

HEALTH CARE SUPREME

CUSTOMER INFORMATION SHEET

The information mentioned below is illustrative and not exhaustive.

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

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2	What am I covered for	<p>15. Preventive Health Check Up- After each renewal of Health Care Supreme policy with us you will be entitled for a Free Preventive Health Check up at Bajaj Allinaz General Insurance Company limited empanelled Diagnostic centers. List of tests as defined under the policy. The Free Health Check up would be available even if you have claimed under the policy. This benefit can be availed by all members covered under Individual Sum Insured Policies. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies</p>	Part I - Section 1. A15
		<p>6. Modern Treatment: Modern Treatment Methods and Advancement in Technologies (as per below list) are covered up to 50% of Sum Insured or 10 lacs whichever is lower, subject to policy terms, conditions, coverages and exclusions</p> <p>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</p>	Part I - Section 1. A16
		<p>Add On benefits :</p> <p>a. Ancillary Expenses Benefit: If You are Hospitalised on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You:</p> <p>i. The Daily Allowance as specified under the policy, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness, subject to a maximum of 30 days during the Policy Period for Individual SI policy & 60 days during the Policy Period for Floater SI policy</p> <p>ii. Two times the Daily Allowance for each continuous and completed period of 24 hours hospitalisation in the Intensive Care Unit during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness, subject to a maximum of 15 days during the Policy Period for Individual SI policy & 30 days during the Policy Period for Floater SI policy</p>	Part II- Section 1
		<p>b. Critical illness Cover: If insured member is diagnosed as suffering from any of the Critical Illness listed under the policy, which first occurs or manifests itself during the Policy Period, and fulfills the criteria as defined under the policy, we will pay the lump sum amount as specified in the policy. List of Critical Illness covered under the policy:</p> <ol style="list-style-type: none"> 1. Cancer Of Specified Severity 2. Myocardial Infarction (First Heart Attack of specific severity) 3. Coma Of Specified Severity 4. Kidney Failure Requiring Regular Dialysis 5. Stroke Resulting In Permanent Neurological Sequelae 6. Major Organ /Bone Marrow Transplant 7. Multiple Sclerosis With Persisting Symptoms 8. Aplastic Anemia 9. End Stage Lung Disease 10. End Stage Liver Failure 11. Parkinson’s Disease 12. Surgery To Aorta 13. Alzheimer’s Disease 14. Primary (Idiopathic) Pulmonary Hypertension 15. Major Burns 	Part II- Section 2
		<p>c. Personal Accident Cover: Personal accident section provides below mentioned covers:</p> <ul style="list-style-type: none"> • Death, Permanent Total Disability, Permanent Partial Disability & Temporary Total Disability due to accidental injury • Dependant Spouse, Dependent children, dependent parents can be covered up to 5 lacs Sum Insured 	Part II- Section 3

