



■ Introduction

Life is full of uncertainties and unexpected events. Unforeseen events can happen at home, at work and even at play. The death, injury or sickness of a breadwinner or family member can create serious financial problems for any family. It is in situations like these, that you need to be prepared. To help you soften the blow Bajaj Allianz offers you a unique package policy which provides protection against various risks and contingencies faced by an individual under a single policy. It also provides protection for house hold contents and Baggage insurance. This package policy has 8 sections & a person would have to opt for a minimum of 3 sections under the policy.

■ What are the Sections under the Star Package policy?

1. Hospital Cash
 2. Health Guard
 3. Critical Illness
 4. Personal Accident
 5. Education Grant
 6. Householders Contents
 7. Traveling Baggage
 8. Public Liability
- Any Section can be opted from Section 1 to 8.
 - Minimum 3 sections to be opted.

■ SECTION 1: HOSPITAL CASH DAILY ALLOWANCE

- This section pays a daily benefit amount to take care of the incidental expenses during hospitalization period.
- The daily benefit amount is doubled for ICU admissions (Maximum 7 days for each hospitalization).
- The benefit is available for 30 days per policy period.
- This is a floater section where in spouse and children can be covered
- Spouse can be covered with 50% additional premium and children with 25% additional premium per child.

■ Exclusions under Hospital Cash section

We will not pay for claims arising out of or howsoever connected to the following:

Waiting Period

1. 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.
2. Without prejudice to Exclusion 1 above, the treatment of cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, D&C, endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/ cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc during the first year of a series of Daily Hospital Allowance Policies renewed with the Company without interruption.

General Exclusion

1. Pre-existing disease: Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
2. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
3. Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.

4. Any routine or prescribed medical checkup or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.
5. Any Illness that has been classified as an Epidemic by the Central or State Government.
6. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
7. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily injury.
8. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure.
9. Self-afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
10. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
11. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
12. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
14. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
15. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
16. Participation in any hazardous activity.
17. Radioactive contamination.
18. Non-allopathic treatment.
19. 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.

■ SECTION 2. HEALTH GUARD

What are the Plans available under Health Guard policy?

There are 3 plans available

- Silver
- Gold
- Platinum

What is the Sum Insured options available under the policy?

- Health Guard –Silver Plan: Rs.1.5 lacs / Rs. 2lacs
- Health Guard –Gold Plan: Rs. 3 lacs / Rs. 4 lacs / Rs. 5 lacs/ Rs. 7.5 lacs / Rs. 10 lacs / Rs. 15 Lacs / Rs.20 lacs / Rs. 25 lacs / Rs 30 lacs / Rs. 35 lacs/ Rs. 40 lacs / Rs. 45 Lacs / Rs. 50 lacs
- Health Guard –Platinum Plan: Rs. 5 lacs/ Rs. 7.5 lacs / Rs. 10 lacs / Rs. 15 Lacs / Rs.20 lacs / Rs. 25 lacs / Rs 30 lacs / Rs. 35 lacs/ Rs. 40 lacs / Rs. 45 Lacs / Rs. 50 lacs / 75 lacs / 1 cr

Scope of cover

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

1. In-patient Hospitalization Treatment

If You are hospitalized on the advice of 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 subject to below limits
 - Silver Plan
Up to 1% of Sum Insured per day (Excluding Cumulative Bonus)
 - Gold Plan and Platinum Plan
 - a. Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air Conditioned room
 - b. Sum Insured 10 Lacs and above - eligible for any room category
 - 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, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents.
 - vi. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Note:

In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category

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 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.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs. 20,000/- per Policy Year 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.

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.

This benefit will be applicable each year for policies with term more than 1 year.

5. Day Care Procedures

We will pay You the medical expenses as listed above under In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

We will pay expenses 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. Convalescence Benefit:

In the event of Insured Hospitalized for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount as per the plan opted subject to below limits.

1. Silver Plan
Rs. 5,000 per Policy Year
 2. Gold and Platinum Plan
 - Rs. 5,000 for Sum Insured up to Rs. 5 lacs
 - Rs. 7,500 for Sum Insured 7.5 lacs and above per Policy Year.
- This benefit will be triggered provided that the hospitalization claim is accepted under In Patient Hospitalization Treatment.
- Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.
- This benefit will be applicable each year for policies with term more than 1 year.

