Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP26074V022526
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

CARINGLY YOURS

PROSPECTUS

MY HEALTH CARE PLAN EDGE+ (Plan 9)

- Who can be covered under the policy?
  You can include all of the following relationships:

  Proposer /Spouse /Dependent Parents/ Dependent Sister/ Dependent Brother/ Dependent Parents-in-law/ Dependent Aunt/ Dependent Uncle/ Dependent Children– 18 years – Unlimited

  Dependent Children/ Dependent Grandchildren 3 months – 30 years

  Family Floater policy- Insured; his/her lawfully wedded spouse and dependent children For Parents/ Parents in law can be covered under floater

  Policy Renewal age – Lifetime

- What are the Sum Insured options available under the policy?
  5 Lakh,7.5 Lakh,10 Lakh,15 Lakh ,20 Lakh, 25 Lakh,50 Lakh,75 Lakh,1 Cr, 2 Cr, 3 Cr, 4 Cr, 5 Cr

- What type of plans are available?
  Individual and Floater Policy

- What is the entry age eligibility under the policy?
  3 months to Unlimited

- What is the Policy Tenure available?
  1 Year, 2 Years, 3 Years, 4 Years, 5 Years

- What is premium paying term?
  Annually / Half yearly/ Quarterly or Monthly.

- GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS AND OPTIONAL BENEFITS:

  1. If a claim is paid under In-patient Hospitalisation Treatment, Pre-Hospitalisation Medical Expense, Post-Hospitalisation Medical Expense, Modern Treatment Methods and Advancement in Technologies, AYUSH Hospitalization Cover, Day Care Treatment, Organ donor expenses, Road Ambulance, Domiciliary Hospitalization, Family Visit, Air Ambulance, Major Illness and Accident Multiplier (Indemnity), Double Sum Insured Benefit, Cost of Prescribed External Medical Aid, Global Cover (Planned & Emergency treatment), Consumables Expenses, Consumables Plus, Age Shield then, the Cumulative Bonus/Super Cumulative Bonus will be reduced.
  2. If Insured Person opts for Super Cumulative Bonus then the benefits under this cover will over-ride the benefits of Section C) 11. Cumulative Bonus.
  3. If opted, Air Ambulance, Major Illness and Accident Multiplier (Indemnity), Double Sum Insured Benefit, Cost of Prescribed External Medical Aid, Super Cumulative Bonus, International Cover- Emergency Care only, Global Cover (Planned & Emergency treatment), Health Limitless, Consumable Expenses, Consumables Plus, Age Shield, Health Prime Rider shall be available on Individual Basis in an Individual Policy and Floater Basis in a Floater Policy.
  4. If opted, Insta Shield, NRInsure, Fetal Flourish shall be available on Individual Basis in Individual and Floater Policy.
  5. Claim under Health Prime Rider will not impact Cumulative Bonus/Super Cumulative Bonus, Age Shield, StepUp Benefit.
  6. Either Voluntary Co-payment or Voluntary Aggregate Deductible can be opted. Both cannot be opted together in the same policy.
  7. Where applicable, the total Sum Insured shall be utilized per following sequence in the event of a claim:
     - In-patient Hospitalisation Treatment (Base) Sum Insured.
     - Cumulative Bonus/ Super Cumulative Bonus (If opted).

- Double Sum Insured (If opted).
- Major Illness & Accident Multiplier (If opted).
- Sum Insured Reinstatement.
- Health Limitless (If opted).

➢ What Will we pay for:

Scope of cover:

The Company hereby agrees to indemnify Insured Person in respect of Reasonable and Customary expenses in an admissible claim, for any or all of the following covers as opted, subject to the Sum Insured ("SI"), Limits, Deductibles, Co-payment, Terms, Conditions, Definitions and Exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalisation Treatment:
   If You are Hospitalized for In-Patient Care on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify you against Reasonable and Customary Medical Expenses incurred for:
   a) Room and Boarding expenses as Single Private A/c room or as specified on the Policy Schedule.
   b) If admitted in ICU, the Company will pay up to ICU expenses at actuals.
   c) Nursing Expenses as provided by the Hospital.
   d) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
   e) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances.
   f) Medicines & Drugs, Medical Consumables, Dialysis, Chemotherapy, Radiotherapy, Physiotherapy.
   g) Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process.
   h) 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/category exceeding the opted limits/category as mentioned under this cover, the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, Medical 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) The Insured Person has an option to modify the room category to Actuals or Twin Sharing.

2. Pre-Hospitalisation Medical Expense:
   We will indemnify you against the Reasonable and Customary Medical Expenses incurred, up to 60 days as specified on the Policy Schedule up to Inpatient Hospitalization Treatment Sum Insured, for a specific period immediately before the Insured beneficiary was Hospitalised, provided that,
   a. Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required.
   b. The Company has accepted an Inpatient Care claim under "In-patient Hospitalisation treatment".

3. Post-Hospitalisation Medical Expense:
   We will indemnify You against the Reasonable and Customary Medical Expenses incurred, up to 90 days as
   specified on the Policy Schedule, up to Inpatient Hospitalization Treatment Sum Insured, for a specific period
   immediately after the Insured beneficiary was discharged post Hospitalisation provided that,
   a. Such Medical Expenses are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required.
   b. The Company has accepted an Inpatient Care claim under "In-patient Hospitalisation Treatment".

4. Modern Treatment Methods and Advancement in Technologies:
   We will indemnify You against all the eligible Reasonable and Customary Medical Expenses incurred if You undergo procedures as listed below, maximum up to "In-Patient Hospitalization Treatment" Sum Insured.
   a. Uterine Artery Embolization and HIFU.
   b. Balloon Sinuplasty.
   c. Deep Brain stimulation.
   d. Oral chemotherapy.
   e. Immunotherapy- Monoclonal Antibody to be given as injection.
   f. Intra-vitreal injections.
   g. Robotic surgeries.
   h. Stereotactic radio surgeries.
   i. Bronchial Thermoplasty.
   j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment).
   k. IONM - (Intra Operative Neuro Monitoring).
   l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

5. AYUSH Hospitalization Cover:
   If You are hospitalized in an AYUSH Hospital for a period not less than 24 hours on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred for AYUSH treatment up to "In-patient Hospitalization Treatment" Sum Insured.
   The following expenses are payable under this cover:
   a) Room rent, boarding expenses as per the Room limit/category specified on the Policy Schedule for "In-patient Hospitalization Treatment";
   b) Nursing Expenses as provided by the Hospital;
   c) Consultation and Surgeon fees;
   d) Medicines, drugs and Medical consumables;
   e) AYUSH treatment procedures.

   Specific Exclusion:
   i. The Illness/Injury & the procedure performed on the Insured on Out-patient basis will not be payable.
   ii. 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.

6. Day Care Treatment:
   We will indemnify You against the Reasonable and Customary Medical Expenses up to" In-Patient Hospitalization Treatment" Sum Insured for Day Care Procedures / surgeries taken as an In-Patient in a Hospital or Day care center but not in the Outpatient department.
   Indicative list of Day Care Treatments is given in Annexure I of this Policy document.

7. Organ donor expenses:
   We will indemnify You against the expenses incurred towards organ donor's treatment for harvesting of the donated organ up to In-Patient Hospitalization Treatment Sum Insured, 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, and
   b. We have accepted an In-patient Hospitalization treatment claim for the Insured Person under "In-patient Hospitalization Treatment";
   c. We will pay if Insured Person is the receiver of the organ.

   Specific Exclusion:
   i. Pre and Post-Hospitalization expenses, and any other consequential medical expenses in respect of donor are not payable.
   ii. Major Illness and Accident Multiplier (Indemnity), Sum Insured Reinstatement, Double Sum Insured Benefit, Health Limitless will not be applicable for/under Organ donor expenses cover.

8. Road Ambulance:
   We will indemnify You against the Reasonable and Customary expenses, up to In-patient Hospitalization Sum Insured, incurred on a road ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.
   We will also reimburse the expenses incurred on a road ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.
   Claim under this section shall be payable by Us only when:
   a. Such life-threatening emergency condition is certified by the Medical Practitioner; and
   b. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

9. Domiciliary Hospitalization:
   We will indemnify You against Reasonable and Customary Medical Expenses for Medical Treatment for and illness/disease/injury up to In-patient Hospitalization Treatment Sum Insured, 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.
   a. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital; or
   b. The patient takes treatment at home on account of non-availability of room in a hospital;
   c. Domiciliary Hospitalization should exceed 3 days.

   However, this coverage/benefit shall not cover the following,
   a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
   b. Arthritis, Gout and Rheumatism,
   c. Chronic Nephritis and Nephritic Syndrome,
   d. Diarrhea and all type of Dysenteries including Gastroenteritis,
   e. Diabetes Mellitus and Insipidus,
   f. Epilepsy,
   g. Hypertension,
   h. Psychiatric or Psychosomatic Disorders of all kinds,
   i. Pyrexia of unknown origin,
   j. Vector-borne diseases.

10. Family Visit:
    If Insured Beneficiary sustains Accidental Injury or contracts Illness during the Policy 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 relative or friend of the Insured Beneficiary as per the limit specified on the Policy
    Schedule, subject to the below conditions.
    a. This claim would be admissible if claim is accepted by Us under "In-patient Hospitalisation Treatment".
    b. 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.
    c. Only domestic travel expenses will be paid.

11. Cumulative Bonus:
Cumulative Bonus ("CB") will be increased by 25% of In-patient Hospitalisation Treatment (Base) Sum Insured per annum subject to maximum upto 100%, as specified in the Policy Schedule in respect of each claim free policy year (no claims are reported), provided the Policy is renewed with the company without a break. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Note:
i. In case where the policy is on individual basis, the CB shall be added and available individually to the Insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured person.
ii. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
iv. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
v. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

12. Sum Insured Reinstatement:
The In-patient Hospitalisation Treatment Sum Insured would be "reinstated" unlimited times as specified in the Policy Schedule for the particular Policy Year subject to the below conditions,
i. The reinstated Sum Insured will be available for utilization for subsequent claim made by the Insured Beneficiary provided that the subsequent hospitalization is after a gap of at least 15 days from the date of discharge. This 15-day period is not applicable if the subsequent claim is for the other Insured Beneficiary.
ii. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment
iii. For any claim under this benefit, the maximum liability per claim shall not exceed the In-patient Hospitalization Sum Insured.
iv. This benefit is applicable during each Policy year and will not be carried forward to the subsequent policy year/ renewals.
v. Sum Insured Reinstatement for floater policy will be at policy level.
vi. For individual Sum Insured policy, Sum Insured Reinstatement would be available on Insured Beneficiary level.

13. Renewal Premium Waiver:
In event of death of the proposer (who is also an Insured Beneficiary during the Policy Period due to Accidental Injury or Illness, we will pay the renewal premium of My Health Care Plan EDGE+ (Plan-9) for the dependent Insured Beneficiary/ies covered under the Policy for same coverages. The renewal premium as My Health Care Plan EDGE+ (Plan-9) premium table is payable only for one Policy Year for the dependent Insured Beneficiary/ies for same sum insured. Benefit under this cover will be given only in case the claim for renewal of the Policy under this cover is made within Policy Period or within Grace Period.

➢ OPTIONAL COVERS

In consideration of payment of additional premium by the Insured Person to the Company and realization thereof by the Company, it is hereby agreed that We will indemnify/ pay You against the Reasonable and Customary expenses, as the case may be, in respect of an admissible claim under any or all of the following Optional covers as opted subject to the Sum Insured, Limits, Deductibles, Co-payment, Terms, Conditions, Definitions and Exclusions contained or otherwise expressed in this Policy.

1. Air Ambulance

If this cover is opted by the Insured, it is hereby agreed and declared that My Health Care Plan EDGE+ (Plan 9) is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the Illness/ Accident to the nearest Hospital during Policy Period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the My Health Care Plan EDGE+ (Plan 9). The claim under this cover would be reimbursed up to the actual expenses subject to a maximum of 10 lakhs as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

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 Person's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy;
iii. Up to the maximum of Sum Insured Limit per Policy Year as per the option specified on the policy schedule for this cover;
iv. This cover is applicable only for Air Ambulance facility availed within the Indian Geographical limits;
v. Return transportation to the Insured's home by air ambulance is excluded;
vi. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.

2. Major Illness and Accident Multiplier (Indemnity)

If this cover is opted and if You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner for the below listed Critical Illnesses or due to Accidental Bodily Injuries during the Policy Period, then the sum insured for such Major Illnesses or Injury would be increased upto Two Times of "Inpatient Hospitalization Treatment" Sum Insured as specified in the Policy Schedule, subject otherwise to all other terms, conditions and exclusions of the policy.

i. Cancer
ii. Open Chest Coronary Artery Bypass Grafting (CABG)
iii. Kidney Failure Requiring Regular Dialysis
iv. Major Organ Transplantation
v. Multiple Sclerosis with Persisting Symptoms
vi. Permanent Paralysis of Limbs
vii. Open Heart Replacement or Repair of Heart Valves
viii. End Stage Liver Failure
ix. End Stage Lung Failure
x. Bone Marrow Transplant

3. Double Sum Insured Benefit

If this cover is opted by You, the Sum Insured specified under In-patient Hospitalization Sum Insured would get doubled subject to the following conditions.

i. This cover shall be applied only once during each Policy Year and any unutilized amount, in whole or in part will not be carried forward to the subsequent Policy Year.
ii. The cover can be utilized for any number of claims admissible under the Policy during the Policy Year.
iii. The cover will be applicable only after exhaustion of In-patient Hospitalisation Sum Insured.
iv. In case of family floater policy, the cover will be available on floater basis for all Insured persons covered under the Policy and will operate in accordance with the above conditions.
v. For Individual Sum Insured policy, Double Sum Insured benefit would be available on each Insured Person level.

4. Cost Of Prescribed External Medical Aid
If this cover is opted, We will indemnify you against the Reasonable and Customary Expenses incurred for purchase of External Medical Aids prescribed by a treating Medical Practitioner for the specific illness or injury against which We have accepted Insured's Claim under "In-patient Hospitalization Treatment" with a limit of 10% of Sum Insured, max up to 5 lakhs.

Note- If this Cover is part of your plan, then SECTION D) WAITING PERIOD AND EXCLUSIONS III. Specific Exclusion Point no 4 is deemed to be inoperative for this cover.

5. Super Cumulative Bonus
If this cover is opted, the Super Cumulative Bonus ("SCB") will be increased by specific amount as specified in the Policy Schedule in respect of each claim free Policy year (no claims are reported), provided the Policy is renewed with the Company.

Specific Condition for Super Cumulative Bonus:

i. If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Super Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal. The Super Cumulative Bonus would be maintained as per the expiring policy.
ii. In case where the Policy is on individual Sum Insured basis, the SCB shall be accrued and available individually to the Insured Person if no claim has been reported in respect of that Insured Person. In case of claim, SCB in respect of the Insured Person who has made the claim shall be reduced at the same rate at which it has accrued, subject to Point i. above.
iii. In case where the Policy is on floater Sum Insured basis, the SCB shall be accrued and available to the Family on floater basis, provided no claim has been reported from any member of the Family. In case of claim, SCB shall be reduced at the same rate at which it has accrued, subject to Point i. above.
iv. In case the accrued SCB reduces, the Sum Insured will be maintained and will not be reduced in the Renewal Policy Year.
v. SCB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
vi. If the Sum Insured has been reduced at the time of Renewal, the applicable SCB shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the SCB shall be calculated on the Sum Insured of the last completed Policy Year.
vii. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium then any awarded accrued SCB shall be withdrawn, subject to Point i. above.
viii. This clause does not alter the annual character of this insurance.

6. Consumable Expenses: (For SI 5 Lakhs, 7.5 Lakhs and 10 Lakhs)
If this cover is opted, We will indemnify You against the Non-Medical Expenses/ consumables (as specified in Annexure III) incurred during treatment of the Insured Person during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.

Note: All other Non-medical items apart from those listed in Annexure III will be excluded.

7. International Cover- Emergency Care Only:
International Cover- Emergency Care only If You are hospitalized on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred outside India and anywhere across the World for Emergency Care only, for below listed expenses, up to the Sum Insured specified on the Policy Schedule.

i. Room and Boarding expenses as per the limit/category specified on the Policy Schedule.
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, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
v. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances.
vi. Medicines & Drugs, Medical Consumables prescribed to manage the emergency condition.
vii. 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.

Specific Conditions for International Cover- Emergency Care only:

a. The Injury or Illness should occur while the Insured Person is outside India.
b. The treatment must commence immediately on diagnosis of the Illness or occurrence of the Injury.
c. A mandatory co-payment of 10% is applicable which will be in addition to any other co-payment/ deductible if any applicable in the policy.
d. The benefit is available for 45 continuous days from date of travel in a Single trip and 180 days on a cumulative basis as whole in a Policy year.
e. The Medical Expenses payable shall be limited to Inpatient hospitalization treatment only. Pre and post hospitalization expenses, day care treatment, Maternity Package expenses are not covered under the purview of this cover.
f. The payment of any claim under this cover will be based on the rate of exchange as on the date of loss published by the Reserve Bank of India and shall be used for conversion of foreign currency into Indian Rupees for payment of claims.
g. The Insured person has to inform us within 24 hours of occurrence of the emergency condition and take prior approval for Medical Treatment.
h. Reinstatement, Cumulative Bonus, Super Cumulative Bonus, Major Illness and Accident Multiplier (Indemnity), Health Limitless or Double Sum Insured Benefit accrued cannot be used for payment of claims under International Cover- Emergency Care only.
i. Kindly download Our Company's App, where you will be able to locate the step-by-step guide for availing the benefits under the International Cover- Emergency Care Only.

All other terms, conditions, definitions, exclusions will be as per those applicable to In-patient Hospitalization Treatment Cover.

➢ Riders

In consideration of payment of additional premium by the Insured Person to the Company and realization thereof by the Company, it is hereby agreed that We will indemnify/ pay You against the Reasonable and Customary expenses, as the case may be, in respect of an admissible claim under any or all of the following Optional covers as opted subject to the Sum Insured, Limits, Deductibles, Co-payment, Terms, Conditions, Definitions and Exclusions contained or otherwise expressed in this Policy.

1. Global Cover: (For SI above 10 Lakhs) (UIN- BAJHLIA27077V012627)

If this Rider is opted, and if You are hospitalized on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred outside India and anywhere across the World for Emergency Care as well as planned treatments, for below listed expenses, up to the Sum Insured specified on the Policy Schedule.

i. Room and Boarding expenses as per the limit/category specified on the Policy Schedule.
ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals.
iii. Nursing Expenses as provided by the Hospital Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
v. Medicines & Drugs, Medical Consumables prescribed to manage the emergency condition.
vi. Equipment if implanted internally like pacemaker during a surgical process.
vii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Specific Conditions for Global Cover

a. There is no separate Sum Insured for this optional rider and any claim triggered under this benefit shall reduce the In-patient Hospitalization Treatment Sum Insured opted in the Base Plan.

b. You will have to choose from a range of mandatory co-payment options- 0%, 10%, 20%, 30%, 40%, 50%.
c. The benefit is available for 45 continuous days from date of travel in a Single trip and 180 days on a cumulative basis as whole in a Policy year.
d. If claim is paid under this Rider, any accrued Cumulative Bonus will be impacted.
e. This Rider is not available to Non-Indian citizens & people who are not permanent residents of India.
f. We will cover up to Single private room only for planned treatments under this Rider.
g. The Medical Expenses payable shall be limited to In-patient hospitalization treatment including Day care treatment.
h. Pre and post hospitalization expenses, Organ donor expenses, Road Ambulance are not covered under the purview of this cover.
i. The payment of any claim under this cover will be based on the rate of exchange as on the date of loss published by the Reserve Bank of India and shall be used for conversion of foreign currency into Indian Rupees for payment of claims.
j. Treatment under this cover should be taken at a Hospital or clinic duly recognized and registered under the applicable law of the country where the treatment is taken.
k. Sum Insured Reinstatement, Cumulative Bonus/ Super Cumulative Bonus, Major Illness and Accident Multiplier (Indemnity), Health Limitless or Double Sum Insured Benefit accrued cannot be used for payment of claims under Global Cover.
l. In case of planned Hospitalization, prior intimation of at least 7 days of the travel shall be provided to Us / Service Provider / Network Provider and due approval from Us will be necessary.
m. This benefit is available under cashless and reimbursement.
n. Countries / Territories / Geographies placed in the Grey and Black List by the Financial Action Task Force shall be excluded from this cover. For updated list please visit: https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html.
o. Kindly download Our Company's App, where you will be able to locate the step-by-step guide for availing the benefits under the Global Cover.

All other terms, conditions, definitions, exclusions will be as per those applicable to In-patient Hospitalization Treatment Cover under Base Policy.

2. Consumables Plus (For SI above 10 lakhs): (UIN- BAJHLIA27077V012627)
If this Rider is opted, We will indemnify You against the Non-Medical Expenses/ consumables (mentioned in List I, II, III, IV of Annexure II) incurred during treatment of the Insured Person during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover" of Base Policy.
   i. This cover shall not be available outside the geographical boundaries of India, even where International Cover- Emergency Care Only and Global Cover has been opted.

All other terms, conditions, definitions, exclusions will be as per those applicable to In-patient Hospitalization Treatment Cover under Base Policy.

Note: If this Optional Cover is opted by You, then Exclusion D. III. 7 will be deemed to be inoperative for the purpose of this coverage only.

3. Smart Tenure (UIN- BAJHLIA27077V012627)
If the Insured Person has opted for this Rider, then in the case of multi-year Base Policy, the annual Sum Insured under Base Policy for Insured Person(s) will be combined for the entire Base Policy tenure. Such combined Sum Insured will be available as a single cumulative limit for all admissible claims during the Base Policy Period.

(For example: For a 5-year Policy with an annual Sum Insured of Rs 5 Lakhs, the combined Sum Insured available would be Rs 25 Lakhs (Rs 5 Lakhs x 5 Years).

Illustrations:

Scenario 1: 5-year Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1st Year	20 Lakhs	Payable
2nd Year	5 Lakhs	Payable
3rd Year	1 Lakhs	Payable under Sum Insured Reinstatement

Scenario 2: 5-year Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1st Year	25 Lakhs	Payable
2nd Year	5 Lakhs	Payable under Sum Insured Reinstatement

Scenario 3: 5-year Policy, available Sum Insured would be 25 lakhs

Policy Year	Claim Amount	Payable/ Non-Payable
1st Year	10 Lakhs	Payable
2nd Year	10 Lakhs	Payable
3rd Year	5 Lakhs	Payable
4th Year	10 Lakhs	5 Lakhs Payable under Sum Insured Reinstatement

This cover shall however be subject to the following conditions:

i. The combined Sum Insured may only be utilized for expenses arising out of any of the following applicable covers under the Base Policy: In-patient Hospitalisation Treatment, Day Care Treatment, Modern Treatment Methods and Advancement in Technologies, Pre & Post Hospitalisation Medical Expense, AYUSH Hospitalization Cover, Organ donor expenses and Road Ambulance.
ii. Any balance Sum Insured will be carried forward to the remaining Policy Tenure as depicted in Scenario above.
iii. Only the In-patient Hospitalisation Treatment Sum Insured of the Base Policy shall be considered for calculating combined Sum Insured under Base Policy under this Rider.
iv. This cover is applicable only for hospitalization claims arising within India.
v. Any claim paid under the Base Policy that reduces the Sum Insured will correspondingly reduce the combined Sum Insured available under this cover.
vi. Applicable for Individual Sum Insured policy only.
vii. If this Rider is opted, then the Insured is not eligible for Major Illness and Accident Multiplier (Indemnity), Health Limitless, International Cover- Emergency Care Only, Global Cover or Double Sum Insured Benefit.
viii. Premium payment in instalment is not applicable if Smart Tenure is opted.

4. StepUp Benefit (UIN- BAJHLIA27077V012627)
If this Rider is opted, The Insured Person shall be entitled to a once-in-a-lifetime option to enhance the Sum Insured of Base Policy at Renewal to the next available slab, subject to the following conditions:

i. Continuity of waiting period shall apply to the enhanced Sum Insured slab.
ii. The Insured person shall be eligible for this benefit only if no claims have been made under the Base Policy.

iii. This option shall be available only once during the lifetime of the Insured person under the Base Policy.

5. Health Limitless (For SI 10 Lakh & above) (UIN- BAJHLIA27077V012627)
If this Rider is opted, We will indemnify the Medical Expenses incurred in respect of Hospitalization of the Insured Person under In-Patient Hospitalisation Treatment / Day Care Treatment/ AYUSH Hospitalization for any one claim during the lifetime of the Base Policy without any limits on the Annual Sum Insured subject to the following conditions:
   i. The time period to opt for this optional cover shall be limited to 2 Base Policy Years (irrespective of the Base Policy Tenure). Such that:
      a. If the Base Policy Tenure is of single year and is continuously renewed as single year, the Insured Person has to opt for this Rider cover either at the time of Base Policy Inception or the first Renewal. This Optional Cover shall not be applicable in case the Insured Person wishes to opt for this Rider at the time of second Renewal.
      b. If the Policy Tenure is of 2 , 3, 4 or 5 years, the Rider has to be opted at the time of Base Policy inception itself to avail the benefit.
   ii. This cover is applicable only for one claim in the lifetime of the Base Policy, irrespective of Policy Tenure or Policy Type (Individual or Floater), and should be admissible under Inpatient Hospitalisation Treatment/Day Care Treatment/ AYUSH Hospitalization. All the conditions applicable to the basic covers under Base Policy shall be applicable to this Rider.
   iii. Once a claim has been made under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent Renewals.
   iv. Voluntary Co-payment or Voluntary Aggregate Deductible, if opted by the You, shall be applicable under this cover.

6. NRInsure: (UIN-BAJHLIA26076V012526)
If this rider is opted, Insured Person is entitled for a discount of 35% on the premium payable under the base policy for Insured Person(s), subject to compliance with the conditions listed below.
   i. The insured shall submit a declaration confirming that they are Non-Resident Indians / Overseas citizens of India based abroad in entirety for the Policy Year.
   ii. The Insured shall provide acceptable proof of overseas residence prior to or at the inception of Add-on and at each subsequent Renewal to continue availing the discount.
   iii. The following documents must be submitted for verification at the time of inception and all subsequent renewals:
      - A copy of valid Passport with applicable Visa Stamping.
      - Applicable Tax Documentation, Work Visa, or Employment/Work Permit outside of India.
      - A signed Residential Agreement (lease/rental or ownership) in the overseas address.
      - Any other document as may be specified by the Company from time to time.
   iv. The Insured Person shall have and maintain an Indian bank account for payment of premium and for facilitating claim payments, if any. The Company may seek proof of the same at inception or renewal.
   v. All waiting periods, as per the Base Policy terms and conditions, shall continue to apply to the Insured Person covered under this rider. This rider does not reduce, modify, or waive any waiting periods.
   vi. If the Insured Person ceases to reside outside India, then the discount under this rider shall cease immediately from next renewal. Premium shall thereafter be charged as per the applicable rate for residents in India. The Insured Person(s) shall promptly intimate the Company of any change in the residency status.
   vii. International Cover – Emergency Care only and Global Cover benefit under the Base Policy shall not be available to Insured Person(s) availing this rider or to Non-Resident Indian/ Overseas citizens of India.

7. Insta Shield: (UIN-BAJHLIA26072V012526)
If this rider is opted, We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person under the Base Policy, including In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense due to the chronic condition(s) listed below and their complications from the 31st day of Policy inception date after serving initial waiting period of 30 days, provided that,

i. The chronic diseases/illnesses/conditions is declared by the Insured Person and accepted by Us at the inception of the Base Policy and mentioned in the Policy Schedule; or
ii. If the chronic diseases/illnesses/conditions is detected during Pre-policy medical examination, coverage shall apply only if accepted by the Company and reflected in the Policy Schedule.
iii. Once applied, the premium loading for Insta Shield Rider continues for all renewals.
iv. The above reduced waiting period of 30 days shall be applicable only for specified Insured Persons who have opted and paid additional premium for this rider.
v. The Optional Cover shall be applicable on Individual basis in case of an Individual Base Policy. In case of a Floater Base Policy, the Optional Cover shall be applicable on Individual basis who have declared the Pre-Existing Diseases (PED), applied for this cover and accepted by us.
vi. This cover will be available only during inception of the policy or upon addition of a new member in the Base Policy during Renewal.
vii. Increase in Base Sum Insured- A waiting period of 30 days shall be applicable on the incremented Sum Insured in case the Base Sum Insured is increased at the time of renewal. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured Person(s) & claim history of the Policy.

Diseases/illnesses/conditions covered under this rider:

i. **Asthma-** Asthma is a chronic, non-communicable respiratory disease characterized by inflamed and narrowed airways in the lungs that make airflow difficult which causes recurrent, variable episodes of breathlessness and wheezing, often accompanied by chest tightness and cough.

ii. **Blood pressure (Hypertension)-** Blood pressure (Hypertension) a condition where the pressure in the blood vessels is persistently too high, with readings of 140/90 mmHg or higher on two separate occasions. This elevated pressure means the heart has to work harder to pump blood throughout the body and can lead to serious health problems like heart attack, stroke, and kidney disease.
iii. **Cholesterol (Hyperlipidemia)-** Hyperlipidemia is a condition where there are abnormally high levels of fats (lipids), such as cholesterol and triglycerides, in the blood. This condition is a major risk factor for heart disease and stroke.

iv. **Diabetes mellitus-** Diabetes mellitus is a chronic metabolic disease characterized by elevated blood glucose levels, resulting from defects in insulin secretion, insulin action, or both. This condition leads to long-term damage and dysfunction of vital organs such as the eyes, kidneys, nerves, heart, and blood vessels, causing severe health complications like vision loss, kidney failure, nerve damage, and increased risk of heart attack and stroke.

v. **Obesity-** Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2). The WHO definition is:
   a. BMI greater than or equal to 25 is overweight.
   b. BMI greater than or equal to 30 is obesity.

vi. **Hypothyroidism disorders-** Hypothyroidism is a condition where the thyroid gland doesn't produce enough thyroid hormones to meet the body's needs, causing many bodily functions to slow down. Diagnosed by high Thyroid-Stimulating Hormone (TSH) and low thyroxine (T4) levels, it affects metabolism and can lead to symptoms like fatigue, cold intolerance, and weight gain.

8. Fetal Flourish: (UIN- BAJHLIA26070V012526)
If this rider is opted, We will pay a lump sum payment towards invasive investigations and/or treatment for complications of Your Unborn baby, subject to following conditions.
   i. The treatment must be undertaken as inpatient /Day-care hospitalization.
   ii. The cover shall be subject to a waiting period of nine (9) months from the date of first inception of Fetal Flourish cover under Base Policy.
   iii. Upon opting this Rider, the Standard Exclusion Investigation and Evaluation (Code-Excl04) stands waived up to the extent of this benefit limit as per Base Policy.

Cover Overview	
Sum Insured	INR 2,00,000* (Maximum per maternity event) Benefit based pay out
Benefit offered	Up to 2 maternity events (initial two events classified as G2)
Waiting Period	Nine (9) months from the date the cover under this Rider is first opted under Base Policy
Age Eligibility	Applicable for ages 18 to 45 years

List of procedures covered:

1. Amniocentesis
2. Chorionic Villus Sampling (CVS)
3. Percutaneous Umbilical Blood Sampling (PUBS) or Cordocentesis
4. Fetal Tissue Biopsy
5. Amnioinfusion
6. Amnio-reduction
7. Thoracoamniotic Shunt for Fetal Pleural Effusion
8. Fetoscopy
9. Fetoscopic Laser Surgery for Twin-to-Twin Transfusion Syndrome (TTTS)
10. Fetal Reduction
11. Surgeries for neural tube defects
12. Fetal Cystoscopic Surgery
13. Fetoscopic Endotracheal Occlusion (FETO) for Congenital Diaphragmatic Hernia (CDH)
14. Amniotic Band Syndrome (ABS) Surgery
15. Fetal Aortic Valvuloplasty for Severe Aortic Stenosis
16. Intra-uterine transfusion (IUT)

Note: Detailed description of listed procedures and *Sub-Limits applicable to individual listed covered procedures above are given in Annexure IV of this Policy Wordings.

9. Age Shield: (UIN- BAJHLIA27077V012627)

If this Rider is opted, the premium payable in respect of the Base Policy at each Renewalshall be calculated based on the age of the insured person at the time of inception of first Base Policy ("Entry Age"), and the applicable Sum Insured, provided that no claim has been paid against the Base Policy.

E.g. If You first purchase the Base Policy at the age of 25 years and opt for this Rider, then at each Renewal of Base Policy the premium will be charged at the then prevailing rate applicable to age 25 years for the relevant Sum Insured, provided no claim has been paid under the Base Policy.

Special Conditions for Age Shield:

i. Once a claim is paid, the premium for subsequent Renewals of Base Policy will be applicable as per Your age at the time of Renewal as per standard age band and Sum Insured as mentioned in the Premium Table (Rate Chart) then in force.
ii. No additional premium will be charged in the middle of the Policy tenure in case of claims. Upon Renewal after claim, the premium will be charged as per the current age of the Insured Person at the time of Renewal.
iii. In a Base Policy covering multiple Insured Persons with separate individual Sum Insured, the benefit under this Rider will cease only for those Insured Persons in respect of whom a claim is paid.
iv. In a floater Base Policy, if a claim is paid in respect of any one Insured Person covered therein, then the benefit under this Rider will cease for the entire floater Base Policy.
v. If you add a new member to the existing floater Base Policy mid-term, then the premium will be charged as per the Entry Age of the eldest Insured Person in Base Policy and the premium for Renewal will be locked as per the age of that eldest Insured Person, till a claim is paid.

vi. If you add a new Insured Person to an individual Base Policy and convert it into a Floater plan, then the premium will be charged as per the Entry Age of the eldest insured person and the premium for Renewal will be locked as per the age of that eldest Insured Person, till a claim is paid.

vii. If the eldest Insured Person is no longer part of the floater plan Base Policy, then the floater premium will be calculated as per the original Entry Age of the eldest covered Insured Person in the Base Policy amongst the remaining members and the premium for Renewal will be locked and charged as per the age of eldest covered Insured Person, till a claim is paid.

viii. If an existing floater Base Policy, splits into multiple individual policies, then the benefit under this cover will be carry forward, provided and determined in accordance with the Entry Age of the individual member at which the floater Base Policies were taken by individuals, provided no claim is paid under the floater Base Policy.

10. Walk to Win: (UIN- BAJHLIA27077V012627)
If this Rider is opted, at each Renewal of Base Policy with Us, You will be entitled for a wellness discount, subject to below mentioned criteria being fulfilled by You during the preceding Base Policy Year.

Steps can be tracked through Our mobile application.

Parameter Achieved	Discount
7,500 steps daily for 24 days of every month, for minimum 9 months in a policy year	5%
10,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	10%

Eligibility Criteria:

1. This discount and criteria is applicable for member's age 21 years and above.
2. In case of long-term Base Policy-
The criteria mentioned above has to be met by each Insured Person every year in a long-term Base Policy to be eligible for discount at Renewal.
3. In case of floater Base Policy-
The criteria mentioned above has to be met by each eligible Insured Person every year to be avail the discount at Renewal.

11. No Claim Discount: (UIN- BAJHLIA27077V012627)
If this cover is opted, it is agreed that, at time of Renewal, the Cumulative Bonus / Super Cumulative Bonus accrued shall not be applicable and You will be entitled for Renewal discount of 1.5%, provided that no claim is registered in the Base Policy.

Please Note:

- Cumulative Bonus/ Super Cumulative Bonus will apply afresh, if they are to be re-opted at Renewal.
- In case You have claimed in the preceding Base Policy year, You will not be eligible for No claim discount at the time of Renewal.

12. Health Prime Rider: (UIN-BAJHLIA24087V022324)
If this rider is opted, We will render services/ indemnify/ pay Customary and Reasonable Medical Expenses incurred for below listed coverages during the Policy Period up to the Sum Insured/ number of sessions/ vouchers as specified under respective cover and as specified in the Policy Schedule or up to the limit of indemnity as specified in the Rider/ Policy Schedule:
a. Tele Consultation Cover (Insta Consultation)
b. Doctor Consultation Cover (In-clinic)
c. Doctor prescribed Investigations Cover– Pathology & Radiology Cover
d. Annual Preventive Health Check-up Cover

e. Dental wellness- Consultation, Investigation & Procedures Cover
f. Diet & Nutrition Consultations Cover
g. Emotional Wellness Cover
h. Physical Fitness Cover

Note:

During every Policy Year under Rider Period, Insured/ Insured Member will be eligible for coverages as per the Rider plan/ option selected from the below table.
For Long Term Policies if the Rider is opted, the benefits given in the table below will be applicable for each Policy Year.

Options available in this Rider

Benefits	Individual Options							
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6	Option 7	Option 8
Tele Consultation Cover (Insta Consultation)	Unlimited (General Physicians)	Unlimited (All Specialities)	Unlimited (All Specialities)	Unlimited (All Specialities)	Unlimited (All Specialities)	Unlimited (All Specialities)	Unlimited (All Specialities)	Unlimited (All Specialities)
Doctor Consultation Cover (In-clinic)	-	-	1,000	2,000	3,000	15,000	7,500	30,000
Doctor prescribed Investigations Cover – Pathology & Radiology Cover	-	1,500	3,000	5,000	7,000		7,500	30,000
Annual Preventive Health Check-up Cover	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Silver)	1 Voucher (Gold)	1 Voucher (Platinum)
Dental wellness - Consultation, Investigation & Procedures Cover	-	-	-	-	-	-	5,000	30,000
Diet & Nutrition Consultations Cover	-	-	-	-	-	-	10 Sessions	30 Sessions
Emotional Wellness Cover	-	-	-	-	-	-	6 sessions	20 Sessions
Physical Fitness Cover	-	-	-	-	-	-	-	365 Sessions

Benefits	Floater Options					
	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Tele Consultation Cover (Insta consultation)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)	Unlimited (All Specialties)
Doctor Consultation Cover (In-clinic)	10,000	20,000	25,000	10,000	12,500	30,000
Doctor prescribed Investigations Cover – Pathology & Radiology Cover				10,000	12,500	30,000
Annual Preventive Health Check-up Cover	2 Vouchers (Silver)	2 Vouchers (Silver)	2 Vouchers (Silver)	2 Vouchers (Gold)	4 Vouchers (Gold)	4 Vouchers (Platinum)
Dental wellness - Consultation, Investigation & Procedures Cover	-	-	-	10,000	12,500	30,000
Diet & Nutrition Consultations Cover	-	-	-	15 Sessions	25 Sessions	30 Sessions
Emotional Wellness Cover	-	-	-	8 Sessions	15 Sessions	20 Sessions
Physical Fitness Cover	-	-	-	-	-	365 Sessions

A. Tele Consultation Cover (Insta Consultation)

Coverage:

If the Insured/ Insured Member is suffering from any Illness or Injury, he / she can consult Medical Practitioner/ Physician/Doctor listed on the digital platform of Insurer or concerned Service Provider's application via video, audio, or chat channel, where the Insured/ Insured Member will be able to select the specialty of Doctor and will be able to consult the Doctor available at the time of call. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time. This is a cashless service.

Exclusions for "Tele Consultation Cover (Insta Consultation)"

1. Tele consultation outside the digital platform of Insurer' or concerned Service Provider's application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under this cover of Rider.
2. Teleconsultation benefit is not transferrable to any other person/member unless such person/member is covered under the Base Policy and has opted this Rider.
3. If the Tele Consultation is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
4. Reimbursement of expenses incurred for teleconsultation benefit is excluded.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Member has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

B. Doctor Consultation Cover (In-clinic)

Coverage:

If the Insured/Insured Member/s is suffering from any Illness or injury he / she can consult Medical Practitioner/ Physician/Doctor in person from prescribed network centres of concerned Service Providers up to the limit as specified under this Rider read with Base Policy Schedule.
This is a cashless service; the cashless process is defined under the Service Delivery Process/claim process section.
If the desired Medical Practitioner/ Physician/Doctor is not available in the prescribed network, Insured/ Insured Member/s can take a prior approval of the Insurer for consulting the desired Medical Practitioner/ Physician/Doctor and claim the charges/consultation fees by way of reimbursement process as defined under claim process. The Doctor Consultation expenses would be payable up to the limit specified under this Rider.

Exclusions for "Doctor Consultation Cover (In-clinic)":

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items are not covered under this cover/section.
2. If the Doctor consultation cover is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
3. Claims related to Ante Natal consultations and investigations shall not be covered. However, consultations for pregnancy related complications would be covered.
4. Dietician/nutritionist consultations/sessions will not be covered under this cover/benefit.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b) This exclusion shall not, however apply if the Insured Member has continuous coverage for more than twelve months.
c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

6. 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 specified number of months of continuous coverage after the date of inception of the first Rider plan and the Base Policy Schedule with Us.
   b. The PED waiting period would be as per the Base policy opted and as specified on the Policy Schedule.
   c. If the Insured/ Insured Member's 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 Rider after the expiry of the waiting period as specified in Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

Please refer below table for inclusions & exclusions of doctor specialties.

Specialty	Doctor Specialization	Covered/Excluded
General Physician	General Physician	Covered
	Ayurveda	Covered
	Homeopath	Covered
	Physiotherapist	Covered
	Unani	Covered
Specialist	Paediatrician	Covered
	Dentist	Covered
	Dermatologist	Covered
	Orthopaedic	Covered
	Psychologist	Excluded
	Ophthalmologist	Covered
	Gynaecologist & Obstetrician	Covered
	ENT	Covered
	Psychiatrist	Covered
	General Surgeon	Covered
	Dietitian/Nutritionist	Excluded
	Audiologist	Excluded
	Anaesthesiologist	Covered
	Radiologist	Covered
	Pathologist	Covered
	Sexologist	Covered
	Cosmetologist*	Excluded
	Cosmetic & Plastic Surgeon*	Excluded
	Electropathy	Excluded
	Dermatologist	Covered
	ENT Surgeon	Covered
	Speech Therapist	Excluded
	Embryologist	Excluded
	Haematologist	Covered
	Preventive medicine specialist	Covered
	Paediatric surgeon	Covered
	Dental Surgeon	Covered
	Cardiologist	Covered
	Pulmonologist	Covered
	Diabetologist	Covered
	Oncologist	Covered
	Neurologist	Covered
	Gastroenterologist	Covered
	Nephrologist	Covered

Super specialist	Urologist	Covered
	Orthodontic	Covered
	Orthopaedics & Joint Replacement	Covered
	Rheumatologist	Covered
	Endocrinologist	Covered
	Laparoscopic Surgeon	Covered
	General Surgeon	Covered
	Vascular Surgeon	Covered
	Infectious disease specialist	Covered

* Expenses for consultations with Cosmetologist or Cosmetic & Plastic Surgeon are excluded, unless 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/ Insured Member. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

C. Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses

Coverage:

If the Insured/Insured Member/s is suffering from any Illness or injury he / she can avail the cashless service for investigations prescribed by a registered Medical Practitioner for pathology or radiology from prescribed network centres of the Service Provider up to the limit as specified under this Rider read with Base Policy Schedule.

If the Investigation – Pathology or radiology lab is not available in the prescribed network of the Service Provider, Insured/ Insured Member/s can take a prior-approval of the Insurer for the prescribed investigations and claim the expenses by way of reimbursement process as defined under claim process/ Service Delivery Process. The investigation expenses would be payable up to the limit specified on the policy schedule.
Lab test must be done within 30 days of the doctor prescription.

Exclusions for "Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses"

1. If the Investigation cover is not availed in the respective Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
2. Claims related to Ante Natal investigations shall not be covered.
   However, investigations for pregnancy related complications would be covered.
3. Any preventive health tests shall not be covered under this benefit.
4. Invasive tests shall not be covered. Please refer Annexure VI for the list of Invasive tests.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Member has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. 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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Base Policy with Us.
   b) The PED waiting period would be as per the Base Policy opted and as specified on the Policy Schedule.
   c) If the Insured/ Insured Member's 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 Rider after the expiry of the waiting period as specified in Base Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of

application and accepted by Us.

D. **Annual Preventive Health Check-up cover:**

Coverage:

1. The Insured/Insured Member/s can avail the free Preventive health check-up once in every Policy Year as per the list given below in the network centres of the Service Provider.

Silver Package:

Test	Component
Hemogram	Monocytes - Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils - Absolute Count, Lymphocytes - Absolute Count, Basophils - Absolute Count, Neutrophils - Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width - Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Haemoglobin(Mch), Monocytes, ESR
Liver function test	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine routine	Color, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile	Fasting Blood Sugar, HbA1C
Lipid profile	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non-HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Kidney Function Tests	Blood Urea Nitrogen (BUN), Creatinine- Serum
Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health	Serum Calcium

Gold Package:

Test	Component
Hemogram	Monocytes- Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Haemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils- Absolute Count, Lymphocytes- Absolute Count, Basophils- Absolute Count, Neutrophils- Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width- Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Hemoglobin(Mch), Monocytes, ESR
Liver Function Test	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine routine	Colour, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile	Fasting Blood Sugar, HbA1C
Lipid profile	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol - Calculated, Non-HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Complete Kidney Function Profile	Uric Acid, Sr. Creatinine, Blood urea Nitrogen, BUN/Creatinine ratio
Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health	Calcium
Vitamins	Vitamin B12 (Cyanocobalamin), Vitamin D Total-25 Hydroxy

Platinum Package:

Test	Component
Hemogram	Monocytes- Absolute Count, Lymphocyte Percentage, Nucleated Red Blood Cells, Neutrophils, Basophils, MCHC, Eosinophils, Hemoglobin, Platelet Count, Mean Corpuscular Volume(Mcv), Immature Granulocytes(Ig), Eosinophils- Absolute Count, Lymphocytes- Absolute Count, Basophils- Absolute Count, Neutrophils- Absolute Count, Immature Granulocyte Percentage(Ig%), Nucleated Red Blood Cells %, Haematocrit(Pcv), Red Cell Distribution Width- Sd(Rdw-Sd), Red Cell Distribution Width (Rdw-Cv), Total Rbc, Total Leucocytes Count, Mean Corpuscular Hemoglobin(Mch), Monocytes, ESR
Liver Function Test	Albumin Serum, Bilirubin- Indirect serum, Globulin, SGOT/SGPT Ratio, GGTP (Gamma GT), Alkaline Phosphatase Serum, SGOT/AST, A/G Ratio, SGPT/ALT, Bilirubin Direct Serum, Proteins Serum, Bilirubin Total Serum
Urine routine	Color, Urinary Leucocytes, Epithelial Cells, Crystals, Urine Ketone, Urobilinogen, Urinary Glucose, Urinary Protein, Urine Blood
Diabetic Profile	Fasting Blood Sugar, HbA1C
Lipid profile	VLDL, HDL / LDL Cholesterol Ratio, HDL Cholesterol Direct, LDL Cholesterol- Calculated, Non- HDL Cholesterol Serum, LDL/HDL RATIO, CHOL/HDL RATIO, Cholesterol-Total Serum, Triglycerides Serum
Complete Kidney Function Profile	Uric Acid, Sr. Creatinine, Blood urea Nitrogen, BUN/Creatinine ratio
Thyroid	T3 - Total Tri Iodothyronine, TSH Ultra - sensitive, T4 - Total Thyroxine
Bone Health	Calcium
Vitamins	Vitamin B12 (Cyanocobalamin), Vitamin D Total-25 Hydroxy
Iron Deficiency Profile	Total Iron Binding Capacity (Tibc), % Transferrin Saturation, Iron
Cardiac Risk Markers	Apo lipoprotein – B (Apo-B), Apo lipoprotein – A1 (Apo-A1), Apo B / Apo A1 Ratio (Apo B/A1), High Sensitivity C-Reactive Protein (Hs-Crp), Lipoprotein (A) [Lp(A)]

2. The health checkup can be availed on a cashless basis in the prescribed list of hospitals or diagnostic centers.
3. List of prescribed hospitals or diagnostic centers can be accessed from the Insurer's website or digital application of the Insurer/Service Provider.
4. The health check-up benefit must be availed within the Policy Period only, cover cannot be extended after the expiry of the Policy Period read with Base Policy.
5. The list of tests listed above cannot be changed.

Exclusions for "Annual Preventive Health Check-up Cover"

1. Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centers.
2. Home collection facility will be available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
3. The complete list of tests as given above has to be completed in a single appointment.
4. If the health check-up is not availed in the Policy Year during the Policy Period, the benefit cannot be carried forward to the subsequent Policy Year.
5. Reimbursement of preventive health check-up expenses is excluded from the scope of this Rider.
6. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

E. **Dental Wellness- Consultation, Investigation & Procedures Cover:**

Coverage:

If the Insured/ Insured Member/s is suffering from any dental ailment, he / she can consult a Medical Practitioner with minimum qualification of BDS degree from prescribed network centres of the Service Provider, up to the limit as specified under this Rider read with Base Policy Schedule. This benefit will have below coverages and can be availed by Insured/ Insured Members under the Rider.

This is a cashless service. The cashless process to avail this benefit through the prescribed network of Service Provider is defined under the Service Delivery Process/claim process.
If the desired doctor/dentist is not available in the prescribed network, Insured/ Insured Member/s can take a prior-approval for consulting the desired dentist and claim the charges of consultation/procedure fees by way of reimbursement process as defined under claim process. Such reimbursements will be capped for respective services as per the table below. However, this capping will apply only for reimbursement claims and where co-payment is not opted.

Procedure	Capping amount
Consultation charges	500
IOPA/X-ray	
IOPA	250
Digital X ray	400
Root canal treatment	
RCT with GIC /Miracle /SF POR	5000
RCT with composite POR	6000
Third molar RCT	9500
Repeat RCT	10000
Post and core	4000
Restoration /Filling	
GIC	1000
Silver filling	2000
Composite	3000
Diastema Closure	3500
Anterior Fracture Repair	3000
Extraction	
Mobile tooth	700
Firm tooth	1000
Badly carious/Surgical/Erupted wisdom	2500
Disimpassion	12000
Extraction – wisdom tooth – upper jaw	3000
Extraction – wisdom tooth – lower jaw	5000
Extraction – Impacted/Surgical removal	6000
Extraction – Root canal treated teeth -Nonsurgical	3000
Extraction – Root canal treated teeth -surgical	6000
Crown	
Ni-Cr Metal crown	3000
Co-Cr Metal crown	4500
RFM (Ceramic)	6000
CAD CAM PFM	6000
Zirconia	10000
Brux zir	12000
Lava / Porcera / E-max	12000
Paediatric dentistry	
Extraction of primary teeth	750
Pulpectomy	4000

Exclusions for "Dental Wellness- Consultation, Investigation & Procedures Cover":

1. Other expenses of investigations, medicines, surgical or non-surgical procedures or any medical, non-medical items not mentioned under this coverage are excluded.
2. This dental benefit shall not be applicable/available on cosmetic level scaling/polishing,

bleaching, cap of teeth, braces, aligner, and tooth replacement, any other cosmetic and aesthetic treatment.

3. This benefit cannot be availed outside the prescribed network of dentists and hospitals.
4. If the benefit under this cover is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
6. 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 specified number of months of continuous coverage after the date of inception of the first Rider Plan and the Policy Schedule with Us.
   b) The PED waiting period would be as per the Base Policy opted and as specified on the Policy Schedule.
   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 Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

F. **Diet & Nutrition Consultation Cover**

Coverage:

If the Insured/ Insured Member/s wants to maintain a balance between good nutrition and diet, he / she can consult a Dietician or Nutritionist listed on the Digital platform of Insurer/ Service Provider's application via video, audio, or chat channel. This benefit can be availed by Insured/ Insured Members covered under this Rider. This is a cashless service and can be availed through the prescribed network of Service Provider.

Exclusions for "Diet & Nutrition Consultation Cover":

1. Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Dietician & Nutritionist consultation benefit is not transferrable.
3. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
4. Reimbursement of dietician & nutritionist consultation expenses is excluded from the scope of the Rider.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

G. **Emotional Wellness Cover:**

If the Insured/ Insured Member/s wants to avail emotional wellbeing services, he / she can consult an emotional health coach/psychologist listed on the Digital platform of Insurer/ Service Provider's application via video, audio, or chat channel. This benefit can be availed by Insured/ Insured Members covered under the Rider. This is a cashless service and can be availed through the prescribed

network of Service Provider.

Exclusions for "Emotional Wellness Cover":

1. Consultation with the emotional health coach/psychologist is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
2. Emotional wellbeing benefit is not transferrable.
3. If the benefit is not availed in the policy year the benefit cannot be carried forward to the subsequent policy year.
4. Reimbursement of emotional health coach/psychologist consultation expenses is excluded from the scope of the Rider.
5. 30-day Waiting Period (Code-Excl03)
   a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
   b) This exclusion shall not, however apply if the Insured Beneficiary has continuous coverage for more than twelve months.
   c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

H. **Physical Fitness Cover**

Coverage:

Physical fitness/ Gymnasium benefit covers the fitness facilities offered by the network Gymnasium/Physical fitness centres. The Insured/ Insured Members can avail the facilities in network Gymnasium for 365 days during the Policy Period.
For Floater Plans, 1 Insured Member would be eligible for 1 session per day per family under this benefit
For Individual Plans, the Insured Members who have opted for the plan with Physical Fitness Coverage can avail 1 session per day.

