

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 the 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

How does the Extra Care Policy benefit me?
In the times of rising medical costs Bajaj Allianz's Extra Care Policy is the perfect health protection for you and your family. It takes care of the medical treatment costs incurred during hospitalization due to serious accident or illness. This policy can be taken as add on cover to your existing hospitalization – medical expenses policy. In case of higher expenses due to illness or accidents Extra care policy takes care of the additional expenses.

What are the Special Features of Extra Care policy?

- Floater Policy with the single premium for the family
- Competitive premium rates
- Waiver of medical tests up to 55 years subject to no adverse medical history.
- Continuity for waiting periods would be given on the base hospitalisation policy.
- The policy covers ambulance charges in case of emergency subject to a maximum of Rs 3000
- Income Tax Benefit under Sec 80 D of the IT Act on the premiums paid for this policy.

What is covered under extra care policy?

- This policy covers hospitalisation expenses in excess to the specified deductible amount.
- Deductible amount is applicable as per the plan opted.

- This policy also covers Pre and Post Hospitalisation expenses for 60 and 90 days respectively.
 - Ambulance charges Rs 3000/- per Hospitalisation..
 - Modern Treatment: Modern Treatment Methods and Advancement in Technologies (as per below list) shall be covered up to Base Sum Insured, subject to policy terms, conditions, coverage, waiting periods and exclusions.
- A. Uterine Artery Embolization and HIFU

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. Bronchical Thermoplasty

J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)

K. IONM -(Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

What is deductible?

- Deductible means the amount stated in the schedule which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period.
- The company's liability to make any payment for each and every claim under the policy is in excess of the deductible.

How is the deductible applied at the time of claim?

- Deductible would be applied afresh for each claim.
- Each and every hospitalization would be considered as a separate claim.
- The limit of indemnity /Sum Insured is the maximum liability above the deductible.

For example – If the Sum Insured is Rs 10 lakhs and deductible is Rs 3 lakhs, our liability for a claim of Rs 13 lakhs would be Rs 10 lakhs (which is over and above the deductible).

What are the Sum Insured options under this policy?

Sum Insured (excluding deductibles)	Deductible per hospitalization
Rs.1000000/-	Rs.300000/-
Rs.1200000/-	Rs.400000/-
Rs.1500000/-	Rs.500000/-

What is the entry age under this policy?

- Age of entry for proposer, spouse and parents is 18 yrs – 70 Years.
- Children from 3 Months - 25 years can be covered as dependents.

What will be the renewal age?

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

What is the policy period?

- 1 year, 2 years or 3 years

Discount under the policy

- Long Term Policy Discount:
- a. 4% discount is applicable if policy is opted for 2 years
- b. 8% discount is applicable if policy is opted for 3 years

What is the premium paying term?

- Policy can be paid on installment basis-Annual, Half Yearly, Quarterly or Monthly

Who can be covered under this Policy?

- Self, spouse and 3 dependent children can be covered under the policy.
- Dependent parents can also be covered under this policy, a separate policy would be issued for parents.

Do I need to undergo medical checkup?

- Waiver of medical tests up to 55 years subject to no adverse medical history.
- Medical tests (pre-policy check up) would be advised for members 56 years and above.
- List of the medical tests to be conducted are : 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
- 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.
- 50 % cost of pre-policy check up would be refunded if the proposal is accepted & policy is issued.

When can I increase the Sum Insured?

- Sum Insured enhancement can be done only at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.

What are the exclusions and waiting periods under the policy

- I. Waiting Period**
1. Pre-existing Diseases waiting period (Excl01)
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first Extra Care Policy with us.
 - 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.
 2. Any Medical Expenses incurred during the first 48 months during which You/your family member(s) named in the schedule have the benefit of an Extra Care policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury. In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Policy without break in cover.
 3. 30-day waiting period (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.

II. General Exclusion

1. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], 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 Acts of Terrorism will be covered under the policy.

2. Circumcision unless required for the treatment of Illness or Accidental bodily injury,

3. 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, infra cardiac valve replacements, vascular stents etc.

4. Investigation & Evaluation (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.
 - 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 (Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. 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.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 1. Surgery to be conducted is upon the advice of the Doctor
 2. The surgery/Procedure conducted should be supported by clinical protocols
 3. The member has to be 18 years of age or older and
 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. 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:

- i. Obesity-related cardiomyopathy
- ii. Coronary heart disease
- iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (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 (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 (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 (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 (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. (Excl12)

13. Treatments received in health hydros, 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. (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. (Excl14)

15. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments (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 (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 (Excl 18)
 - 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.
19. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition

20. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

21. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.

22. Treatment for any other system other than modern medicine (also known as Allopathy) and AYUSH therapies.
23. All non-medical Items as per Annexure I provided in Policy Wordings

24. Any treatment received outside India is not covered under this policy.

25. Venereal disease or any sexually transmitted disease or sickness.

26. Surgery to correct deviated septum and hypertrophied turbinate.

27. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.

28. 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.

