

SILVER HEALTH

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Silver Health	
2	What am I covered for?	<p>1. Medical Expenses If You are hospitalized 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, Reasonable and Customary Medical Expenses incurred as below:-</p> <p>a. Hospitalization expenses As an in-patient in a Hospital for accommodation, Boarding Expenses including patients diet as provided by the hospital / nursing home, nursing care, the attention of medically qualified staff, undergoing medically necessary procedures, and medical consumable.</p>	Section A
		<p>b. Pre Hospitalisation and Post Hospitalisation expenses An amount equivalent to 3% of the hospitalisation expenses covered in a) in respect of any and all pre hospitalisation and posthospitalisation expenses.</p>	Section A
		<p>2. Ambulance Expenses If We accept a claim under Cover A1), then We will also indemnify Your reasonable costs of being transferred to hospital or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider to a maximum of Rs.1,000/- per claim.</p>	Section A
		<p>3. Medical Check-up At the end of every continuous period of 4 years during which You have held Our Silver Health policy without making a claim, You may apply to Us for a free medical checkup (physician consultation, laboratory tests for fasting blood glucose and complete blood count, serum cholesterol, urine routine, chest X-ray and ECG only) at a Bajaj Allianz Diagnostic Centre, the location of which We will specify at the time of Your application. 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.</p>	Section A
		<p>4. Modern Treatment Methods and Advancement in Technologies Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum Insured or Maximum upto 5 Lacs whichever is lower.</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 This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.</p>	Section A

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3	What are the major exclusions in the policy?	<p>1. General Exclusions 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>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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>5. Rest Cure, rehabilitation and respite care (Excl05) a. 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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)</p> <p>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)</p> <p>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)</p>	Section C
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3	What are the major exclusions in the policy?	15. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	Section C
		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. 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.	
		20. 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.	
		21. 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.	
		22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)	
		23. 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.	
		24. Circumcision unless required for the treatment of Illness or Accidental bodily injury,	
		25. All non-medical Items as per Annexure II	
		26. Any treatment received outside India is not covered under this Policy.	

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4	Waiting Period	<p>I. Waiting Period</p> <p>1. Pre-existing Diseases waiting period (Excl01)</p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Silver Health Policy with us.</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 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.</p> <p>d. Coverage under the Policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p> <p>NOTE:</p> <ul style="list-style-type: none"> For any one Pre-existing Illness covered under this Policy (if this Policy is the renewal without break of an earlier Silver health Policy issued by Us and held for a continuous period of one year) our liability will be restricted to 50% of the Limit of Indemnity. <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 Silver Health 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="316 936 1281 1503"> <tr> <td>1. Surgery for gastric or duodenal ulcers,</td> <td>14. Fissure in ano</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>15. Fibromyoma</td> </tr> <tr> <td>3. Hydrocele</td> <td>16. Hysterectomy</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>17. 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We will not pay any Medical Expenses incurred during the first 48 consecutive months during which You have the benefit of a Silver Health Policy with Us in connection with:</p> <p>i. Joint replacement surgeries unless necessitated by accidental Bodily Injury 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>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.</p> <p>c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently</p>	1. Surgery for gastric or duodenal ulcers,	14. Fissure in ano	2. Benign prostatic hypertrophy	15. Fibromyoma	3. Hydrocele	16. Hysterectomy	4. Haemorrhoids	17. Surgery on skin/ all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps	5. Dysfunctional uterine bleeding	18. Treatment for benign tumors or malignant conditions or for organomegaly	6. Endometriosis	19. Surgery on joints	7. Stones in the urinary and biliary systems	20. Mental Illness	8. Prolapse of genitourinary/intra abdominal organs	21. Genetic disorders	9. Surgery on ears	22. Macular Degeneration	10. Treatment for prolapsed intervertebral discs	23. Parkinson's Disease	11. Cataracts,	24. Alzheimer's disease	12. Hernia of all types	25. Bariatric Surgery	13. Fistulae		Section C
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5	Payout basis	<p>1. Inpatient Hospitalisation benefit on indemnity payment basis.</p> <p>2. For any one Pre-existing Illness covered under this Policy, after period of one Year, our liability will be restricted to 50% of the Limit of Indemnity.</p> <p>3. Payment in respect of surgery for cataracts (after the expiry of 1 year waiting period), shall be restricted to 10% of the sum insured for each and every claim, subject to a minimum of Rs 12,000 and maximum of Rs 25,000/- and subject always to the Limit of Indemnity.</p>	Section D																										
6	Cost sharing	<p>1. In case of admission in non network hospital 20% Co-payment Applicable</p> <p>2. Mental Illness: 25% of Sum Insured or 2 Lac whichever is lower</p> <p>3. Modern Treatment Methods and Advancement in Technologies :50% of Sum Insured or 5 Lacs whichever is lowe</p>	Section D																										

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7	Renewal Conditions	<p>The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.</p> <p>i) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>ii) 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>iii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>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.</p> <p>v) No loading shall apply on renewals based on individual claims experience</p>	Section D										
8	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>	Section D										
9	Renewal Benefits:	<p>1. If You renew Your Silver Health Policy with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but the maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Silver Health Policy with Us. In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year.</p> <p>2. Free Medical Check- up in designated Bajaj Allianz Diagnostic centers at the end of continuous four claim-free years</p>	Section D Section A										
10	Cancellation	<p>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.</p> <table border="1" data-bbox="316 1025 1284 1238"> <thead> <tr> <th data-bbox="316 1025 718 1059">PERIOD ON RISK</th> <th data-bbox="718 1025 1284 1059">RATE OF PREMIUM REFUNDED</th> </tr> </thead> <tbody> <tr> <td data-bbox="316 1059 718 1104">Up to one month</td> <td data-bbox="718 1059 1284 1104">75% of annual rate</td> </tr> <tr> <td data-bbox="316 1104 718 1149">Up to three months</td> <td data-bbox="718 1104 1284 1149">50% of annual rate</td> </tr> <tr> <td data-bbox="316 1149 718 1193">Up to six months</td> <td data-bbox="718 1149 1284 1193">25% of annual rate</td> </tr> <tr> <td data-bbox="316 1193 718 1238">Exceeding six months</td> <td data-bbox="718 1193 1284 1238">Nil</td> </tr> </tbody> </table> <p>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>	PERIOD ON RISK	RATE OF PREMIUM REFUNDED	Up to one month	75% of annual rate	Up to three months	50% of annual rate	Up to six months	25% of annual rate	Exceeding six months	Nil	Section D
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11	Claims	<p>a. For Cashless Service: List of Network Hospitals available on our website www.bajajallianz.com</p> <p>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>	Section D										
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</p> <p>b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided in Policy document.</p>	Section D										
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p>	Section D										

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.