

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently de-merged 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 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.

■ Why Health Care Supreme?

A Comprehensive Plan with a wide range of benefits, ensuring a cover for maximum expenses related to Illness and Accidents

■ Key Features:

- Sum Insured options ranging from ₹ 5 Lacs to ₹50 Lacs on individual and floater Sum insured basis
- Complete package policy with wide range of covers under single policy including maternity, Out Patient Expenses, Sum insured Restoration, recovery benefit etc
- Option of choosing add on covers like Personal Accident, critical Illness & Ancillary expenses benefits to top up your coverage
- No restrictions on maximum entry age, min entry age is 3 months
- Lifetime renewal
- Unique coverage like Air ambulance cover, physiotherapy expenses etc
- Free Annual preventive Health Check up regardless of Claims history

■ What is covered under Health Care Supreme Policy?

- The policy has two sections
- Medical Expenses Section (Mandatory)
 - Add On Benefits section (Optional)

• Medical Expenses section covers the below listed benefits

1. Hospitalisation Expenses
2. Pre Hospitalisation
3. Post Hospitalisation
4. Road Ambulance
5. Air Ambulance
6. Day Care Procedures
7. Out Patient Expenses
8. Organ Donor Expenses
9. Recovery benefit
10. Physiotherapy Expenses
11. Sum Insured Reinstatement Benefit
12. Ayurvedic & Homeopathic treatment Hospitalisation Expenses
13. Maternity Expenses
14. New Born Baby Cover
15. Free Annual Preventive Health Check Up

• Add On Benefits section (Optional) covers below listed benefits

1. Ancillary Expenses Benefit
2. Personal Accident cover
3. Critical Illness cover

■ Types of policy

- Individual Health Care Supreme policy
- Floater Health Care Supreme policy
- Group Health Care Supreme policy

■ Coverage details

The hospitalization Sum Insured under Medical Expenses Section covers the below listed expenses

The claim payout under the below headings should not exceed the Hospitalisation Sum Insured.

- Hospitalization expenses
- Pre-hospitalization
- Post hospitalization
- Road ambulance
- Day Care expenses
- Ayurvedic & Homeopathic treatment Hospitalisation Expenses

Separate Sum Insured has been Specified for the below mentioned section

- Air Ambulance
- Out Patient Expenses
- Organ Donor Expenses
- Recovery benefit
- Physiotherapy Expenses
- Sum Insured Reinstatement Benefit
- Maternity Expenses (and New Born Baby Cover)

■ Medical Expenses Section: (Mandatory)

1. Hospitalisation Expenses

If You are Hospitalised 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 the below listed items up to the Sum Insured as specified under the policy schedule

In-patient Treatment- Medical Expenses for:

- **Room rent, boarding expenses**
- **Nursing**
- **Intensive care unit**
- **Consultation fees**
- **Anesthesia, blood, oxygen, operation theatre charges, surgical appliances**
- **Medicines, drugs and consumables,**
- **Diagnostic procedures,**
- **The Cost of prosthetic and other devices or equipment if implanted**

internally during a Surgical Procedure.

2. Pre-Hospitalisation

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 Hospitalisation expenses.

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 Hospitalisation expenses.

4. Road Ambulance

We will reimburse the expenses 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, provided that: We have accepted an inpatient Hospitalisation claim under Benefit Hospitalisation expenses. 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 provided that: We have accepted an inpatient Hospitalisation claim under Benefit Hospitalisation expenses

5. Air Ambulance

We will pay for ambulance transportation in an airplane or helicopter for emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the illness /accident to the nearest hospital. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance section in the policy schedule.