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;

Renewal of the policy

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

- i. The Company shall endeavor 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

- i. 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
- Cancellation grid for premium received on annual & long term basis and refund is as under

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 30 Days~	As per Free Look Period Condition		
Exceeding 30 days but less than or equal to 1 month	75%	75%	80%
Exceeding 1 month but less than or equal to 3 months	50%	75%	80%
Exceeding 3 months but less than or equal to 6 months	25%	65%	75%
Exceeding 6 months but less than or equal to 12 months	0%	45%	60%
Exceeding 12 months but less than or equal to 15 months	0%	30%	50%
Exceeding 15 months but less than or equal to 18 months	0%	20%	45%
Exceeding 18 months but less than or equal to 24 months	0%	0%	30%
Exceeding 24 months but less than or equal to 27 months	0%	0%	20%
Exceeding 27 months but less than or equal to 30 months	0%	0%	15%
Exceeding 30 months but less than or equal to 36 months	0%	0%	0%

Cancellation grid for premium received on instalment basis and refund is as under

The premium will be refunded as per the below table:

Period in Risk (From Latest instalment date)	Premium Refund		
	% of Monthly Premium	% of Quarter-ly Premium	% of Half Yearly Premium
Upto 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.
- i. 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 ground s o f misrepresentation, non-disclosure of material facts or fraud.

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 30days and 4years waiting periods.
- 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

The insured person 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 person 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.

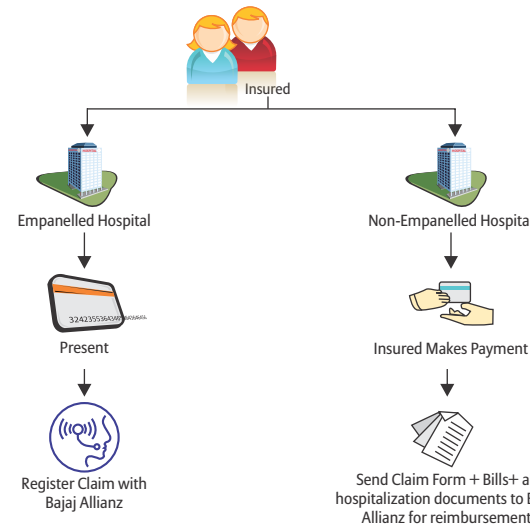
Norms of Migration

The insured person 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 atleast 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 person 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

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.

What would be the process in case of a claim under my Extra Care policy?



- The Claim under cashless and reimbursement would be admissible in excess of the deductible limit, subject to terms, conditions, exclusions & definitions as per the policy wordings.

- The proof of settlement of the deductible amount has to be produced at the time of claim in case of any other existing insurance policy.
- For reimbursement claims You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 30 days of the aforesaid Illness or Bodily Injury.

Annual premium chart:

Sum Insured/Deductible	No.of Members	90 days-40 yrs	41 yrs-60 yrs	61 yrs onwards
Plan A				
Rs.1000000/ Rs. 300000	1	2,625	3,940	6,195
	2	3,675	5,515	8,505
	3	4,225	6,340	9,720
	4	4,650	6,975	10,650
	5	5,115	7,670	11,670

Sum Insured/Deductible	No.of Members	90 days-40 yrs	41 yrs-60 yrs	61 yrs onwards
Plan B				
Rs.1200000/ Rs. 400000	1	4,725	5,775	8,295
	2	6,145	7,510	10,660
	3	6,755	8,260	11,680
	4	7,435	9,090	12,810
	5	8,025	9,810	13,800

Sum Insured/Deductible	No.of Members	90 days-40 yrs	41 yrs-60 yrs	61 yrs onwards
Plan C				
Rs.1500000/ Rs. 500000	1	4,990	6,040	8,560
	2	6,485	7,850	11,000
	3	7,135	8,635	12,060
	4	7,850	9,495	13,225
	5	8,475	10,260	14,250

Note: The premiums are in INR and excluding all taxes

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.

Benefit Illustration in respect of Policies offered on Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium	Sum Insured/ Deductible	Premium	Discount	Premium after discount	Sum Insured/ Deductible	Premium or consolidated premium for all members of family	Floater discount if any	Premium after discount	Sum Insured/ Deductible
55	NA	NA	NA	NA	NA	NA	6,975	NA		1,000,000/300,000
50	NA	NA	NA	NA	NA	NA				
20	NA	NA	NA	NA	NA	NA				
18	NA	NA	NA	NA	NA	NA				
NA			NA				Total premium when policy is opted on floater basis is Rs 6,975 (No discount Applicable)			
NA			NA				Sum Insured/Deductible of Rs 1,000,000/300,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										

 **BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.**
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA,
PUNE - 411006. IRDA REG NO.: 113.

 **FOR ANY QUERY (TOLL FREE)**
1800-209-0144 /1800-209-5858

 www.bajajallianz.com

 bagichelp@bajajallianz.co.in

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

CIN: U66010PN2000PLC015329
UIN: BAIHLIP23068V032223

BJAZ-B-0342/18-Aug-22

Policy holders can download Caringly Yours app for one -touch access Available on:  

BAJAJ ALLIANZ EXTRA CARE EXTENDED HEALTH COVER



CIN: U66010PN2000PLC015329 | UIN: BAIHLIP23068V032223