



Allianz 

Caringly yours



UIN: BAJHLIP23020V012223



With individuals traveling frequently or working across national boundaries, the need for an effective health insurance solution for local and global health care is imperative. Bajaj Allianz **Global Health Care** is a comprehensive health insurance for planned or emergency medical treatment outside India as well as within India.

What are the Plans available under Global Health Care?

There are two plans available. Each plan covers Domestic and International Medical Expenses



Imperial Plan

Domestic Cover & International Cover



Imperial Plus Plan

Domestic Cover & International Cover

What are the Sum Insured options available under the policy?

Sum Insured		Imperial Plan			Imperial Plus Plan		
Domestic Limit (Within India)	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000	
International Limit	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000	



What is the entry age?

- Proposer /Spouse / Parents/Sister/ Brother/Parents-in-law/ Aunt/ Uncle 18 Yrs to 65 Yrs
- Dependent Children: 3 months – 30 Yrs



What is the renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy, 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).



What is the Policy Period?

Policy can be taken for 1 year only



What is premium paying term?

- Annual premium payment.
- Premium can also be paid on instalment basis- Half yearly, Quarterly or Monthly



Is this an individual policy / floater policy?

This is an Individual Sum Insured policy



Eligibility

Indian Nationals residing in India



Benefits under the Policy

Scope of cover:

The Company hereby agrees to pay Reasonable and Customary expenses in respect of an admissible claim, for any or all of the following covers subject to the Sum Insured, limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

PART A COVERAGE



I. IN-PATIENT BENEFITS FOR DOMESTIC COVER

1. In-patient Hospitalization Treatment

If You are advised Hospitalization within India by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home without any sub limit
- ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Dialysis, Chemotherapy, Radiotherapy, Physiotherapy
- vii. Medicines & Drugs
- viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- ix. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- x. Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident

2. **Pre-Hospitalization**

The Medical Expenses incurred during the 60 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

3. **Post-Hospitalization**

The Medical Expenses incurred during the 180 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

4. **Local (Road) Ambulance**

We will pay the reasonable cost, specified in the Policy Schedule, 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 or out of medical necessity.

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.

Claim under this section shall be payable by Us only when:

- i. Such life threatening Emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

5. **Day Care Procedures**

We will pay You the medical expenses as listed under In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the Annexure I of Policy wordings.

6. **Living Donor Medical Costs**

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

1. 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, and
2. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment

7. **Annual Preventive Health Check-up**

After each renewal of Global Health Care Policy with Us, You will be entitled for an Annual Preventive Health Check-up. We will reimburse the amount as per the limits specified in the Policy Schedule.

You may 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).

Contact Email id- healthcheck@bajajallianz.co.in.

Note: Payment under this benefit will not reduce the base sum Insured mentioned in Policy Schedule.

8. **Ayurvedic / Homeopathic Hospitalization Expenses**

If You are Hospitalized for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical Practitioner 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 and Homeopathic treatment:

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

Our maximum liability is up to In-patient Hospitalization Sum Insured.

The claim will be admissible under the Policy provided that, the Illness/Injury requires Inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis.

9. **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 limits specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment..

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

10. **Mental Illness Treatment**

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV of Policy Wordings), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- a. Mental Illness Treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- b. The Hospitalization is for Medically Necessary Treatment.
- c. All day-care or Inpatient admissions must include prescription medication related to the condition.
- d. The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental Illness, where persons with mental Illness are admitted for treatment.

11. **Rehabilitation**

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute Illness, Injury or surgery.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- a. it is carried out by a Medical Practitioner specializing in rehabilitation; and
- b. it is carried out in a licensed rehabilitation Hospital or unit;
- c. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment
- d. the treatment could not be carried out on an out-patient basis

12. **Modern Treatment Methods and Advancement in Technologies**

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

PART B COVERAGE



I. IN-PATIENT BENEFITS FOR INTERNATIONAL COVER

1. In-patient Hospitalization Treatment

If You are advised Hospitalization by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- i. Room rent and Boarding expenses up to a Single Private Air Conditioned Room
- ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Therapist, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Dialysis, Chemotherapy, Radiotherapy, Physiotherapy
- vii. Prescription drugs and materials
- viii. Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- ix. Relevant laboratory diagnostic tests, X-ray, and other Radiology tests and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- x. Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident

This cover is subject to the Sum Insured, sub-limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

The Deductible is Optional and the amount will apply as specified in the Policy Schedule, if opted.

2. Pre-Hospitalization

The Medical Expenses incurred during the 45 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.).

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. .

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

4. Local (Road) Ambulance

We will pay the reasonable cost, specified in the Policy Schedule, 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 or out of medical necessity.

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.

Claim under this section shall be payable by Us only when:

- i. Such life threatening Emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

5. **Day Care Procedures**

We will pay You the medical expenses as listed under In-patient Hospitalization Treatment for Day Care Procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the annexure I of Policy wordings.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

6. **Living Donor Medical Costs**

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

- a. The organ donor is any person whose organ has been made available in accordance and in compliance with the local regulation and the organ donated is for the use of the Insured, and
- b. We have accepted an Inpatient Hospitalization claim for the Insured under In-patient Hospitalization treatment.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

7. **Air Ambulance (Applicable to Imperial Plan only)**

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 limits as specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

Return transportation to the client's home by any mode of transport is excluded.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Air Ambulance until You arrive safely at Your destination of care. If ambulance services are not organized by Us, We reserve the right to decline all costs incurred.