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<p>3</p>	<p>What are the major exclusions?</p>	<p>General exclusions</p> <ol style="list-style-type: none"> 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.. 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. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital <p>B. Exclusions applicable for Out Patient Expenses We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:</p> <ol style="list-style-type: none"> I. Waiting Period 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. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently. II. Specific exclusions 1. Any expenses for investigations/ treatment taken without existence of any disease/ illness, signs /symptoms 2. Any expenses for diagnostic tests, investigations / treatment taken without the Specialist Consultant advising the same and which is not duly supported by his prescriptions 3. Cost of Annual Health Check up 4. Any expenses in excess of the maximum payable amount under the Outpatient medical expenses limit. 5. Any expense for Treatments which is not specified under out patient expenses <p>C. Specific Exclusions applicable for Ayurvedic / Homeopathic Treatment Cover Section The below exclusions would be in addition to the exclusions stated under section 3, part A, We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following</p> <ol style="list-style-type: none"> 1. Treatment taken at a hospital which does not fulfill the criteria as per the policy definition 2. Treatment exceeding the limit as specified under the Plan opted 3. Any expenses incurred for treatment taken for other Ayurvedic / Homeopathic therapy which is not defined & covered under the policy 4. Treatment taken for Unani, naturopathy or any other stream of Medicine except as specified under the policy 5. Treatment taken in Wellness Centre/Spa/Naturopathy centers/Panchakarma centers or any other treatment centres which do not qualify as per the policy definition of AYUSH Hospital. <p>D. Common Exclusions applicable to all the covers under Medical expenses section: Hospitalisation expenses, Pre- Hospitalisation, Post-Hospitalisation Expenses ,Road Ambulance, Air Ambulance, Day Care Procedures, Out Patient Expense, Organ Donor Expenses, Recovery benefit, Physiotherapy Expenses, Sum Insured Reinstatement Benefit, Ayurvedic / Homeopathic treatment Hospitalisation Expenses, Maternity Expenses, New Born Baby Cover We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:</p>	<p>Part I -Section 3</p> <p>Part I -Section 3</p>
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		<ul style="list-style-type: none"> i. General exclusions 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. Investigation & Evaluation (Excl04) <ul style="list-style-type: none"> a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 3. Rest Cure, rehabilitation and respite care (Excl05) <ul style="list-style-type: none"> a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> 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. 4. Obesity/Weight Control (Excl06) <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Medical Practitioner/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); <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 5. Change-of-gender treatments (Excl07) <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> 6. Cosmetic or plastic Surgery (Excl08) <p>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.</p> 7. Breach of law (Excl10) <p>Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.</p> 8. Excluded Providers (Excl11) <p>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.</p> 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12) 10. 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) 11. 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) 	
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	<ol style="list-style-type: none"> 12. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery. This exclusion is not applicable for Donor Expenses under Part I Section A8 (Organ Donor Expenses) 13. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries 14. 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. 15. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes: <ol style="list-style-type: none"> 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 16. Circumcision unless required for the treatment of Illness or Accidental bodily injury, 17. 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. 18. 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 19. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 20. 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/doctor. This exclusion is not applicable for Part I section A14 (New Born Baby Cover). 21. Treatment for any other system other than modern medicine (also known as Allopathy). This exclusion is not applicable for Ayurvedic / Homeopathic Medicine Expenses under Part I section A12 (Ayurvedic / Homeopathic treatment Hospitalisation Expenses). 22. All non-medical Items as per Annexure II provided in Policy Wordings 23. Any treatment received outside India is not covered under this policy. 24. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials 	
	<p>Exclusions Under Critical illness section:</p> <ol style="list-style-type: none"> 1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy. 2. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years. 3. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. 4. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies 5. Occupational diseases. 6. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above. 	<p>Part II -Section 2</p>

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		<ol style="list-style-type: none"> 7. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like. 8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard). 9. Radioactive contamination 10. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever. 11. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol. 	
		<p>Exclusions Under Personal Accident cover:</p> <ol style="list-style-type: none"> 1. Accidental Bodily Injury that you/your family member named in the schedule meets with: <ol style="list-style-type: none"> a. Through suicide, attempted suicide or self inflicted injury or illness. b. While under the influence of liquor or drugs. c. Arising or resulting from the insured person committing any breach of law with criminal intent. d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs. e. As a result of any curative treatments or interventions that you carry out or have carried out on your body. f. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. g. Whilst engaging in aviation or ballooning. Whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. 2. Consequential losses of any kind or insured person's actual or alleged legal liability. 3. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition. 4. Venereal or Sexually transmitted diseases 5. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused. 6. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority 7. Nuclear energy, radiation. 8. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of these. 	<p>Part II -Section 3</p>
<p>4</p>	<p>Waiting Periods</p>	<ol style="list-style-type: none"> 1. Pre-existing Diseases waiting period (Excl01) <ol style="list-style-type: none"> a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Care Supreme 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 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us. 	<p>Part I -Section 3</p>

