

Bajaj Allianz General Insurance Company Limited

CIN: U66010PN2000PLC015329
 UIN: IRDA/NL-HLT/BAGI/P-H/V.I/22 /13-14

Issuing Office :

Health Care Supreme Customer Information Sheet

The information mentioned below is illustrative and not exhaustive.

Sr No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Care Supreme	
2	What am I covered for	Medical Expenses Section:	
		1. Hospitalisation Expenses- Policy covers Hospitalisation expenses of the insured on advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period.	Part I - Section 1. A1
		2. Pre-Hospitalisation- Medical Expenses incurred in 60 days immediately before the hospitalization, for the same illness/injury for which subsequent Hospitalisation was required	Part I - Section 1. A2
		3. Post-Hospitalisation- Medical Expenses incurred in 90 days after the discharge from the hospital, for the same illness/injury for which earlier Hospitalisation was required	Part I - Section 1. A3
		4. Road Ambulance- Ambulance expenses as per actuals for utilizing road ambulance service for transporting insured person to hospital in case of an emergency.	Part I - Section 1. A4
		5 Air Ambulance- We will pay for emergency ambulance transportation in an airplane or helicopter for 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.	Part I - Section 1. A5
		6. Day-Care procedures- medical expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department.	Part I - Section 1. A6
		7. Out Patient Expenses- Any necessary treatment on outpatient basis for Specialist consultations / investigations & medical expenses prescribed by the specialist as per the Sum Insured limit specified in the policy schedule	Part I - Section 1. A7
		8. Organ donor Expenses- Medical Expenses on harvesting the organ from the donor for organ transplantation.	Part I - Section 1. A8
		9. Recovery benefit- In the event of insured member hospitalised for a disease/illness/ injury for a continuous period exceeding 7 days, We will pay a onetime lump sum amount as specified in the policy schedule.	Part I - Section 1. A9
		10. Physiotherapy Expenses- Covers Physiotherapy treatment on day care basis / OPD basis if recommended by Orthopedician / Neurologist for Muskulo- skeletal / Neurological diseases / Injuries.	Part I - Section 1. A10
		11. Sum Insured Reinstatement Benefit- If the Hospitalisation Sum Insured and cumulative benefit (if any) is exhausted due to claims registered during the Policy period, then it is agreed that 100% of the hospitalization Sum Insured will be reinstated for the particular Policy period. Additional premium would not be charged for reinstatement of the Sum Insured.	Part I - Section 1. A11
		12. Ayurvedic & Homeopathic treatment Hospitalisation Expenses- Expenses for Ayurvedic & Homeopathic line of treatment would be reimbursed.	Part I - Section 1. A12
		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.	Part I - Section 1. A13
14. New Born Baby Cover- Cover Coverage for new born baby will be considered within limit of Sum insured of Maternity cover subject to a valid claim being accepted under maternity expenses section	Part I - Section 1. A14		

2	What am I covered for	<p>15. Preventive Health Check Up- After each renewal of Health Care Supreme policy with us you will be entitled for a Free Preventive Health Check up at Bajaj Allinaz General Insurance Company limited empanelled Diagnostic centers. List of tests as defined under the policy. The Free Health Check up would be available even if you have claimed under the policy. This benefit can be availed by all members covered under Individual Sum Insured Policies. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies</p>	Part I - Section 1. A15
		<p>Add On benefits : a. 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: i. The Daily Allowance as specified under the policy, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness, 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 ii. 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 Illness, 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</p>	Part II- Section 1
		<p>b. Critical illness Cover: If insured member is diagnosed as suffering from any of the Critical Illness listed under the policy, which first occurs or manifests itself during the Policy Period, and fulfills the criteria as defined under the policy, we will pay the lump sum amount as specified in the policy. List of Critical Illness covered under the policy: 1. Cancer Of Specified Severity 2. First Heart Attack – Of Specified Severity 3. Coma Of Specified Severity 4. Kidney Failure Requiring Regular Dialysis 5. Stroke Resulting In Permanent Neurological Sequelae 6. Major Organ /Bone Marrow Transplant 7. Multiple Sclerosis With Persisting Symptoms 8. Aplastic Anemia 9. End Stage Lung Disease 10. End Stage Liver Failure 11. Parkinson’s Disease 12. Surgery To Aorta 13. Alzheimer’s Disease 14. Primary Pulmonary Hypertension 15. Major Burns</p>	Part II- Section 2
		<p>c. Personal Accident Cover: Personal accident section provides below mentioned covers: <ul style="list-style-type: none"> • Death, Permanent Total Disability, Permanent Partial Disability & Temporary Total Disability due to accidental injury • Dependant Spouse, Dependent children, dependent parents can be covered up to 5 lacs Sum Insured </p>	Part II- Section 3