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each Policy Year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured (under the Age of 12), provided the hospitalization claim is paid under Inpatient Hospitalization Treatment.

Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

This benefit will be applicable each year for policies with term more than 1 year.

9. Sum Insured Reinstatement Benefit:

If Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then it is agreed that 100% of the Base Sum Insured specified under Inpatient Hospitalization Treatment would be reinstated for the particular Policy Year provided that:

- i. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;
- ii. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment.
- iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same member or other insured members.

- iv. This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/ renewals if the benefit is not utilized.
- v. This benefit is applicable only once in life time of Insured covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the insured member is eligible for re-instatement benefit every year for other admissible conditions.
- vi. This benefit will be applicable each year for long term policies.
- vii. Additional premium would not be charged for reinstatement of the Sum Insured.
- viii. In case Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy

Understanding Sum Insured Reinstatement made easy-

	Sum Insured at the beginning of the year	Accumulated Cumulative Bonus	Sum Insured with CB	Hospitalization Amount	Reinstated Sum Insured	Payable Claim Amount	Balance Sum Insured
1st Claim	300,000	10%	330,000	350,000	0	330,000	0
2nd Claim	-	-	-	200,000	300,000	200,000	100,000
3rd Claim	-	-	-	200,000	0	100,000	0

10. Preventive Health Check Up

At the end of block of every continuous period as mentioned in coverage during which You have held Our Star Package Policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount as per the plan opted, subject to below limits

- Silver Plan
1% of the Sum Insured maximum up to Rs. 2000/- for each Insured in Individual Policy during the block of 3 years
- Gold Plan
1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 3 years.
- Platinum Plan

1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 2 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.

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.

11. Bariatric Surgery Cover

If You are hospitalized on the advice of a Medical practitioner because of Conditions mentioned below which required You to undergo Bariatric Surgery during the Policy Period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery

Eligibility:

For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following:

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 Type 2 Diabetes

Special Conditions applicable to Bariatric Surgery Cover

- a. This benefit is subject to a waiting period of 36 months from the date of first commencement of the first Star Package Policy covering Health Guard section Policy with Us and continuous renewal thereof with the Company.
- b. Fresh waiting period of 36 months would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where Bariatric Surgery is not covered.
- c. Fresh waiting period of 36 months would apply for all the policies issued with continuity under portability guidelines from any other Non-Health or Standalone Health Insurance Company where Bariatric Surgery is not covered.
- d. 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 where Insured is having policy with Bariatric Surgery Cover.
- e. Our maximum liability will be restricted to
 - a. 25% of Sum Insured in Silver Plan
 - b. 50% of Sum Insured maximum up to Rs. 5lac in Gold and Platinum Plan.
- f. Bariatric surgery performed for Cosmetic reasons is excluded.
- g. The indication for the procedure should be found appropriate by two qualified surgeons and the Insured shall obtain prior approval for cashless treatment from the Company.

12. Wellness Benefits

At each renewal of Star Package Policy covering Health Guard section Policy with Us, You will be entitled for a wellness discount subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each year in case of long term policies.

Sr. No	Health Parameter	Reading	
1	Health Risk Assessment	Complete the online health risk assessment	
2	HbA1c (%)	Up to 6.5%	
3	Fasting Blood Sugar	Upto 120 mg/dl	
4	Blood Pressure (mm of Hg)	Systolic	Diastolic
		Upto 140	Upto 90
5	Body Mass Index (BMI)	18 – 25	
6	Serum Cholesterol	200mg/dl	
7	Steps Count	5,000 steps daily – 20 days every month	
8	Hemoglobin	Male-13-18mg/dl	
		Female- 11-15mg/dl	

Parameters Achieved	Discount Offered
4/5 out of 8	5%
6/7 out of 8	7.5%
8 out of 8	10%

Wellness Eligibility Criteria:

- 1. Wellness discount is applicable for members age 25 years and above

2. If the insured member meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria she / she is eligible for 10% discount.
3. If an Insured meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
4. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

Discount under Floater Policy = $\frac{\text{Total No. of Parameters achieved by eligible members}}{\text{Total No. of eligible members in the family}}$

Total No. of eligible members in the family

In addition to the above parameters, if the eligible members walk for 10000 steps each for 20 days every month then they will be eligible for additional discount of 2.5%.

