and dependent children & dependent parents

Family Definition for the purpose of Family Floater includes the insured; his/her lawfully wedded spouse and dependent children. For Parents separate floater policy can be opted.

23. **Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

24. **Group-** The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

25. **Group Policy or Master Policy** This Policy Document, the Policy Schedule and the Proposal, declaration and applicable Endorsements under the Policy containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Beneficiary with the details of the extent of cover available to the Insured Beneficiary, the Exclusions under the cover and the terms, conditions, warranties and limitations.

26. **Policy Holder/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Policy on behalf of all Insured Beneficiaries.

27. **Hospital -** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

--has qualified nursing staff under its employment round the clock;

--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

--has qualified medical practitioner(s) in charge round the clock;

--has a fully equipped operation theatre of its own where surgical procedures are carried out;

--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

28. **Hospitalisation-** Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

20. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

FAMILY HEALTH CARE (SILVER)

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

30. **Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

31. **Injury/ Bodily Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

32. **Intensive Care Unit:** Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

33. **ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

34. **Limit of Indemnity:** Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover.

35. **Medical Advise-** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

36. **Medical expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

37. **Medical Practitioner/ Doctor/ Physician:** A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

38. **Medically Necessary:** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i. is required for the medical management of the illness or injury suffered by the insured;

ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. must have been prescribed by a medical practitioner,

iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

39. **Migration-** means, the right accorded to health insurance policyholders (including all members under family cover and members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

40. **Named Insured/ Insured:** Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

41. **Non- Network:** Any hospital, day care centre or other provider that is not part of the network.

42. **Notification of Claim:** Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

43. **OPD treatment:** OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

44. **Portability:** Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another. .

45. **Pre-Existing Disease:**

means any condition, ailment or injury or disease

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

46. **Pre-hospitalization Medical Expenses:** Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

47. **Post-hospitalization Medical Expenses:** Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

48. **Policy Schedule** means the Group Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.

49. **Qualified Nurse:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

50. **Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

51. **Room rent:** Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

52. **Renewal:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

53. **Surgery:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

54. **Schedule** means the Policy Schedule and any annexure to it read with respective Certificate of Insurance.

55. **Unproven/Experimental treatment:** Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

56. **You, Your, Yourself / Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

57. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

C. GENERAL EXCLUSIONS

We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Family Health Care Policy with us.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02)

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Family Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures is as below

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1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsilitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

3. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Family Health Care Policy with Us in connection with:

a Joint replacement surgery,

b Surgery for vertebral column disorders (unless necessitated due to an accident)

c. Surgery to correct deviated nasal septum

d. Hypertrophied turbinate

e. Congenital internal diseases or anomalies

f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5

g. Bariatric Surgery

h. Parkinson's Disease

i. Genetic disorders

4. 30-day waiting period (Excl03)

a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. General Exclusion:

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.

2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), 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 Act of Terrorism will be covered under the Policy.

4. Investigation & Evaluation (Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Excl05)

a. 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 medical, physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);

a. greater than or equal to 40 or

b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

15. Refractive Error (Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments (Excl16)

Expenses related to any unproven treatment, 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.

17. Sterility and Infertility (Excl17)

Expenses related to sterility and infertility. This includes:

a. Any type of contraception, sterilization

b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

c. Gestational Surrogacy

d. Reversal of sterilization

18. Maternity (Excl 18) :

a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

19. External medical equipment of any kind used at home as post Hospitalization 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.

20. 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 Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.

21. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.

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

23. All non-medical Items as per Annexure II

24 Circumcision unless required for the treatment of Illness or Accidental bodily injury,

25. Any treatment received outside India is not covered under this Policy.

D. CONDITIONS

1. **Conditions Precedent**

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. **Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

3. **Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the Insured beneficiary for the Company to make any payment for claim(s) arising under the policy.

4. **Moratorium Period:**

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, as per the policy.

5. **Insured**

Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

6. **Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

7. **Claims Procedure**

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

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. **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-authorization by way of the written form.

ii. In case of planned hospitalization, You/the Insured beneficiary/ insured representative shall intimate such admission within 48 hours of such hospitalization.

iii. In case of Emergency hospitalization, You/the Insured beneficiary/ insured representative shall intimate such admission within 24 hours of such hospitalization

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 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 authorization letter. The 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.

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 Hospitalization Treatment above 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..

B. **Reimbursement Claims Procedure:**

If Pre-authorization as per Cashless Claims Procedure 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:

i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization & 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 beneficiary, 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
- Original/Attested copies Final Hospital Bill with breakup 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.

Please send the documents on below address:-

Health Administration Team,

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

8. **Paying a Claim**

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. 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.