8. **Medical Evacuation (Applicable to Imperial Plus Plan only)**

If You contract any Illness/ sustain any Injury which necessitates Emergency Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, for Your Medical Evacuation to the nearest appropriate medical centre (which may or may not be in Your home country) by ambulance, helicopter or airplane provided that:

- a. The medical evacuation should be requested by Your Doctor, and will be carried out in the most economical way that is appropriate to Your medical condition
- b. We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.
- c. adequately screened blood is unavailable in an Emergency
- d. necessary treatment is not available locally

If You can't travel for medical reasons following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation in a private en-suite room for up to seven days.

If You are evacuated to the nearest appropriate medical centre for ongoing treatment, We will cover the reasonable cost of hotel accommodation in a private en-suite room. This cost must be more economical than the cost of a series of journeys between the nearest appropriate medical centre and Your principal country of residence.

Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates to Your principal country of residence.

Exclusions:

- a. costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person
- b. travel costs for accompanying person
- c. travel costs of Insured family members in the event of an evacuation

Where adequately screened blood is not available locally, We will, where appropriate, try to locate and transport screened blood and sterile transfusion equipment, if this is advised by the treating Doctor and Our own medical experts. We and Our agents accept no liability if We are unsuccessful or if contaminated blood or equipment is used by the treating authority.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that You need an evacuation. From this point onwards, We will organize and coordinate the evacuation until You arrive safely at Your destination of care. If evacuation services are not organized by Us, We reserve the right to decline all costs incurred.

9. **Mental Illness Treatment**

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV of Policy Wordings), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- a. Mental illness Treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- b. The Hospitalization is for Medically Necessary Treatment.
- c. All day-care or Inpatient admissions must include prescription medication related to the condition.
- d. The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental illness, where persons with mental illness are admitted for treatment.

10. Rehabilitation

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute illness, injury or surgery.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- a. it is carried out by a Medical Practitioner specializing in rehabilitation; and
- b. it is carried out in a licensed rehabilitation Hospital or unit;
- c. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment
- d. the treatment could not be carried out on an out-patient basis

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

11. Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age

(Applicable to Imperial Plus Plan only)

We will pay for reasonable accommodation costs of one parent for the duration of the Insured child's admission to Hospital for eligible treatment under Inpatient Hospitalization Treatment, up to the limit specified in the Policy Schedule. If a suitable bed is not available in the Hospital, We will contribute the equivalent of the daily room rate in a three-star hotel towards any hotel costs incurred.

This benefit would be applicable for the duration of Hospitalization of the Insured child.

The Policy will not cover sundry expenses such as meals, phone calls or newspapers.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

12. **Emergency treatment outside area of cover (Applicable to Imperial Plus Plan only if “Excluding USA” cover is opted)**

We will pay the Customary and Reasonable expenses, up to the limit specified in the Policy Schedule, incurred for treatment of medical emergencies which occur during business or holiday trips outside Your area of cover. Cover is provided for up to six weeks per trip within the Sum Insured limit. It includes treatment required due to an Accident or the sudden beginning or worsening of a severe Illness which presents an immediate threat to Your health.

Treatment by a Doctor must start within 24 hours of the Emergency event.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

13. **Medical repatriation (Applicable to Imperial Plus Plan only)**

If the necessary treatment for which You are covered isn't available locally You can choose to be medically evacuated to Your home country for treatment, instead of to the nearest appropriate medical centre. This only applies when Your home country is within Your geographical area of cover. Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates, to the country from where you were repatriated..

The return journey must take place within one month after treatment has been completed.

If You contract any Illness/ sustain any Injury which necessitates Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, if You choose to be medically repatriated to Your home country for treatment, instead of to the nearest appropriate medical centre, provided that:

- a. Your home country is within Your geographical area of cover
- b. Where ongoing treatment is required, We will cover hotel accommodation costs
- c. Repatriation in the event of unavailability of adequately screened blood

If medical necessity prevents an immediate return trip following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation costs up to seven days.

Exclusions:

- a. travel costs for accompanying person
- b. travel costs of Insured family members in the event of repatriation
- c. travel costs of Insured members to be with a family member who is at peril of death or who has died

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that repatriation is required. From this point onwards We will organise and coordinate all stages of the repatriation until You arrive safely at Your destination of care. If the repatriation is not organised by Us, We reserve the right to decline all costs incurred.

14. Repatriation of mortal remains (Applicable to Imperial Plus Plan only)

Repatriation of mortal remains is the transportation of the Insured deceased remains from the principal country of residence to the country of burial. We cover costs such as: embalming, a container legally appropriate for transportation, shipping and the necessary government authorisations. Cremation costs will only be covered if the cremation is required for legal purposes. We do not cover costs incurred by anyone accompanying the remains.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Repatriation of Mortal remains. If these services are not organized by Us, We reserve the right to decline all costs incurred.

15. In-patient cash benefit (Applicable to Imperial Plus Plan only)

We will pay Daily Cash Benefit as specified in the Policy Schedule for maximum 25 nights when You receive Inpatient treatment free of charge for a medical condition that is covered by Us.

This benefit is payable after You are discharged from Hospital.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

16. Palliative care (Applicable to Imperial Plus Plan only)

We will pay the Reasonable and Customary expenses incurred, up to the limit specified in the Policy Schedule, on diagnosis of a Terminal Illness, for any ongoing treatment, given on the advice of a Medical Practitioner, that aims to alleviate the physical/psychological suffering associated with progressive, incurable Illness and to maintain quality of life. It includes Inpatient, day-care and out-patient treatment. We will pay for physical care, psychological care, Hospital or hospice accommodation, nursing care and prescription drugs.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

17. Modern Treatment Methods and Advancement in Technologies

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy

II. OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER (Applicable to Imperial Plus Plan only)

1. Out-patient Treatment

If You consult a consultant/Medical Practitioner on Outpatient basis for the Illness/ Injury contracted during the Policy Period, We will pay You Out Patient expenses up to the limits specified in the Policy Schedule for

- a. Medical Practitioner fees
- b. Specialist fees
- c. Diagnostic tests
- d. Prescription drugs

2. Physiotherapy Benefit

We will pay the expenses incurred towards Prescribed Physiotherapy taken on Out-patient basis for Illness/Injury contracted during the Policy Period, maximum up to the limit specified in the Policy Schedule, provided that,

- a. The treatment is referred by a Doctor or prescribed by a Specialist consultant for Muskulo- skeletal /Neurological diseases / Injuries or other Systemic diseases
- b. The treatment should be carried out by a registered physiotherapist in a Hospital or a clinic as defined under the Policy
- c. Physiotherapy is initially restricted to 12 sessions per condition, after which treatment must be reviewed by the Doctor who referred You. If You need further sessions, You must send Us a new progress report after every set of 12 sessions, indicating the medical necessity for more treatment.

3. Alternate/Complementary Treatment Expenses

If You consult a therapist on Outpatient basis for the Illness/ Injury contracted during the Policy Period, We will pay You Out Patient expenses up to the limits specified in the Policy Schedule for Alternate treatment methods namely chiropractic treatment, osteopathy, Chinese herbal medicine, homeopathy, acupuncture and podiatry as practised by approved therapists.

III. DENTAL PLAN BENEFITS (Optional)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Health Care Policy is extended to pay the expenses incurred for the below mentioned Dental related covers with a mandatory Co-Payment of 20% on each and every claim, subject to terms, conditions and definitions, exclusions, up to the limit specified in the Policy Schedule.

1. **Dental treatment outside India**

We will pay Customary and Reasonable expenses up to the limits specifies in the Policy Schedule incurred for Dental Treatment which includes annual check-up, simple fillings related to cavities or decay, root canal treatment and dental prescription drugs.

2. **Dental surgery outside India**

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for Dental Surgery which includes the surgical extraction of teeth, as well as other tooth-related surgical procedures such as apicoectomy, Surgical removal of cysts, Orthognathic surgeries for the correction of malocclusion and dental prescription drugs. All investigative procedures that establish the need for dental surgery such as laboratory tests, X-rays, CT scans and MRI(s) are included under this benefit.

3. **Periodontics outside India**

We will pay Customary and Reasonable expenses up to the limits specified in the Policy Schedule incurred for treatment related to gum disease.



Is there any pre-policy check-up for enrolling under Global Health Care policy?

Pre-policy Medical Examination criteria for new Proposals

- Medical tests would be advised for the below adverse health conditions:
 - ✓ Diabetes
 - ✓ Hypertension
 - ✓ Lipid Disorders
 - ✓ Combination of any of the above
 - ✓ Obesity
 - ✓ Joint Disorders-Vital health test+ relevant x-rays & orthopedic doctor's opinion
- 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
- 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 center, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

- Pre-policy medical tests will be required as per the table mentioned below

Domestic Sum Insured	INR 3,750,000 INR 5,600,000	INR 7,500,000 INR 11,200,000	INR 18,750,000 INR 37,500,000
International Sum Insured	\$1,00,000 \$1,50,000	\$2,00,000 \$3,00,000	\$5,00,000 \$1,000,000
18 to 50 years	No medicals subject to no adverse health conditions	Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio + USG*	
51 to 65 years	Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio + USG*		

* USG Abdomen and Pelvis



Table of Benefits

Domestic Cover						
COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN		
In-patient Hospitalization Treatment Limits	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000
In-patient Hospitalization Treatment	Up to Sum Insured					
Hospital accommodation (Room rent and ICU)	At Actual					
Pre-hospitalization	60 days					
Post-hospitalization	180 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living Donor Medical Costs	INR 500,000					
Annual Preventive Health Check-up (only offered at renewal)	INR 5,000					
Ayurvedic / Homeopathic Hospitalization Expenses	Up to Sum Insured					
Air Ambulance	INR 500,000	INR 675,000	INR 750,000	INR 750,000	INR 750,000	INR 750,000
Mental Illness Treatment (In-patient)	Up to Sum Insured					
Rehabilitation	INR 50,000					

*The total Sum Insured payable under all covers will not exceed the In-patient Hospitalization Treatment Limits

International Cover						
COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN		
In-patient Hospitalization Treatment Limits	USD 100,000	USD 150,000	USD 200,000	USD 300,000	USD 500,000	USD 1,000,000
Deductible options	0 / USD 500 / USD 1,000(on annual aggregate basis)					
In-patient benefits						
Hospital accommodation (Room rent)	Single Private Air Conditioned Room					
Hospital accommodation (ICU)	At Actual					
Pre-hospitalization	45 days					
Post-hospitalization	90 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living donor medical costs	USD 30,000			USD 50,000		
Air Ambulance*	USD 7,500			NA	NA	NA
Air Ambulance + Medical Evacuation*	NA			Up to In-patient Sum Insured	Up to In-patient Sum Insured	Up to In-patient Sum Insured
Mental Illness Treatment (In-patient)	Up To Sum Insured					
Rehabilitation	USD 750			USD 2,300		
Accommodation costs for one parent staying in Hospital with an Insured child under 18 years of age	NA			Up to Sum Insured		
Emergency treatment outside area of cover	NA			Up to Sum Insured for maximum 6 Weeks per trip		
Medical repatriation*	NA			Up to Sum Insured		
Repatriation of mortal remains*	NA			USD 13,500		
Inpatient cash Benefit	NA			USD 175 Per night up to max 25 nights		
Palliative care	NA			Up to Sum Insured		

Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits

*The covers will be on cashless basis only.

Out-patient benefits				
COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN
Maximum out-patient plan benefit for international treatments only	NA			USD 1,600 USD 2,400 USD 4,200
Out-patient Treatment (Medical Practitioner fees Specialist fees Diagnostic tests Prescription drugs) Note: Excluding out-patient Dental Treatment				Covered up to USD 1,000 Covered up to USD 1,500 Covered up to USD 2,500
Physiotherapy Benefit				USD 300 USD 450 USD 850
Alternate/Complementary Treatment Expenses (Chiropractic treatment, osteopathy, homeopathy, Chinese herbal medicine, acupuncture and podiatry)				USD 300 USD 450 USD 850

Dental plan benefits (optional)				
COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN
Maximum dental plan benefit for international treatments only (with 20% co-payment)	USD 350	USD 450	USD 600	USD 2,300



Premium Payment in Instalments (Wherever applicable)

If the Insured has opted for Payment of Premium on an instalment basis i.e., Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
- During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- The Insured will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- No interest will be charged If the instalment premium is not paid on due date.
- In case of instalment premium due not received within the grace period, the Policy will get cancelled.
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- The Company has the right to recover and deduct all the pending installments from the claim amount due under the Policy.



Renewal of Policy

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

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience



Cancellation

The Policyholder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below

- a. Cancellation grid for premium received on annual basis or full premium received at Policy inception are as under:

Period in Risk	Premium Refund
Within 30 Days	As per Free Look period Condition
Exceeding 30 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 9 months	20.00%
Exceeding 9 months but less than or equal to 12 months	0%

- b. Cancellation grid for premium received on instalment basis-The premium will be refunded as per the below table:

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Up to 30 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 30 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note: The first slab of Number of days "within 30 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 30 days but less than 3 months" should be read as "within 3 months".

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.



When can I enhance my Sum Insured?

- i. The Insured can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured(s) & claim history of the Policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.



Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of Thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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



Portability Conditions

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)



Possibility of Revision of Terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.



Migration of policy

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)



Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break



Discounts

- i. Employee Discount: 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct code.
- ii. Online/Direct Business Discount: Discount of 5% will be offered in this product for policies underwritten through direct/online channel.

Note: this discount is not applicable for Employees who get employee discount

- iii. Family Discount: 5% family discount shall be offered if 2 or more eligible Family Members are covered under a single Policy.

- iv. **Voluntary Deductible:** The customer can opt for aggregate deductible on International Inpatient Benefits and avail discount as below.

Deductible	IMPERIAL PLAN	IMPERIAL PLUS PLAN
USD 500	5%	4%
USD 1000	9%	6%



Cumulative Bonus (For Domestic Cover only):

If You renew Your Global Health Care Policy with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 20% of Domestic Cover's base Sum Insured per annum, but:

- The maximum cumulative increase in the Limit of Indemnity will be limited to 100% of Domestic Cover's base Sum Insured.
- 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
- If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent Global Health Care Policy shall be reduced by 20%, save that the limit of indemnity applicable shall be preserved.



What are the exclusions under the policy?