13. 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 per Policy Year is up to the limit of Sum Insured as specified in the Policy Schedule in any AYUSH Hospital.
- This benefit will be applicable each year for policies with term more than 1 year.
- The claim will be admissible under the Policy provided that,
- i. The illness/injury requires inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis

14. Maternity Expenses (Applicable for Gold and Platinum Plan only)

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,

- a. Our maximum liability per delivery or termination shall be limited to the amount specified in the Policy Schedule as per Sum Insured opted.
- b. We will pay the Medical Expenses of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery or termination up to the maternity limit.
- c. Waiting period of 72 months as mentioned in the Policy Schedule would apply from the date of issuance of the first Star Package Policy covering Health Guard section Policy with Us,
- d. 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 where Insured is having policy with Maternity Expense benefit.
- e. Fresh Waiting period of 72 months as mentioned in the Policy Schedule would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where maternity expenses are not covered.
- f. Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be covered up to the maternity limit.
- g. Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

15. New Born Baby Cover (Applicable for Gold and Platinum Plan only)

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses (Section A Part I. 14). We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section.

We will pay for,

- Medical Expenses towards treatment of Your new born baby while You are Hospitalized as an inpatient for delivery for the Hospitalization,
- Hospitalization charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium
- Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

COVERS APPLICABLE FOR PLATINUM PLAN ONLY

16. Super Cumulative Bonus

This benefit would be extended if You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year,

- We will increase the Limit of Indemnity by 50% of base Sum Insured per annum for first 2 years and later 10% of base Sum Insured per annum for next 5 years.
- Maximum bonus will not exceed 150% of the Hospitalization Sum Insured
- If a claim is made in any year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent Star Package Policy covering Health Guard section shall be reduced to previous slab. However the Sum Insured would not be decreased.
- In case of any increase or decrease of Sum Insured at renewal the Super Cumulative Bonus % would be calculated on the lesser Sum Insured.

Claim free Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
% Increase in Limit of Indemnity	50%	50%	10%	10%	10%	10%	10%

17. Recharge Benefit

- In event of claim amount exceeding the limit of indemnity, Sum Insured would be increased by 20% maximum up to 5 Lacs.

SUM INSURED	LIMIT (INR)
5 Lacs	1 Lac
7.5 Lacs	1.5 Lacs
10 Lacs	2 Lacs
15 Lacs	3 Lacs
20 Lacs	4 Lacs
25 Lacs to 1 Crore	5 Lacs

- In case of Individual Sum Insured policies, this benefit will be applicable once in a policy year for each insured member.
- For a Floater policy, this benefit will be applicable cumulatively to all insured members, once in a policy year.
- The unutilized Recharge amount cannot be carried forward to the subsequent renewal.

What are the Sub-limits?

- Room Rent limit
 - Silver Plan

Up to 1% of Sum Insured per day (Excluding Cumulative Bonus)

- Gold Plan and Platinum Plan
- a. Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air Conditioned room
- b. Sum Insured 10 Lacs and above - eligible for any room category
- ii. Cataract Limit per eye 20% of Sum Insured max up to Rs. 1lac.
- iii. Bariatric Surgery Limit: Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.
- iv. Maternity Limit: Maternity is covered under Gold & Platinum plan only
- a. For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR & 25000 INR for caesarian delivery
- b. For Sum Insured above 7.5 lacs the limit for Normal delivery is 25000 INR & 35000 INR for caesarian delivery
- v. Mental Illness: (As specified in Annexure 4)
- a. For Silver plan the indemnity limit for Mental illness is of 25% of Sum Insured.
- b. For Gold and Platinum Plan the indemnity limit for Mental illness is 25% of Sum Insured maximum up to 2 lacs.
- vi. Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages and exclusions

What additional benefits do I get?

If You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:

- i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first Star Package Policy covering Health Guard section with Us.
- ii. This clause does not alter the annual character of this insurance
- iii. 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 Star Package Policy covering Health Guard section shall be reduced by 10%, save that the limit of indemnity applicable to Your first Star Package Policy covering Health Guard section with Us shall be preserved.

What are the exclusions under the policy?

I. Waiting Period (Applicable for Silver, Gold and Platinum Plan)

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 36 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section 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 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (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 Star Package Policy covering Health Guard section 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.
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	

- 3. Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Star Package Policy covering Health Guard section Policy with Us in connection with:
 - a. Joint replacement surgery,
 - b. Surgery for vertebral column disorders (unless necessitated due to an accident)
 - c. Surgery to correct deviated nasal septum
 - d. Hypertrophied turbinate
 - e. Congenital internal diseases or anomalies
 - f. 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
 - g. Bariatric Surgery
 - h. Parkinson's Disease
 - i. Genetic disorders
- 4. 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. Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)

1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Star Package Policy covering Health Guard section Policy with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

III. General Exclusions (Applicable for Silver Plan)

1. Maternity (Excl 18) : Applicable for Silver Plan only:
 - 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.
2. Treatment for any other system other than modern medicine (allopathy) and AYUSH Therapies

IV. General Exclusions (Applicable for Silver, Gold and Platinum Plan)

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
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. 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)
 - 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.
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. 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.
- 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 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. (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. 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.
- 19. 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.

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 Medical practitioner.
22. All non-medical Items as per Annexure II
23. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
24. Any treatment received outside India is not covered under this Policy.

■ SECTION 3. CRITICAL ILLNESS

What is covered under Critical Illness section?

- On diagnosis of a listed critical illness and after completion of 30 days survival period, a lump sum benefit amount (as per the plan opted) is paid to the insured member
- The insured member can utilize this amount for treatment of the disease, lifestyle changes, donor expenses or a planned treatment outside India etc.
- Spouse can be covered with 50% additional premium and children with 25% additional premium per child.

List of Critical Illnesses covered under the policy:

1. First Heart Attack - Of Specified Severity
2. Open Chest CABG
3. Stroke Resulting In Permanent Symptoms
4. Cancer of Specified Severity
5. Kidney Failure Requiring Regular Dialysis
6. Major Organ Transplant
7. Multiple Sclerosis with Persisting Symptoms
8. Surgery of Aorta
9. Primary Pulmonary Arterial Hypertension
10. Permanent Paralysis of Limbs
11. Neuro Surgery
12. Joint Replacement

Exclusions under Critical Illness Section:

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

I. Waiting Period

1. 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.

II. General Exclusions

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 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.
3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.

4. Occupational diseases.
5. 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.
6. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
8. Radioactive contamination.
9. 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.
10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

■ SECTION 4. PERSONAL ACCIDENT

The death or injury of breadwinner can create serious financial problems for any family. The section provides coverage for death, Permanent Total Disability (PTD), Permanent Partial Disability (PPD), and Temporary Total Disability (TTD) to the insured person. This section can be opted by proposer only.

What is covered under Personal Accident Section?

- 100% of sum insured payable In case of death due to accident.
- 125% of sum insured payable in case of Permanent Total Disability
- For Permanent Partial Disability, the benefit is as per the PPD table in the policy document.
- 1% of the sum insured per week, up to a maximum of 100 weeks is payable for Temporary Total Disability.
- The Company will reimburse the actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured.

■ SECTION 5. EDUCATION GRANT

(Payable in case of Accidental Death and Permanent Total Disability)

- In case of an accidental death or Permanent Total Disability of the insured person, the sum insured would be payable towards the continuing education of the deceased's child/children.
- The claim would be payable to the nominee under the policy.
- This section can be opted by proposer only.

Exclusion under Personal Accident and Education Grant sections:

I. General Exclusion

1. Accidental Bodily Injury that You meet with:
 - a. Through suicide, attempted suicide or self-inflicted injury or illness.
 - b. While under the influence of liquor or drugs.
 - c. Through deliberate or intentional, unlawful or criminal act, error, or omission.
 - d. 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.
 - e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
 - f. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
 - g. 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.

2. Your consequential losses of any kind or your actual or alleged legal liability.
3. Venereal or sexually transmitted diseases.
4. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
5. 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.
6. Nuclear energy, radiation.

■ Section 6: BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) (Subject to first Loss Condition)

What is covered under the BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) section?

a. Burglary and Housebreaking

The Company will indemnify the Insured in respect of loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises (address given in the schedule) caused by actual or attempted Burglary or Housebreaking.

b. Basis of Loss Settlement

Where the Insured Premises and/or Contents can reasonably be repaired or reinstated at a cost less than the replacement cost then the Company will indemnify the Insured in respect of the expenses necessarily incurred to restore the aforementioned to its state immediately prior to the happening of the actual or attempted Burglary.

In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs. The Company shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the Burglary.

c.. Fire and Allied Perils:

Coverage under this Section shall be as per Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings which is mentioned under annexure of policy wordings. Notwithstanding what is mentioned in these Policy Wordings, for the purposes of this Section, in case of contradiction of these Policy Wordings with the provisions of Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings which is mentioned under the annexure, of the policy wordings then the Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings which is mentioned under the annexure of the Policy wordings.

■ Section 7: TRAVELING BAGGAGE:

- (Anywhere in World) Valuables excluded

What is covered under the Traveling Baggage Section?

- The current lifestyle includes a lot of traveling & touring but there is always a strong possibility of losing your baggage's during your travel. Now you can enjoy your tour peacefully as the policy pays you, in respect of any loss regarding your baggage while on tour or holiday.

Exclusions under Traveling Baggage Section:

1. loss or damage due to cracking scratching or breakage of lens or glass whether part of china, marble, gramophone records or otherwise and other articles of a brittle or fragile nature, unless such loss or damage arises from an accident to a vessel, train, or other mechanised vehicle or aircraft by which such baggage is conveyed by the Insured and/or the Insured's Family;
2. loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the baggage is subjected;
3. loss or damage caused by moth, mildew or vermin;
4. loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television

- sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self-heating or leakage or electricity from whatever cause (lightning included);
5. loss or damage caused by mechanical derangement or over winding of watches and clocks;
 6. the ft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied;
 7. loss or damage whilst being conveyed by any carrier under contract of affreightment;
 8. loss of or damage to Jewellery or Valuables;
 9. loss of or damage to article which did not form part of the Contents of the baggage when the journey commenced unless specifically declared and accepted by the Company;
 10. loss or destruction of or damage to baggage of a consumable nature;
 11. loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person or carried about;
 12. loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like nature or articles of a dangerous or damaging nature;
 13. any tour or travel undertaken within the municipal limits of the village, town or city wherein the Insured permanently resides.

■ SECTION 8 – PUBLIC LIABILITY

What is covered under the Public Liability Section?

Sometimes our actions can cause bodily injuries or property damage to third parties. In such cases coping with the liability can result in a large financial burden. This plan protects your legal liability for bodily injury or damage to property of third party.

Exclusion:

1. any voluntarily assumed liability unless such liability would have attached to the Insured in the absence of such agreement;
2. any liability arising out of a deliberate, wilful or intentional act, error, omission, or non-compliance with any statutory provision;
3. liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any motor vehicle or trailer for which compulsory insurance is required, save that cover shall be provided for claims arising out of Bodily Injury or Property Damage caused by the loading or unloading of any motor vehicle or trailer beyond the limits of any carriageway or thoroughfare;
4. liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft;
5. any interest and/or penalty imposed on the Insured on account of his failure to comply with the requirements laid down under the Workmen's Compensation Act 1923 or any amendment thereto;
6. the transmission of any communicable disease or virus;
7. occupation or business, trade or employment

Exclusions applicable to all sections

Below exclusion would be applicable to all sections in addition to the section specific exclusions:

1. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
2. Loss or damage caused by depreciation or wear and tear.
3. Consequential loss of any kind or description.
4. Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

Who can be covered under the policy?

- Proposer, Spouse and Dependent children

What is the entry age under the policy?

- Entry age for Proposer & spouse is 18 years – 65 years
- Children from age 3 months to 30 years can be covered as dependents

What is the renewal age?

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

What is the policy period?

Policy can be opted for 1 year/2year/3 years

How many Sections have to be opted under this policy?

Minimum 3 sections have to be opted.

What are the Discounts under the policy?

i. Employee Discount: (Applicable to Section 2. Health Guard only)

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. Co-pay Discount: (Applicable to Section 2. Health Guard only)

- a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the Policy premium.
- b. If a claim has been admitted under Section 2. Health Guard – (In-patient Hospitalization Treatment) then, the Insured shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

iii. Room Rent capping discount: (Applicable to Section 2. Health Guard only)

If You opt for this cover You will be entitled for a per day room rent limit of 1.5% of hospitalization Sum Insured up to maximum Rs. 7,500 per day.

By opting for this cover You will be eligible for discount on premium as per below grid-

Base SI	Individual	Floater
300,000 and above	10%	5%

Note:

- a. The room rent does not include nursing charges.
 - b. If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co-payment would be applied on all the expenses of the hospitalization except for cost of Medical consumables and Medicines.
- #### iv. Wellness Discount (Applicable to Section 2. Health Guard only)
- As detailed in Section 2 – Under Health Guard, depending on number of parameters met by insured during a policy year discount will be offered on subsequent renewal premium.

Parameters Achieved	Discount
4 out of 8	5%
6 out of 8	7.5%
8 out of 8	10%

Note- If an Insured meets 8 out of 8 above mentioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.

v. Zone Discount (Applicable to Section 2. Health Guard only)

- a. If You opt for coverage under Zone B, then You will be eligible for 20% discount on the premium
- b. If You opt for coverage under Zone C, then You will be eligible for 30% discount on the premium

vi. Sectional Discount:

- 10% discount applicable if number of sections opted is 4 or 5
- 15% discount applicable if number of sections opted is more than 5

vii. Long Term policy Discount:

- 10% discount applicable if policy is opted for 2 years
- 15% discount applicable if policy is opted for 3 years

Note: This will not apply to policies where premium is paid in instalments

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

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

- a. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- b. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- c. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- 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
- e. No loading shall apply on renewals based on individual claims experience.

Cancellation

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.

Cancellation grid for premium received on annual basis or full premium received at policy inception are 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 3 month	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	50.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	25.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months	0.00%	30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months	0.00%	20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months	0.00%	0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months	0.00%	0.00%	20.00%
Exceeding 27 months but less than or equal to 30 months	0.00%	0.00%	15.00%
Exceeding 30 months but less than or equal to 36 months	0.00%	0.00%	0.00%

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
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".

For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which the Policy is cancelled except in cases such cancellation is on account of Fraud, if any false/fraudulent claim is made by Insured or any one on behalf of Insured, mis-representation or non-disclosure of material facts or non-co-operation by the Insured.

When I can Enhanced my Sum Insured?

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

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, 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.

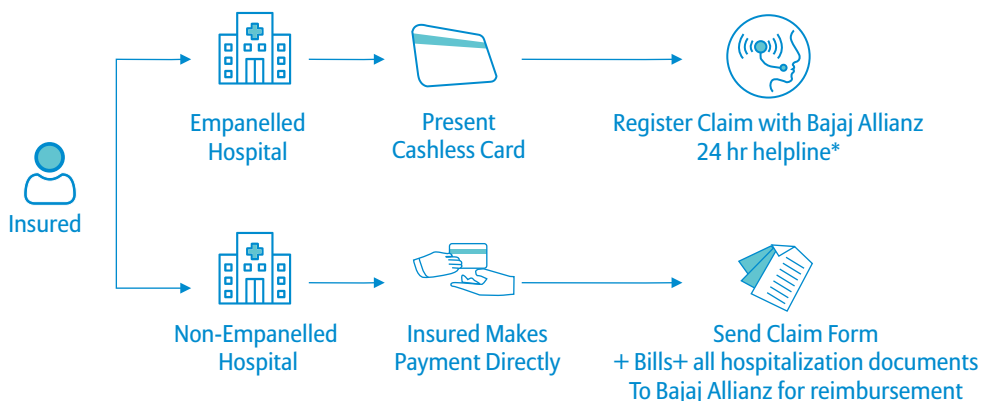
Migration of policy:

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 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 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

1. 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.
2. 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 Star Package policy?



Please send the documents on below address
Bajaj Allianz General Insurance Company
2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road,
Viman Nagar, Pune 411014
Toll free: 1800-103-2529, 1800-22-5858

■ **Grievance Redressal Cell for Senior Citizens**

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: seniorcitizen@bajajallianz.co.in

■ **Section 41 of Insurance Act 1938**

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

■ 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	Premium	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family	Floater discount if any	Pre-mium after discount	Sum Insured				
45	NA	NA	NA	NA	NA	NA	27,800	NA		300000 (HG Gold-Zone A) 2000 per day for 30 days (Hospital cash) 300000 (Critical Illness)				
	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
40	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
21	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
18	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
	NA	NA	NA	NA	NA	NA								
NA			NA				Total premium when policy is opted on floater basis for Star Package section that is Health Guard ,Hospital cash and Critical illness is Rs 27,800 (no discount applicable)							
NA			NA				Section wise Sum Insured mentioned above is available for the entire family							
Note: Premium rates specified in the above illustation 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: IRDA/NL-HLT/BAGI/P-H/V.I/150/13-14

BJAZ-B-0323/02-Jul-21

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