Bajaj Allianz General Insurance Company Limited
Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

Flexi Health Protect Plan (Group)

Policy Wordings

UIN- BAJHLGP22165V012122

SECTION A) PREAMBLE

Whereas as the **Policy Holder** has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the "Company" or "insurance company" or "Insurer" or "Bajaj Allianz"), a proposal/transcript of proposal as sent by Insurer which is hereby agreed to be the basis of this Group Policy and the Insured Beneficiary and the Policy Holder on behalf of Insured Beneficiary and or the Insured Beneficiary has paid/agreed to pay [before the inception of Risk Inception Date] the premium specified in the respective Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, limitations, sub-limit, Co-payment and deductible, to cover the Insured Beneficiary in excess of the amount of the Deductible if any and subject always to the Sum Insured specified in the respective Certificate of Insurance, against such losses/expenses incurred by Insured Beneficiary within the Cover Period mentioned in the Certificate of Insurance.

Cover Period:

- **Cover** Period will be 1 year for non-loan linked Certificate of Insurance.
- **Cover** Period will be up to maximum 5 years in case of loan/credit linked Certificate of Insurance, depending upon the loan tenure.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Group Policy and Certificate of Insurance, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

1. **Accident**
   An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Any one Illness**
   Any one Illness means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   Central or State Government AYUSH Hospital or
   Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:
   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. Cashless Facility

Cashless Facility means a facility extended by the Insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the Group Policy Standard Terms and Conditions read with Certificate of Insurance, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.

6. Condition Precedent

Condition Precedent shall mean the Group Policy Standard Term or Condition read with Certificate of Insurance upon which the Company's liability under the Certificate of Insurance is conditional upon.

7. Co-Payment:

Co-payment means a cost sharing requirement under a health insurance policy that provides that the Insured Beneficiary will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

8. Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly-
Congenital anomaly which is not in the visible and accessible parts of the body
ii. External Congenital Anomaly-
Congenital anomaly which is in the visible and accessible parts of the body

9. Day care centre

A Day care centre means any institution established for day care treatment of Illness and / or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-

i. has qualified nursing staff under its employment,
ii. has qualified medical practitioner (s) in charge,
iii. has fully equipped operation theatre of its own where surgical procedures are carried out
1. iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

10. Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is:

i. Undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and
ii. Which would have otherwise required a Hospitalisation of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.

11. Deductible:

Deductible means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

12. Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

13. Disclosure to information norm- The Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

14. Emergency Care

Emergency care means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Beneficiary's health.

15. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Certificate of Insurance in force without loss of continuity benefits such as Waiting Periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

16. **Hospital**

A Hospital means any institution established for inpatient care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery
b. **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
   i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   ii. it needs ongoing or long-term control or relief of symptoms
   iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   iv. it continues indefinitely
   v. it recurs or is likely to recur

18. **Hospitalisation**

Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

19. **Injury/Bodily Injury:**

Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

20. **Inpatient Care:**

Inpatient care means treatment for which the Insured Beneficiary has to stay in a Hospital for more than 24 hours for a covered event.

21. **Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

22. **ICU Charges-**

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

23. **Maternity expenses**

Maternity expenses means;

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
ii. expenses towards lawful medical termination of pregnancy during the Cover Period.

24. **Medical Advise** manes any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription

25. Medical Expenses

Medical Expenses means those expenses that an Insured Beneficiary has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Beneficiary had not been insured and no more than other Hospitals or Medical Practitioners in the same locality would have charged for the same medical treatment.

27. Medical Practitioner/ Physician/Doctor is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

26. Medically Necessary Treatment:

Medically necessary treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

i. is required for the medical management of the Illness or Injury suffered by the Insured Beneficiary.
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii. must have been prescribed by a Medical Practitioner;
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

27. Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same Insurer.

28. Network Provider

Network Provider means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured Beneficiary by a Cashless Facility.

29. New Born Baby

Newborn baby means baby born during the Cover Period and is aged upto 90 days, both days inclusive.

30. Non- Network Provider-

Non-Network means any Hospital, Day care centre or other provider that is not part of the network.

31. Notification of Claim Notification of claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

32. OPD treatment:

OPD treatment means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

33. Portability means the right accorded to an individual health insurance policyholder/Insured Beneficiary (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one Insurer to another.

34. Pre-existing Disease / Condition means any condition, ailment, Injury or disease

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the Certificate of Insurance issued by the Insurer, or
b. For which Medical Advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Certificate of Insurance or its reinstatement.

35. Qualified Nurse

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

36. Reasonable and Customary Charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

37. Renewal
Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the Renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all Waiting Periods.

38. Room Rent
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses.

39. Surgery or Surgical Procedure
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day care centre by a medical practitioner.

42. Unproven/Experimental treatment:
Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

43. Acquired Immune Deficiency Syndrome
Means a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time, Provided however if this definition is changed/modified by way of amendment to Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 or through new legislation, then this definition shall be read with modified/changed definition/new legislation.

44. Age means completed years as at the commencement date/Risk Inception Date of the Certificate of Insurance.

45. Aggregate Deductible
Aggregate deductible is a cost sharing requirement under the Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any indemnity/benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards Hospitalisation expenses incurred during the Cover Period

46. AYUSH Treatment
refers to the medical and / or Hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

47. Bajaj Allianz Network Providers
Bajaj Allianz Network Providers means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us.

48. Bajaj Allianz Diagnostic Centre
Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us.

49. Certificate of Insurance
Certificate of Insurance means the document issued by the Company to the Insured Beneficiary as per the Group Policy, these Group Policy Standard Terms and Conditions detailing the Risk Inception Date and Risk Expiry Date as in Cover Period, Insured Beneficiary(s) name, address, age, coverage, sums insured, Deductible, condition(s), exclusions and or endorsement(s) and the Standard Terms and Conditions of the coverage as fully mentioned in the respective Certificate of Insurance read with Group Policy. Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Group Policy Wordings, then these Group Policy Wordings shall prevail.

50. Cover Period: means the period of insurance from commencement date/risk inception date [RID] to risk end date [RED], as specified in the Certificate of Insurance issued to the respective Insurance Beneficiary during which he/she is insured as per Terms and Conditions of Certificate of Insurance read with the Group Policy.

51. Dependent child

A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the primary insured member/proposer. .
For differently abled children- No cap on age.
(Differently abled child is the consequence of an impairment that may be physical, mental, developmental, or some combination of these that results in restrictions on an individual's ability to participate in what is considered "normal" in their everyday society. Physical-Mobility impairment includes – Upper or lower limb Functional & Physical loss, Visual Impairment, Hearing Loss. Mental Includes: Autism, Cerebral Palsy, Downs Syndrome, Disabilities affecting intellectual abilities - Intellectual Disability (Mental Retardation), Neurodevelopmental disorder (impairments of the growth & development of the brain or central nervous system).

52. **Dislocation -** A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.

53. **Employee or Employees** means such person or persons in direct/onroll employment with the **Insured** in the **Business**, but shall also include any person deployed on contract basis [under Contract Labour (Regulation and Abolition) Act, 1970] or by any other arrangement of whatsoever by a Contractor or Sub-Contractor of the **Insured** provided specifically declared at the time of Insurance contract and also shown as covered in the **Schedule and by an endorsement.**

54. **Fracture:** A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.

55. **Group-**
The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

56. **Group Policy or Master Policy** means the proposal, the Group Policy Schedule, and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period and these Group Policy Wordings/Terms and Conditions under which Certificates of Insurance shall be issued to the Insured Beneficiary. The validity of the Master Policy shall be for a period as mentioned in the Group Policy Schedule.

57. **Group Policy Schedule** means the group policy schedule attached to and forming part of the Group Policy.

58. **HIV** means Human Immunodeficiency Virus;

59. **HIV-affected person** means an individual who is HIV-positive or whose partner (with whom such individual normally resides) is HIV-positive or has lost a partner (with whom such individual resided) due to AIDS;

60. **"HIV-positive person"** means a person whose HIV test has been confirmed positive;

61. **Infection**
An infection is the invasion of an organism's body tissues by disease-causing agents, their multiplication, and the reaction of host tissues to the infectious agents and the toxins they produce. An infectious disease, also known as a transmissible disease or communicable disease, is an illness resulting from an infection.

~~61.~~62. **Insured Beneficiary** means individual persons who is member of the Group for whom the Policy Holder has taken the Group Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.

~~62.~~63. **Intensive Care Unit** shall, apart from standard definition, also include but not limited to NICU, PICU, ICU, SICU, CCU etc.

~~63.~~64. **Policy Period or Group Policy Period** means period of Insurance for which the Group Policy/Master Policy is valid in the name of Group Manager/Group Policy Holder.

~~64.~~65. **Nominee is the person selected by the Insured Beneficiary to receive the benefit in case of death of the Insured** Beneficiary/ Insured Beneficiary thus giving a valid discharge to the Insurer on settlement of claim under an Certificate of Insurance.

~~65.~~66. **Non- Network Provider-**
Non-Network means any Hospital, Day care centre or other provider that is not part of the network.

~~66.~~67. **Notification of Claim** Notification of claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

~~67.~~68. **Policy Holder/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Group Policy on behalf of all Insured Beneficiary(s)/Insured Beneficiary who are homogeneous group of person who assemble together for a commonality of purpose and there is a clear evident relationship between the member of group and Policy Holder for services other than insurance**.**

~~68.~~69. **Proposal and Declaration Form -** means any initial or subsequent declaration made by the Insured Beneficiary and is deemed to be attached and which forms a part of the Certificate of Insurance.

~~69.~~70. **Specialist Consultant** means a person who holds a medical postgraduate or higher degree in the specific line of treatment under Allopathic medicine.

~~70.~~71. **Sum Insured/SI** means the pre-defined limit specified in the Certificate of Insurance. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Certificate of Insurance, in respect of that Insured Beneficiary (on Individual basis) or all Insured Beneficiary(s) (on Floater basis) during the Cover Period.

~~71.~~72. **Waiting Period** means a period from the inception of the Certificate of Insurance during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Certificate of Insurance has been continuously renewed without any break.

~~72.~~73. **You, Your, Yourself/ Your Family** named in the Certificate of Insurance means the Insured Beneficiary or Insured Beneficiary(s) that We insure as set out in the Certificate of Insurance.

~~73.~~74. **We, Us, Our, Ours**, **Company** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

A) BASE COVERAGE (Mandatory)

It is mandatory to opt at least one Base Cover and terms and conditions of respective sections will be applicable for Base Covers which are opted by You and displayed on Your Certificate of Insurance:

- BASE COVER 1: MEDICAL EXPENSES INSURANCE
- BASE COVER 2: HOSPITAL DAILY ALLOWANCE
- BASE COVER 3: TOP UP PLANS
- BASE COVER 4: RECOVERY RELIEF

BASE COVER 1: MEDICAL EXPENSES INSURANCE

Section 1. In-patient Hospitalisation/Inpatient Care Treatment

If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner (as defined under this Group Policy read with the Certificate of Insurance) because of Illness or Injury sustained or contracted by Insured Beneficiary during the Cover Period, then We will indemnify to You, Reasonable and Customary Medical Expenses incurred for:

i. Room and Boarding expenses as provided by the Hospital/Nursing Home at actuals or as per Option opted specified under the Certificate of Insurance.
ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals
iii. Nursing Expenses as provided by the Hospital
iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
vi. Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
vii. Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
viii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Note:

a) In case of admission to a room at rates /eligibility exceeding the opted limits / Option 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
b) 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.
c) Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 2. Pre-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 60 days or as per Option opted (as mentioned in Certificate of Insurance) immediately before the Insured Beneficiary was Hospitalised, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- “In-patient Hospitalisation/Inpatient Care Treatment”.

Section 3. Post-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 90 days or as per Option opted (as mentioned in Certificate of Insurance) immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- “In-patient Hospitalisation/Inpatient Care Treatment”.

Section 4. Medical Advancement Surgery Cover

You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the SI or as per Option opted as mentioned in the Certificate of Insurance.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 5. Day Care Treatment

We will pay *You* the Medical Expenses as listed above under Section1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day care centre but not in the outpatient department. Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment-

i. Treatment normally taken on an out-patient basis
ii. Any dental treatment or procedure

Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

6. Organ donor expenses

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

a. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Beneficiary, and
b. We have accepted an In-patient Hospitalisation treatment claim for the Insured Beneficiary(ies) under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".
c. We will pay if Insured Beneficiary is the receiver of the organ.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

BASE COVER 2: HOSPITAL DAILY ALLOWANCE

1. Hospital daily allowance

We will pay Daily Allowance for each completed day that You had to be Hospitalised for medical reasons because of the Illness or Injury or Both (as opted), sustained or contracted during the Cover Period for maximum period (days) specified in the Certificate of Insurance.

For the purpose of this benefit, allowance will be as below:

a. Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation
b. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation.
c. One day Daily Allowance, for Day Care Treatment carried out in the Day Care Centre.

This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.

Extension applicable to Hospital Daily Allowance Benefit

Extension 1- Maternity Hospital Daily Allowance Benefit

In consideration of payment of additional premium at the inception of the **Certificate of Insurance** by You to Us and realization thereof by Us, it is hereby agreed and declared that if the claim under this section is accepted for You, then We will pay daily allowance as specified in the Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation underwent for normal delivery or caesarean section and complications of maternity (including and not limited to medical complications) subject to maximum of 2 deliveries/termination during lifetime.

Options available to Maternity Hospital Cash Benefit
Option 1:- Benefit payable after 9 months of Waiting Period
Option 2:- Benefit payable after 12 months of Waiting Period
Option 3:- Benefit payable after 24 months of Waiting Period
Option 3:- Benefit payable after 36 months of Waiting Period
Option 5:- No Waiting Period.

Conditions applicable to Maternity Hospital Cash Benefit

a. Maximum payable Hospitalisation duration shall be 3 days for normal delivery and termination or 5 days for caesarean section and complications (excluding ectopic pregnancy) or actual Hospitalisation period whichever is lower.
b. This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.

Note:

If this Extension is opted, then Excl. 18 will be deemed to be inoperative for the purpose this coverage.

BASE COVER 3: TOP UP PLANS

We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalisation claim in excess of the Annual Aggregate Deductible /Per Claim Deductible/Corporate Deductible (at a Group Level) as per Plan opted by Insured Beneficiary subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise.

COVERAGES APPLICABLE TO BASE COVER 3

Section 1: Inpatient Hospitalisation/Inpatient Care Treatment

i) Room and Boarding expenses as provided by the Hospital/Nursing Home at actuals or as per Option opted and specified under the Certificate of Insurance
ii) If admitted in ICU, the Company will pay up to ICU expenses at actuals
iii) Nursing Expenses as provided by the Hospital
iv) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
v) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
vi) Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
vii) Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
viii) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary-prescribed by the treating Medical Practitioner.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 2: Pre-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 60 days or as per Option opted (as mentioned in Certificate of Insurance) immediately before the Insured Beneficiary was Hospitalized, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- “Inpatient Hospitalisation/Inpatient Care Treatment”.

Section 3: Post-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 90 days or as per Option opted (as mentioned in Certificate of Insurance) immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- “Inpatient Hospitalisation/Inpatient Care Treatment”.

Section 4: Medical Advancement Surgery Cover

You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the SI or as per Option opted amount or percent as mentioned in the Certificate of Insurance.
This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 5: Day Care Treatment

We will pay *You* the Medical Expenses as listed above under Section 1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient Care in a Hospital or Day care centre but not in the outpatient department. Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment-

iii. Treatment normally taken on an out-patient basis
iv. Any dental treatment or procedure

Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Section 6: Organ donor expenses

We will pay expenses towards organ donor’s treatment for harvesting of the donated organ, provided that,

a. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011and the organ donated is for the use of the Insured Beneficiary, and
b. We have accepted an Inpatient Care treatment claim for the Insured Beneficiary(ies) under Section1- “In-patient Hospitalisation/Inpatient Care Treatment”.
c. We will pay if Insured Beneficiary is the receiver of the organ.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.
Insured Beneficiary can opt for any one of the Deductible plan as specified below under Base cover 3.

Plan 1: Aggregate Deductible
If You are Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay You, subject to aggregate deductible as specified on the Certificate of Insurance for Reasonable and Customary Medical Expenses incurred for specified Coverages.

Plan 2: Per Claim Deductible
If You are Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay You, subject to deductible for each and every claim as specified on the Group Policy document or Certificate of Insurance for Reasonable and Customary Medical Expenses incurred for specified Coverages.

Plan 3: Aggregate Deductible at a Group Level
If Insured Beneficiary is Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay subject to Aggregate Deductible opted at Group Level as specified on the Group Policy Schedule for Reasonable and Customary Medical Expenses incurred for specified Coverages. The Aggregate Deductible will be applicable to all claims in aggregate made by the Insured Beneficiaries of the Group.
Claims above the Aggregate Deductible limit will be payable once the Aggregate Deductible is exhausted.

Note:

i. For the purpose of calculating the Deductibles and assessment of admissibility, all claims must be submitted in accordance with the claims process under Section D: Conditions, as applicable.
ii. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the Sub Limits of the Group Policy.

BASE COVER 4: RECOVERY RELIEF

In the event of any Illness or Injury or Both (as opted) sustained or contracted during the Cover Period requiring Continuous Hospitalisation of Insured Beneficiary for exceeding the deductible (in days), the Company will pay allowance amount as mentioned in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Group Policy.

Plans available

Plan 1: Multiple event: The Recovery Relief benefit amount towards Medical Expenses will be paid for each event of Hospitalisation not exceeding 5 Hospitalisations in a Cover Period.

Plan 2: One event: The Recovery Relief benefit amount towards Medical Expenses will be paid only once during Cover Period.

Illustration-
If Insured Beneficiary has opted option of 5 days deductible and benefit of 10,000 gets admitted to a Hospital for 6 days in March and 11 days July then payment will be made as below under the two Plans.

Event	Length of stay in Hospital	Plans	
		Plan 1: Multiple Events	Plan 2: One Event
Hospitalisation 1	6 days	10,000 (On 6th Day)	10,000 (On 6th Day)
Hospitalisation 2	11 days	10,000 (On 6th Day)	No Benefit is payable
Benefit Payable		20,000	10,000

Special conditions applicable to Recovery Relief Cover:

- The maximum benefit under this section payable to the Insured Beneficiary or his family members individually or collectively is as shown under this section of Certificate of Insurance.
- This benefit will be applicable each year for policies with term more than 1 year.

SECTION D) EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE- STANDARD EXCLUSIONS

I. *Exclusion Name:* Waiting Period

1. Pre-Existing Diseases Waiting Period (Code-Excl01)
   a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months or as per the Option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance 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 Beneficiary 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 Certificate of Insurance 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 (Code-Excl02)
   a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months or as per the Option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance 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 Risk Inception Date of Certificate of Insurance or declared and accepted without a specific exclusion.
   e) If the Insured Beneficiary 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. Tonsilitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	28. Joint replacement surgery,
29. Surgery for vertebral column disorders (unless necessitated due to an Accident)	30. Surgery to correct deviated nasal septum
31. Hypertrophied turbinate	32. Congenital internal diseases or anomalies
33. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist	34. Bariatric Surgery

for medical reasons with refractive error greater or equal to 7.5	
35. Parkinson's Disease	36. Genetic disorders

***List of Mental Illness and ICD codes as per Annexure IV**

3. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days from the first Certificate of Insurance 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 Beneficiary has Continuous Coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. General Exclusions

1. Investigation & Evaluation (Code-Excl04)
   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
   b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
2. Rest Cure, rehabilitation and respite care (Code-Excl05)
   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      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.
3. Obesity/Weight Control (Code-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
4. Change-of-gender treatments (Code-Excl07)
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
5. Cosmetic or plastic Surgery (Code-Excl08)
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
6. ***Hazardous or Adventure sports:*** **Code- Excl09**
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
7. Breach of law (Code-Excl10)
   Expenses for treatment directly arising from or consequent upon any Insured Beneficiary committing or attempting to commit a breach of law with criminal intent.
8. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holder/Insured Beneficiary 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.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)
10. Treatments received in heath 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. (Code-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 Hospitalisation claim or day care procedure. (Code-Excl14)
12. Refractive Error (Code-Excl15)
    Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.
13. Unproven Treatments (Code-Excl16)
    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. Sterility and Infertility (Code-Excl17)
    Expenses related to sterility and infertility. This includes:
    a) Any type of contraception, sterilization
    b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c) Gestational Surrogacy
    d) Reversal of sterilization
15. Maternity: Code Excl18
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Cover Period.

SECTION D) EXCLUSIONS UNDER THE **GROUP** POLICY **AND CERTIFICATE OF INSURANCE** - SPECIFIC EXCLUSIONS

III. General Exclusions

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Injury to natural teeth and also requiring Hospitalisation.
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 Certificate of Insurance.
4. The cost of spectacles, contact lenses, hearing aids the cost of 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 and other devices or equipment if implanted internally like pacemaker during a surgical process etc.
5. 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.
6. 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.
7. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
8. 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.
9. All non-medical Items as per Annexure II.
10. Any treatment received outside India is not covered under this Certificate of Insurance.
11. Circumcision unless required for the treatment of Illness or Accidental bodily Injury,
12. Treatment for any other system other than modern medicine (allopathy)

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS

1. Disclosure of Information

The Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Group Policy and Certificate of Insurance must be fulfilled by the Insured Beneficiary for the Company to make any payment for claim(s) arising under the Certificate of Insurance.

3. Premium Payment in Installments

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

i. Grace Period of 15 days would be given to pay the installment premium due for the Certificate of Insurance.

ii. During such grace period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.

iii. The Benefits provided under – "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the installment premium is not paid on due date.

v. In case of installment premium due not received within the grace Period, the Certificate of Insurance will get cancelled.

4. Multiple Policies

i. In case of multiple policies taken by an Insured Beneficiary during a period from the same or one or more insurers to indemnify treatment costs, the Certificate of Insurance shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Certificate of Insurance shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy/Certificate of Insurance.

ii. Insured Beneficiary having multiple policies shall also have the right to prefer claims under the Certificate of Insurance for the amounts disallowed under any other policy / policies/Certificate of Insurance even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of the Certificate of Insurance.

iii. If the amount to be claimed exceeds the Sum Insured under a single policy/Certificate of Insurance, the Insured Beneficiary shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

iv. Where an Insured Beneficiary has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy/Certificate of Insurance.

5. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Beneficiary from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Beneficiary at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

6. Renewal of Certificate of Insurance

The Certificate of Insurance shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Beneficiary. The Company is not bound to give notice that it is due for Renewal.

i. Renewal of Certificate of Insurance shall not be denied on the ground that the Insured Beneficiary had made a claim or claims in the preceding policy years

ii. Request for Renewal along with requisite premium shall be received by the Company before the end of the Cover Period.

iii. At the end of the Cover Period, the Certificate of Insurance shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Certificate of Insurance. Coverage is not available during the grace period.

iv. If not renewed within Grace Period after due Renewal date, the Certificate of Insurance shall terminate.

7. Cancellation

a) The Insured Beneficiary may cancel the Certificate of Insurance by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Cover Period as per the rates detailed below.

Cover Period Term	1 Year	2 Year	3 Year	4 Year	5 Year
Within 15 Days	As per Free Look Period condition				
Exceeding 15 days but less than 3 months	65%	80%	80%	85%	85%
Exceeding 3 months but less than 6 months	45%	65%	75%	80%	80%
Exceeding 6 months but less than 9 months	20%	55%	65%	70%	75%
Exceeding 9 months but less than 12 months	0%	45%	60%	65%	70%
Exceeding 12 months but less than 15 months	0%	35%	50%	60%	65%
Exceeding 15 months but less than 18 months	0%	20%	45%	55%	60%
Exceeding 18 months but less than 21 months	0%	10%	35%	50%	55%
Exceeding 21 months but less than 24 months	0%	0%	30%	45%	55%
Exceeding 24 months but less than 27 months	0%	0%	20%	40%	50%
Exceeding 27 months but less than 30 months	0%	0%	15%	35%	45%
Exceeding 30 months but less than 33 months	0%	0%	5%	25%	40%
Exceeding 33 months but less than 36 months	0%	0%	0%	20%	35%
Exceeding 36 months but less than 39 months	0%	0%	0%	15%	30%
Exceeding 39 months but less than 42 months	0%	0%	0%	10%	25%
Exceeding 42 months but less than 45 months	0%	0%	0%	5%	20%
Exceeding 45 months but less than 48 months	0%	0%	0%	0%	15%
Exceeding 48 months but less than 51 months	0%	0%	0%	0%	10%
Exceeding 51 months but less than 54 months	0%	0%	0%	0%	10%
Exceeding 54 months but less than 57 months	0%	0%	0%	0%	0%

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 Beneficiary under the Certificate of Insurance.

b) The Company may cancel the Certificate of Insurance at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Beneficiary, 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.