3	What are the major exclusions?	<p>A. Exclusions applicable for Hospitalisation Treatment Cover and Ancillary Expenses Benefit:</p> <p>1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Care Supreme policy. The above exclusion shall cease to apply if You have maintained a Health Care Supreme Policy with Us for a continuous period of a full 2 years without break from the date of Your first Health Care Supreme Policy. In case of enhancement of Sum Insured this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Care Supreme policy without break in cover.</p> <p>2. We will also not pay for claims arising out of or howsoever connected to the following for the first year of Health Care Supreme Policy,</p> <table border="1" data-bbox="327 607 1310 1070"> <tr> <td>1. Any types of gastric or duodenal ulcers,</td> <td>9. Cataracts,</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>10. Hernia of all types</td> </tr> <tr> <td>3. All types of sinuses</td> <td>11. Fistulae, Fissure in ano</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>12. Hydrocele</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>13. Fibromyoma</td> </tr> <tr> <td>6. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>15. Surgery for any skin ailment</td> </tr> <tr> <td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> </table> <p>This exclusion shall apply for a continuous period of 24 months from the date of Your first Health Care Supreme Policy, if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time. In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Care Supreme Policy without break in cover.</p> <p>3. Any Medical Expenses incurred during the first two consecutive annual periods during which You have the benefit of a Health Care Supreme Policy with Us in connection with Joint replacement surgery, surgery for prolapsed inter vertebral disc (unless necessitated due to accident), Surgery to correct deviated nasal septum and hypertrophied turbinate, Congenital internal diseases or anomalies Laser treatment for correction of eye sight due to refractive error. In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Care Supreme Policy without break in cover.</p> <p>4. Any disease contracted and /or medical expenses incurred in respect of any disease / illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries. This exclusion does not apply if you are covered under any health indemnity policy without break, for at least 1 year prior to this policy. In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Care Supreme Policy without break in cover.</p>	1. Any types of gastric or duodenal ulcers,	9. Cataracts,	2. Benign prostatic hypertrophy	10. Hernia of all types	3. All types of sinuses	11. Fistulae, Fissure in ano	4. Haemorrhoids	12. Hydrocele	5. Dysfunctional uterine bleeding	13. Fibromyoma	6. Endometriosis	14. Hysterectomy	7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment	8. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	<p>Part 1 – Section 3.A.1-A.7</p> <p>Part 1 – Section 3.B.1 to B.6</p> <p>Part 1 – Section 3.C.1 to C.5</p> <p>Part 1 – Section 3.D.1 to D.22</p>
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		<p>5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section until 24 months continuous period has elapsed since the inception of the first Health Care Supreme Policy with US. However this exclusion will not apply to Ectopic pregnancy proved by diagnostic means</p> <p>6. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.</p> <p>7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock</p> <p>B. Exclusions applicable for Out Patient Expenses:</p> <p>1. Any disease contracted and /or medical expenses incurred in respect of any disease / illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries. This exclusion will not be applicable for Health Care Supreme Renewal policies.</p> <p>2. Any expenses for investigations/ treatment taken without existence of any disease/ illness, signs /symptoms</p> <p>3. Any expenses for diagnostic tests, investigations / treatment taken without the Specialist Consultant advising the same and which is not duly supported by his prescriptions</p> <p>4. Cost of Annual Health Check up</p> <p>5. Any expenses in excess of the maximum payable amount under the Outpatient medical expenses limit.</p> <p>6. Any expense for Treatments which is not specified under Section A7 (out patient expenses).</p> <p>C. Ayurvedic/Homeopathic treatment Hospitalisation Expenses cover</p> <p>1. Treatment taken at a hospital which does not fulfill the criteria as per the policy definition</p> <p>2. Treatment exceeding the limit as specified under the Plan opted</p> <p>3. Any expenses incurred for treatment taken for other alternative therapy which is not defined & covered under the policy</p> <p>4. Treatment taken for Unani, naturopathy or any other stream of Medicine except as specified under the policy</p> <p>5. Treatment taken in Wellness Centre/Spa/Naturopathy centers/Panchakarma centers or any other treatment centres which do not qualify as per the policy definition of Hospital</p> <p>D. Common Exclusions applicable to all the covers : under Part I Section A (Medical expenses)</p> <p>1. 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 nationalisation or requisition of or damage by or under the order of any government or public local authority.</p> <p>2. 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.</p> <p>3. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury</p> <p>4. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.</p> <p>5. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</p> <p>6. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.</p>	
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	<ol style="list-style-type: none"> 7. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 8. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction. 9. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS. 10. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations 11. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials. 12. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor. This exclusion is not applicable for Part I section A14 (New Born Baby Cover). 13. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure. 14. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor 15. Experimental, unproven or non-standard treatment 16. Treatment for any other system other than modern medicine (also known as Allopathy). This exclusion is not applicable for Ayurvedic / Homeopathic Medicine Expenses under Part I section A12 (Ayurvedic / Homeopathic treatment Hospitalisation Expenses) 17. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery. This exclusion is not applicable for Donor Expenses under Part I Section A8 (Organ Donor Expenses) 18. Venereal disease or any sexually transmitted disease or sickness 19. Weight management services and treatment related to weight reduction programmes including treatment of obesity & treatment for arising direct or indirect complications of Obesity. 20. Treatment for any mental illness or psychiatric illness, Parkinson's Disease. This exclusion is not applicable for Out Patient Expenses under Part I section A7 (Out Patient Expenses). 21. All non-medical Items. 22. Any treatment received outside India is not covered under this policy 	
	<p>Exclusions Under Critical illness section:</p> <ol style="list-style-type: none"> 1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy. 2. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years. 3. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. 4. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies 5. Occupational diseases. 6. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above. 7. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like. 8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard). 9. Radioactive contamination 	<p>Part II- Section 2.C.1 to C.11</p>