STANDARD EXCLUSIONS- DOMESTIC COVER

- Pre-Existing Diseases (Code -Excl01)**
 - Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us.
 - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - If the Insured is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
 - Coverage under the Policy after the expiry of 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period (Code - Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth
20. Pancreatitis	21. All forms of Cirrhosis
22. Gout and rheumatism	23. Tonsilitis
24. Surgery for varicose veins and varicose ulcers	25. Chronic Kidney Disease
26. Alzheimer's Disease	27. Joint replacement surgery
28. Surgery for vertebral column disorders (unless necessitated due to an Accident)	29. Surgery to correct deviated nasal septum
30. Hypertrophied turbinate	31. Congenital internal diseases or anomalies
32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	33. Bariatric Surgery
34. Parkinson's Disease	35. Genetic disorders

3. 30-day waiting period (Code - Excl03)

- a. Expenses related to the treatment of any Illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. Investigation & Evaluation (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Code -Excl05)

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- b. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- c. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Code- Excl06)

- a. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- b. Surgery to be conducted is upon the advice of the Doctor
- c. The surgery/Procedure conducted should be supported by clinical protocols
- d. The member has to be 18 years of age or older and
- e. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
- f. Obesity-related cardiomyopathy
- g. Coronary heart disease
- h. Severe Sleep Apnea
- i. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports: (Code -Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Code -Excl10)

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

11. Excluded Providers (Code -Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code -Excl12)**13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code -Excl13)****14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Treatment. (Code -Excl14)**

15. Refractive Error (Code -Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments (Code -Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment.

Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility (Code -Excl17)

Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

18. Maternity (Code -Excl18)

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

SPECIFIC EXCLUSIONS- DOMESTIC COVER

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement

1. Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified .
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
3. 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 nationalization or requisition of or damage by or under the order of any government or public local authority.

Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.

4. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
5. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies
6. External medical equipment of any kind used at home as post Hospitalization 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.
7. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
8. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
9. 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 Medical Practitioner.
10. All non-medical Items as per Annexure II.
11. Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
12. Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
13. Alternate/ Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
14. Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
15. Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
16. Dental veneers and related procedures, unless medically necessary.
17. Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
18. Doctor's fees for the completion of a Claim Form or other administration charges.
19. Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
20. Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
21. Treatment required as a result of medical error.
22. Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
23. Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
24. Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under " Local

(Road) ambulance”, “Medical evacuation” and “Medical repatriation” benefits.

25. Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
26. Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
27. Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
28. The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
 - Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan
 - Dietician fees
 - Expenses for one person accompanying an evacuated/repatriated person
 - Out-patient treatment
 - Prescribed medical aids
 - Preventive treatment
 - Travel costs of Insured family members in the event of an evacuation/repatriation
 - Travel costs of Insured family members in the event of the repatriation of mortal remains
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died
29. Exclusions applicable to Mental Illness Treatment:-
 - a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. .
 - b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
 - c. Alternate treatment other than Allopathic treatment are not covered.
 - d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
 - e. Out-patient Treatment for Mental Illness.
30. The Standard Exclusion under “Investigation & Evaluation (Code-Excl04) (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only” are excluded even if the same requires confinement at a Hospital.

STANDARD EXCLUSIONS- INTERNATIONAL COVER

A. Applicable for in-patient benefits for international cover

1. Pre-Existing Diseases (Code-Excl01)
 - a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Global Health Care Policy with Insurer.
 - b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
 - d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period (Code-Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Global Health Care Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth
20. Pancreatitis	21. All forms of Cirrhosis
22. Gout and rheumatism	23. Tonsilitis
24. Surgery for varicose veins and varicose ulcers	25. Chronic Kidney Disease
26. Alzheimer's Disease	27. Joint replacement surgery
28. Surgery for vertebral column disorders (unless necessitated due to an Accident)	29. Surgery to correct deviated nasal septum
30. Hypertrophied turbinate	31. Congenital internal diseases or anomalies
32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	33. Bariatric Surgery
34. Parkinson's Disease	35. Genetic disorders

3. 30-day waiting period (Code-Excl03)

- Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. Investigation & Evaluation (Code-Excl04)

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded .
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Code-Excl05)

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- b. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- c. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Code-Excl06)

- a. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- b. Surgery to be conducted is upon the advice of the Doctor
- c. The surgery/Procedure conducted should be supported by clinical protocols
- d. The member has to be 18 years of age or older and
- e. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
- f. Obesity-related cardiomyopathy
- g. Coronary heart disease
- h. Severe Sleep Apnea
- i. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports: (Code-Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Code-Excl10)

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

11. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)****14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Procedure. (Code-Excl14)****15. Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments (Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility (Code-Excl17)

- a. Expenses related to sterility and infertility. This includes:
- b. Any type of contraception, sterilization
- c. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

- d. Gestational Surrogacy
- e. Reversal of sterilization

18. Maternity (Code-Excl18):

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

SPECIFIC EXCLUSIONS- INTERNATIONAL COVER

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement

- 1. Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified .
- 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
- 3. 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 nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- 5. Treatment for any other system other than modern medicine (allopathy)
- 6. External medical equipment of any kind used at home as post Hospitalization 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.
- 7. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 8. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 9. 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 Medical Practitioner.

10. All non-medical Items as per Annexure II
11. Circumcision unless required for the treatment of Illness or Accidental bodily Injury,
12. Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
13. Alternate/Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
14. Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
15. Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
16. Dental veneers and related procedures, unless medically necessary.
17. Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
18. Doctor's fees for the completion of a Claim Form or other administration charges.
19. Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
20. Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
21. Treatment required as a result of medical error.
22. Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
23. Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
24. Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under "Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
25. Treatment in the USA if We believe that cover was taken out with the purpose of travelling to the USA to get treatment for a condition or symptoms You were aware of:
 - before being Insured with Us
 - before having the USA in Your region of cover.

If We paid any claims in these circumstances, We reserve the right to seek reimbursement from You.
26. Treatment outside the geographical area of cover unless for emergencies or authorised by Us.
27. Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
28. Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
29. Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.

30. The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
- Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan
 - Dietician fees
 - Expenses for one person accompanying an evacuated/repatriated person
 - Home delivery
 - Infertility treatment
 - Laser eye treatment.
 - Out-patient treatment
 - Prescribed glasses and contact lenses including eye examination
 - Prescribed medical aids
 - Preventive treatment
 - Routine maternity, Routine Delivery and newborn care and Complications of childbirth
 - Travel costs of Insured family members in the event of an evacuation/repatriation
 - Travel costs of Insured family members in the event of the repatriation of mortal remains
 - Travel costs of Insured members to be with a family member who is at peril of death or who has died
 - Vaccinations
31. Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only)
- Exclusions:
- a. costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person
 - b. travel costs for accompanying person
 - c. travel costs of Insured family members in the event of an evacuation
32. Mental Illness Treatment
- Exclusions applicable to Mental Illness Treatment:
- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. .
 - b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions
 - c. Alternate treatment other than Allopathic treatment are not covered.
 - d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.

- e. Out-patient Treatment for Mental Illness.
- 33. Emergency treatment outside area of cover
Exclusions:
Cover is not provided for curative or follow-up non-Emergency treatment, even if You are deemed unable to travel to a country within Your geographical area of cover. Nor does it extend to charges relating to maternity, pregnancy, childbirth or any complications of pregnancy or childbirth.
- 34. Medical repatriation
Exclusions:
 - a. travel costs for accompanying person
 - b. travel costs of Insured family members in the event of repatriation
 - c. travel costs of Insured members to be with a family member who is at peril of death or who has died
- 35. Repatriation of mortal remains
Exclusions:
Expense incurred for any person accompanying the remains is not covered.
- 36. If the international travel is intentionally undertaken with an intention of taking/undergoing medical treatment/ procedure outside India.
- 37. The Standard Exclusion under "Investigation & Evaluation (Code-Excl04) (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only" are excluded even if the same requires confinement at a Hospital.

C. Applicable to Part B-II (OUT-PATIENT BENEFITS FOR INTERNATIONAL COVER)

1. Out-patient Treatment

Exclusions:

- a. During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under out-patient except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.
- b. Out-patient Dental Treatment expenses will not be covered.

2. Alternate/Complementary Treatment

During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Alternate/Complementary Treatment except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals.

3. **Physiotherapy Benefit**

Exclusion:

- a. During the first year of Global Health Care Policy with Us, 90 days waiting period would be applicable for all claims under Physiotherapy Benefit except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- b. Physiotherapy does not include therapies such as Rolwing, massage, Pilates, Fango and Milta.

D. **Applicable for dental plan benefits for international cover.**

Exclusions:

- During the first year of Global Health Care Policy with Us, 30 days waiting period would be applicable for all claims under Dental Plan Benefits except those arising out of Accidental Injury, however the waiting period would not be applied during subsequent renewals
- Dental surgery does not cover surgical treatment that relates to dental implants.
- Dental Prostheses, dental implants, orthodontics



How do I Buy this policy?

- Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
- Actively seek information on the charges and exclusions under the policy
- Fill the proposal form stating your personal details and health profile
- Ensure that the information given in the form is complete and accurate
- We will process your proposal. Based on the information provided, you may be required to undergo pre-policy medical examination at our network diagnostic centers. Please note that you will have to pay the necessary amount for undergoing the specified medical examination and such tests shall be valid for a maximum period of 30days only
- Depending on our evaluation if your proposal is accepted, then we will issue the policy subject to receipt of annual single premium as published on the prospectus.
- If the policy is issued we will refund you 100% of the cost of the pre-policy medical examination
- The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form



Premium (Note: The premiums are in INR and exclusive of GST)

Imperial Plan						
Cover Type	Worldwide Excluding USA			Worldwide Including USA		
Domestic SI (in INR)	3,750,000	5,600,000	7,500,000	3,750,000	5,600,000	7,500,000
International SI (in USD)	100,000	150,000	200,000	100,000	150,000	200,000
0-20 years	39,432	50,002	56,827	50,272	64,381	73,487
21-25 years	52,356	66,538	75,663	66,854	85,784	97,958
26-30 years	56,067	71,196	81,068	71,617	91,811	104,984
31-35 Years	57,988	73,710	83,897	74,080	95,066	108,659
36-40 Years	61,048	77,600	88,304	78,007	100,100	114,382
41-45 Years	80,727	102,727	116,946	103,259	132,624	151,598
46-50 Years	112,689	143,459	163,486	144,271	185,342	212,064
51-55 Years	137,315	174,956	199,392	175,868	226,109	258,714
56-60 Years	174,735	222,629	253,744	223,884	287,813	329,333
61-65 Years	230,093	293,403	334,364	294,915	379,421	434,074
66-70 Years	309,332	394,445	449,596	396,593	510,198	583,787
71-75 Years	406,932	519,069	591,710	521,826	671,503	768,429
76 and above	520,698	664,288	757,335	667,800	859,460	983,620

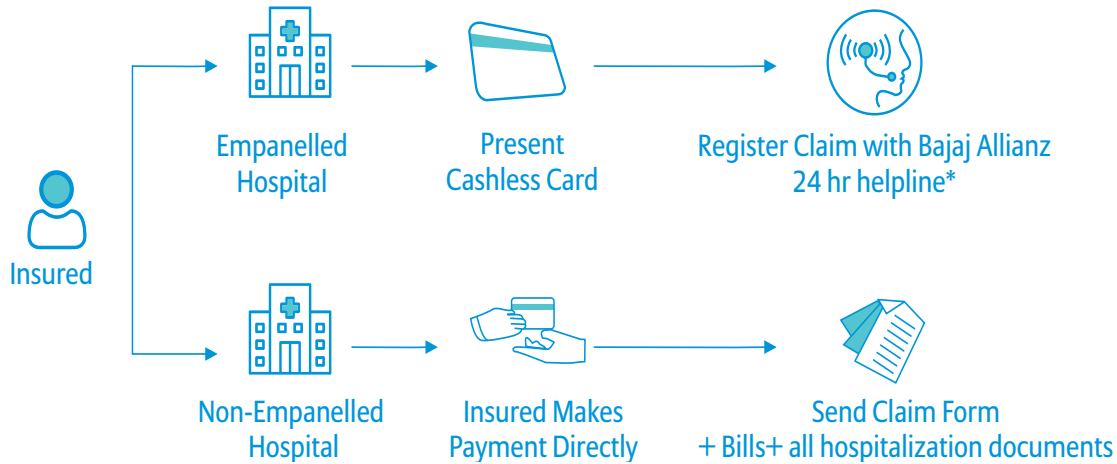
Imperial Plus Plan						
Cover Type	Worldwide Excluding USA			Worldwide Including USA		
Domestic SI (in INR)	11,200,000	18,750,000	37,500,000	11,200,000	18,750,000	37,500,000
International SI (in USD)	300,000	500,000	1,000,000	300,000	500,000	1,000,000
0-20 years	92,301	120,328	171,977	122,353	159,805	229,728
21-25 years	138,456	179,351	252,162	184,566	239,376	338,063
26-30 years	165,827	213,027	293,443	221,980	285,394	394,456
31-35 Years	180,149	230,820	315,498	241,554	309,703	424,586
36-40 Years	186,780	239,636	328,610	250,339	321,400	442,109
41-45 Years	242,871	312,069	429,424	313,161	418,426	577,611
46-50 Years	325,936	434,505	598,771	386,876	541,398	805,449
51-55 Years	372,608	521,104	737,156	448,270	624,366	991,715
56-60 Years	439,272	610,771	964,432	535,683	742,309	1,174,637
61-65 Years	538,008	743,856	1,168,891	665,154	917,374	1,446,222
66-70 Years	679,279	934,065	1,460,846	850,396	1,167,578	1,834,016
71-75 Years	853,370	1,168,636	1,821,182	1,078,675	1,476,139	2,312,645
76 and above	1,056,554	1,442,162	2,240,917	1,345,120	1,835,956	2,870,182

Dental Cover - Imperial Plan						
Cover Type	Worldwide Excluding USA			Worldwide Including USA		
Domestic SI (in INR)	3,750,000	5,600,000	7,500,000	3,750,000	5,600,000	7,500,000
International SI (in USD)	100,000	150,000	200,000	100,000	150,000	200,000
Dental Cover SI (in USD)	350	450	600	350	450	600
0-20 years	8,521	9,773	11,189	13,634	15,638	17,902
21-25 years	21,161	27,206	32,709	21,161	27,206	36,277
26-30 years	21,161	27,206	32,709	21,161	27,206	36,277
31-35 Years	21,161	27,206	32,709	21,161	27,206	36,277
36-40 Years	21,161	27,206	32,709	21,161	27,206	36,277
41-45 Years	21,161	27,206	32,709	21,161	27,206	36,277
46-50 Years	21,161	27,206	32,709	21,161	27,206	36,277
51-55 Years	21,161	27,206	32,709	21,161	27,206	36,277
56-60 Years	21,161	27,206	32,709	21,161	27,206	36,277
61-65 Years	21,161	27,206	32,709	21,161	27,206	36,277
66-70 Years	21,161	27,206	32,709	21,161	27,206	36,277
71-75 Years	21,161	27,206	32,709	21,161	27,206	36,277
76 and above	21,161	27,206	32,709	21,161	27,206	36,277

Dental Cover - Imperial Plus Plan						
Cover Type	Worldwide Excluding USA			Worldwide Including USA		
Domestic SI (in INR)	11,200,000	18,750,000	37,500,000	11,200,000	18,750,000	37,500,000
International SI (in USD)	300,000	500,000	1,000,000	300,000	500,000	1,000,000
Dental Cover SI (in USD)	2,300	2,300	2,300	2,300	2,300	2,300
0-20 years	16,370	16,370	16,370	26,192	26,192	26,192
21-25 years	47,856	47,856	47,856	76,568	76,568	76,568
26-30 years	47,856	47,856	47,856	76,568	76,568	76,568
31-35 Years	47,856	47,856	47,856	76,568	76,568	76,568
36-40 Years	47,856	47,856	47,856	76,568	76,568	76,568
41-45 Years	47,856	47,856	47,856	76,568	76,568	76,568
46-50 Years	47,856	47,856	47,856	76,568	76,568	76,568
51-55 Years	47,856	47,856	47,856	76,568	76,568	76,568
56-60 Years	47,856	47,856	47,856	76,568	76,568	76,568
61-65 Years	47,856	47,856	47,856	76,568	76,568	76,568
66-70 Years	47,856	47,856	47,856	76,568	76,568	76,568
71-75 Years	47,856	47,856	47,856	76,568	76,568	76,568
76 and above	47,856	47,856	47,856	76,568	76,568	76,568

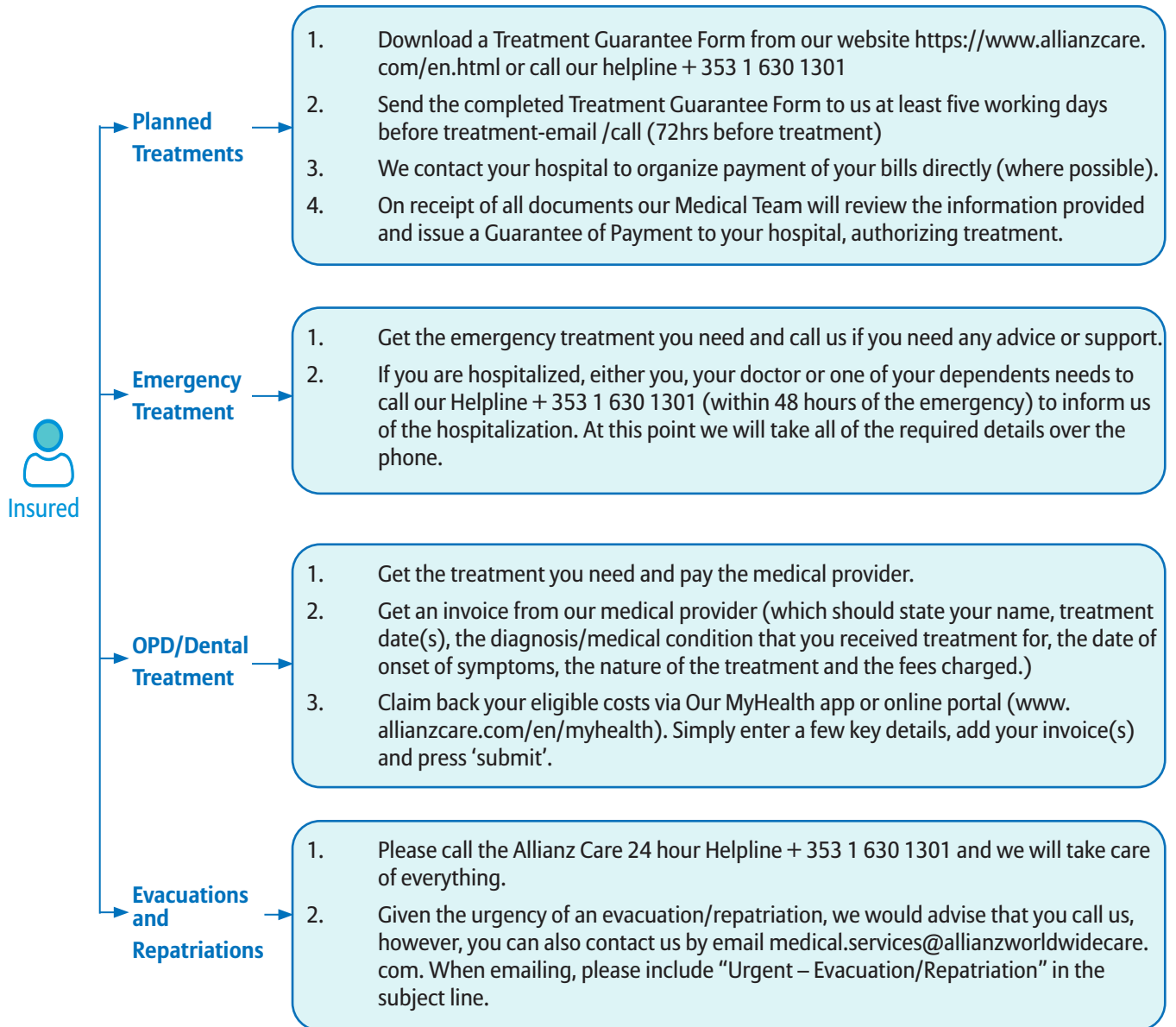


How do I make a claim for Domestic Cover?





How do I make a claim for International Cover?



Note: Pre-approval is mandatory for most covers availed outside of India viz-Inpatient, Day-care, Donor expenses, Mental Illness treatment, Accommodation costs, Palliative Care. In case of no pre-approval is sought the claim will be paid as per reasonable & customary expenses up to 80% of admissible claim amount only.



Bajaj Allianz General Insurance Co. Ltd.

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FOR ANY QUERY (TOLL FREE)

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For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

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