- 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)	Premium Refund Pro Rate % of Half Yearly Premium
Exceeding 15 days but less than or equal to 3 months	30%
Exceeding 3 months but less than or equal to 6 months	0%

Note:

In case of Renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

8. Portability

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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

9. Complete Discharge

Any payment to the Insured Beneficiary or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Certificate of Insurance shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

10. Possibility of Revision of Terms of the Group Policy and Certificate of Insurance Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Group Policy and or Certificate of Insurance including the premium rates. The Insured Beneficiary shall be notified three months before the changes are affected.

11. Moratorium Period:

After completion of eight continuous years under the Certificate of Insurance no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Certificate of Insurance and subsequently completion of eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under the Certificate of Insurance shall be contestable except for proven fraud and permanent exclusions specified in the Group Policy and Certificate of Insurance contract. The Certificate of Insurance would however be subject to all limits, sub limits, co-payments, deductibles as per the Group Policy and Certificate of Insurance contract.

12. Norms on Migration

The Insured Beneficiary will have the option to migrate the Certificate of Insurance to other health insurance products/plans offered by the Company by applying for migration of the Certificate of Insurance atleast 30 days before the Certificate of Insurance renewal date as per IRDAI guidelines on Migration. If such Insured Beneficiary 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

13. Withdrawal of Policy

i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.

ii. Insured Beneficiary 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 Certificate of Insurance has been maintained without a break.

14. Fraud

i. If any claim made by the Insured Beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Beneficiary or anyone acting on his/her behalf to obtain any benefit under the Certificate of Insurance, all benefits under the Certificate of Insurance and the premium paid shall be forfeited.

ii. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:

a. the suggestion, as a fact of that which is not true and which the Insured Beneficiary does not believe to be true;

b. the active concealment of a fact by the Insured Beneficiary having knowledge or belief of the fact;
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent

iv. The Company shall not repudiate the claim under Certificate of Insurance on the ground of Fraud, if the Insured Beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Beneficiary, if alive, or beneficiaries.

15. Nomination

The Insured Beneficiary is required at the inception of the Certificate of Insurance to make a nomination for the purpose of payment of claims under the Certificate of Insurance in the event of death of the Insured Beneficiary. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Certificate of Insurance is made. For Claim settlement under reimbursement, the Company will pay the Insured Beneficiary. In the event of death of the Insured Beneficiary, the Company will pay the nominee {as named in the Certificate of Insurance/Endorsement
(if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Beneficiary whose discharge shall be treated as full and final discharge of its liability under the Certificate of Insurance.

16. REDRESSAL OF GRIEVANCE

Grievance–In case of any grievance relating to servicing the Certificate of Insurance, the Insured Beneficiary may submit in writing to the Certificate of Insurance issuing office or regional office for redressal.
For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html
IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Insurance Ombudsman –The Insured Beneficiary may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-V.

17. Free Look Period

The Free Look Period shall be applicable at the inception of the Certificate of Insurance and not on renewals or at the time of Porting the Certificate of Insurance.
The Insured Beneficiary shall be allowed a period of fifteen days from date of receipt of the Certificate of Insurance to review the terms and conditions of the Certificate of Insurance, and to return the same if not acceptable.
If the Insured Beneficiary has not made any claim during the Free Look Period, the Insured Beneficiary shall be entitled to
i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Beneficiary and the stamp duty charges; or
ii. where the risk has already commenced and the option of return of the Certificate of Insurance is exercised by the Insured Beneficiary, a deduction towards the proportionate risk premium for Cover Period, or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such Cover Period;

SECTION E) GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS

18. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on *Your* behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on *Your* behalf fails to completely satisfy that requirement, then We may refuse to consider *Your* claim.

19. Insured Beneficiary

Only those persons named as the Insured Beneficiary(s) in the Certificate of Insurance shall be covered under the Certificate of Insurance. Cover under the Certificate of Insurance shall be withdrawn from any Insured Beneficiary upon such Insured Beneficiary giving 14 days written notice to be received by Us.

20. Cancellation

i. The Group Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice.
ii. The Group Policy may be cancelled by the Policy Holder at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company.
iii. Once Group Policy is cancelled as above, then onwards no further Certificate of Insurance will be issued but COI already issued will be valid till completion of Cover Period of respective COI

21. Additional Norms on Migration

Insured Beneficiary shall apply for migration of the Certificate of Insurance at least 30 days before the Certificate of Insurance Renewal due date. All revised guidelines of IRDAI from time to time as to Migration shall apply.

22. Change of Sum Insured

Sum Insured can be changed (increased/ decreased) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in SI, the Waiting Period shall start afresh only for the enhanced portion of the Sum Insured.

23. Notice & Communication

i. Any notice, direction, instruction or any other communication related to the Certificate of Insurance should be made in writing.

ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Certificate of Insurance.

iii. The Company shall communicate to the Insured Beneficiary at the address or through any other electronic mode mentioned in the Certificate of Insurance.

24. Endorsements (Changes in Certificate of Insurance)

i. The Certificate of Insurance read with The Group Policy constitutes the complete contract of insurance. The Certificate of Insurance read with The Group Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written Endorsement signed and stamped.
ii. The Insured Beneficiary may be changed only at the time of Renewal. The new Insured Beneficiary must be the legal heir/immediate family member of Insured Beneficiary. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Insured Beneficiary shall be treated as having been renewed without break.
iii. The Insured Beneficiary may be changed during the Cover Period only in case of his/her demise or him/her moving out of India.

25. Terms and conditions of the Group Policy

The terms and conditions contained herein and in the Group Policy Schedule shall be deemed to form part of the Certificate of Insurance and shall be read together as one document.

26 Renewal: Subject to pre-condition of Master Policy being valid and subsisting

Renewal of Group Policy shall be a pre-condition for Renewal of Certificate of Insurance and if Group Policy is not renewed and lapsed then Certificate of Insurance cannot be Renewed.

27. Additional Norms on Portability

The Insured Beneficiary will have the option to port the Certificate of Insurance to other insurers by applying to such Insurer to port the entire Certificate of Insurance along with all the members of the family, if any, at least 45 days before, but not

earlier than 60 days from the Certificate of Insurance Renewal date as per IRDAI guidelines related to portability. If such Insured Beneficiary 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.

28. Withdrawal of Group Policy.

i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.
ii. Insured Beneficiary 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 Certificate of Insurance has been maintained without a break.

29. Automatic change in Coverage under the Certificate of Insurance

The coverage for the Insured Beneficiary(s) shall automatically terminate:

i. In the case of his/ her (Insured Beneficiary) demise. However, the cover shall continue for the remaining Insured Beneficiaries till the end of Cover Period. The other Insured Beneficiaries may also apply to renew the Certificate of Insurance. In case, the other Insured Beneficiary is minor, the Certificate of Insurance shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Beneficiary) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Beneficiary, pro-rata refund of premium of the deceased Insured Beneficiary for the balance period of the Certificate of Insurance will be effective.
ii. Upon exhaustion of Sum Insured and cumulative bonus, for the policy year. However, the **Certificate of Insurance** is subject to Renewal on the due date as per the applicable terms and conditions.

30. Territorial Jurisdiction and Territorial Limit

i. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the **Certificate of Insurance** shall be determined by the Indian court and according to Indian law.
ii. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.
iii. We cover Medical Expenses for treatment availed outside India only if opted for Optional Cover- International Cover - emergency Care only.
iv. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
v. The Certificate of Insurance constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Certificate of Insurance.
vi. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

31. Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid under the Certificate of Insurance, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the Insured Beneficiary and the Company or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the Insured Beneficiary and the Company to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Certificate of Insurance.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Certificate of Insurance that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

32. Additional conditions for Arbitration:

In Arbitration clause in Section E) General Terms and Conditions - Standard General Terms And Conditions, the word parties/Parties mean the respective Insured Beneficiary and the Insurer.

a. It is also hereby further expressly agreed and declared that if the Insurer shall disclaim/repudiate the claim and the liability to the respective Insured Beneficiary/Insured Beneficiary's Legal Heirs for any claim under the Certificate of Insurance issued to the Insured Beneficiary, and such claim shall not,

within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits/indemnities under the Certificate of Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Insurer shall also stand discharged.

b. The seat and venue of the arbitration shall be Pune. This condition remains valid, should the Certificate of Insurance become void.

c. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of this Group Policy read with Certificate of Insurance.

33. Claims Procedure

All Claims will be settled by In house claims settlement team of the Company. However the Company reserves to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

Cashless Claims Procedure:

Cashless Facility is only available at Bajaj Allianz Network Providers. In order to avail of Cashless Facility, the following procedure must be followed by You:

i. For planned treatment or Hospitalisation, prior to taking treatment and/or incurring Medical Expenses at a Bajaj Allianz Network Providers, You or *Your* representative must intimate Us 48 hours before the planned Hospitalisation and request pre-authorisation by way of the written form.

ii. After considering *Your* request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Bajaj Allianz Network Providers, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Bajaj Allianz Network Providers identified in the pre-authorization letter at the time of *Your* admission to the same.

iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Bajaj Allianz Network Providers that We are liable under Section A1-In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Bajaj Allianz Network Providers. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

iv. In case any treatment or procedure is to be taken on an Emergency basis, You or *Your* representative must intimate Us in writing immediately within 24 hours of Hospitalisation.

Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure for Cashless Facility above is denied by Us or if treatment is taken in a Hospital other than a Bajaj Allianz Network Providers or if You do not wish to avail Cashless Facility, then:

i. You or someone claiming on *Your* behalf must inform Us in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation

ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.

iv. You must have *Your*self examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.

v. You or someone claiming on *Your* behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.

vi. In the event of the death of the Insured Beneficiary, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days

vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

Note:

1. Condition (v) is applicable to all covers.
2. Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

3. Condition (vi) related: In case You are claiming for the same event under an indemnity based Policy of another Insurer and are required to submit the original documents related to *Your* treatment with that particular Insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular Insurer specifying the availability of the original copies of the specified treatment documents with it.

List of Claim documents: -

BASE COVER 1 – MEDICAL EXPENSES INSURANCE AND BASE COVER 3: TOP UP PLANS

1. Claim form with NEFT details & cancelled cheque duly signed by Insured Beneficiary
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
3. Attested copies of Indoor case papers, if available
4. Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
9. Cashless settlement letter or other Company settlement letter
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

BASE COVER 2 - HOSPITAL DAILY ALLOWANCE AND BASE COVER 4: RECOVERY RELIEF COVER

1. First Consultation letter from the Doctor
2. Duly completed claim form signed by the Claimant
3. Copy of Hospital Discharge Card
4. Copy of Hospital Bill Money Receipt, duly signed with a Revenue Stamp
5. Copy of All Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram, etc.
6. Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the Certificate of Insurance while issuance or in previous claim)
7. Additional Documents Required For Recovery Relief Cover-
   - For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
   - Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
   - Certificate from Treating doctor with date of full recovery & resuming of duties

Note- The list of documents given above is an indicative list and Insurer reserves rights for asking additional documents related to claim(s) in case required.

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

34. Paying a Claim

i. You agree that We will only make payment when You or someone claiming on *Your* behalf has provided Us with necessary documentation and information.
ii. We will make payment to You or *Your* Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay *Your* heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. In the cases of delay in the payment, the Insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. If the Insurer, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

35. Basis of Claims Payment

I. If You suffer a relapse within 45 days from the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

II. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.

III. We shall make payment in Indian Rupees only.

36. Cost Sharing

The Certificate of Insurance is subject to Cost sharing mentioned below;

I. Cataract Limit : Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion I, 2) above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.

37. Nationality:

- Indian nationals residing in India would be considered for this Policy.
- This Policy can be opted by Non-Resident Indians also and premium paid in Indian currency

38. Sum Insured Enhancement:

i. The Insured Beneficiary can apply for enhancement of Sum Insured at the time of Renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.

ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured Beneficiary(s) & claim history of the Certificate of Insurance.

iii. All Waiting Periods as defined in the Certificate of Insurance read with Group Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Cover Period as the first Certificate of Insurance with the Company.

39. Inclusion of members under the Certificate of Insurance:

Where an Insured Beneficiary is added to the Certificate of Insurance, either by way of Endorsement or at the time of Renewal, the pre-existing disease clause, exclusions and Waiting Periods will be applicable considering such Policy Year as the first year of Certificate of Insurance with the Company for the Insured Beneficiary.

40. Additional Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing Us as *Your* Insurer.

This Group Policy wordings, and Group Policy Schedule/ Certificate of Insurance set out the terms of *Your* contract with Us. Please read *Your* Group Policy wordings, and Group Policy Schedule/Certificate of Insurance carefully to ensure that the cover meets *Your* needs.

We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If *You* are dissatisfied We would like to inform *You* that We have a procedure for resolving issues. Please include *Your* Policy number in any communication. This will help Us deal with the issue more efficiently. If *You* don't have it, please call Our Branch office.

Initially, We suggest *You* contact the Branch Manager/ Regional Manager of the local office which has issued the Certificate of Insurance. The address and telephone number will be available in the Certificate of Insurance. Naturally, We hope the issue can be resolved to *Your* satisfaction at the earlier stage itself. But if *You* feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Toll free: 1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858
E-mail: bagichelp@bajajallianz.co.in
Fax : 020-66026667

Courier: Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road
Yerawada, Pune 411006

Insured Beneficiary may also approach the grievance cell at any of the Company's branches with the details of grievance

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary 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

Grievance Redressal Cell for Senior Citizens
Senior Citizen Cell for Insured Beneficiary 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

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

If You are still not satisfied, You can approach the Insurance Ombudsman as mentioned in standard General Terms and Conditions:

Annexure I
Day Care Treatment

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation

24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b)Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver

65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	**Orthopedics**
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiothearpy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia

109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of Accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 SternomastoidTenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 Injury prepuce- circumcision	352 Rectal-Myomectomy

153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	**Gynaecology**
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopicadhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyaema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	**Critical care**

194 Colonscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

(i) The standard exclusions and Waiting Periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalisation is not mandatory.

Annexure II:-

List I: List of Non-Medical Item (Applicable to Base Cover 1 and Base Cover 3)

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable

25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges (Applicable to Base Cover 1 and Base Cover 3)

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- Items that are to be subsumed into Procedure Charges (Applicable to Base Cover 1 and Base Cover 3)

S. No.	Item
1	HAIR REMOVAL CREAM

2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment (Applicable to Base Cover 1 and Base Cover 3)

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III: Modern Treatment Methods and Advancement in Technologies
(Applicable to Base Cover 1 and Base Cover 3)

1. Uterine Artery Embolization and HIFU
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral chemotherapy
5. Immunotherapy- Monoclonal Antibody to be given as injection
6. Intra vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchical Thermoplasty
10. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
11. IONM -(Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Annexure IV:
ICD specific for Mental Illness

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

Annexure V –
List of Ombudsmen offices in India and their contact details

Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).

Office Details	Jurisdiction of Office Union Territory,District)
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

Office Details	Jurisdiction of Office Union Territory,District)
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: Address and contact number of Governing Body of Insurance Council
Executive Council Of Insurers, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 69038801/03/04/05/06/07/08/09
Email: inscoun@cioins.co.in

Please visit Our ***website for list of*** Bajaj Allianz Network Providers ***and network Diagnostic Centres,***

Website: www.bajajallianz.com/general-insurance.html. Please refer to **Support** (Customer Service Support Page) on the website.

or

Please get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Bajaj Allianz General Insurance Company Limited
Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

Optional Covers applicable to Flexi Health Protect Plan (Group)

Policy Wording

UIN- BAJHLGP22165V012122

What will be the Period of Insurance for these Optional Covers?
The period of insurance of these Optional Covers will be identical to the Cover Period under COI issued under "Flexi Health Protect Plan (Group)" Base Cover plan.

Definitions
All Definitions as in SECTION B) DEFINITIONS- STANDARD DEFINITIONS and SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS of the Base Cover are applicable mutatis mutandis, to all the optional covers.

General Exclusions/ General Terms and Conditions Applicable to All Sections: Below optional covers can be opted along with Base Cover of "Flexi Health Protect Plan (Group) as specified in the respective Optional Covers" and all exclusions/ **General Terms and** Conditions in (i) SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS, (ii) SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS, (iii) SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS and (iv) SECTION E) GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS as applicable to the Base Cover shall be applicable mutatis mutandis to all the Optional Covers.

A. OPERATIVE PARTS

What We will pay for-
In consideration of payment of additional premium by the Insured Beneficiary or Policy Holder on behalf of Insured Beneficiary, to the Company and realization thereof by the Company, it is hereby agreed to pay Reasonable and Customary expenses in respect of an admissible claim under any or all of the following Optional covers subject to the Sum Insured, limits, Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder.

1. Optional Cover: Room Rent limit
2. Optional Cover: Options for Pre-Hospitalisation Expenses
3. Optional Cover: Options for Post-Hospitalisation Expenses
4. Optional Cover: Options to Medical Advancement Surgery Cover
5. Optional Cover: Domiciliary Hospitalisation
6. Optional Cover: Home Nursing Benefit
7. Optional Cover: Procedure-wise Sub-limit
8. Optional Cover: Waiver of Cataract Sub-Limit
9. Optional Cover: Change in Specified Disease Waiting Period
10. Optional Cover: Change in Pre-existing Disease Waiting Period
11. Optional Cover: Waiver of "Initial 30 days Waiting Period"
12. Optional Cover: Infections Only cover
13. Optional Cover: Surgery Only cover
14. Optional Cover: Road Ambulance
15. Optional Cover: Air Ambulance
16. Optional Cover: AYUSH Treatments
17. Optional Cover: Cancer Care
18. Optional Cover: Critical Illness Multiplier
19. Optional Cover: Accident Multiplier
20. Optional Cover: Neurodevelopmental Disorder Benefit

21. Optional Cover: Disability Benefit cover
22. Optional Cover: Maternity Expenses
23. Optional Cover: Assisted Reproduction Expenses
24. Optional Cover: Vaccination Cover
25. Optional Cover: Non-Medical Expenses
26. Optional Cover: Preventive Health Check-up
27. Optional Cover: External Congenital Anomalies
28. Optional Cover: Rehabilitation/ De-addiction Expenses Cover
29. Optional Cover: Out-Patient Treatment (OPD) Expenses
30. Optional Cover: Physiotherapy Expenses-
31. Optional Cover: Dental Care
32. Optional Cover: Mental Illness Treatment Cover
33. Optional Cover: Vision Expenses Cover
34. Optional Cover: Refractive Error Correction Expenses
35. Optional Cover: Cost of Prescribed External Medical Aid
36. Optional Cover: Compassionate Visit
37. Optional Cover: Cumulative Bonus
38. Optional Cover : Sum Insured Reinstatement
39. Optional Cover: Recharge Benefit
40. Optional Cover: International Cover – emergency care only
41. Optional Cover: Corporate Buffer
42. Optional Cover: HIV - Anti retroviral Therapy
43. Optional Cover: Gender Reassignment Treatment
44. Optional Cover: Wellness Services
45. Optional Cover: Wellbeing Benefits

Optional Cover: Room Rent limit

If this cover is opted, then the selected option as specified on Certificate of Insurance shall be considered as Room Rent limit for any expenses incurred on Hospitalisation under the Base Cover

Options for Room Rent Limit

Option 1. Actual Room Rent up to Single Private room
Option 2. Actual Room Rent up to Twin Sharing
Option 3. Actual Room Rent in General ward
Option 4. 0.5% of SI max up to 2500
Option 5. 1% of SI max up to 5000
Option 6. 1.5% of SI max 7500
Option 7. 2% of SI max up to 7500

Options for Deductions

Option 1: Proportionate deductions:

- In case of admission to a room at rates /eligibility exceeding the opted limits, 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 Hospitals which do not follow differential billings or for expenses in respect of which differential billing is not adopted based on the room category.
- Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

Option 2: Capping on Room Charges only:

If the Insured Beneficiary avails admission in a room category higher than the eligible category, then the room charges will be capped at Room Rent limit opted and rest all customary and reasonable admissible Medical Expenses will be paid at actual.

Definition of Room Rent Limits

- Single Private Room: means a single occupancy air-conditioned room with an attached washroom/toilet. Such room must be the most economical of all accommodation available as single occupancy in that Hospital and excludes a suite.
- Twin Sharing Room: means a Hospital room with two or more patient beds. Such room must be the most economical of all shared accommodation available.
- General Ward – It is a common unit where patients who are admitted share the same room. Facilities are catered as per patient's diagnosis, age, comfort and other essential factors.

This Optional Cover can be opted with Base Cover 1 Medical Expenses Insurance and Base Cover 3 Top Up Plans.

Subject to what is mentioned in this Optional Cover all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Options for Pre-Hospitalisation Expenses

If this cover is opted, then the Pre-Hospitalisation Period specified on Certificate of Insurance shall be considered instead of 60 days Pre-Hospitalisation mentioned in the Base Cover.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Options for Post-Hospitalisation Expenses

If this cover is opted, then the Post-Hospitalisation Period specified on Certificate of Insurance shall be considered instead of 90 days Post-Hospitalisation mentioned in the Base Cover.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Options to Medical Advancement Surgery Cover

If this cover is opted, then Medical Advancement Surgeries (listed in Annexure III) limit as specified on Certificate of Insurance shall be considered instead of 25% of Sum Insured mentioned in the Base Cover

Options for Sum Insured Limits

Option 1. 50% of Sum Insured
Option 2. Up to Sum Insured

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Medical Advancement Surgeries (as listed in Annexure III)

1. Uterine Artery Embolization and HIFU
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral chemotherapy
5. Immunotherapy- Monoclonal Antibody to be given as injection
6. Intra vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchical Thermoplasty
10. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
11. IONM -(Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Optional Cover: Domiciliary Hospitalisation

If this cover is opted, We will pay Reasonable and Customary expenses incurred by You on medical treatment as per **Sum Insured Limit specified in Certificate of Insurance** for Illness or Injury sustained or contracted during the Cover Period, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances

i. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

Specific exclusions: The following shall not be covered:

- Treatment of less than 3 days
- Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- Arthritis, Gout and Rheumatism,
- Chronic Nephritis and Nephritic Syndrome,
- Diarrhoea and all type of Dysenteries including Gastroenteritis,
- Diabetes Mellitus and Insipidus,
- Epilepsy,
- Hypertension,
- Psychiatric or Psychosomatic Disorders of all kinds,
- Bacterial and Viral Infections
- Pyrexia of unknown origin
- Vector-borne diseases

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Home Nursing Benefit

If this cover is opted, We will pay fixed weekly benefit amount for actual number of weeks if a Registered Nurse is engaged to take care of the Insured Beneficiary subject to **maximum number of weeks and Sum Insured limit per week as mentioned in the Certificate of Insurance.**

The benefit would be payable subject to all the below conditions,

a. Home Nursing must be recommended by Medical Practitioner stating reason for providing Nursing Care at Home.
b. The benefit will not be paid for more than 25 weeks per Cover Period.
c. The claim is triggered due to a prior Hospitalisation within preceding 30 days
d. Claim for Home Nursing shall be paid only if we have accepted a Claim for In-patient Treatment under the Base Cover and in respect of the same Hospitalisation
e. The Insured Beneficiary is unable to perform 3 out of below 6 activities due to illness / injury that had lead to the above mentioned Hospitalisation
    i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
    ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other Surgical Appliances.
    iii. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
    iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
    v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
    vi. Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Procedure-wise Sub-limit

If this cover is opted, We shall limit the claim arising out of Hospitalization event including Pre and Post Hospitalization leading to Procedures including its complications up to sub-limits as mentioned in below table provided that claim(s) is admissible as "In-patient Hospitalisation Treatment" under this policy.

Procedure wise Sub-limit (Per Year unless specified)	Option 1	Option 2	Option 3	Option 4
Coronary Artery Bypass Grafting CABG	1,50,000	1,20,000	80,000	65,000
Valve Replacement	1,50,000	1,20,000	80,000	65,000
Percutaneous Transluminal Coronary Angioplasty PTCA (per event hospitalisation)	1,30,000	1,00,000	70,000	50,000
Total Knee Replacement (per event hospitalisation)	1,30,000	1,00,000	70,000	50,000
Total Hip Replacement	1,30,000	1,00,000	70,000	50,000
Arthroscopic surgeries	1,30,000	1,00,000	70,000	50,000
Cholecystectomy	35,000	25,000	20,000	20,000
Kidney Stone Removal (incl. DJ Stent Removal)	35,000	30,000	25,000	20,000
Appendectomy	30,000	25,000	20,000	15,000
Hysterectomy	30,000	25,000	20,000	15,000
Fistulectomy	30,000	25,000	20,000	15,000
Septoplasty	30,000	25,000	20,000	15,000
Hernia Repair	30,000	20,000	15,000	15,000
Haemorrhoidectomy	25,000	20,000	15,000	15,000
Tymnpanoplasty	25,000	20,000	15,000	15,000
Arthroscopy	25,000	20,000	10,000	10,000
Cataract (one eye)	35,000	25,000	20,000	15,000
Tonsillectomy	20,000	15,000	10,000	10,000
Dialysis (per session)	5,000	4,000	2,000	2,000

Note:

- The sub-limits specified on Certificate of Insurance shall be applicable to your Base policy "In-patient Hospitalisation Treatment" expenses provided such sub-limits do not exceed the Base Cover Sum Insured.
- The sub-limits specified on Certificate of Insurance shall be including pre-Hospitalisation and post Hospitalisation expenses.
- Co-payment would not be applicable on claims for illness categories on which sub-limits are applicable.
- If this cover is opted, then the lower of sub-limit mentioned for cataract as per Section D- 11) Cost sharing of the Base Cover Policy Wordings or the above mentioned limit shall be applicable.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Waiver of Cataract Sub-Limit

If this cover is opted, then we shall waive off cataract sublimit as per Section D- 37) Cost sharing of the Base over Policy Wordings, which reads as "*Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion I, 2) above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.*"

And We will pay the You, Reasonable and Customary Medical Expenses incurred *in respect of surgeries for cataracts* as per actual or up to Sum Insured as mentioned in Certificate of Insurance.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Change in Specified Disease Waiting Period

If this cover is opted, then the Specified Disease Waiting Period stated in Certificate of Insurance shall be considered instead of the 24 months Waiting Period mentioned under the base cover exclusions.

Options for Waiting Periods

Option 1. No Waiting
Option 2. 12 months
Option 3. 36 months
Option 4. 48 months

Note- If this Optional Cover is opted, then Waiting Period under (Excl. 02) will be modified for the purpose of this exclusion as per option selected.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Change in Pre-existing Disease Waiting Period

If this cover is opted, then selected option as specified in Certificate of Insurance shall be considered as Pre-existing Disease Waiting Period instead of the 36 months Waiting Period mentioned under the base cover exclusions

Options for Waiting Periods

Option 1. No Waiting
Option 2. 12 months
Option 3. 24 months
Option 4. 48 months

Note- If this Optional Cover is opted, then Waiting Period under (Excl. 01) will be changed for the purpose of this exclusion as per option selected.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Waiver of "Initial 30 days Waiting Period"

If this cover is opted, The Company shall waive off initial 30-day Waiting Period as per exclusion (Excl03) which reads as "Expenses related to the Inpatient Hospitalisation treatment of any illness within 30 days from the first Group Flexi Health Protect Plan commencement date shall be excluded except claims arising due to an accident, provided the same are covered."

This Optional Cover can be opted with any of the 4 base covers and any one of the below options can be selected

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Infections Only cover

If this cover is opted, then We will **pay only** in case You are Hospitalized on the advice of a Doctor/ Medical Practitioner for non-surgical treatment due to opted Infection(s) contracted during the Cover Period up to the Sum Insured stated in the Certificate of Insurance.

Options:

Option 1. All types of Infections as defined under the Section B) Definitions- Specific Definitions, Point 61 of Base Policy Wordings.
In this option, ICD 10 codes: "A00-B99 – pertaining to certain infectious and parasitic diseases" will be covered.
List of ICD 10 codes mentioned above can be accessed at https://icd.who.int/browse10/2019/en#/I

Option 2. Vector Born infections

i. Dengue Fever
ii. Malaria
iii. Filariasis (Payable only once in a lifetime)
iv. Kala Azar
v. Chikungunya
vi. Japanese Encephalitis
~~i.~~vii. Zika Virus

~~Option 2.~~Option 3. Any Single Pre-Agreed Infection

Exclusion:

1. Epidemic/pandemic diseases

Definitions applicable:

Epidemic- An epidemic disease is one "affecting many persons at the same time, and spreading from person to person in a locality where the disease is not permanently prevalent" and also declared as "epidemic" by World Health Organization and or Government of India.

Pandemic- A pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". The classical definition includes nothing about population immunity, virology or disease severity and also declared as "pandemic" by World Health Organization and or Government of India.

This Optional Cover can be Opted with Base Cover 1 Medical Expenses Insurance and Base Cover 2 Hospital Daily Allowance and Base Cover 4 Recovery Relief.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Surgery Only cover

If this cover is opted, then We will pay only in case Insured Beneficiary is Hospitalized for undergoing a surgery on the advice of a Doctor/ Medical Practitioner due to Illness or Injury sustained or contracted during the Cover Period up to the Sum Insured stated in the Certificate of Insurance.

This Optional Cover can be Opted with Base Cover 1 Medical Expenses Insurance and Base Cover 2 Hospital Daily Allowance and Base Cover 4 Recovery Relief.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Road Ambulance

If this cover is opted, We will pay Reasonable and Customary expenses incurred on a Road ambulance offered by a healthcare or ambulance service provider for:

- transferring the Insured Beneficiary to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency or
- transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable only:

i. If We have accepted Insured Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy
ii. up to the actual expenses subject to maximum of Sum Insured Limit per Hospitalisation as specified in Certificate of Insurance for this cover.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Air Ambulance

We will pay Reasonable and Customary expenses incurred on an ambulance transportation in an airplane or helicopter for emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the illness/accident to the nearest Hospital during Cover Period.

Claim under this section shall be payable only when:

i. Such life-threatening emergency condition is certified by the Medical Practitioner, and
ii. We have accepted Insured Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy.
iii. up to the actual expenses subject to maximum of Sum Insured Limit per Policy Year as specified in Certificate of Insurance for this cover

Specific Exclusion

1. Medical Transportation from one Hospital to another Hospital is excluded from the scope of the Policy.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: AYUSH Treatments

We will pay Reasonable and Customary expenses incurred as an In-patient Hospitalisation for continuous 24 hours for AYUSH Treatments on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted during the Cover Period up to the limits specified in Certificate of Insurance, provided that the treatment has been taken in AYUSH hospital as defined under the policy.

The following expenses are payable under this cover:

- Room Rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and consumables,
- Ayurvedic, Unani, Sidha and Homeopathic treatment procedures in case of Alternate Treatment Method

Specific Exclusions

1. The illness/injury & the procedure performed on the insured on Out- patient basis will not be payable.
2. Comfort treatment involving steam bath/sauna/oil massages are excluded. Such treatments being combined with any stay packages at resorts where the treatment forms a part of an overall leisure package shall not be payable.

Note- If this Optional Cover is opted, then Exclusion C. III. General Exclusions 25 will be deemed to be inoperative for the purpose of this coverage.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Cancer Care

If this cover is opted and you are diagnosed and Hospitalized due to Cancer on advice of a Medical Practitioner/Specialist Consultant, during the Cover Period, then We will pay Reasonable and Customary expenses incurred towards treatment of the Cancer up to the Sum Insured stated in the Certificate of Insurance against this cover.

Sum Insured provided for this cover shall be over and above Sum Insured for Base Cover.

Options for Initial Waiting Period for Cancer Care

Option 1: 120 days initial Waiting Period
Option 2: 180 days initial Waiting Period

Note:

- Any expense incurred for Cancer or its signs and symptoms diagnosed within the Initial Waiting Period as mentioned in Certificate of Insurance from date of commencement of the first Flexi Health Protect Plan (Group) with us is excluded
- This exclusion shall not apply for subsequent years if you have renewed this policy without a break.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 2: Hospital Daily Allowance

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Critical Illness Multiplier

If this cover is opted and You are diagnosed and Hospitalized on the advice of a Medical Practitioner for any of the below listed Critical Illnesses during the Cover Period, then the sum insured for such Critical Illnesses would be increased up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance.

Options for Critical Illness Multiplier:

Option1: One and Half times
Option 2: Two times
Option 3: Three times

Plan	Sr. No	Base Critical Illness
PLAN A	1	First Heart Attack of Specified Severity (Myocardial Infarction)
	2	Open Chest Coronary Artery Bypass Grafting (CABG)
	3	Stroke Resulting in Permanent Symptoms
	4	Cancer of Specified Severity
	5	Kidney Failure Requiring Regular Dialysis
	6	Major Organ Transplantation
	7	Multiple Sclerosis with Persisting Symptoms
	8	Surgery of Aorta
	9	Primary Pulmonary Arterial Hypertension
	10	Permanent Paralysis of Limbs
	11	Open Heart Replacement or Repair of Heart Valves
	12	Benign Brain Tumour
	13	Coma of Specified Severity
	14	Major Head Trauma

Plan	**Critical Illness Covered under Plan A + Critical Illness Cover listed below:**	
PLAN B	1	End Stage Liver Failure
	2	Alzheimer's Disease
	3	Primary Parkinson's Disease
	4	Third Degree Burns
	5	End Stage Lung Failure
	6	Motor Neuron Disease With Permanent Symptoms
	7	Progressive Scleroderma
	8	Pulmonary Artery Graft Surgery
	9	Refractory Heart Failure
	10	Systemic Lupus Erythematosis

Definition of Critical Illness for this Cover:

Base Critical Illness

1. First Heart Attack of Specific Severity (Myocardial Infarction):

I. The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this should be evidenced by all of the following criteria:
   i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
   ii. new characteristic electrocardiogram changes
   iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes
ii. Any type of angina pectoris.
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2. Open Chest Coronary Artery Bypass Grafting (CABG):

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:
i. Angioplasty and/or any other intra-arterial procedures

3. Stroke Resulting in Permanent Symptoms:

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a Specialist Consultant and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Cancer of Specified Severity:

I. A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded -
i. All tumors which are histologically described as beingn, carcinoma premalignant, borderline malignant, or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumours in the presence of HIV infection.

5. Kidney Failure Requiring Regular Dialysis:
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Major Organ Transplantation: The actual undergoing of a transplant of:
i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with Persisting Symptoms:

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

8. Surgery of Aorta: The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

9. Primary (Idiopathic) Pulmonary ~~Arterial~~ Hypertension:

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:
   i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

10. Permanent Paralysis of Limbs:

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

11. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

12. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   b. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   (i) No response to external stimuli continuously for at least 96 hours;
   (ii) Life support measures are necessary to sustain life; and
   (iii) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

14. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:
   i Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   ii Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   iv Mobility: the ability to move indoors from room to room on level surfaces;
   v Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   vi Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:
I. Spinal cord injury;

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

PLAN B: CRITICAL ILLNESS COVERED UNDER SECTION 7 PLAN A + 7 CRITICAL ILLNESS COVER

1. END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

2. ALZHEIMER'S DISEASE

Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

3. PRIMARY PARKINSON'S DISEASE:

The unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist).
The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living

or must result in a permanent bedridden situation and inability to get up without outside assistance.
These conditions must be medically documented for at least 90 days.

4. THIRD DEGREE BURNS

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

5. END STAGE LUNG FAILURE

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
iv. Dyspnea at rest.

6. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

7. PROGRESSIVE SCLERODERMA:

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
The following conditions are excluded:

a. Localised scleroderma (linear scleroderma or morphea);
b. Eosinophilicfascitis; and
c. CREST syndrome.