9. **Claim Settlement (provision for Penal Interest)**

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

10. **Basis of Claims Payment**

i. 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.

ii. 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.

iii. Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year period referred to in Exclusion C2) above, shall be restricted to 20% of the Sum insured for each eye, subject to maximum of Rs 50,000/- for each of You.

iv. We shall make payment in Indian Rupees only.

v. If claim event falls within two policy periods the claims shall be administered taking into consideration the available sum insured in the two policy periods, including the deductibles (if any) for each policy period. The claim amount to be payable shall be reduced up to the extent of the premium to be received for renewal/due date of premium of this policy, if the same is not received earlier.

vi. Our obligation to make payment in respect of illness/surgeries listed below shall be restricted to :

Coverages	Sub-limit
Cataract	20% of the Sum insured for each eye, subject to maximum of Rs 50,000/- for each whichever is lower
Mental Illness	25% of Sum Insured or 2 Lac whichever is lower
Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III)	50% of Sum Insured or 5 Lacs whichever is lower

11. **Complete Discharge-**

Any payment to the policyholder, Insured beneficiary or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

12. **Cumulative Bonus:**

If You renew Your Family Health Care with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but:

i. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Family Health Care with Us.

ii. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy

iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent Family Health Care shall be reduced by 10%, save that the limit of indemnity applicable to Your first Family Health Care with Us shall be preserved.

13. **Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The Insured beneficiary shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured beneficiary and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the Insured beneficiary, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

14. **Fraud**

i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;

b. the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such actor omission as the law specially declares to be fraudulent

iv. The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

15. **Multiple Policies**

a. In case of multiple policies taken by an Insured beneficiary during a period from one or more insurers to indemnify treatment costs, the Insured beneficiary shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured beneficiary 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.

b. Insured beneficiary having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

c. If the amount to be claimed exceeds the sum insured under a single policy, the Insured beneficiary shall have the right to choose insurer from whom he/she wants to claim the balance amount.

d. Where an Insured beneficiary has policies from more than one insurer to cover the same risk on indemnity basis, the Insured beneficiary shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

16. **Renewal**

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the Insured beneficiary had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

17. **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.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Within 3 Months	65.00%
Exceeding 3 months but less than 6 months	45.00%
Exceeding 6 months to 12 months	0.00%

18. **Portability Conditions**

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the

family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

19. **Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

20. **Possibility of Revision of Terms of the Policy Including the Premium Rates :**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured beneficiary shall be notified three months before the changes are effected.

21. **Migration of policy:**

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

22. **Withdrawal of Policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured beneficiary about the same 90 days prior to expiry of the policy.

ii. Insured beneficiary will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

23. **Sum Insured Enhancement:**

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.

24. **Addition /Deletion of Insured Person(s)**

No person other than those persons named as the Insured Person(s) or those categories of the Insured specified in the Schedule shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured

Cover under this Policy shall be withdrawn from any Insured Person(s) named or any category of persons Insured immediately upon the Policyholder delivering written notice of the same to the Company.

25. **Nomination:**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

26. **Territorial Limits & Governing Law**

i. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

27. **Special Conditions relating to Group Policy**

All group policies are subject to the following conditions:

FAMILY HEALTH CARE (SILVER)

1. The insured will maintain sufficient deposit or provide a Bank Guarantee to comply with the requirement of section 64VB.

2. New names can be added to the existing group policies by charging pro-rata premium for the unexpired period of insurance.

3. For deletion of names from Group Policies during the currency of the Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular Insured beneficiary at the expiry of the policy only.

28. **Arbitration and Reconciliation**

i. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

29. **Grievance Redressal Procedure**

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:

- Our Website @ https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp
- Call us on our Toll free no 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in
- Write to Bajaj Allianz General Insurance Co. Ltd.

  Bajaj Allianz House, Airport Road, Yerwada

  Pune- 411006

Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Rakesh Sharma at ggro@bajajallianz.co.in

For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html

Level 3

If you are still not satisfied with the solutions provided, or have some feedback for us, write to the Head of Customer experience directly at head.customerservice@bajajallianz.co.in

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cellfor Insured 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

In case your complaint is not fully addressed by the insurer, You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDAI or call 155255. Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The contact details of the ombudsman offices are mentioned below. However, we request you to visit http://www.ecoi.co.in for updated details

FAMILY HEALTH CARE (SILVER)

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt. Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri/Smt..... Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab,Haryana,Jammu & Kashmir,Himachal Pradesh,Chandigarh.
CHENNAI - Shri/Smt..... Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam,Meghalaya, Manipur,Mizoram, Arunachal Pradesh, Nagaland and Tripura.

FAMILY HEALTH CARE (SILVER)

Office Details	Jurisdiction of Office Union Territory, District)
HYDERABAD - Shri/Smt..... Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Shri/Smt. Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri/Smt. Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt. Office of the Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri/Smt. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri. Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA - Shri/Smt. Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.

FAMILY HEALTH CARE (SILVER)

Office Details	Jurisdiction of Office Union Territory, District)
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Note: Address and contact number of Governing Body of Insurance Council

EXECUTIVE COUNCIL OF INSURERS,

3rd Floor, Jeevan Seva Annexe,

S. V. Road, Santacruz (W),

Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980

Fax: 022 – 26106949

E-mail ID: inscoun@ecoi.co.in

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 4000+ Network hospitals PAN India.

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

Annexure I:

List 1: List of Non-Medical Items

SL . No.	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERV ICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITA L)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable

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23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH

3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER

13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III: Modern Treatment Methods and Advancement in Technologies

Modern Treatment Methods and Advancement in Technologies (as per below list) are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages and exclusions

A. Uterine Artery Embolization and HIFU

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. Bronchical Thermoplasty

J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

K. IONM -(Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered