

Bajaj Allianz

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently demerged from Bajaj Auto Limited) and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of the 110 year old Allianz SE, and in-depth market knowledge and good will of Bajaj brand in India. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

The Bajaj Allianz Advantage

 HAT: In-house Claim Administration

 Global expertise

 Innovative packages to match individual needs

 Quick disbursement of claims

How does the Extra Care Policy benefit me?

In the times of rising medical costs Bajaj Allianz's Extra Care Policy is the perfect health protection for you and your family. It takes care of the medical treatment costs incurred during hospitalization due to serious accident or illness. This policy can be taken as add on cover to your existing hospitalization – medical expenses policy. In case of higher expenses due to illness or accidents Extra care policy takes care of the additional expenses.

What are the Special Features of Extra Care policy?

- Floater Policy with the single premium for the family
- Competitive premium rates
- Waiver of medical tests up to 55 years subject to no adverse medical history.
- Continuity for waiting periods would be given on the base hospitalisation policy.
- The policy covers ambulance charges in case of emergency subject to a maximum of Rs 3000
- Income Tax Benefit under Sec 80 D of the IT Act on the premiums paid for this policy.

What is covered under extra care policy?

- This policy covers hospitalisation expenses in excess to the specified deductible amount.
- Deductible amount is applicable as per the plan opted.

- This policy also covers Pre and Post Hospitalisation expenses for 60 and 90 days respectively.
- Ambulance charges Rs 3000/- per Hospitalisation..
- Modern Treatment: Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum Insured or 5 Lacs whichever is lower, subject to policy terms, conditions, coverage, waiting periods 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. Intravitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (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.

What is deductible?

- Deductible means the amount stated in the schedule which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period.
- The company's liability to make any payment for each and every claim under the policy is in excess of the deductible.

How is the deductible applied at the time of claim?

- Deductible would be applied afresh for each claim.
- Each and every hospitalization would be considered as a separate claim.
- The limit of indemnity /Sum Insured is the maximum liability above the deductible.
For example – If the Sum Insured is Rs 10 lakhs and deductible is Rs 3 lakhs, our liability for a claim of Rs 13 lakhs would be Rs 10 lakhs (which is over and above the deductible).

What are the Sum Insured options under this policy?

Sum Insured (excluding deductibles)	Deductible per hospitalization
Rs.100000/-	Rs.30000/-
Rs.120000/-	Rs.40000/-
Rs.150000/-	Rs.50000/-

When can I Increase the Sum Insured?

- Sum Insured enhancement can be done only at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.

What is the entry age under this policy?

- Age of entry for proposer, spouse and parents is 18 yrs – 70 Years.
- Children from 3 Months - 25 years can be covered as dependents.

What will be the renewal age?

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

What is the policy period?

- 1 year, 2 years or 3 years

Discount under the policy

- Long Term Policy Discount:
 - a. 4% discount is applicable if policy is opted for 2 years
 - b. 8% discount is applicable if policy is opted for 3 years

What is the premium paying term?

- Policy can be paid on installment basis-Annual, Half Yearly, Quarterly or Monthly

Who can be covered under this Policy?

- Self, spouse and 3 dependent children can be covered under the policy.
- Dependent parents can also be covered under this policy, a separate policy would be issued for parents.

Do I need to undergo medical check up?

- Waiver of medical tests up to 55 years subject to no adverse medical history.
- Medical tests (pre-policy check up) would be advised for members 56 years and above.

List of the medical tests to be conducted are : Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGT, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr.Albumin, Sr.Globulin,A:G Ratio

- The pre-policy check up would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- 50 % cost of pre-policy check up would be refunded if the proposal is accepted & policy is issued.

When can I Increase the Sum Insured?

- Sum Insured enhancement can be done only at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.

What are the exclusions and waiting periods under the policy

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 48 months of continuous coverage after the date of inception of the first Extra Care Policy with us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

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.

In case of enhancement of Sum Insured

- c. 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.

Unprovoked treatments (Excl15)

- Expenses related to any unprovoked treatment, services and supplies for in connection with any treatment. Unprovoked treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

Sterility and Infertility (Excl17)

- Expenses related to sterility and infertility treatments.

Hazardous or Adventure Sports (Excl09)

- a. Any type of contraceptive sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, IUI, GIFT, ZIFT, CS, SI
- c. Gestational Surrogacy
- d. Reversal of sterilization

Maternity (Excl18)

- a. Medical Treatment Expenses related to child birth (including complicated deliveries and cesarean sections incurred during hospitalization) except for pre-eclampsia.
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

External medical equipment of any kind used at home as post hospitalisation care including cost of instruments 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 Asthma condition

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.

The pre-policy check up would be arranged at our empanelled diagnostic centers.

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

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

Excluded Providers (Excl11)

- a. 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.

Obesity/Weight Control (Excl06)

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

Surgery to be conducted is upon the advice of the Doctor

The surgery/Procedure conducted should be supported by clinical protocols

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

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

General Exclusion

- 1. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other

Severe co-morbidities following failure of less invasive methods of weight loss:

- i. Obesity-related cardiomyopathy

Organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Excl14)

Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.

Change of gender treatments (Excl15)

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

Unprovoked treatments (Excl16)

- Expenses related to any unprovoked treatment, services and supplies for in connection with any treatment. Unprovoked treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

Sterility and Infertility (Excl17)

- Expenses related to sterility and infertility treatments.

Investigation & Evaluation (Excl04)

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

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

Rest Cure, rehabilitation and respite care (Excl05)

- Expenses related to any admission primarily for enforced bed rest 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.

Breach of law (Excl10)

- Expenses for treatment directly arising from or consequent upon

any medical treatment or procedure which is in contravention of the law.

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- b. Reversal of sterilization

Intentional self-harm (including but not limited to the use or abuse of any intoxicating drug or alcohol)

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

Treatment for Alcoholism, drug or substance abuse or any addictive

condition and consequences thereof. (Excl12)

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condition and consequences thereof. (Excl12)

- b. greater than or equal to 35 in conjunction with any of the following

Request for renewal with new premium

- i. Renewal shall not be done on the ground of fraud, misrepresentation by the insured person.</li

BAJAJ ALLIANZ EXTRA CARE EXTENDED HEALTH COVER



Benefit Illustration in respect of Policies offered on Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)		Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)								
	Premium	Sum Insured/Deductible	Premium	Discount	Premium after discount	Sum Insured/Deductible	Premium or consolidated premium for all members of family	Floater discount if any	Premium after discount	Sum Insured/Deductible			
55	NA	NA	NA	NA	NA	NA	6,975	NA	1,000,000/300,000				
50	NA	NA	NA	NA	NA	NA							
20	NA	NA	NA	NA	NA	NA							
18	NA	NA	NA	NA	NA	NA							
	NA	NA	NA	NA	NA	NA							
Total premium when policy is opted on floater basis is Rs 6,975 (No discount Applicable)													
Sum Insured/Deductible of Rs 1,000,000/300,000 is available for the entire family													

Note: The premiums are in INR and excluding all taxes

For more detail on risk factors, terms and conditions, please read the brochure before concluding a sale.

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Policyholders can download 'Caringly yours' app for one-to-one access. Available on:

