

Bajaj Allianz

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

The Bajaj Allianz Advantage



HAT: In-house Claim Administration



Global expertise



Innovative packages to match individual needs



Quick disbursement of claims

Tax Gain Policy

Tax Gain Policy is a floater health policy which covers out patient expenses (OPD) & hospitalization expenses under a single policy.

What are the details of coverage the policy offers?

- Out patient expenses & hospitalization expenses covered for self & spouse on floater basis.
- Pre & Post hospitalization expenses can be covered under the specified OPD expenses
- Ambulance charges in case of emergency hospitalization up to Rs.1000/-
- 130 day care procedures subject to terms & conditions
- The expenses for crutches will be covered from day 1 under OPD benefit
- Free Health Check up at designated Bajaj Allianz Empanelled Diagnostic center after every 4 claim free policy periods.
- Income Tax benefit under Sec 80D of the IT Act on the premiums paid.
- Separate plan for Senior citizens covering both OPD & hospitalization benefits.

- 10% co-payment of the admissible claim amount applicable if treatment is taken in non-network hospital. Waiver of co-payment is available on payment of additional premium.
- In case of Cataract claims would be payable after a waiting period of 2 yrs, and restricted to 10% of SI subject to min of Rs 12000/- and maximum of Rs 25000/-

What is the entry age?

- Entry age is 18yrs –75yrs
- Entry age is 18yrs –55 yrs for Plan A, Plan B & Plan C (56 yrs onwards provision for shifting to Plan D is available)
- Entry age is 56 yrs -75 yrs for Senior citizens plan D Renewable for lifetime

What is the renewal age?

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.
- Insured members covered under Plan A, Plan B & Plan C would be offered to get covered under plan D at the time of renewal after completion of age 55 years.
- Further lifetime renewal benefit would be available under Plan D.

What is the policy period?

This is an annual policy

Who can be covered under the Policy?

Self, spouse can be covered under this policy

What are the different plans available?

Plan A

	18-25 yrs	26-40 yrs	41-45 yrs	46-55 yrs
Hospitalization cover - Sum Insured Rs. 1 lac				
OPD (SI) - Self	3100	2900	2500	1600
				4449*

Plan B

	18-25 yrs	26-40 yrs	41-45 yrs	46-55 yrs
Hospitalization cover - Floater Sum Insured Rs. 2 lacs				
OPD (SI) - Self	6500	6000	5000	3000
OPD (SI) - Self + spouse	5200	4800	3500	1000
				8899*

Plan C

	18-25 yrs	26-40 yrs	41-45 yrs	46-55 yrs
C1 Hospitalization cover - Floater Sum Insured Rs. 2 lacs				
OPD (SI) - Self	9500	9000	8500	7500
OPD (SI) - Self + spouse	9000	8500	7000	4500
C2 Hospitalization cover - Floater Sum Insured Rs. 3 lacs				
OPD (SI) - Self	9000	8500	7500	6000
OPD (SI) - Self + spouse	8000	7500	5500	2500
				13349*

Plan D For Senior Citizens

	56-60 yrs	61-65 yrs	65-70 yrs	71yrs onwards
Hospitalization cover - Floater Sum Insured Rs. 1 lac				
OPD (SI) - Self	13000	12500	12000	11000
OPD (SI) - Self + spouse	11000	10000	9500	8000
				17799*

*Premiums are exclusive of GST

Pre-policy medical check up for enrolling under Tax Gain policy:-

- Waiver of medical tests up to 45 years, subject to no adverse health conditions
- Medical tests are mandatory for members 46 years and above.
- The pre-policy check up would be arranged at our network diagnostic centres.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy check up is conducted at our network diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.
- List of the tests to be conducted :Full Medical report, ECG, Complete Blood Count, Fasting Blood Sugar, HbA1c, Lipid Profile, Serum Creatinine, SGOT, SGPT, GGTP and Urine Routine

When can I change my plan?

- Change of plan can be done only at renewals.
- For change of plan, fresh proposal form along with the renewal notice should be submitted.

Exclusions under the policy?

a) What are the Exclusions under Hospitalisation coverage?

I. Waiting Period

- Benefits will not be available for any pre existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Tax Gain Policy
- First 2 years waiting period applicable for below diseases:

1. Any types of gastric or duodenal ulcers	10. Hernia of all types and Hydrocele
2. Benign prostatic hypertrophy	11. Fistulae
3. All types of sinuses	12. Fissure in ano
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. Cataract	

- 4 years waiting period applicable for joint replacement surgery unless necessitated by accidental Bodily Injury.
 - 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.
- #### II. General Exclusion
- 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 and claims due to nuclear weapons and/or materials.
 - Circumcision, cosmetic or aesthetic treatments, surgery for change of life/gender.
 - Plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
 - The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices
 - Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
 - Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
 - Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted

disease.

- Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
 - Vaccination or inoculation unless forming a part of post bite treatment.
 - Vitamins, tonics, nutritional supplements unless forming part of the treatment
 - Surgery to correct deviated nasal septum and hypertrophied turbinate
 - Treatment for any mental illness or psychiatric illness
- ### b) What are the exclusions under Out patient coverage?
- #### I. Waiting Period
- Cost of spectacles in the first year of the policy. (This cost is payable in the second year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
 - Cost of dentures in the first two years of the policy. (This cost is payable in the third year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
 - Cost of hearing aids in the first two years of the policy. (This cost is payable in the third year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)

II. General Exclusion

- Any expenses for treatment taken without the doctor advising the same and which is not duly supported by prescriptions.
- Any expenses for diagnostic tests without the treating doctor's referral.
- Cost of Annual Health Check up.
- Any expenses in excess of the maximum payable under the Outpatient medical expenses limit.

c) What are the exclusions under hospitalisation and Out patient coverage?

II. General Exclusion

- Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- Intentional self-injury (including but not limited to the use or misuse any intoxicating drugs or alcohol)
- Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarian section, and/or any treatment related to pre and postnatal care.
- Any fertility, sub fertility, impotence or assisted conception operation or sterilization procedure.
- Experimental, unproven or non-standard treatment
- Treatment for any other system other than modern medicine (also known as Allopathy)
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of

- transplantsurgery.
- Venereal disease or any sexually transmitted disease or sickness.
- Weight management services and treatment related to weight reduction programmes including treatment of obesity

Special Conditions related to Hospitalisation Section:

- 10% co-payment applicable for all claims from a non network hospital. Waiver of the co-payment clause is available on payment of 10% of loading on standard premium.
- Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year waiting period, shall be restricted to 10% of the Sum Insured for each and every claim, subject to a minimum of Rs 12000 (or the actual incurred amount which ever is lower) and maximum of Rs 25000/- for each of You.

Free Look Period

- If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 15 days of receipt of the first year policy documents, provided there has been no claim.
- Free look period is not applicable for renewal policies.

Conditions for renewal of the contract

- Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation or fraud
- Insured members covered under Plan A, Plan B & Plan C would be offered to get covered under plan D at the time of renewal after completion of age 55 years.
- Further lifetime renewal benefit would be available under Plan D.
- 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 30 days/two year waiting period / Four year waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- 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.

Cancellation

- 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 for the unexpired Policy Period.

- 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 on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	% of Annual Premium Refunded
Upto 1 month	75.00%
Exceeding 1 month and upto 3 months	50.00%
Exceeding 3 months and upto 6 months	25.00%
Exceeding 6 months	Nil

Grace period:

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

Portability Conditions

- As per the Portability Guidelines issued by IRDA, If you are insured under any other health insurance policy of Non life insurer you can transfer to Tax Gain policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of Tax Gain Policy.
- The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases

Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from 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

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.

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.

We also offer following Insurance policies:



HEALTH GUARD



SILVER HEALTH



HOSPITAL CASH DAILY ALLOWANCE



CRITICAL ILLNESS



PERSONAL GUARD



HEALTH ENSURE



TAX GAIN



STAR PACKAGE



HEALTH GUARD FAMILY FLOATER OPTION



TRAVEL



SANKAT MOCHAN



EXTRA CARE

TRIPLE BENEFIT

- + Tax Benefits
- + OPD / Hospitalization expenses covered
- + Less Premium

"Download "Insurance Wallet" to manage, buy & renew policies, get renewal alerts, manage claims, locate network garages/hospitals, branches and much more.

Scan QR code to download now



Get yourself and your family covered by Tax Gain today and sleep easy.

- Cashless facility offered through network hospitals of Bajaj Allianz only.
- Cashless facility at 5500+ Network hospitals PAN India.

Network Hospital list is provisional & subject to change based on the review of the providers

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.



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