Exclusions for "Physical Fitness Cover":

1. This benefit cannot be availed outside the prescribed network of gyms and fitness centers and is not available to children below 18 years insured in the Rider read with the Base Policy.
2. If the benefit is not availed/partially availed in the policy year the benefit cannot be carried forward to the subsequent policy year.

13. Discount on Services (UIN- BAJHLIA27077V012627)

The Insured Person may have access to special rates on services such as OPD, Diagnostics, Pharmacy and other wellness services through Network as available on the Company's website/ app.

➢ WAITING PERIOD AND EXCLUSIONS

I. Waiting Period:

1. **Pre-Existing Disease Waiting Period (Excl01):**

a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first My Health Care Plan EDGE+ (Plan-9) and the Policy Schedule with Us. The PED waiting period as opted would be specified on the Policy Schedule.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increased.
c) If the Insured is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the Policy after the expiry of the waiting period 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. **Specific Disease/Procedure Waiting Period (Excl02):**

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first My Health Care Plan EDGE+ (Plan-9) and the Policy Schedule with Us. This exclusion shall not be applicable for claims arising due to an Accident. The Specified Disease/Procedure Waiting Period as opted would be specified on the Policy Schedule In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

b) 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.

c) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

d) If the Insured is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

e) List of specific diseases/ procedures/ surgeries/ treatments is as below,

List of specific diseases/ procedures/ surgeries/ treatments	
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 except malignancy
19. Diseases of gall bladder including cholecystitis	20. Pancreatitis
21. All forms of Cirrhosis	22. Gout and rheumatism
23. Surgery for varicose veins and varicose ulcers	24. Chronic Kidney Disease
25. Alzheimer's Disease	26. Joint replacement surgery
27. Surgery for vertebral column disorders (unless necessitated due to an Accident)	28. Surgery to correct deviated nasal septum
29. Hypertrophied turbinate	30. Congenital internal diseases or anomalies
31. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	32. Bariatric Surgery

3. **30 Days Waiting Period (Excl03):**

a) Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.

b) This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

➢ Discounts

i. **Loyalty discount:**

Discount of 5% shall be offered if the Insured Person is having any of the listed active Bajaj General Insurance Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of INR 2500.

ii. Family Discount:

10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15 % if more than 2 of any of the eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to My Health Care Plan EDGE+ (Plan-9) Floater Policies.

iii. Employee Discount:

20% discount on published premium rates will be applicable for the Company's employees & employees of group companies, employees of Corporate customers of Bajaj General Insurance Ltd. provided the Policy is booked in direct code. This discount shall also be applicable to Intermediaries of Bajaj General Insurance Ltd. for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy.

iv. Online/Direct Business Discount:

Discount of 5% will be offered in this product for policies underwritten through direct/online channel.

Note: this discount is not applicable for Employees who get employee discount.

v. Long Term Policy Discount:

Applicable in case of where the entire premium amount is paid in single payment for Policy Period of more than one year.

a. 4% discount is applicable if Policy is opted for 2 years.
b. 8% discount is applicable if Policy is opted for 3 years.
c. 9% discount is applicable if Policy is opted for 4 years.
d. 10.5% discount is applicable if Policy is opted for 5 years

vi. Zone Discount:

Below discount will be applicable based on residential address of the proposer or insured person.

- Residential address in Zone B: 15% on Zone A Premium.
- Residential address in Zone C: 25% on Zone A Premium.

There are three Zones for Premium payment:

- Zone A Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.
- Zone B Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.
- Zone C Andaman & Nicobar Islands, Arunachal Pradesh, Bihar, Chandigarh, Chattisgarh, Goa, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Sikkim, Tripura, Uttarakhand.

vii. Early Entry Discount:

5% discount shall be offered if, Insured Proposer is opting the My Health Care Plan EDGE+ (Plan-9) long term policy prior to 35 years of age.

In policies where Proposer is also an Insured member, and his/her age is 35 years or below, this discount shall be extended to all other insured members also who are aged 35 years and below in the same policy.

This discount shall be applicable at inception of policy as well as at each subsequent renewal, irrespective of claims, until the Insured member/s completes 45 years of age.

Note: This discount will apply only if long term policy is opted. This will not apply to policies where premium is paid in instalments.

viii. Fitness Discount:

The Insured person will be eligible for a Fitness Discount of 5%, if the below criteria is fulfilled.

1. The Insured member submits completion certificates of at least two 5km marathons run in the past 12 months prior to policy inception date.

This discount shall only be applicable at the onset of the Policy for the first time with Us.

➢ Cost Sharing and Sub limits

a. Voluntary Co-payment:

i. If the co-payment option is opted, then a discount corresponding to the co-payment opted would be applicable.

ii. If a claim has been admitted under In-patient Hospitalization Treatment then, the Insured shall bear a 5% or 10% or 15% or 20% of the eligible claim amount payable under this Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

b. Voluntary Aggregate Deductible

If opted voluntarily and mentioned on the Policy Schedule that an Aggregate Deductible is opted, then Insured Person will be eligible for discount on the policy premium as per the table below.
If Voluntary Aggregate Deductible is opted, We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible as opted by Insured Person subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise.

Deductible	Sum Insured	Individual Discount	Floater Discount	Deductible	Sum Insured	Individual Discount	Floater Discount
50,000	5,00,000	54%	47%	1,00,000	35,00,000	28%	17%
50,000	7,50,000	41%	32%	1,00,000	40,00,000	27%	16%
50,000	10,00,000	38%	29%	1,00,000	45,00,000	26%	15%
50,000	15,00,000	34%	24%	1,00,000	50,00,000	25%	14%
50,000	20,00,000	31%	21%	1,00,000	75,00,000	22%	10%
50,000	25,00,000	29%	18%	1,00,000	1,00,00,000	19%	7%
50,000	30,00,000	27%	16%	2,00,000	5,00,000	69%	64%
50,000	35,00,000	23%	11%	2,00,000	7,50,000	65%	60%
50,000	40,00,000	22%	10%	2,00,000	10,00,000	62%	56%
50,000	45,00,000	21%	9%	2,00,000	15,00,000	57%	51%
50,000	50,00,000	21%	9%	2,00,000	20,00,000	54%	47%
50,000	75,00,000	18%	6%	2,00,000	25,00,000	43%	34%
50,000	1,00,00,000	16%	3%	2,00,000	30,00,000	41%	32%
1,00,000	5,00,000	62%	56%	2,00,000	35,00,000	34%	24%
1,00,000	7,50,000	57%	51%	2,00,000	40,00,000	33%	23%
1,00,000	10,00,000	54%	47%	2,00,000	45,00,000	32%	22%
1,00,000	15,00,000	41%	32%	2,00,000	50,00,000	31%	21%
1,00,000	20,00,000	38%	29%	2,00,000	75,00,000	27%	16%
1,00,000	25,00,000	36%	26%	2,00,000	1,00,00,000	24%	13%
1,00,000	30,00,000	34%	24%	2,00,000	2,00,00,000	16%	3%

Note: Voluntary Co-payment is not applicable if Voluntary Aggregate Deductible is opted.

Scenario-

Sum Insured: Rs 10 Lakhs; Aggregate Deductible Opted: Rs. 2 Lakhs						
Claims Details	Date of Hospitalisation	Total Claim Amount (in Rs.)	Deductible Utilization (in Rs.	Balance Deductible (in Rs.)	Payable by insured (if any) (in Rs.)	Payable under My Health Care Plan EDGE+ - (Pan 9) (in Rs.)
Claim 1	10-May-26	1,50,000	1,50,000	50,000	1,50,000	0
Claim 2	10-Aug-26	3,00,000	50,000	0	50,000	2,50,000
Claim 3	10-Dec-26	7,50,000	0	0	0	7,50,000