		<p>10. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.</p> <p>11. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.</p> <p>Exclusions Under Personal Accident cover:</p> <ol style="list-style-type: none"> 1. Accidental Bodily Injury that you/your family member named in the schedule meets with: <ol style="list-style-type: none"> a. Through suicide, attempted suicide or self inflicted injury or illness. b. While under the influence of liquor or drugs. c. Arising or resulting from the insured person committing any breach of law with criminal intent. d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs. e. As a result of any curative treatments or interventions that you carry out or have carried out on your body. f. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. g. Whilst engaging in aviation or ballooning. Whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. 2. Consequential losses of any kind or insured person's actual or alleged legal liability. 3. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition. 4. Venereal or Sexually transmitted diseases 5. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused. 6. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority 7. Nuclear energy, radiation. 8. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of these. 	<p>Part II, Section 3.C. 1. to C.8</p>																
<p>4</p>	<p>Waiting Periods</p>	<p>30 days waiting period applicable for all claims except for claims due to accidents. This waiting period is not applicable for renewals</p> <p>1 Year Waiting period applicable for the listed diseases under Medical Expenses section & Ancillary Expenses Benefit Section</p> <table border="1" data-bbox="327 1478 1315 1939"> <tr> <td>1. Any types of gastric or duodenal ulcers,</td> <td>9. Cataracts,</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>10. Hernia of all types</td> </tr> <tr> <td>3. All types of sinuses</td> <td>11. Fistulae, Fissure in ano</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>12. Hydrocele</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>13. Fibromyoma</td> </tr> <tr> <td>6. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>15. Surgery for any skin ailment</td> </tr> <tr> <td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> </table>	1. Any types of gastric or duodenal ulcers,	9. Cataracts,	2. Benign prostatic hypertrophy	10. Hernia of all types	3. All types of sinuses	11. Fistulae, Fissure in ano	4. Haemorrhoids	12. Hydrocele	5. Dysfunctional uterine bleeding	13. Fibromyoma	6. Endometriosis	14. Hysterectomy	7. Stones in the urinary and biliary systems	15. Surgery for any skin ailment	8. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	<p>Part I – Section 3: A & Part II-Section1</p>
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		90 days waiting period applicable for Claims under Critical Illness Section and Physiotherapy Section for New policies, not applicable for renewals	Part II-Section2-Exclusions C 2
		2 Years waiting period applicable for <ul style="list-style-type: none"> • pre existing conditions, ailment or injury, • Joint replacement surgery, • Surgery for prolapsed inter vertebral disc (unless necessitated due to accident), • Surgery to correct deviated nasal septum and hypertrophied turbinate, Congenital internal diseases or anomalies for Medical expenses section, • Laser treatment for correction of eye sight due to refractive error. 	Part I Section 3: A
5	Special Conditions	<p>1. Free Look Period You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. If you have not made any claim during the Free look period, you shall be entitled to refund of premium of Base Product & rider (if rider is opted under the policy) subject to,</p> <ul style="list-style-type: none"> • a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced, • a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced • a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced • Free Look period is not applicable for renewal policies as well as Group Policies <p>2. Special conditions for Personal Accident Section & Critical Illness sections: Upon the occurrence of an event of Critical Illness section and / or Permanent Total Disability under Personal Accident section (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, these sections shall immediately cease to exist with reference to that Insured member.</p>	<p>Part III.3</p> <p>Part III.14</p>
6	Payout Basis	<p>The claims under Medical Expenses section would be settled on Indemnity payment basis & benefit basis as specified under each section of the policy.</p> <p>The claims under Ancillary Expenses Benefit, Critical Illness cover and Personal Accident Cover would be settled on benefit payment basis.</p> <p>The claim payout under the below headings should not exceed the Hospitalisation Sum Insured.</p> <ul style="list-style-type: none"> • Hospitalization expenses • Pre-hospitalization • Post hospitalization • Road ambulance • Day Care expenses • Ayurvedic / Homeopathic Treatment Hospitalisation Expenses <p>Separate Sum Insured has been Specified for the below mentioned sections</p> <ul style="list-style-type: none"> • Air Ambulance • Out Patient Expenses • Organ Donor Expenses • Recovery benefit • Physiotherapy Expenses • Sum Insured Reinstatement Benefit • Maternity Expenses (and New Born Baby Cover) 	<p>Part I Section 1</p> <p>Part II Section 1,2 & 3</p>
7	Cost Sharing	NA	NA

