

Bajaj Allianz Health Care Supreme

An Invitation to good health



Relationship Beyond Insurance



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

Bajaj Allianz

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.

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

- Ancillary Expenses Benefit
- Personal Accident cover
- 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 features

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 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 out 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,

- i. 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
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under Hospitalisation expenses section

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, 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 Section Hospitalisation expenses.

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,

- i. The treatment is prescribed by a Specialist consultant for Muskulo- skeletal /Neurological diseases / Injuries or other Systemic diseases
- ii. The treatment should be carried out in a hospital as defined under the policy
- iii. 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
- iv. 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 Hospitalisation expenses section will be reinstated for the particular Policy period provided that:

- i. 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
- ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Hospitalisation Expenses
- iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims
- iv. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any illness/disease (including its complications) for which a claim has been lodged in the current policy year under Hospitalisation Expenses Section 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
- v. Additional premium would not be charged for reinstatement of the Sum Insured

12. Ayurvedic & Homeopathic treatment 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

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission & the procedure performed on the insured cannot be carried out on Out patient basis
- ii. the treatment has been undergone in a government hospital for 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,

- i. Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per the plan opted
- ii. 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
- iii. 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
- iv. 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
- v. 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
- vi. We will not cover Ectopic pregnancy under this benefit
- vii. 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,

- i. Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalization

- ii. 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
- iii. 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. Free Annual 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 below. 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 all members covered under Individual Sum Insured Policies.

This benefit can be availed by proposer & spouse only, under Floater Sum Insured Policies

Eligible List of tests for Males above 25 years	Eligible List of tests for Females above 25 years	Eligible List of tests for age 5 years – 25 years
Full Medical Report CBC FBS Serum Creatinine ECG Serum Cholesterol Ultra Sonography Abdomen & Pelvis	Full Medical Report CBC FBS Serum Creatinine ECG PAP smear Serum Cholesterol Ultra Sonography Abdomen & Pelvis	Full Medical Report CBC Chest X ray Blood Group Urine Routine

Note:

Our maximum liability collectively for Hospitalization expenses, Pre-hospitalization , Post hospitalization, Road ambulance , Day Care expenses, Ayurvedic and Homoeopathic Treatment hospitalisation section would not exceed the hospitalization Sum Insured as specified in the policy schedule.

The Sum Insured for other sections is as specified under the respective cover in the policy schedule

Add on benefits

These benefits are optional and applicable only if opted for and issued accordingly in the Schedule of Benefits. Insured has the option of selecting any 1 /2 /3 add on benefits

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:

- i) 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
- 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 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

Note:

- The claim under i & ii would be admissible provided that we have accepted the claim under Hospitalisation cover under policy section Hospitalisation expenses
- Our maximum liability collectively for Hospitalization & ICU hospitalization for Individual & Floater policies would not exceed the Total Sum Insured as specified in the policy schedule

Health Care Supreme – Vital Plan

- SI ₹1000/- per day for 30 days under Individual SI Option & 60 days under floater SI option for Hospitalisation in non ICU section
- SI ₹2000/- per day for 15 days under Individual SI Option & 30 days under floater SI option In case of admission in the ICU
- Total Sum Insured of ₹30000/- for Individual SI option & ₹60000/-for Floater SI option

Health Care Supreme – Smart Plan

- SI ₹2000/- per day for 30 days under Individual SI Option & 60 days under floater SI option for Hospitalisation in non ICU section
- SI ₹4000/- per day for 15 days under Individual SI Option & 30 days under floater SI option In case of admission in the ICU
- Total Sum Insured of ₹60000/- for Individual SI option & ₹120000/-for Floater SI option

Health Care Supreme – Ultimo Plan

- SI ₹2500/- per day for 30 days under Individual SI Option & 60 days under floater SI option for Hospitalisation in non ICU section
- SI ₹5000/- per day for 15 days under Individual SI Option & 30 days under floater SI option In case of admission in the ICU
- Total Sum Insured of ₹75000/- for Individual SI option & ₹150000/-for Floater SI option

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 insured member is diagnosed as suffering from a Critical Illness as listed below, 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

What is the entry age?

- Entry age for Medical Expenses Section:
Proposer/Spouse/Parents 18yrs to lifetime
Dependent Children: 3 months–25yrs
- Entry age for Add-on Covers:
Proposer/Spouse/Parents 18yrs–65yrs
Dependent Children: 3 months–25yrs

What is the renewal age?

- 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)
- For dependent children, Policy is renewable upto 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

Is this a individual policy/ floater policy?

- The policy has both the options of Individual & floater Sum Insured for medical expenses section and ancillary expenses section
- Personal accident and critical illness covers are on individual sum insured basis
- The policy can also be given for Groups

Who Can Be Covered As Dependants Under The Policy?

- Individual Sum Insured Option: Self, spouse, dependent children*, parents, can be covered under this option
 - Floater Sum Insured Option: Self, Spouse & dependent children* can be covered under floater option Separate floater policy can be taken for dependent parents
- *Dependent children: A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.

What is the policy period?

- This is an annual policy

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 ₹	Physio- therapy on OPD basis in ₹	Maternity SI (Including New Born baby cover) in ₹	Donor Expenses in ₹	Air Ambulance Reimburse ment Expenses in ₹	Recovery benefit in ₹	Total Sum Insured in ₹
Health Care Supreme - Vital	Plan A	500000	2500	5000	25000	50000	50000	10000	642500
	Plan B	800000	4000	8000	30000	80000	80000	10000	1012000
	Plan C	1000000	5000	10000	35000	100000	100000	10000	1260000
Health Care Supreme - Smart	Plan D	1500000	10000	15000	40000	150000	150000	25000	1890000
	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 Supreme - Ultimo	Plan H	3500000	17500	35000	75000	350000	350000	50000	4377500
	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 for individual & floater sum insured options

Ancillary Expenses Benefit Section					
Plans		Per Day Hospitalisation Benefit amount	ICU Hospitalisation benefit amount	Total Sum Insured per policy period For Individual SI Option	Total Sum Insured per policy period For Floater SI Option
Health Care Supreme - Vital	Plan A	₹1000/per day, for 30 days for individual policy and 60 days for Floater policy, per policy period	₹2000/ day, for 15 days for individual policy and 30 days for Floater policy, per policy period	₹30000/-	₹60000/-
	Plan B				
	Plan C				
Health Care Supreme - Smart	Plan D	₹2000/per day, for 30 days for individual policy and 60 days for Floater policy, per policy period	₹4000/ day, for 15 days for individual policy and 30 days for Floater policy, per policy period	₹60000/-	₹120000/-
	Plan E				
	Plan F				
	Plan G				
Health Care Supreme - Ultimo	Plan H	₹2500/per day, for 30 days for individual policy and 60 days for Floater policy, per policy period	₹5000/ day, for 15 days for individual policy and 30 days for Floater policy, per policy period	₹75000/-	₹150000/-
	Plan I				
	Plan J				
	Plan K				

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 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 is the pre-policy medical examination criteria?

Pre-policy Medical Examination criteria for new Proposals & Portability proposals

- No Medical tests up to 45 years, subject to no adverse health conditions
- Medical tests would be advised for the below adverse health conditions:
 - Diabetes
 - Hypertension
 - Lipid Disorders
 - Combination of any of the above
 - Obesity
 - Joint Disorders
- Tests may be advised for other health conditions, based on the severity of disease, clinical condition of the member, treatment taken and investigation reports for the condition
- Medical tests are mandatory for members 46 years and above
- 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

- If pre-policy check up would be conducted in our paneled diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issued

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 would be the loading due to adverse health conditions?

- The loading would be applicable for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors

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

- For Multiple conditions cumulative loading would be applied on the published premium
- The maximum risk loading applicable for an individual shall not exceed 50% of the published premiums, for overall risk per person
- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured)
- We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days
- Please note that We will issue Policy only after getting Your consent

What additional benefits do I get?

i) Cumulative Bonus

Cumulative Bonus is applicable only for Hospitalisation Section

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

- The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and/ or 50% of Sum Insured
- 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%, save that the Limit of Indemnity applicable to Your first Health Care Supreme Policy with Us shall be preserved
- This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy, under the circumstances described in cancellation clause stated under the policy

- There is no transfer of Cumulative Bonus from other Company renewals
- ii) The maximum cumulative bonus would be upto 50% of sum insured upto 5 claim free years.
- iii) Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.
- iv) Free health check up at our diagnostic centers after every renewal. This benefit of free health check up can be availed by all the insured members under individual Sum Insured Policies
- v) The benefit of free health check up can be availed by proposer & spouse only under Floater Sum Insured Policies
- vi) 15 days free look in period from the date of policy receipt

Discounts

Discounts	Individual Healthcare Supreme policies		Family Floater Healthcare Supreme policies		Group Healthcare Supreme policies	
	New Policy	Renewal	New Policy	Renewal	New Policy	Renewal
Add On cover Discount	5%	5%	5%	5%	5%	5%
Family Discount	5%	5%	NA	NA	NA	NA
Claim Free Renewal Discount	NA	5%	NA	5%	NA	NA
Group Discount	NA	NA	NA	NA	5% to 30%*	5% to 30%*
Total Maximum Discount	10%	15%	5%	10%	35%	35%

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

Conditions for renewal of the contract

- i. 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)
- ii. 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 all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv. 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 to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

- v. Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI

Cancellation

- i. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium 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.
- ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium 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.

Period on Risk	% of Annual Premium of Base Product & rider (if rider is opted under the policy) Refunded
Upto 1 month	75%
upto 3 months	50%
upto 6 months	25%
Exceeding 6 months	Nil

Conditions for sum insured enhancement

- Sum Insured enhancement will be allowed only at the time of renewals.
- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form and previous claims experience

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,

- 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

Portability conditions

- Retail Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to new proposals cases.
- Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were insured under a Group Health Care Supreme Policy of Bajaj Allianz and are availing an individual Health Care Supreme policy of Bajaj Allianz. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Care Supreme Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular customer leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- Complete set of portability documents should be in ward minimum 45 days prior to the Risk Expiry date

Revision/ modification of the policy

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

Migration of policy

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

Withdrawal of policy

- There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

- Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition

What are the exclusions under the policy?

A) Detail list of Exclusions for Medical Expenses Section

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

1. Any Pre-existing condition, ailment or injury, will not be covered until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Care Supreme policy.
2. We will also not pay for claims arising out of or howsoever connected to the following for the first year of Health Policy,

1. Any types of gastric or duodenal ulcers,	10. Hernia of all types
2. Benign prostatic hypertrophy	11. Fistulae, Fissure in ano
3. All types of sinuses	12. Hydrocele
4. Haemorrhoids	13. Fibromyoma
5. Dysfunctional uterine bleeding	14. Hysterectomy
6. Endometriosis	15. Surgery for any skin ailment
7. Stones in the urinary and biliary systems	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
8. Surgery on ears /tonsils/ adenoids/ paranasal sinuses	
9. Cataracts,	

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 below ailments:
 - Joint replacement surgery
 - Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - Surgery to correct deviated nasal septum
 - Hypertrophied turbinate
 - Congenital internal diseases or anomalies
 - Laser treatment for correction of eye sight due to refractive error

N.B: In case of enhancement of Sum Insured Exclusion 1, 2 and 3 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

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.

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

II. General exclusions

1. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

B. Exclusions applicable for Out Patient Expenses Section

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

I. Waiting Period

1. 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.

II. General exclusions

2. Any expenses for investigations/ treatment taken without existence of any disease/ illness, signs /symptoms
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
4. Cost of Annual Health Check up
5. Any expenses in excess of the maximum payable amount under the Outpatient medical expenses limit.
6. Any expense for Treatments which is not specified under out patient expenses.

C. Exclusions applicable for Ayurvedic & Homeopathic Treatment Cover section

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

I. General exclusions

1. Treatment taken at a hospital which does not fulfill the criteria as per the policy definition
2. Treatment exceeding the limit as specified under the Plan opted
3. Any expenses incurred for treatment taken for other Ayurvedic & Homeopathic therapy which is not defined & covered under the policy
4. Treatment taken for Unani, naturopathy or any other stream of Medicine except as specified under the policy
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

D. Common Exclusions applicable to all the covers under Medical Expenses Section

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. General exclusions

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.
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.
3. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
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.
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.
6. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
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.
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.
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.
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.
21. All non-medical Items as per Annexure attached in the policy wordings (Please visit www.bajajallianz.com for complete list of non medical items)
22. Any treatment received outside India is not covered under this policy

Exclusion under add on benefits cover

A. Ancillary expenses cover exclusions

All Exclusions of Hospitalisation Section would be applicable to Ancillary Expenses Benefit

B. Exclusions applicable for Critical Illness Cover

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

I. Waiting Period

1. 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.

II. General exclusions

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 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.
3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies
4. Occupational diseases.
5. 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.
6. 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.
7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
8. Radioactive contamination
9. 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.

10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

C. Exclusions applicable for Personal Accident Cover

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

I. General exclusions

1. Accidental Bodily Injury that you/your family member named in the schedule meets with:
 - 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 other wise) 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.

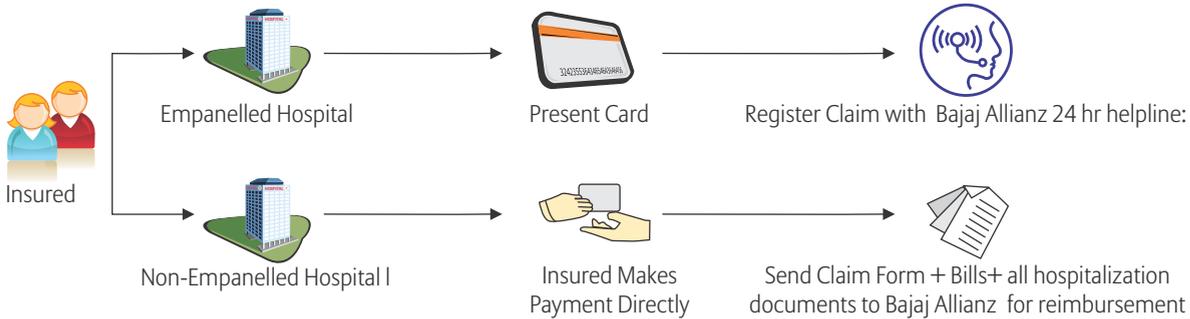
Disclaimer: The above information is indicative in nature, please refer the policy wordings or visit our website / our nearest office for further details

How do i buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. In case of the portability, please contact us, 45 days prior to the risk expiry date of the previous health insurance policy.
6. Based on the information provided and the underwriting guidelines of the policy you may be required to undergo pre-policy medical examination at our network diagnostic centres.

7. We will evaluate the reports of your medical test. Depending on our evaluation if your proposal is accepted, then we will issue the policy subject to receipt of necessary premium
8. The Policy Schedule, Policy Wordings, and Health Cards will be sent to your mailing address mentioned on the proposal form

How do I make a Claim?



Medical expenses section premium rates for Males

Health Care Supreme Premium Rates - Medical Expenses Section for Males											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
03 months-01 yrs	6346	7815	8696	11957	13448	14090	14667	15433	15889	16316	16720
02 - 10 yrs	6346	7815	8696	11957	13448	14090	14667	15433	15889	16316	16720
11 - 17 yrs	6817	8380	9355	12710	14201	15031	15609	16846	17302	17729	18603
18 - 25 yrs	9043	10841	12109	15048	16975	18734	19355	22748	23239	23699	26801
26 - 30 yrs	10394	12425	13861	17058	19107	21160	21874	25843	26412	26944	30585
31 - 35 yrs	11038	13152	14588	17907	20113	22110	22943	26588	27257	27881	31138
36 - 40 yrs	11512	13842	15286	19543	23097	24655	25654	28510	29317	30071	31880
41 - 43 yrs	12436	14923	16379	21021	25032	26439	27613	30057	31010	31900	32963
44 - 46 yrs	14172	16873	18424	23386	27666	29162	30495	33160	34751	35763	36716
47 - 49 yrs	16367	19334	21027	26339	30861	32550	34054	37190	39598	40805	41880
50 - 52 yrs	18669	22013	23914	29805	34764	36698	38418	41974	44731	46701	47930
53 - 55 yrs	21345	25130	27269	33798	39223	41453	43433	47423	50453	53428	54843
56 - 58 yrs	24544	28824	31227	38386	44236	46826	49122	53560	56851	61048	62687
59 - 61 yrs	28404	33298	36032	44040	50488	53501	56166	61190	64833	69785	71684
62 - 64 yrs	32457	37993	41073	49992	57094	60536	63579	69223	73247	78627	80790
65 - 67 yrs	40659	47209	50827	61062	69048	73205	76872	83448	87998	93883	96482
68 - 70 yrs	48017	55530	59662	71181	80046	84867	89114	96584	101651	108060	111062
71 - 73 yrs	56188	65010	69847	83237	93451	99124	104114	112839	118675	125973	129488
74 - 76 yrs	68195	78856	84669	100469	112322	119256	125344	135736	142529	150781	155051
77 - 79 yrs	77780	89912	96506	114227	127403	135343	142307	154009	161573	170599	175472
80 - 82 yrs	92484	107039	114951	136180	152045	161511	169806	183704	192786	203680	209475
83 and above	108832	126118	135521	160775	179776	190936	200709	217090	227933	241054	247873

Note: Premiums are exclusive of GST

Medical expenses section premium rates for Females

Health Care Supreme Premium Rates - For Medical Expenses Section for Females											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
003 months-01yrs	6346	7815	8696	11957	13448	14090	14667	15433	15889	16316	16720
02 - 10 yrs	6346	7815	8696	11957	13448	14090	14667	15433	15889	16316	16720
11 - 17 yrs	6817	8380	9355	12710	14201	15031	15609	16846	17302	17729	18603
18 - 25 yrs	9043	10841	12109	15048	16975	18734	19355	22748	23239	23699	26801
26 - 30 yrs	10394	12425	13861	17058	19107	21160	21874	25843	26412	26944	30585
31 - 35 yrs	11038	13152	14588	17907	20113	22110	22943	26588	27257	27881	31138
36 - 40 yrs	11512	13842	15286	19543	23097	24655	25654	28510	29317	30071	31880
41 - 43 yrs	12435	14923	16378	21020	25031	26437	27612	30056	31009	31899	32962
44 - 46 yrs	14142	16839	18389	23346	27622	29116	30447	33106	34684	35694	36646
47 - 49 yrs	16365	19331	21024	26336	30857	32546	34050	37185	39593	40798	41874
50 - 52 yrs	18687	22034	23936	29833	34795	36732	38453	42012	44772	46748	47978
53 - 55 yrs	21044	24779	26892	33367	38748	40942	42889	46848	49852	52795	54186
56 - 58 yrs	23381	27469	29770	36720	42402	44850	47021	51343	54529	58611	60159
59 - 61 yrs	26280	30827	33375	41003	47148	49903	52343	57158	60613	65389	67126
62 - 64 yrs	29566	34628	37454	45868	52560	55650	58381	63758	67527	72672	74613
65 - 67 yrs	35158	40850	44011	53305	60550	64078	67191	73241	77335	82798	85003
68 - 70 yrs	41341	47785	51347	61733	69685	73718	77272	84143	88646	94541	97049
71 - 73 yrs	46776	54097	58137	69929	78862	83438	87464	95343	100394	106971	109803
74 - 76 yrs	54419	62892	67543	81006	90989	96338	101036	110195	115849	123049	126339
77 - 79 yrs	60507	69905	75048	89860	100707	106672	111904	122080	128230	135955	139609
80 - 82 yrs	69316	80221	86197	103547	116323	123157	129147	141003	148212	157394	161570
83 and above	78956	91541	98449	118678	133682	141465	148281	162011	170440	181335	186082

Note: Premiums are exclusive of GST

Health Care Supreme Premium Rates for – Add On Covers Ancillary Expenses Benefit Premium For Males & Females

Age	Health Care Supreme Vital SI Rs 1000/- per day	Health Care Supreme Smart SI Rs 2000/- per day	Health Care Supreme Ultimo SI Rs 2500/- per day
	Premium Amount in INR		
03 months - 35 yrs	350	700	875
36 - 40 yrs	400	800	1000
41 - 45 yrs	450	900	1125
46 - 50 yrs	600	1,200	1500
51 - 55 yrs	900	1,800	2250
56 - 60 yrs	1,300	2,600	3250
61 - 65 yrs	1,950	3,900	4875
66 - 70 yrs	2,900	5,800	7250
71 - 75 yrs	4,350	8,700	10875
76 - 80 yrs	6,450	12,900	16125
81 yrs & Above	8,550	17,100	21375

Note: Premiums are exclusive of GST

Critical Illness Premium For Males & Females

Critical Illness Premium Rates		
Age Band	SI in INR-5 lacs	SI in INR-10 lacs
03 months - 25 yrs	1000	2000
26 - 35 yrs	1500	3000
36 - 40 yrs	2750	5500
41 - 45 yrs	4000	8000
46 - 50 yrs	6000	12000
51 - 55 yrs	8750	17500
56 - 60 yrs	15000	30000
61 - 65 yrs	21250	42500
66 - 70 yrs	30000	60000
71 - 75 yrs	41250	82500
76 - 80 yrs	57500	115000
81 yrs & above	73750	147500

Note: Premiums are exclusive of GST

Personal Accident Premium For Males & Females

Sum Insured (In INR)	Premium (in INR)
500000	788
1000000	1575
1500000	2363
2000000	3150
2500000	3938
3000000	4725
3500000	5513
4000000	6300
4500000	7088
5000000	7875

Note: Premiums are exclusive of GST

Health Care Supreme Premium Rates for Floater Sum Insured Plan
 Medical Expenses Section Premium Rates
 Floater medical expenses premium rates for two adults

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 2 Adults											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	14991	18116	20397	25688	29488	32632	33539	41254	43290	46598	52567
26 - 30 yrs	17180	20690	23265	28978	32951	36622	37661	46469	48615	52026	59035
31 - 35 yrs	17816	21388	23908	29741	33936	37420	38628	46704	48992	52536	58726
36 - 40 yrs	17833	21693	24150	31678	38066	40560	42003	48190	51617	54214	57438
41 - 43 yrs	18668	22684	25080	33181	40344	42419	44109	49112	52969	56357	58014
44 - 46 yrs	21954	26248	28756	37313	44884	47028	48939	53862	57960	62785	64152
47 - 49 yrs	26378	31045	33754	42813	50733	53147	55298	60580	64892	71429	72969
50 - 52 yrs	29806	35026	38040	48003	56623	59377	61827	67705	72415	79697	81452
53 - 55 yrs	33300	39110	42448	53328	62629	65765	68551	75053	80156	87928	89922
56 - 58 yrs	37083	43472	47118	58765	68563	72120	75276	82351	87758	95810	98067
59 - 61 yrs	41705	48843	52894	65656	76242	80295	83886	91749	97612	106194	108756
62 - 64 yrs	46879	54823	59314	73328	84816	89385	93428	102160	108538	117753	120632
65 - 67 yrs	60247	69303	74386	89930	102410	107754	112474	122347	129312	139105	142456
68 - 70 yrs	72464	82681	88385	105600	119199	125324	130725	141815	149429	159923	163745
71 - 73 yrs	81629	93366	99901	119556	134929	141982	148190	160959	169562	181328	185707
74 - 76 yrs	94653	108386	115985	138478	155715	164107	171482	186337	196014	208910	214089
77 - 79 yrs	104847	120099	128500	153022	171535	180988	189285	205660	216089	229682	235495
80 - 82 yrs	119565	137046	146629	174073	194526	205533	215185	233643	245218	259915	266665
83 and above	135787	155732	166621	197284	219896	232619	243770	264501	277351	293285	301074

Note: Premiums are exclusive of GST

Floater medical expenses premium rates for two adults and one child

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 2 Adults + 1 Child											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	17134	21119	23777	32046	39081	41730	42960	50366	54070	58370	62431
26 - 30 yrs	18863	23145	26015	34615	41812	44826	46180	54292	58099	62496	67213
31 - 35 yrs	19914	24337	27230	36021	42500	45480	47003	53337	55873	59648	63924
36 - 40 yrs	21040	25978	29046	39754	48406	50880	52623	58303	61965	64781	67335
41 - 43 yrs	22268	27388	30461	41551	51406	53721	55695	61017	65095	68690	70364
44 - 46 yrs	25553	30942	34136	45612	55971	58411	60591	66031	70338	75359	76912
47 - 49 yrs	29794	35514	38883	50768	61392	64086	66489	72290	76835	83628	85342
50 - 52 yrs	32758	38822	42362	54508	65206	68219	70903	77514	82791	91017	92932
53 - 55 yrs	35820	42303	46057	58607	69492	72862	75860	83251	89176	98418	100557
56 - 58 yrs	39352	46376	50417	63683	75032	78795	82138	90064	96272	105777	108161
59 - 61 yrs	43975	51749	56197	70571	82710	86971	90752	99453	106120	116156	118848
62 - 64 yrs	49276	57877	62776	78416	91477	96272	100520	110090	117285	127967	130988
65 - 67 yrs	62270	71928	77389	94482	108488	114019	118911	129560	137314	148550	152019
68 - 70 yrs	73903	84590	90596	109069	123941	130200	135728	147423	155694	167404	171313
71 - 73 yrs	82146	94065	100720	120845	136746	143872	150153	163103	171983	184254	188684
74 - 76 yrs	94534	108298	115927	138521	155964	164383	171791	186610	196401	209507	214712
77 - 79 yrs	104819	120228	128724	153407	172197	181775	190191	206515	217106	230928	236827
80 - 82 yrs	121759	140487	150723	179065	200444	212386	222858	241432	253580	268707	276026
83 and above	140856	163433	175687	208192	232558	247246	260104	281176	295121	311742	320712

Note: Premiums are exclusive of GST

Floater medical expenses premium rates for two adults and two children

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 2 Adults + 2 Children											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	19088	23734	26634	37150	46689	48862	50431	57157	61411	65963	68127
26 - 30 yrs	20401	25262	28294	39059	48755	51137	52825	59877	64231	68875	71315
31 - 35 yrs	21773	26842	29967	40988	50900	53391	55243	60227	63023	67041	69413
36 - 40 yrs	23141	28401	31570	42861	53052	55532	57596	64302	69723	75790	77689
41 - 43 yrs	24966	30495	33775	45421	55909	58503	60792	67443	73050	80939	82652
44 - 46 yrs	28355	34168	37593	49608	60359	63143	65631	72471	78244	87081	88848
47 - 49 yrs	32551	38695	42296	54738	65778	68807	71512	78662	84616	94118	96042
50 - 52 yrs	35705	42290	46125	59131	70551	73903	76893	84448	90636	100429	102556
53 - 55 yrs	38881	45954	50048	63687	75527	79236	82539	90556	97002	107034	109385
56 - 58 yrs	42291	49886	54258	68588	80875	84964	88601	97134	103855	114140	116727
59 - 61 yrs	46859	55150	59893	75137	88021	92615	96695	105904	112988	123609	126510
62 - 64 yrs	52136	61188	66335	82573	96105	101249	105811	115753	123232	134217	137458
65 - 67 yrs	64930	74992	80674	98258	112644	118507	123699	134657	142648	154105	157784
68 - 70 yrs	76447	87523	93741	112682	127920	134502	140320	152304	160804	172730	176844
71 - 73 yrs	84829	97161	104042	124660	140952	148420	155012	168264	177390	189892	194541
74 - 76 yrs	98196	113011	121150	144073	161547	170960	179235	194240	204163	216773	222581
77 - 79 yrs	109712	126724	135983	161004	179656	190751	200484	216994	227685	240542	247353
80 - 82 yrs	129678	150088	161183	190954	213203	226477	238109	257596	270331	285611	293736
83 and above	152365	176566	189729	225085	251686	267311	280993	303926	319106	337476	347022

Note: Premiums are exclusive of GST

Floater medical expenses premium rates for two adults and three children

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 2 Adults + 3 Children											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	21459	26418	29389	40370	50395	52565	54516	60645	65954	74931	76295
26 - 30 yrs	22584	27719	30786	41977	52160	54464	56533	62800	68208	77278	78730
31 - 35 yrs	24144	29525	32723	44208	54606	57095	59328	65786	71332	78646	80217
36 - 40 yrs	26201	31904	35274	47153	57834	60565	63013	69736	75460	84824	86551
41 - 43 yrs	28375	34418	37969	50272	61250	64235	66907	73926	79836	89374	91264
44 - 46 yrs	31854	38199	41912	54602	65844	69055	71926	79224	85300	94991	97025
47 - 49 yrs	36064	42742	46633	59752	71284	74742	77832	85441	91698	101558	103750
50 - 52 yrs	39357	46496	50632	64336	76266	80062	83451	91476	97979	108066	110471
53 - 55 yrs	42750	50411	54825	69199	81579	85757	89481	97989	104769	115112	117757
56 - 58 yrs	46485	54719	59438	74564	87436	92033	96125	105189	112271	122895	125801
59 - 61 yrs	51178	60130	65230	81294	94780	99897	104446	114201	121659	132629	135859
62 - 64 yrs	56475	66189	71694	88756	102894	108562	113595	124086	131940	143276	146847
65 - 67 yrs	69656	80443	86516	105001	120047	126482	132185	143744	152144	163984	168025
68 - 70 yrs	81478	93327	99961	119862	135803	142993	149356	161981	170918	183252	187751
71 - 73 yrs	89860	102964	110262	131840	148835	156911	164047	177940	187504	200415	205449
74 - 76 yrs	104550	120349	129021	153290	171756	181867	190760	206659	217170	230419	236662
77 - 79 yrs	117427	135641	145552	172307	192244	204136	214569	232226	243658	257386	264687
80 - 82 yrs	138941	160809	172697	204593	228432	242654	255116	275996	289641	306012	314717
83 and above	163248	189177	203281	241162	269664	286404	301064	325635	341899	361581	371810

Note: Premiums are exclusive of GST

Floater medical expenses premium rates for one adult and one child

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 1 Adult + 1 Child											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	12111	14967	16818	22920	28256	29933	30865	35652	38463	41228	43483
26 - 30 yrs	12796	15770	17710	23946	29336	31173	32146	37268	40114	42910	45477
31 - 35 yrs	13301	16341	18289	24613	29167	30981	32034	35554	37053	39157	41500
36 - 40 yrs	13826	17117	19150	26427	32061	33618	34776	37969	40027	41648	43126
41 - 43 yrs	14565	17999	20069	27698	33716	35199	36478	39426	41696	43711	44752
44 - 46 yrs	16318	19914	22059	29938	36163	37720	39111	42112	44505	47240	48228
47 - 49 yrs	18617	22389	24624	32653	38991	40706	42237	45451	47976	51619	52698
50 - 52 yrs	20806	24704	26955	34386	40434	42496	44330	48120	51051	55546	56742
53 - 55 yrs	23469	27630	29983	37163	43129	45581	47758	52145	55478	60553	61954
56 - 58 yrs	26969	31672	34313	42183	48613	51459	53981	58860	62476	67590	69347
59 - 61 yrs	31222	36602	39606	48410	55500	58811	61741	67263	71269	76713	78801
62 - 64 yrs	35797	41900	45295	55123	62948	66744	70099	76320	80753	86679	89064
65 - 67 yrs	44433	51603	55565	66780	75535	80083	84095	91297	96285	102743	105587
68 - 70 yrs	52968	61257	65814	78520	88296	93615	98300	106540	112127	119194	122505
71 - 73 yrs	61959	71688	77022	91785	103046	109303	114805	124426	130860	138905	142781
74 - 76 yrs	75207	86962	93371	110787	123850	131498	138212	149669	157155	166245	170954
77 - 79 yrs	85844	99232	106510	126059	140592	149356	157042	169953	178296	188248	193626
80 - 82 yrs	101890	117927	126644	150035	167517	177946	187085	202397	212403	224409	230793
83 and above	119715	138730	149073	176852	197753	210030	220780	238799	250726	265160	272660

Note: Premiums are exclusive of GST

Floater medical expenses premium rates for one adult and two children

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 1 Adult + 2 children											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	13396	17029	19308	28213	35565	36932	37970	41827	44721	47562	48823
26 - 30 yrs	13796	17495	19819	28801	36194	37635	38703	42695	45615	48481	49858
31 - 35 yrs	14302	18075	20429	29502	36035	37507	38636	41192	42749	44909	46236
36 - 40 yrs	15030	19029	21498	31225	39559	40995	42205	45027	47122	48779	49852
41 - 43 yrs	15436	19340	21715	30909	38542	40015	41317	44720	47529	50606	51571
44 - 46 yrs	17192	20944	23291	32469	40004	41556	42945	46586	49630	53676	54659
47 - 49 yrs	19665	23289	25636	34879	42452	44147	45661	49466	52603	57469	58521
50 - 52 yrs	22412	26427	28836	37150	44032	46202	48133	52395	55757	60813	61963
53 - 55 yrs	25603	30142	32709	40542	47050	49725	52099	56885	60521	65729	67116
56 - 58 yrs	29421	34551	37432	46017	53032	56137	58889	64210	68156	73642	75520
59 - 61 yrs	34060	39929	43207	52811	60545	64157	67354	73378	77748	83687	85965
62 - 64 yrs	39051	45709	49413	60135	68670	72811	76471	83258	88094	94558	97161
65 - 67 yrs	48473	56295	60616	72851	82402	87363	91740	99597	105038	112083	115185
68 - 70 yrs	57783	66826	71797	85658	96323	102125	107236	116225	122321	130030	133642
71 - 73 yrs	67592	78205	84024	100130	112414	119239	125242	135737	142757	151533	155761
74 - 76 yrs	82044	94867	101860	120859	135109	143452	150777	163275	171442	181358	186496
77 - 79 yrs	93648	108253	116192	137519	153373	162934	171318	185403	194504	205361	211228
80 - 82 yrs	111153	128647	138157	163674	182746	194123	204093	220797	231713	244810	251774
83 and above	130598	151342	162625	192930	215731	229123	240851	260508	273519	289265	297448

Note: Premiums are exclusive of GST

Floater medical expenses premium rates for one adult and three children

Health Care Supreme Premium Floater Rates - For Medical Expenses Section for 1 Adult + 3 children											
Premium amount & Sum Insured in INR											
Plans	Health Care Supreme-Vital			Health Care Supreme-Smart				Health Care Supreme-Ultimo			
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18 - 25 yrs	15323	19351	21817	31611	40778	42201	43480	48798	53578	58105	59001
26 - 30 yrs	15610	19682	22172	32021	41227	42683	43991	49347	54151	58701	59619
31 - 35 yrs	16173	20332	22869	32820	42101	43622	44987	50409	53001	55335	56294
36 - 40 yrs	16933	21210	23809	33901	43285	44892	46335	51849	56011	59157	60172
41 - 43 yrs	17793	22204	24874	35130	44630	46337	47866	52931	56828	61390	62467
44 - 46 yrs	19352	23885	26621	37033	46640	48438	50049	55080	58958	64485	65621
47 - 49 yrs	21421	26075	28867	39301	48962	50864	52566	57744	61742	68176	69378
50 - 52 yrs	24293	28979	31703	40891	50087	52147	53988	59521	64060	71560	72861
53 - 55 yrs	27736	32654	35435	43920	52544	54987	57165	63000	67843	75649	77193
56 - 58 yrs	31873	37430	40551	49852	57893	61129	64000	69947	74476	81027	83073
59 - 61 yrs	36898	43256	46808	57212	65590	69504	72967	79492	84226	90661	93128
62 - 64 yrs	42305	49518	53531	65146	74393	78879	82844	90196	95435	102438	105258
65 - 67 yrs	52512	60986	65668	78922	89269	94644	99385	107897	113792	121423	124784
68 - 70 yrs	62599	72394	77781	92796	104350	110636	116173	125911	132514	140865	144779
71 - 73 yrs	73224	84722	91026	108474	121781	129176	135679	147049	154653	164160	168741
74 - 76 yrs	88881	102773	110348	130931	146368	155407	163342	176881	185729	196471	202037
77 - 79 yrs	101452	117274	125875	148979	166154	176511	185595	200853	210713	222474	228830
80 - 82 yrs	120415	139368	149670	177314	197974	210300	221101	239196	251022	265211	272755
83 and above	141481	163954	176177	209007	233709	248217	260922	282217	296312	313371	322235

