

Bajaj Allianz

Our agreement to insure You is based on Your proposal, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how and when We insure it, what We expect of You and what You can expect of Us.

The Bajaj Allianz Advantage



HAT: In-house Claim Administration



Global expertise & local knowledge



Innovative packages to match individual needs



Quick disbursement of claims

Individual health insurance for senior citizens

Health care costs are high and getting higher. As the age of an individual increases the health care costs increase manifold and become a burden on the individual. The senior citizens have to pay out of their hard earned savings to meet the expenses. Bajaj Allianz's Silver Health Plan for senior citizens protects you and your spouse in case you need expensive medical care

This Policy offers you cashless benefit or reimbursement for hospitalisation expenses due to illness or accident.

What are the Sum Insured options under this policy?

Sum Insured options:-

- Rs 50000
- Rs 100000
- Rs 150000
- Rs 200000
- Rs 300000
- Rs 400000
- Rs 500000

What is the policy period?

- This is an annual policy

What is the entry age and renewal age under this policy?

- Entry Age: from 46 yrs to 70 yrs.
- Renewal Age: Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

Who can be covered as dependants under the Policy?

- The policy is offered on individual sum insured basis.
- Self, spouse can be covered under this policy.

What coverage do I get?

- The policy covers hospitalisation expenses
- Pre and Post hospitalisation expenses of an amount equivalent to 3% of admissible hospitalization expenses.
- Covers ambulance charges in an emergency subject to a limit of Rs 1000/- per claim.
- Pre-existing illnesses are covered from the second year of the policy.
- The Company's liability in case of any pre-existing illness from the second year of the policy would be restricted to 50% of the Sum insured in a policy year.
- 130 daycare procedures are covered subject to terms & conditions

Do I need to undergo medical check up?

Pre-medical tests are mandatory for every proposal.

- The pre-policy check up would be arranged at our empanelled diagnostic centres.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy check up would be conducted in our panelled diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.
- Medical Tests required as listed below:

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

What benefits do I get?

- Cumulative bonus of 10% of sum insured for every claim free year upto a maximum of 50% of sum insured.
- Health checkup in designated Bajaj Allianz Diagnostic centers at the end of continuous four claim-free years List of tests given for reference: physician consultation, laboratory tests for fasting blood glucose and complete blood count, serum cholesterol, urine routine, chest X-ray and ECG.
- Family Discount of 5% if two or more members are covered,
- Income tax benefit on the premium paid as per section 80 D of the Income Tax Act.

When can I Increase the Sum Insured?

- Sum Insured enhancement will be allowed only at the time of renewals.
- The enhancement should be proportionate for all the insured members.

- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form
- No claim in the expiring policies- In case of a claim referral to be made to Underwriting doctors for further advise

- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.

What are the exclusions under the policy?

We will not pay for claims arising out of or howsoever connected to 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 12 months of continuous coverage after the date of inception of the first Silver Health 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 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

NOTE:

For any one Pre-existing Illness covered under this Policy (if this Policy is the renewal without break of an earlier Silver health Policy issued by Us and held for a continuous period of one year) our liability will be restricted to 50% of the Limit of Indemnity.

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 12 months of continuous coverage after the date of inception of the first Silver Health 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. Surgery for gastric or duodenal ulcers,

14. Fissure in ano

15. Fibromyoma

16. Hysterectomy

17. Surgery on skin/ all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps

18. Treatment for benign tumors or malignant conditions or for organomegaly

19. Surgery on joints

20. Mental illness

21. Genetic disorders

22. Macular Degeneration

23. Parkinson's Disease

24. Alzheimer's disease

25. Bariatric Surgery

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. We will not pay any Medical Expenses incurred during the first 48 consecutive months during which You have the benefit of a Silver Health Policy with Us in connection with:

- i. Joint replacement surgeries unless necessitated by accidental Bodily Injury

- ii. 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.

2. 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

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.

9. Hazardous or Adventure Sports (Excl09)

- a. 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.

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

- c. 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.

10. Breach of law (Excl10)

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

- b. 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.

- c. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

- d. Any type of contraption, sterilization

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

- f. Gestational Surrogacy

- g. Reversal of sterilization

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

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

- j. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnostic or treatment except for Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopaedic implants, infra-cardiac valve replacement, vascular stents etc.

- k. External medical equipment of any kind used at home as part of Hospitalization care including cost of instruments used in the treatment of Sleep Apnea Syndrome (C.P.A), Continuous Positive Airway Pressure (C.P.A) and Oxygen concentrator for Bronchial Asthmatic condition.