8	Renewal Conditions	<ol style="list-style-type: none"> Policy is renewable up to lifetime for self, spouse and dependent parents. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy. Under normal circumstances, renewal will not be refused except on the grounds of your moral hazard, misrepresentation or fraud or non co operation by the insured. Grace period of 30 days for renewing the policy is provided. To avoid confusion, it is clarified that any claim incurred during the break-in period will not be payable under this policy. 	Part III.11										
9	Renewal Benefits	<p>After each renewal of Health Care Supreme policy with us you will be entitled for a free Preventive Health Check up at Our empanelled Diagnostic centers Or empanelled Hospitals.</p> <p>Cumulative Bonus under hospitalisation cover</p> <ol style="list-style-type: none"> If no claim has been made in respect of hospitalisation section of this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus of 10% of the Sum Insured under hospitalization section, for this Policy Year on the Sum Insured for the next Policy Year. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and/ or 50% of Sum Insured. 	Part I. Section 1 A.15 Part III. 8										
10	Cancellation	<p>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.</p> <p>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.</p> <table border="1" data-bbox="325 1167 1316 1442"> <thead> <tr> <th data-bbox="325 1167 839 1272">Period on Risk</th> <th data-bbox="839 1167 1316 1272">% of Annual Premium of Base Product & Rider (if rider is opted under the policy)Refunded</th> </tr> </thead> <tbody> <tr> <td data-bbox="325 1272 839 1317">Up to 1 month</td> <td data-bbox="839 1272 1316 1317">75%</td> </tr> <tr> <td data-bbox="325 1317 839 1361">Up to 3 months</td> <td data-bbox="839 1317 1316 1361">50%</td> </tr> <tr> <td data-bbox="325 1361 839 1406">Up to 6 months</td> <td data-bbox="839 1361 1316 1406">25%</td> </tr> <tr> <td data-bbox="325 1406 839 1442">Exceeding 6 months</td> <td data-bbox="839 1406 1316 1442">Nil</td> </tr> </tbody> </table>	Period on Risk	% of Annual Premium of Base Product & Rider (if rider is opted under the policy)Refunded	Up to 1 month	75%	Up to 3 months	50%	Up to 6 months	25%	Exceeding 6 months	Nil	Part III. 11
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<p>NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.</p>													

Bajaj Allianz General Insurance Co. Ltd

G.E. Plaza, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

Website: www.bajajallianz.com

Call : 1800-209-0144/1800-209-5858

SMS : HCS TO 56070

E-mail: customercare@bajajallianz.co.in