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		<p>2. Specified disease/procedure waiting period (Excl02)</p> <p>a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Health Care Supreme Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.</p> <p>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.</p> <p>d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.</p> <p>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.</p> <p>f. List of specific diseases/procedures is as below:</p> <table border="1" data-bbox="327 734 1316 1444"> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts,</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> <tr> <td>13. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>15. Uterine Prolapse</td> <td>16. Stones in the urinary and biliary systems</td> </tr> <tr> <td>17. Surgery on ears/tonsils/ adenoids/ para-nasal sinuses</td> <td>18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.</td> </tr> <tr> <td>19. Mental Illness</td> <td>20. Diseases of gall bladder including cholecystitis</td> </tr> <tr> <td>21. Pancreatitis</td> <td>22. All forms of Cirrhosis</td> </tr> <tr> <td>23. Gout and rheumatism</td> <td>24. Tonsillitis</td> </tr> <tr> <td>25. Surgery for varicose veins and varicose ulcers</td> <td>26. Chronic Kidney Disease</td> </tr> <tr> <td>27. Alzheimer's Disease</td> <td></td> </tr> </table>	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/ para-nasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.	19. Mental Illness	20. Diseases of gall bladder including cholecystitis	21. Pancreatitis	22. All forms of Cirrhosis	23. Gout and rheumatism	24. Tonsillitis	25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease	27. Alzheimer's Disease		
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		<p>3. A waiting period of 24 months from the first Health Care Supreme Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below.</p> <ul style="list-style-type: none"> • Joint replacement surgery, • Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident) • Surgery to correct Deviated Nasal Septum and Hypertrophied Turbinates • Congenital internal diseases or anomalies • Laser treatment for correction of eye sight due to refractive error. • Parkinson's Disease • Genetic disorders <p>4. 30-day waiting period (Excl03)</p> <p>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.</p> <p>b. 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.</p> <p>5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section until 24 months continuous period has elapsed since the inception of the first Health Care Supreme Policy with US. However this exclusion will not apply to Ectopic pregnancy proved by diagnostic means</p>																													

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		90 days waiting period applicable for Claims under Critical Illness Section and Physiotherapy Section for New policies, not applicable for renewals	Part II-Section 2
5	Insured's Rights	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company</p> <p>d. Right to port from one company to another company</p> <p>e. Change in SI during the policy term or at the time of renewal</p> <p>f. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate</p>	Part III
6	Payout Basis	<p>The claims under Medical Expenses section would be settled on Indemnity payment basis & benefit basis as specified under each section of the policy.</p> <p>The claims under Ancillary Expenses Benefit, Critical Illness cover and Personal Accident Cover would be settled on benefit payment basis.</p> <p>The claim payout under the below headings should not exceed the Hospitalisation Sum Insured.</p> <ul style="list-style-type: none"> • Hospitalization expenses • Pre-hospitalization • Post hospitalization • Road ambulance • Day Care expenses • Ayurvedic / Homeopathic Treatment Hospitalisation Expenses • Modern Treatment <p>Separate Sum Insured has been Specified for the below mentioned sections</p> <ul style="list-style-type: none"> • Air Ambulance • Out Patient Expenses • Organ Donor Expenses • Recovery benefit • Physiotherapy Expenses • Sum Insured Reinstatement Benefit • Maternity Expenses (and New Born Baby Cover) 	Part I Section 1 Part II Section 1,2 & 3
7	Cost Sharing	NA	NA
8	Renewal Conditions	<p>The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <p>a. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>b. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</p> <p>c. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>d. 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.</p> <p>e. No loading shall apply on renewals based on individual claims experience</p>	Part III

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9	Renewal Benefits	After each renewal of Health Care Supreme policy with us you will be entitled for a free Preventive Health Check up at Our empanelled Diagnostic centers Or empanelled Hospitals.	Part I. Section 1																																																			
		<p>Cumulative Bonus Cumulative Bonus is applicable only for Hospitalization Section If You renew Your Health Care Supreme Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but:</p> <p>a. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and/ or 50% of Sum Insured.</p> <p>b. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity shall be reduced by 10%, save that the Limit of Indemnity applicable to Your first Health Care Supreme Policy with Us shall be preserved.</p> <p>c. 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</p> <p>d. There is no transfer of Cumulative Bonus from other Company renewals</p>	Part III																																																			
10	Cancellation	i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.	Part III																																																			
		Cancellation grid for premium received on annual & long term basis and refund is as under																																																				
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HEALTH CARE SUPREME

		<p>Note:</p> <p>i. The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 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.</p> <p>ii. 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.</p>	
11	Claims	<p>"a. For Cashless Service: List of Network Hospitals available on our website www.bajajallianz.com b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified in the Policy wordings"</p>	Part III
12	"Policy Servicing, Grievances/ Complaints"	<p>"a. If Insured person is not satisfied with the redressal of grievance through one of the methods, insured person may contact the grievance officer at ggro@bajajallianz.co.in For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided in Policy document."</p>	Part III
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	Part III
NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.			

Bajaj Allianz General Insurance Co. Ltd

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. IRDA Reg No.: 113.

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