- l. 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 condition.

- m. Intentional self-injury including but not limited to use or misuse of any intoxicating drug/alcohol

- n. Vaccination or inoculation unless forming a part of post treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.

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

- p. All non-medical treatments per Annexure I

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

■ **Special Conditions:**

- 20% of co-payment on the admissible claims to be paid by the member if treatment is taken in a hospital other than a network hospital. Waiver of co-payment available on payment of additional premium.
- Payment in respect of surgery for cataracts (after the expiry of 1 year waiting period), shall be restricted to 10% of the Limit of Indemnity for each and every claim, subject to a minimum of Rs 12,000 and maximum of Rs 25,000/- and subject always to the Limit of Indemnity.

■ **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 person 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

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

■ **Condition for renewal of the contract.**

The policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- 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

■ **Cancellation**

- The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Period on Risk	% of Annual Rate Refunded
Upto 1 month	75%
Exceeding 1 month and upto 3 months	50%
Exceeding 3 months and upto 6 months	25%
Exceeding 6 months	Nil

■ **Grace period:**

- In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of One year waiting period / Four year waiting periods and Health Check-up benefit.
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

■ **Portability Conditions**

The insured person 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 person 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?m id=3.2.3

■ **Migration of Policy:**

The insured person 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 at least 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 offered by the company, the insured person 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?m id=3.2.3

■ **Revision/ Modification of the policy:**

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insured(s) at least 3 months prior to the date of such revision/modification comes into the effect

■ **Withdrawal of Policy**

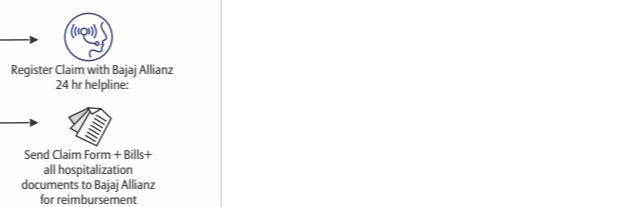
- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with 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.

■ **Annual Premium table:**

Premiums Exclusive of GST.

SI	Age					Renewal Premiums
	46-50 yrs	51-55 Yrs	56-60 yrs	61-65 yrs	66-70 yrs	
50000	1,995	2,495	3,824	4,780	7,170	8,963
100000	2,993	3,742	5,736	7,170	10,755	13,444
150000	3,741	4,677	7,170	8,963	13,444	16,805
200000	4,676	5,846	8,963	11,203	16,805	21,006
300000	5,845	7,308	11,203	14,004	21,006	26,257
400000	8,767	10,962	16,805	18,905	24,199	30,248
500000	10,959	13,155	21,006	23,632	29,039	36,298

■ **What would be the process in case of a claim under my Silver Health policy?**



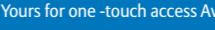
■ **List of claim documents required for claim under hospitalisation section:**

- First Consultation letter from the Doctor
- Duly completed claim form and NEFT Form signed by the Claimant
- Original Hospital Discharge Card
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Original Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- In case of a Cataract Operation, IOL Sticker will have to be enclosed
- Other documents as may be required by Bajaj Allianz to process the claim
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

■ **Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates)**

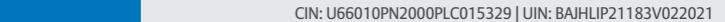
No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

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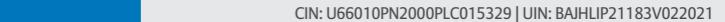
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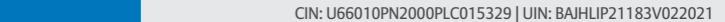
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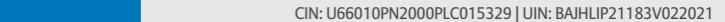
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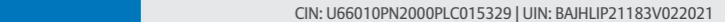
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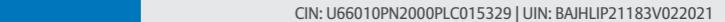
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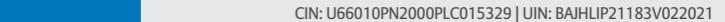
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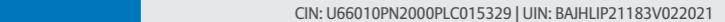
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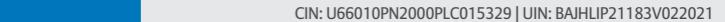
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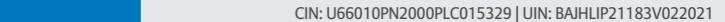
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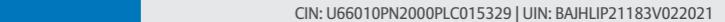
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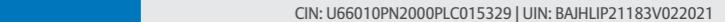
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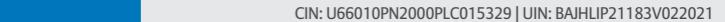
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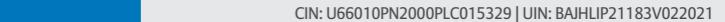
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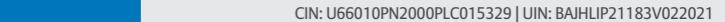
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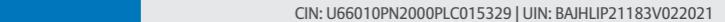
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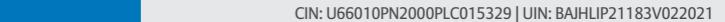
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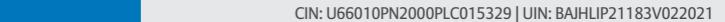
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