Return transportation to the client's home by air ambulance is excluded

6. Day Care Procedures

We will pay you the medical expenses as listed above under Hospitalisation Expenses Section 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 1 of Policy wordings

7. Out Patient Expenses

If you consult a specialist consultant / specialist medical Practitioner on Out patient basis for the illness / injury contracted during the policy period, we will pay you Out Patient expenses for,

- Specialist Consultations
- Investigations related to the illness / injury as prescribed by the

specialist

- Medicines related to the illness / injury as prescribed by the specialist
 - Dental Procedures – Root Canal Treatment, Extractions
 - Consultations for Psychiatric disorders
- Our maximum liability for the above expenses shall be limited to the amount specified under Patient Expenses in the policy schedule

8. Organ Donor Expenses:

We will pay the lump sum amount as specified under the policy schedule towards organ donor's treatment for harvesting of the donated 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 Hospitalisation claim for the insured member under Hospitalisation expenses. We will pay one time lump sum benefit amount as specified in the policy schedule

9. Recovery benefit:

In the event of insured member hospitalised for a disease/illness/injury for a continuous period exceeding 7 days, however we will pay a one time lump sum amount per policy period, as specified under the Recovery benefit in the policy schedule.

This benefit will be triggered provided that the hospitalization claim is accepted under Hospitalisation expenses section.

10. Physiotherapy Expenses:

We will pay the expenses incurred towards Physiotherapy treatment taken on Out patient Basis for illness/Injury contracted during the policy period, maximum up to the amount specified under the Physiotherapy Expenses in the policy schedule, provided that,

- The treatment is prescribed by a Specialist consultant for Muskulo-skeletal/Neurological diseases /Injuries or other Systemic diseases
- The treatment should be carried out in a hospital as defined under the policy
- Total 10 sittings of Physiotherapy sessions would be considered per illness/injury per policy period, maximum up to the specified limit as per the plan opted
- During the first year of Health Care Supreme policy with us, 90 days waiting period would be applicable for all the claims, however the waiting period would not be applied during subsequent renewals.

11. Sum Insured Reinstatement Benefit:

If the Hospitalisation Sum Insured and cumulative benefit (if any) is exhausted due to claims lodged during the Policy period, then it is agreed that 100% of the hospitalization Sum Insured specified under Part I- Hospitalisation expenses will be reinstated for the particular Policy period provided that:

- The reinstated Sum Insured will be triggered only after the Hospitalisation Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the policy period;
- The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Hospitalisation Expenses
- 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
- 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 Hospitalisation
- This benefit is applicable only once during each policy period & will not be carried forward to the subsequent renewals if the benefit is not utilised.
- Additional premium would not be charged for reinstatement of the Sum Insured.

12. Ayurvedic / Homeopathic Hospitalisation Expenses

If You are Hospitalised for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital 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 & Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and consumables,
- Ayurvedic & Homeopathic treatment procedures

Our maximum liability is up to the amount specified under the Ayurvedic / Homeopathic Hospitalisation Expenses in the policy schedule, The claim will be admissible under the policy provided that,

- The illness/injury requires inpatient admission & the procedure performed on the insured cannot be carried out on Out patient basis
- The treatment has been availed in a government hospital for Ayurvedic & Homeopathic Treatment:

13. Maternity Expenses

We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person, provided that,

- Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per the plan opted.
- We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination upto the amount stated in the policy Schedule

- We will cover the Medical Expenses incurred for the medically necessary treatment of the new born baby upto the amount stated in the Schedule of Benefits
- This coverage is limited to Self & a lawfully wedded spouse when both are covered under a single policy for 24 months, either as a family floater or individual Sum Insured policy
- Waiting period of 24 months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously renewed with us without break for you & your spouse
- We will not cover Ectopic pregnancy under this benefit (although it shall be covered under section Hospitalisation)
- Any complications arising out of or as a consequence of maternity/child birth will be covered within the limit of Sum Insured available under this benefit

14. New Born Baby Cover

Coverage for new born baby will be considered subject to a valid claim being accepted under maternity expenses section .We will pay the following expenses within the limit of the Sum Insured available under the maternity cover

We will pay for,

- Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalization,
- Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Cover without payment of any additional premium
- Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Sum Insured

15. Preventive Health Check Up

After each renewal of Health Care Supreme policy with us you will be entitled for a Preventive Health Check up at Our empanelled Diagnostic centers Or empanelled Hospitals, list of tests as specified in policy document. You would have to approach us for the arrangement of the Health Check up. 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). This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies .

■ Add On covers: (Optional)

1. Ancillary Expenses Benefit:

If You are Hospitalised 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:

- The Daily Allowance as specified under the policy, for each continuous and completed period of 24 hours of Hospitalization, in Non ICU section ,necessitated solely by reason of the said Accidental Bodily

Injury or Sickness, subject to a maximum of 30 days during the Policy Period for Individual SI policy & 60 days during the Policy Period for Floater SI policy

- Two times the Daily Allowance for each continuous and completed period of 24 hours hospitalisation in the Intensive Care Unit during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 15 days during the Policy Period for Individual SI policy & 30 days during the Policy Period for Floater SI policy

2. Personal Accident cover:

If you or your family member meets with any accidental bodily injury we shall make a payment to you for one or more of the events as below:

- Death due to accident – 100% of Sum Insured
- Permanent Total Disability due to accident - Highest compensation upto 200% of Sum Insured
- Permanent Partial Disability due to accident- As per the disability table provided in policy document
- Temporary total disability due to accident- Benefit Ranging from ₹2000 to ₹15000 per week, for max 100 weeks
- Transportation of mortal remains up to ₹5000
- Children Education benefit up to ₹5000 each for 2 children
- Dependant Spouse, Dependent children, dependent parents can be covered up to 5 lacs Sum Insured
- Temporary Total Disability benefit is not available for children
- Personal Accident Sum Insured can be opted up to maximum 60 times the average monthly income

3. Critical Illness Cover:

- If you are diagnosed as suffering from any of the listed 15 critical illnesses ,which first occurs or manifests itself during the Policy Period, and fulfills the criteria as defined under the policy we will pay you the lump sum amount as specified under Critical Illness section
 - o CANCER OF SPECIFIED SEVERITY
 - o FIRST HEART ATTACK –OF SPECIFIED SEVERITY
 - o COMA OF SPECIFIED SEVERITY
 - o KIDNEY FAILURE REQUIRING REGULAR DIALYSIS
 - o STROKE RESULTING IN PERMANENT NEUROLOGICAL SEQUELAE
 - o MAJOR ORGAN /BONE MARROW TRANSPLANT
 - o MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS
 - o APLASTIC ANEMIA
 - o END STAGE LUNG DISEASE
 - o END STAGE LIVER FAILURE
 - o PARKINSON'S DISEASE
 - o SURGERY TO AORTA
 - o ALZHEIMER'S DISEASE
 - o PRIMARY PULMONARY HYPERTENSION
 - o MAJOR BURNS
- 30 days survival period not applicable however the 90 days waiting period will apply

■ Eligibility Criteria:

Minimum Entry Age	<ul style="list-style-type: none"> • 3 months for dependent children • 18 Yrs for Proposer/ spouse/ parents
Maximum Entry Age	No upper entry age limit*
Entry age for Dependent children	3 months to 25 Years, further renewal up to 35 years
Renewal	Policy is renewable up to lifetime
Policy Type	<ul style="list-style-type: none"> • Individual Health Care supreme policy • Family Floater Health Care Supreme policy • Group Health Care Supreme policy
Family coverage	<ul style="list-style-type: none"> • Self, Spouse, Dependent children for Floater policy • Separate family floater policy can be taken for dependent parents • Self, Spouse, Dependent children dependent parents, for Individual Policy
Policy Period	This is an annual Policy
Sum Insured	Only at the time of renewals
Enhancement	