Note: Premiums are exclusive of GST

Health Care Supreme Premium Rates for – Add On Covers

Ancillary Expenses Benefit Premium For Males & Females on floater basis

Plan	Age Proposer	1 Adult + 1 Child	1 Adult + 2 Children	1 Adult + 3 Children	2 Adults	2 Adults + 1 Child	2 Adults + 2 Children	2 Adults + 3 Children
Health Care Supreme Vital SI ₹1000/-per day	18 - 25 yrs	665	987	1288	665	987	1288	1575
	26 - 30 yrs	665	987	1288	665	987	1288	1575
	31 - 35 yrs	665	987	1288	665	987	1288	1575
	36 - 40 yrs	713	1034	1334	760	1081	1380	1665
	41 - 45 yrs	760	1081	1380	855	1175	1472	1755
	46 - 50 yrs	903	1222	1518	1140	1457	1748	2025
	51 - 55 yrs	1188	1504	1794	1710	2021	2300	2565
	56 - 60 yrs	1568	1880	2162	2470	2773	3036	3285
	61 - 65 yrs	2185	2491	2760	3705	3995	4232	4455
	66 - 70 yrs	3088	3384	3634	5510	5781	5980	6165
	71 - 75 yrs	4465	4747	4968	8265	8507	8648	8775
76 - 80 yrs	6460	6721	6900	12255	12455	12512	12555	
Above 81 yrs	8455	8695	8832	16245	16403	16376	16335	
Health Care Supreme Smart SI ₹2000/- per day	18 - 25 yrs	1330	1974	2576	1330	1974	2576	3150
	26 - 30 yrs	1330	1974	2576	1330	1974	2576	3150
	31 - 35 yrs	1330	1974	2576	1330	1974	2576	3150
	36 - 40 yrs	1425	2068	2668	1520	2162	2760	3330
	41 - 45 yrs	1520	2162	2760	1710	2350	2944	3510
	46 - 50 yrs	1805	2444	3036	2280	2914	3496	4050
	51 - 55 yrs	2375	3008	3588	3420	4042	4600	5130
	56 - 60 yrs	3135	3760	4324	4940	5546	6072	6570
	61 - 65 yrs	4370	4982	5520	7410	7990	8464	8910
	66 - 70 yrs	6175	6768	7268	11020	11562	11960	12330
	71 - 75 yrs	8930	9494	9936	16530	17014	17296	17550
76 - 80 yrs	12920	13442	13800	24510	24910	25024	25110	
Above 81 yrs	16910	17390	17664	32490	32806	32752	32670	
Health Care Supreme Ultimo SI ₹2500/-per day	18 - 25 yrs	1663	2468	3220	1663	2468	3220	3938
	26 - 30 yrs	1663	2468	3220	1663	2468	3220	3938
	31 - 35 yrs	1663	2468	3220	1663	2468	3220	3938
	36 - 40 yrs	1781	2585	3335	1900	2703	3450	4163
	41 - 45 yrs	1900	2703	3450	2138	2938	3680	4388
	46 - 50 yrs	2256	3055	3795	2850	3643	4370	5063
	51 - 55 yrs	2969	3760	4485	4275	5053	5750	6413
	56 - 60 yrs	3919	4700	5405	6175	6933	7590	8213
	61 - 65 yrs	5463	6228	6900	9263	9988	10580	11138
	66 - 70 yrs	7719	8460	9085	13775	14453	14950	15413
	71 - 75 yrs	11163	11868	12420	20663	21268	21620	21938
	76 - 80 yrs	16150	16803	17250	30638	31138	31280	31388
	Above 81 yrs	21138	21738	22080	40613	41008	40940	40838

Note: Premiums are exclusive of GST

Critical Illness Premium For Males & Females

Critical Illness Premium Rates		
Age Band	5 lacs	10 lacs
3m - 25 yrs	1000	2000
26 - 35 yrs	1500	3000
36 - 40 yrs	2750	5500
41 - 45 yrs	4000	8000
46 - 50 yrs	6000	12000
51 - 55 yrs	8750	17500
56 - 60 yrs	15000	30000
61 - 65 yrs	21250	42500
66 - 70 yrs	30000	60000
71 - 75 yrs	41250	82500
76 - 80 yrs	57500	115000
81 yrs & above	73750	147500

Note: Premiums are exclusive of GST

Personal Accident Premium For Males & Females

Sum Insured	Premium (In INR)
500000	788
1000000	1575
1500000	2363
2000000	3150
2500000	3938
3000000	4725
3500000	5513
4000000	6300
4500000	7088
5000000	7875

Note: Premiums are exclusive of GST

Section 41 of Insurance Act 1938

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.

Health Care Supreme





Relationship Beyond Insurance



Bajaj Allianz General Insurance Co. Ltd.

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



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

Health Care Supreme

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

BJAZ-B-0205/7-Feb-18