8. PULMONARY ARTERY GRAFT SURGERY:

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

9. REFRACTORY HEART FAILURE

Refractory heart failure must be diagnosed by a Cardiologist and optimal therapy must have been established for at least 6 months. The diagnosis of heart failure to be evidence by at least any 4 following criteria:

- Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain)
- Presence of third heart sound
- Jugular venous pressure above 6cms
- Rales present in both bases on auscultation
- Cardiomegaly on chest x-ray
- Grade 3, or gross ascites, associated with marked abdominal distension or peripheral oedema
- 2-D echocardiography report suggestive of LVEF of 40% or less
- Elevated biomarkers – B-type natriuretic peptide (BNP)/N-terminal pro-BNP(NT-proBNP)

The following are excluded:

- Heart Failure due to Auto-immune disorders
  Heart Failure secondary to drug or alcohol abuse

10. SYSTEMIC LUPUS ERYTHEMATOSIS:

A diagnosis of systemic lupus erythematosis by a Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
- The permanent impairment of kidney function tests as follows;
  - Glomerular Filtration Rate (GFR) below 30 ml/min.

Optional Cover: Accident Multiplier

If this cover is opted and You are Hospitalized on the advice of a Medical Practitioner because of Injury sustained during the Cover Period, then We will pay You, Reasonable and Customary Medical Expenses incurred for In-patient Hospitalisation Treatment up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance.

If this cover is opted and You are Hospitalized on the advice of a Medical Practitioner following an Injury sustained during the Cover Period, then the sum insured for such In-patient Hospitalisation Treatment would be increased up to number of times of Sum Insured of "Base Cover 1: Medical Expenses Insurance" as stated in the Certificate of Insurance

Options for Accident Multiplier:

Option1: One and Half times
Option 2: Two times
Option 3: Three times

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Neurodevelopmental Disorder Benefit

During the Cover Period If a child is born to the Insured Beneficiary and is diagnosed with any one of the neurodevelopmental disorders listed below, then the We will pay a lump sum amount as per the Sum Insured opted towards the expenses for treatment and/or therapy for the diagnosed condition, as stated in Certificate of Insurance.

1. Autism Spectrum Disorder
2. Down's Syndrome
3. Congenital Cerebral Palsy

This Benefit shall be payable subject to the following:

i. The diagnosis must be confirmed & certified by 2 specialist doctors
ii. The child, when diagnosed with these conditions, must be below the age of 3 years and the policy must be in-force with us
iii. The child must be born when the policy is in-force with us .

The benefit will be payable only once in the lifetime of the insured.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Disability Benefit cover

If this cover is opted and You are hospitalised due to an **Accidental Bodily or Illness or Both (as opted)** sustained or contracted during the Cover Period leading to total disablement which completely prevents You from engaging in your occupation, then We will pay weekly benefit up to maximum number of weeks, not exceeding 52 weeks, as specified in Certificate of Insurance against this cover.

Conditions applicable for Disability Benefit cover

a. We will make the first payment when:
   i. Insured Beneficiary is hospitalized due to illness / injury and claim is accepted under the Base Cover
   ii. We are satisfied that Injury or Illness has completely prevented him/her from engaging in their occupation as specified by the treating doctor.
   iii. The certificate of absolute rest period issued by Treating consultant is to be supported by detailed clinical evaluation for status of musculoskeletal and neurological system assessment at the time of discharge and all subsequent clinical assessment records during disability period.
b. We will stop making payments:
   i. If we are satisfied that You can engage in your occupation again as specified by the treating doctor, or
   ii. when we have made payments for a maximum number of weeks, not exceeding 52 weeks, as specified in Certificate of insurance or up to policy expiry, whichever is earlier.

Deductible:

- 14 days or outstanding paid leaves (for salaried employees) whichever is higher

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Maternity Expenses

If this cover is opted, We will pay Reasonable and Customary expenses incurred, if You are Hospitalized on the advice of a Medical Practitioner for the delivery of a child or for medically required, and lawful medical termination of pregnancy during the Cover Period subject to maximum of Maternity Limit and maximum Number of Deliveries/ Terminations mentioned on the Certificate of Insurance.

Options for maximum number of deliveries/ terminations over lifetime

- 3 deliveries (including twins), or 3 medically required and lawful terminations of pregnancies over lifetime, or
- 2 deliveries (including twins), or 2 medically required and lawful terminations of pregnancies over lifetime, or
- 1 delivery (including twins) and 1 medically required and lawful termination of pregnancy over lifetime

Options for Maternity Expenses Waiting Period

- No Waiting Period
- 9 Months Waiting Period
- 12 Months Waiting Period
- 24 Months Waiting Period
- 36 Months Waiting Period

The Waiting Period is applicable from first Flexi Health Protect Plan (Group) with us

Note

- If this Optional Cover is opted, then Exclusion (Excl. 18) from Base Cover will be deemed to be inoperative for the purpose of this coverage.
- Pre or post-natal Maternity Expenses shall be covered only if treated on Inpatient Treatment (IPD) basis within the Maternity Sum Insured as specified in the Certificate of Insurance.
- Delivery or lawful termination of pregnancy expenses incurred for Surrogate mother will be covered as per terms and conditions of this cover
- Hospitalisation 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.
- Lawful termination of pregnancy will be covered within Sum Insured of Normal Delivery.
- Ectopic pregnancy claims if any will be considered under “In-patient Hospitalisation Treatment” of the Base Cover and hence shall not be covered under this Optional Cover.

Specific Definitions

- Pre Natal Period - Period relating to date of conception to delivery.
- Post Natal Period - Period up to 6 weeks from the date of delivery.

Extension 1: Pre and Post Natal Out-patient Treatment Expenses

If this Extension is opted, then We will pay Reasonable and Customary expenses incurred in respect of Pre and Post Natal Maternity Expenses for Out-patient consultation and treatment taken, up to the limit mentioned in the Certificate of Insurance for this extension

- This cover is payable if Maternity cover opted.
- Waiting Period opted under Maternity Expenses will be applicable to this cover.

Specific Exclusion for Maternity Cover:
Pre and Post Natal expenses incurred for Surrogate mother

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Assisted Reproduction Expenses

If this cover is opted, We will pay Reasonable and Customary Medical Expenses incurred for the insured for the below listed procedures subject to below:

i. For any claim to be admissible under this benefit both self and spouse should stay insured continuously for Waiting Period as mentioned in Certificate of Insurance
ii. up to the limit mentioned in the Certificate of Insurance,

subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

Listed procedures:

1. Intra Uterine Insemination (IUI)
2. In vitro fertilization and embryo transfer (IVF-ET) and similar techniques.
3. Intracytoplasmic sperm injection (ICSI)
4. Gamete Intrafallopian Tube Transfer (GIFT)
5. Zygote Intra-Fallopian Transfer (ZIFT)

Waiting Period Options for Assisted Reproduction Expenses:

- No Waiting Period
- 12 Months
- 24 Months
- 36 Months

Note: The claim will be admissible if the infertility is a result of the below listed conditions

1. Irreversible pathology of the fallopian tubes, resulting from an inflammatory process or from previous surgery
2. Infertility due to a subnormal male factor
3. Idiopathic infertility
4. Endometriosis
5. Infertility of immunological origin
6. Expenses for In vitro fertilization and embryo transfer (IVF-ET), Gamete Intrafallopian Tube Transfer (GIFT) or Zygote Intra-Fallopian Transfer (ZIFT) shall be payable only if the Insured Beneficiary has been unable to attain or sustain a successful pregnancy through reasonable, and medically necessary infertility treatment

Exclusions: The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the Insured Beneficiary in connection with or in respect of:

i. Sub-fertility services that are deemed to be unproven, experimental or investigational
ii. Pre and Post treatment expenses
iii. Reversal of voluntary sterilization
iv. Payment for services rendered to a surrogate
v. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures
vi. Costs associated with cryopreservation and storage of sperm, eggs and embryos
vii. Services done at unrecognized centre

Note- If this Optional Cover is opted by You, then (Excl. 17) from Base Cover will be deemed to be inoperative partially for Assisted Reproduction Services for the purpose of this coverage.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Vaccination Cover

If this cover is opted, We will cover for expenses related to the actual cost of vaccines as recommended by Indian Paediatric Association upto maximum Sum Insured and up to the age option as mentioned in Certificate of Insurance.

Age Options:

- New born baby up to 180 days from date of birth
- Age up to one Year
- Age up to 5 Year

Waiting Period Options:

- No Waiting Period
- 9 months Waiting Period
- 12 months Waiting Period
- 24 months Waiting Period
- 36 months Waiting Period

Condition Applicable to Vaccination Cover

1. Expenses related to the doctor, nurse or any incidental expenses are not payable.
2. This benefit has a separate limit (over and above base Sum Insured) and does not affect Cumulative Bonus.

Note- If this Optional Cover is opted by You, then Exclusion C. III.21 from Base Cover will be deemed to be inoperative for the purpose and within scope of this coverage.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Non-Medical Expenses

If this cover is opted, We will pay the Non-Medical Expenses (as specified in Table I below) incurred for "In-patient Hospitalisation Expenses" of an Insured Beneficiary during the Cover Period **up to the limit** mentioned in the Certificate of Insurance, provided the claim is payable under Base cover.

Specific Exclusion

1. Non- Medical Expenses incurred during Pre-Hospitalisation & Post Hospitalisation would not be payable
2. List of Non- Medical Expenses not payable are as specified in Table II below.

Note

- Proportionate Deduction and Co-pay shall be applicable as per opted Base Policy terms and conditions.
- If this Optional Cover is opted by You, then Exclusion C. III.22 from Base Cover will be deemed to be inoperative for the purpose of this coverage only.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance and Base Cover 3: Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Table I

LIST OF NON-MEDICAL ITEMS PAYABLE IF OPTED FOR OPTIONAL COVER	
1	BELTS/ BRACES
2	COLD PACK/HOT PACK
3	LEGGINGS
4	CREPE BANDAGE
5	EYELET COLLAR
6	SLINGS
7	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
8	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED
9	SURCHA RGES
10	MORTUARY CHARGES
11	WALKING AIDS CHARGES
12	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
13	SPACER
14	SPIROMETRE
15	NEBULIZER KIT
16	STEAM INHALER
17	ARMSLING
18	THERMOMETER
19	CERVICAL COLLAR
20	SPLINT
21	KNEE BRACES (LONG/ SHORT/ HINGED)
22	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER
23	LUMBOSACRAL BELT
24	NIMBUS BED OR WATER OR AIR BED CHARGES
25	AMBULANCE COLLAR
26	AMBULANCE EQUIPMENT

27	ABDOMINAL BINDER
28	ECG ELECTRODES
29	GLOVES
30	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
31	KIDNEY TRAY
32	MASK
33	OUNCE GLASS
34	OXYGEN MASK
35	PELVIC TRACTION BELT
36	PAN CAN
37	TROLLY COVER
38	UROMETER, URINE JUG
39	VASOFIX SAFETY

Table II

LIST OF NON-MEDICAL ITEMS NOT PAYABLE EVEN IF OPTED FOR RIDER	
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERV ICES
4	BUDS
5	CARRY BAGS
6	EMAIL / INTERNET CHARGES
7	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITA L)
8	LAUNDRY CHARGES
9	MINERAL WATER
10	SANITARY PAD
11	TELEPHONE CHARGES
12	GUEST SERVICES
13	DIAPER OF ANY TYPE
14	TELEVISION CHARGES
15	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
16	BIRTH CERTIFICATE
17	CERTIFICATE CHARGES
18	COURIER CHARGES
19	MEDICAL CERTIFICATE
20	MEDICAL RECORDS
21	PHOTOCOPIES CHARGES
22	SUGAR FREE Tablets
23	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
24	CONVEYANCE CHARGES
25	DIABETIC FOOT WEAR
31	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
32	ATTENDANT CHARGES

Optional Cover: Preventive Health Check-up

If this cover is opted, You are eligible for a Preventive Health check-up under at the end of block of every continuous period during which *You* have held *Our* Flexi health protect Plan (Group) and up to Sum Insured Limit as mentioned in Certificate of Insurance.

Frequency Options:

1. Once in every policy year
2. Once every year after renewal
3. Once in 2 years
4. Once in 3 years

Clinic Options:

1. Network Clinics and Hospitals only
2. All Clinics and Hospitals

Note: This benefit has a separate limit (over and above base Sum Insured) and does not affect Cumulative Bonus.

This Optional Cover can be opted with any of the 4 base covers

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

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: External Congenital Anomalies

If this cover is opted, We will pay for the Reasonable and Customary Charges incurred for "In-patient Hospitalisation Treatment" within the Base Cover 1 Sum Insured towards treatment for External Congenital Anomalies and Sum Insured as mentioned in the Certificate of Insurance.

Exclusions applicable to External Congenital Anomalies-

1. The treatment is to achieve only aesthetic / cosmetic appearance without any positive effect or restoration of physiological function, such claims are not admissible as cosmetic/ aesthetic treatment.

Note: If this Optional Cover is opted by You, then Exclusion C. III.19 from Base Cover will be deemed to be inoperative for the purpose and within scope of this coverage only.

This Optional Cover can be opted with Base Cover 1 Medical Expenses Insurance and Base Cover 3 Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Rehabilitation/ De-addiction Expenses Cover

If this cover is opted, We will pay for Reasonable and Customary in-patient rehabilitation expenses related to detox /de-addiction treatment for Alcohol, Drug and Substance Abuse up to the Sum Insured as specified in Certificate of Insurance provided:

a) it is carried out by a medical practitioner specialising in rehabilitation; and
b) it is carried out in a government registered rehabilitation hospital; and
c) the treatment could not be carried out on an out-patient basis, and
d) the costs have been agreed, in writing by us before the rehabilitation begins.

Initial Waiting Period: 180 days

Conditions:

- Pre-approval is compulsory for this benefit.

This Optional Cover can be opted with Base Cover 1 Medical Expenses Insurance and Base Cover 3 Top Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Out-Patient Treatment (OPD) Expenses

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred if you consult a consultant / medical practitioner on out-patient basis for**Accidental Bodily Injury or Illness** contracted during the Cover Period up to the Sum Insured limit as specified for this Optional Cover in the Certificate of Insurance for:

- Consultations/ Tele-consultation
- Investigations
- Medicines

Note:

- Out-Patient Treatment (OPD) Expenses coverage is available only for allopathic line of treatment.

This Optional Cover can be opted with any of the 4 base covers .Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Physiotherapy Expenses-

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred towards Physiotherapy treatment taken for **Accidental Bodily Injury or Illness or Both (as opted)** contracted during the Cover Period, maximum up to the Sum Insured limit as specified in the Certificate of Insurance for this Optional Cover, provided that, Treatment is given by a Medical Practitioner for Musculo-skeletal /Neurological diseases / Injuries or other Systemic diseases

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Dental Care

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Dental treatment taken from a dental surgeon during the Cover Period up to the Sum Insured as specified in the Certificate of Insurance for:

- Consultations
- Surgery
- Investigations
- Medicines

Our maximum liability for the above expenses shall be limited to the amount specified in the Certificate of Insurance.

Exclusion:
Expenses for any dental treatment to change appearance, cosmetic, plastic surgery.

Note: If this Optional Cover is opted by you, then Exclusion C. III.1 from Base Cover will be deemed to be inoperative for the purpose of this coverage.

This Optional Cover can be opted with any of the 4 base covers.
Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Out-patient Mental Illness Treatment Cover

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred on on out-patient basis for Mental Illness Treatment up to the Sum Insured limit as specified in the Certificate of Insurance for this Optional Cover, provided the treatment is availed in a ~~for mental illness specified in Annexure IV of base policy in respect to an Insured Beneficiary in a recognised~~ psychiatric unit of a Hospital or Psychiatric OPD for the conditions listed in Annexure IV.

a. Consultations
b. Investigations
c. Therapies
d. Medicines

Exclusions:

1. Recreational or diversional activities. If the only activities prescribed for the patient are primarily diversional in nature, (i.e., to provide some social or recreational outlet for the patient), it would not be regarded as treatment to improve the patient's condition.
2. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by prescriptions
3. Alternate treatment other than Allopathic treatment are not covered.
4. All expense that are not pre-authorised by Us

This Optional Cover can be opted with any of the 4 base covers.
Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Vision Expenses Cover

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred up to the Sum Insured specified in the Certificate Of Insurance for

i. Eye examination performed by an ophthalmologist
ii. Cost of lenses and prescribed glasses without frame to correct refractory errors as per ophthalmologist prescription
iii. Investigations related to the illness / injury as prescribed by an ophthalmologist
iv. Medicines related to the illness / injury as prescribed by ophthalmologist.

Exclusions:

i. Lenses which are not medically necessary and not prescribed by ophthalmologist.
ii. Any type of Cosmetic treatment.
iii. Any expenses for diagnostic tests, investigations / treatment taken without the ophthalmologist advising the same and which is not duly supported by prescriptions
iv. Alternate treatment other than Allopathic treatment are not covered.

This Optional Cover can be opted with any of the 4 base covers.
Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Refractive Error Correction Expenses

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred by you for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 5 to change the refraction of one or both eyes.

We will not be liable to make any payment in respect of any other non-Surgical Procedures.

Note- If this Optional Cover is opted, then Exclusion C. III.16 (Excl 15) from Base Policy Wordings will be deemed to be inoperative for the purpose and within scope of this coverage.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only and Base Cover 3: Top-Up Plans.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Cost of Prescribed External Medical Aid

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for External Medical Aids required due to “In-patient Hospitalisation Expenses” claim of an Insured Beneficiary during the Cover Period and prescribed by a specialized Medical Practitioner as medically necessary up to the Sum Insured for this cover mentioned in the Certificate of Insurance.

Note- If this Optional Cover is opted, then Exclusion C. III. 9 and 18 from Base Policy Wordings will be deemed to be inoperative for the purpose and within scope of this coverage.

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Compassionate Visit

If Insured Beneficiary sustains or contracts Accidental Injury or Sickness during the Cover Period requiring hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, We will reimburse the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or friend of the Insured Beneficiary up to the Sum Insured limit mentioned in Certificate of Insurance provided no family member or relative or friend is there to attend the Insured Beneficiary.

Conditions:

1. This claim would be admissible if claim is paid under In-patient Hospitalisation Expenses
2. This coverage shall be provided only if treating physician has advised and certified for necessity attendance of a family member or relative or friend and upon our satisfaction on the reason provided.
3. This benefit will be extended if one or more family member is travelling with Insured Beneficiary but none of them is able to take care of Insured Beneficiary due to their Hospitalisation.
4. Claim will be payable only once in entire Cover Period.
5. Only domestic travel expenses will be paid

This Optional Cover can be opted with any of the 4 base covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Cumulative Bonus

If this cover is opted and insured beneficiary renew their Group Flexi health Protect Plan with Us without any break and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by Percent amount of base Sum Insured per annum as mentioned in Certificate of Insurance, provided:

i. This clause does not alter the annual character of this insurance
ii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Cover Period of the subsequent Flexi health protect Plan (Group) shall be reduced by the percentage opted, save that the limit of indemnity applicable to Your first Flexi health protect Plan (Group) with Us shall be preserved.

Options of Cumulative Bonus

- 5% of Sum Insured every year up to 100% of SI
- 10% of Sum Insured every year up to 100% of SI
- 20% of Sum Insured every year up to 100% of SI
- 50% of Sum Insured every year up to 100% of SI
- 50% of Sum Insured every year up to 150% of SI
- 50% of Sum Insured every year up to 200% of SI

This optional cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover : Sum Insured Reinstatement

If this cover is opted, then the Sum Insured under Base Cover 1 Section 1 “In-patient Hospitalisation / Inpatient Care Treatment ” would be “reinstated” up to 100% of In-patient Hospitalisation Sum Insured as per below options specified on the Certificate of Insurance subject to below terms:

1. The reinstated Sum Insured would be triggered with the first paid claim itself and will be available for utilization for subsequent claim made by the Insured Beneficiary.
   The sequence of utilization will be as follows:
   a. Base Sum Insured followed by
   b. Cumulative Bonus if any followed by
   c. Reinstated Sum Insured
2. The reinstated Sum Insured is applicable for Inpatient Hospitalisation Treatment only.
3. For any claim under this benefit the maximum liability shall not be more than Base Sum Insured.
4. This benefit is applicable Number of times as specified on Certificate of Insurance during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
5. This benefit is applicable only once in life time of Insured Beneficiary covered under this policy for claims regarding cancer and kidney failure requiring regular dialysis as defined under the policy.
6. Reinstatement of Sum Insured for floater Certificate of Insurance will be available at policy level.
7. For individual Sum Insured Certificate of Insurance it would be available on member level.

Options of Number of times of Sum Insured Reinstatement

1. Once
2. Twice
3. Unlimited

This optional cover can be opted with Base Cover 1: Medical Expenses Insurance only.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Recharge Benefit

If this cover is opted, then the Sum Insured under Base Cover 1 Section 1 "In-patient Hospitalisation / Inpatient Care Treatment " would be "recharged" up to the limit as per below options specified on the Certificate of Insurance provided that:
The claim amount in a single claim exceeds Sum Insured and Cumulative Bonus (if any).

Options

1. 10% of Sum Insured not exceeding 50,000
2. 20% of Base Cove Sum insured not exceeding 1 lac
3. 25% of Base Cove Sum insured not exceeding 2 lacs
4. 50% of Base Cove Sum insured not exceeding 5 lacs

Conditions applicable to Recharge Benefit-

1. This benefit is applicable only once during each policy year & will not be carried forward to the subsequent policy year/ renewals if the benefit is not utilized.
2. Recharge Benefit for floater Certificate of Insurance will be available at policy level.
3. For Individual Sum Insured Certificate of Insurance it would be available on member level.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: International Cover – emergency care only

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Inpatient Hospitalisation expenses incurred outside India and anywhere across the world up to the limit as specified against In-patient Hospitalisation Treatment in the Certificate of Insurance for any Emergency Hospitalisation incurred during Cover Period subject to conditions below:

Conditions applicable to International Cover – emergency care only

a. Pre and post Hospitalisation expenses are excluded
b. This cover is not applicable if the Insured Beneficiary is Non-Resident Indian or any Indian Resident residing outside India for a period of 180 days and above.

Note

1. The payment of any claim under this benefit will be based on the rate of exchange published by Reserve Bank of India as on the Date of Loss.
2. Insured Beneficiary have to additionally provide all pages of Passport and VISA for this specific cover for processing claim.
3. Claims consistent with Emergency care as per policy defined wordings are to be supported by detailed medical records.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Corporate Buffer

We will provide a Corporate Buffer upto Sum Insured as specified in the Certificate of Insurance during the Policy Year, provided that:

i. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.
ii. This Benefit will be available for those Insured Beneficiary/ies who have already exhausted their Sum Insured limit as mentioned in the Certificate of Insurance.
iii. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.
iv. Corporate Buffer cannot be used for Ailments/procedures with Sub-limits unless specified.

All claims under this Benefit can be made as per the process defined under Base Cover Terms and Conditions

Options:

Type of Ailment:

1. All Accidental Injuries and illnesses
2. For Accidental claims only
3. For specified Critical ailments

Type of Coverage:

1. Up to Per Family SI
2. Up to Full Corporate Buffer SI

Note-

1. This Optional Cover shall be applicable for Employer-employee groups only.
2. This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: HIV - Anti retroviral Therapy

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Anti-retroviral therapy related expenses availed on Outpatient basis arising due any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases up to the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

Note: If this Optional Cover is opted, then Exclusion C. III.07 from Base Cover will be deemed to be inoperative for the purpose and within scope of this coverage only.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only
Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply..

Optional Cover: Gender Reassignment Treatment

If this cover is opted, We will indemnify for Reasonable and Customary Medical Expenses incurred for Gender Re-alignment Treatment taken by Insured Beneficiary during the Cover Period, up to the Sum Insured stated in the Certificate of Insurance towards

- Hormone Therapy: The treatment involves hormone therapy (administered either on an In-patient or outpatient basis) like Testosterone (masculinizing hormones) for Trans Man (Female to Male) and oestrogen (feminizing hormones) for Trans Woman (Male to Female).
- Surgical Intervention including but not limited to below listed procedures such as
- Genital surgery for Male-to-Female transsexuals
- Genital surgery for Female-to-Male transsexuals

Condition applicable to Gender Re-assignment Treatment-

- Coverage in the policy would be as per the WPATH protocol.
- This include (but not restricted to) primary care, gynecologic and urologic care, reproductive surgery options, voice related surgeries and communication therapy, mental health support services (e.g., assessment, counseling, psychotherapy), and hormonal and surgical treatments.
- Active Line of Treatment would not be applicable for this treatment.

This Optional Cover can be opted with Base Cover 1: Medical Expenses Insurance only

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Wellness Services

The Group Manager can opt for any of the following Services on a Cashless basis only. The Certificate of Insurance will specify the scope of cover applicable to the opted services.

This Optional Cover can be opted with any of the 4 base Covers.

i. **Health Risk Assessment (HRA):** The Company will provide Insured Beneficiary with Health Risk Assessment (HRA) tool, as specified in the Policy Certificate, for evaluation of the Insured Beneficiary's health and quality of life during the Period of Cover.

"HRA" shall mean any online questionnaire tool, as specified in the Policy Certificate, for evaluation of the Insured Beneficiary's health and quality of life by reviewing the current lifestyle practices, habits, diet, existing health issues, pathology, family history and others, affecting the Insured Beneficiary's health status.

Online HRA shall be provided through our wellness platform. Awareness on health can be provided based on the health status of the Insured Beneficiary.

ii. **Electronic Health Records**
The company will provide a digital tool for digitalized health record options with in wellness platform which allows insured securely and confidentially manage their health information online, helps record their current health status and medical history with lifetime access of health records.

iii. Kid's Vaccination Tracker
The company will provide a vaccination tracker option within wellness platform which helps Insured Beneficiary to find information he/she needs about child vaccination. He/she gets schedule of WHO recommended vaccines for their kid's with due date. Also, provides option to set reminder for next due vaccination.

iv. **Tele- Consultation:** If the Insured Beneficiary and or Insured Beneficiary is suffering from any illness or injury he / she can consult Medical Practitioner/ Physician/Doctor listed on the Digital platform of concerned service provider's application via video, audio, or chat channel as specified in Policy Schedule or Certificate of Insurance. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time.

v. **E-Second Opinion:** If the Insured Beneficiary is suffering from any Critical illness or medical condition occurring during the Cover Period he / she can opt for E-Second Opinion from Medical Practitioner/ Physician/Doctor listed on the Digital platform of concerned service provider's application via video, audio, or chat channel as specified in Policy Schedule or Certificate of Insurance.

- The Insured Beneficiary is free to choose whether or not to act on the E- Second Opinion
- We shall not be deemed to substitute the Insured Beneficiary's visit or consultation to an independent Medical Practitioner

vi. **Health Services**: Insured Beneficiary can avail Health Services as specified in Policy Schedule or Certificate of Insurance. These Health Services can be Onsite Health Services or Offsite Health Services as opted by Group Manager. Health Services" may include but not be limited to below services:

- **Health Services** provided by a Medical Practitioner/Healthcare Professional through a clinic such as evaluation of specified health parameters, Medical Procedures, Vaccinations, First Aid etc.
- **Wellness Sessions** provided by Healthcare Professionals/Health Service Providers for creating awareness/ training/ education on complete wellbeing. These may include sessions for physical fitness, diet and nutrition, spiritual, occupational, environmental, financial, social and mental wellbeing and safety related parameters by relevant.
- **"Heath Camp"** shall mean any planned on-site or off-site camp focusing on health parameters such as but not limited to vaccination, eye screening, and dental screening, health talk, Body composition analysis, Bone Mineral Density check-up.

Onsite shall mean within the place of work of the Insured Beneficiary or a specified location.

Offsite shall mean outside of workplace of the Insured Beneficiary or elsewhere

vii. **Work Life Balance Programs:**

Insured Beneficiary can participate in "Work Life Balance Program" as opted by Group Manager. These services are not meant to be availed in replacement of the Medical Advice or treatment provided by a Medical Practitioner. The Insured Beneficiary must not avail or continue if they have received any express instructions from the treating/consulting Medical Practitioner.

Work Life Balance Programs shall mean any of the following:

i. **Lifestyle management program** with a specific focus such as but not limited to smoking cessation, stress management to educate, empower and engage Insured Beneficiary/ies to become more aware about their health and proactively manage it. Each Insured Beneficiary shall have access to wellness coach. These programs can be app /web/chat/call based with/without wearable devices.

ii. **Pregnancy management care program**: Customized pregnancy program, online app/web based and telephonic general tips and suggestions to expectant parents on antenatal support, labour preparation and post-partum support. These services are to educate, empower and engage the expecting parents, which will include but are not limited to customised diet plan, fitness advice, emotional support, educating on changes in the body, caution signs, advises on tests and scans, labour pain management, lactation counselling and counselling on breathing exercises for the expectant mother with discounts on pharmacy and necessary diagnostics. These programs can be app /web based with/without wearable devices.

iii. **Disease management program** will cover customized program for Insured Beneficiary/ies with any lifestyle disease or borderline cases, to educate, empower and engage Insured Beneficiary/ies to become more aware of their health and proactively manage it, each Insured Beneficiary shall have access to wellness coach. This program can be app/web/call/chat based with/without wearable devices.

iv. **Employee Assistance Services (EAP) services** will cover customized program for Insured Beneficiary/ies with a specific focus such as but not limited to shift worker support program, gender diversity program, one to one counselling each insured shall have access to wellness coach. The programs can be offered thru app/web/chat/call based.

viii. **Value Added Services**: On Group Manager's request, We will arrange Value Added Services for the Insured Beneficiary/ies to avail as specified in the Certificate of Insurance. These may include but not be limited to Discount on services offered by Networks/Health care service providers on OPD consultation, Medicine, Lab investigations, Home Health care services, Fitness Centre Memberships.

Specific Condition applicable to Wellness Services:

1. We shall not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations made by the Clinics/Network Provider/Health Service Provider in relation to the same.
2. The Insured Beneficiary is free to choose whether to act on the advice received in whole or in part. We shall not be liable or responsible for any consequences occurred thereof.
3. By seeking and availing services under this cover, the Insured Beneficiary is not prohibited or advised against visiting or consulting with any other independent Medical Practitioner or commencing or continuing any treatment advised by such Medical Practitioner.
4. Health records in respect of the Insured Beneficiary may be made available by digital modes for certain services directly to the Insured Beneficiary on request.

This Optional Cover can be opted with any of the 4 base Covers.

Subject to what is mentioned in this Optional Cover, all other Standard and Specific Terms and Conditions and Standard and Specific Definitions, Standard and Specific Exclusions and in excess of the amount of the Deductible, contained or otherwise expressed in the Certificate of Insurance read with Group Policy to Policy Holder as applicable to the Base Cover shall apply.

Optional Cover: Wellbeing Benefits

Wellbeing Benefits intend to promote, incentivize and reward the Insured Beneficiary/ies for maintaining a healthy life style through various wellness activities. The Insured Beneficiary will be eligible for Wellbeing Benefits as specified in Policy Schedule or Certificate of Insurance.

Wellbeing Benefits will be enabled and administered online through BAGIC Digital Wellness Platform: insurance wallet/pro-fit.bjaz.in

These Wellbeing Benefits can be opted with any of the 4 Base Covers.

Options:

i. Basic Plan
ii. Advanced Plan

OPTION 1: BASIC PLAN

At each renewal of Flexi health Protect Plan (Group) with *Us, the Insured Beneficiary* will be entitled for a Wellbeing Discount on Renewal Premium subject to below mentioned criteria being fulfilled by *Insured Beneficiary* during the preceding Policy Year.

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

Parameters Achieved	Wellbeing Discount
4/5 out of 8	5.00%
6/7 out of 8	7.50%
8 out of 8	10.00%
8 out of 8 and walks for 10,000 steps for 20 days every month	12.50%

Specific Conditions:

1. Wellbeing discount is applicable for members aged 25 years and above

2. In Floater Certificate of Insurance, discount will be offered basis the average of number of Parameters Achieved by all Insured Beneficiary's aged 25 years & above.
3. Discount under Floater Policy = $\frac{\text{Total No. of Parameters achieved by eligible members}}{\text{Total No. of eligible members in the family}}$
4. The below mentioned criteria should be fulfilled each year in case of long-term Certificate of Insurance.

OPTION 2: ADVANCED

Insured Beneficiary can participate in Wellness Activities which help in improving their overall Wellbeing and earn Wellness Reward Points. The Reward Points earned, can then be utilized to avail Wellbeing Benefits as specified in Policy Schedule or Certificate of Insurance.

Wellness Activities & Earning of Rewards Points:

Wellness Activity	Reward Points	Maximum Reward Points	Criteria
Online Health Risk Assessment	100	100	Complete all the questions within one month from staring Policy Inception Date
Medical Risk Assessment: - Blood Pressure -Lipid Profile - Fasting Blood Sugar & PP or HBa1C - Serum Creatinine - Heamogram	400	500	Completes all the test and submits the reports will get 400 points. If all the test results are normal will get additional 100 points
PAP Smear (Female above age 45)	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
Mammogram (Female above age 45)	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
PSA (Male Above 45 age)	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
2D Echo	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
TMT	100	150	Completes the test and submits report will get 100 points. If results are normal will get additional 50 points.
Average Daily/20 days a month Steps in a Policy Year are between - 5001 to 8000	200	200	Insured Beneficiary has to download the BAGIC “Caringly Yours” App for tracking steps taken.
Average Daily/20 days a month Steps in a Policy Year are between - 8001 to 10000	300	300	Insured Beneficiary has to download the BAGIC “Caringly Yours” App for tracking steps taken.
Average Daily/20 days a month Steps in a Policy Year are more than 10000	400	400	Insured Beneficiary has to download the BAGIC “Caringly Yours” App for tracking steps taken.
Participation in professional sporting events like Marathon/ Cyclothon/ Swimathon etc	200	200	Insured Beneficiary has to submit relevant document proofs to BAGIC
Membership in a health club (For 1 year or more) - In a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes	400	400	If Insured Beneficiary is not member of health club he/she has to join within 3 months from commencement of policy Proof : Subscription
Quit Smoking-	100	100	Self-declaration
Participation in Weight Management program for overweight customers	150	200	On subscription Insured Beneficiary shall get 150 reward points. After completion of program if BMI within normal range will get 50 additional points. Proof : Subscription

Participation in Chronic Condition Management Program (for the Insured Beneficiary who is suffering from Chronic Condi t ion/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	150	200	On subscription Insured Beneficiary shall get 150 reward points. After completion of program if results of relevant tests are within normal range will get additional 50 points Proof : Subscription
Renewal of Policy With BAGIC	100	100	
Attend Online Health Sessions/Webinars	10	200	10 Points each session maximum up to 200 points
Total Reward Points	**3200**	**3650**	

Options to Utilize Rewards Points:

The Reward Points can be redeemed in the following manner

Option 1: Discount on Renewal Premium

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Reward Points Earned	Discount
If Reward Points are between 500 to 999	3%
If Reward Points are between 1000 to 1999	5%
If Reward Points are between 2000 to 2999	7%
If Reward points are more than or equal to 3000	10%

Wellness Eligibility Criteria:

i. Wellness discount is applicable for members age 25 years and above.
ii. In Floater Certificate of Insurance, discount will be offered basis the average of number of Parameters Achieved by all Insured Beneficiary/ies age 25 years & above.
iii. Discount under Floater Policy = Total No. of Parameters achieved by eligible members
- Total No. of eligible members in the family

OR

Option 2: Payment of Non-Medical Expenses**/ Co-Pay during claim**

In the event of a claim during the Cover Period the Insured Beneficiary can utilize the Reward Points earned up to the date of claim in the following manner.

i. For payment of Non- Medical Expenses or
ii. For payment of co-pay.

The Earned Points shall be converted in the following manner

i. Each Point will be equivalent to INR **0.50**
ii. The total Points earned up to the date of claim during the Cover Period shall be multiplied by **INR 0.50** to arrive at the value of the Points.
iii. The value of the Points so arrived at can be utilized at the time of claim during the Cover Period either for the payment of Non- Medical Expenses or for the payment of co-pay.

OR

Option 3: Redeemable vouchers

For services like OPD Consultation/ E-Pharmacy or Lab Investigations, nutritional supplements, Braces, Belts, crutches, walkers, heat pads, cooling pads, pain relief support systems etc. In case of renewal of a policy, the Insured Beneficiary has to redeem the reward points within next 30 days from expiry date of the Policy.

The Earned Points shall be converted in the following manner

i. Each Point will be equivalent to INR **0.50**
ii. The total Points earned up to the date of claim during the Cover Period shall be multiplied by **INR 0.50** to arrive at the value of the Points.
iii. The value of the Points so arrived at can be utilized at the time of claim during the Cover Period either for the payment of Non- Medical Expenses or for the payment of co-pay.