*Entry age for add on sections will be restricted to 65 yrs

■ Additional Benefits

- Cumulative Bonus
 - Cumulative Bonus of 10% of Sum insured for each claim free year, max up to 50% of Sum Insured on Hospitalisation section
 - If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity shall be reduced by 10%
- Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.
- 15 days free look in period from the date of policy receipt
- 30 days Grace period for renewal of the policy
- Cashless facility in around 3700 network hospitals across India, for claims under Hospitalisation Section
- Hassel free and efficient in house claim settlement

■ Discounts

1. Add on Cover Discount : 5% discount applicable, if all add on covers are opted along with the basic cover
2. Family Discount: 5% family discount applicable, If 2 or more family members are covered under a single policy
3. Claim Free Renewal Discount : 5% discount applicable, if the policy is claim free at the time of renewal
4. Group Discount: Discount of 5% to 30% will be applicable for Group policies based on the Size of the Group

What are the sum insured options available under the policy?

Medical Expenses Section - Sum Insured in INR									
Plans		Hospitalisation SI (Hospitalisation Expenses + Pre Hospitalisation + Post Hospitalisation + Road Ambulance + Day care Procedures + Ayurvedic and Homoeopathic Treatment Hospitalisation) in ₹	OPD SI in ₹	Physiotherapy on OPD basis in ₹	Maternity SI (Including New Born baby cover) in ₹	Donor Expenses in ₹	Air Ambulance Reimbursement Expenses in ₹	Recovery benefit in ₹	Total Sum Insured in ₹
Plans	Plan A	500000	2500	5000	25000	50000	50000	10000	642500
Health Care	Plan B	800000	4000	8000	30000	80000	80000	10000	1012000
Supreme - Vital	Plan C	1000000	5000	10000	35000	100000	100000	10000	1260000
Health Care	Plan D	1500000	10000	15000	40000	150000	150000	25000	1890000
Supreme - Smart	Plan E	2000000	15000	20000	40000	200000	200000	25000	2500000
	Plan F	2500000	15000	25000	40000	250000	250000	25000	3105000
	Plan G	3000000	15000	30000	50000	300000	300000	25000	3720000
Health Care	Plan H	3500000	17500	35000	75000	350000	350000	50000	4377500
Supreme - Ultimo	Plan I	4000000	20000	40000	75000	400000	400000	50000	4985000
	Plan J	4500000	25000	45000	75000	450000	450000	50000	5595000
	Plan K	5000000	25000	50000	100000	500000	500000	50000	6225000

Add on covers

Ancillary Expenses Benefit (Per Day Hospitalisation Benefit)

- Health Care Supreme - Vital (Plan A/B/C) ₹1000/per day
- Health Care Supreme - Smart (Plan D/E/F/G) ₹2000/per day
- Health Care Supreme - Ultimo (Plan H/I/J/K) ₹2500/per day

Critical illness benefit

Individual Sum Insured Options ₹5 lacs & ₹10 lacs on individual sum insured basis

Personal accident sum insured and benefit chart

Sum Insured options in ₹	Death Benefit in ₹	PTD benefit in ₹	PPD benefit in ₹	TTD benefit per week up to 100 weeks*
5 lacs	5 lacs	10 Lacs	% of benefits, as per the PPD table given in the policy wordings	₹2000/- per week
10 lacs	10 lacs	20 Lacs		₹4000/- per week
15 lacs	15 lacs	30 Lacs		₹5000/- per week
20 lacs	20 lacs	40 Lacs		₹7000/- per week
25 lacs	25 lacs	50 Lacs		₹7500/- per week
30 lacs	30 lacs	60 Lacs		₹7500/- per week
35 lacs	35 lacs	70 Lacs		₹10000/- per week
40 lacs	40 lacs	80 Lacs		₹10000/- per week
45 lacs	45 lacs	90 Lacs		₹15000/- per week
50 lacs	50 lacs	100 Lacs		₹15000/- per week

* TTD benefit not applicable for children

What would be the loading due to adverse health conditions?

- The loading would be applicable for the proposals with adverse health conditions given below:

Condition	Loading on premium
Diabetes	10%
Hypertension	10%
Cholesterol Disorder	10%
Obesity	10%
Cardiovascular diseases	10%

- For Multiple conditions cumulative loading max. 50% would be applied on the published premium

- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us

Renewal & cancellation

- Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non cooperation or fraud. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)

- 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 of Base Product & rider (if rider is opted under the policy) 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.

- 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 of Base Product & rider (if rider is opted under the policy) on short term rates for the unexpired Policy Period as per the rates detailed below.

Portability Conditions

- As per the Portability Guidelines issued by IRDA, If you are insured under any other health insurance policy of Non life insurer you can transfer to Health Guard policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of Health Guard policy.

- The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*Subject to no adverse health conditions
46 and above	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, GGTP, Sr Creatinine

What are the waiting periods under the policy?

Waiting periods	30 days	90 days	1 year	2 years
Hospitalisation Section	Applicable	Not Applicable	Applicable for listed diseases like hysterectomy, cataract etc	Applicable for pre-existing diseases, joint replacement surgeries, internal congenital diseases, etc
Pre/Post Hospitalisation				
Road Ambulance Expenses				
Road Ambulance				
Air Ambulance				
Day Care Expenses				
Recovery Benefits				
Sum Insured Reinstatement				
Ayurvedic and homoeopathic treatment hospitalisation expenses				
Physiotherapy Expenses				
Outpatient expenses	Applicable	Not Applicable	Not Applicable	
Maternity Benefit/ New Born Baby cover	Applicable			
Ancillary Expenses Benefit Section	Applicable	Not Applicable	Applicable for listed diseases like hysterectomy, cataract etc	Applicable for pre-existing diseases joint replacement surgeries, internal congenital diseases etc
Critical Illness Benefit Section	Applicable		Not Applicable	
Personal Accident Section	Not Applicable			

What are the major exclusions under the policy?

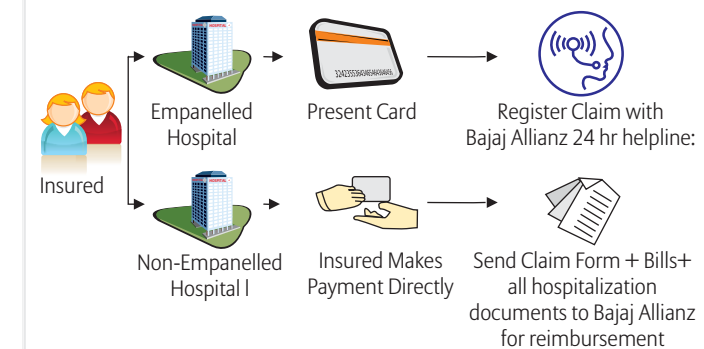
Hospitalisation Cover and Hospital Cash Daily Allowance Cover

- Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- War or act of war, nuclear, chemical or biological weapon and radiation of any kind.
- Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
- Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- Intentional self-injury
- Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction
- Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
- Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- Treatment for any other system other than modern medicine (also known as Allopathy). This exclusion is not applicable for Ayurvedic & Homeopathic Medicine Expenses
- fertility, sub fertility, impotence, assisted conception operation or sterilization procedure

- usurped power, seizure, capture, arrest, restraint or detention, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority
- Nuclear energy, radiation.

*The exclusion list is indicative in nature, kindly refer policy wordings for detail Exclusion List

How do I make a Claim?



Bajaj Allianz General Insurance Co. Ltd.
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Pune - 411006. IRDA Reg No.: 113.



For Any Query (toll Free)
1800-209-0144 / 1800-209-5858
Health Helpline - 1800-103-2529



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SMS HCS TO 56070



For Claim Status - SMS **CSTATUS** <space>
ID Card No and sent it to **9773500500**



DISCLAIMER: The above mentioned information is only indicative in nature. For detail terms and conditions, please refer to the policy wordings. Insurance is the subject matter of the solicitation



Relationship Beyond Insurance