

Bajaj General Insurance Limited

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
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My Health Care Plan EDGE+ Frequently Asked Questions

Product Overview

1. Why to choose My Health Care Plan EDGE+?

Ans: This product offers compact yet comprehensive coverage with flexible Riders/add-ons, global protection and Sum Insured option ranging from 5L to 5Cr with policy tenure up to 5 years.

2. What are Policy Tenure options?

Ans: 1 / 2 / 3 / 4 / 5 Years.

3. What are Sum Insured options?

Ans: 5L / 7.5L / 10L / 15L / 20L / 25L / 30L / 35L / 40L / 45L / 50L / 75L and 1 Cr / 2 Cr / 3 Cr / 4 Cr / 5 Cr.

4. What are the Plan Types?

Ans: Individual & Floater.

5. What is Floater Policy?

Ans: For Parents a separate floater policy for Parents/In-laws.

6. What is Age eligibility criteria?

Ans: 3 Months to Unlimited.

7. What is Renewal Age?

Ans: Lifetime renewal is available.

8. Who will be covered under Family?

Ans: Relationships Covered (18+years): Proposer, Spouse, Dependent Parents, Parents-in-law, Sister, Brother, Aunt, Uncle.

Dependent Children (3m–30years): Children, Grandchildren.

9. Will portability and migration be allowed in My Health Care Plan EDGE+ product?

Ans: Portability and migration will not be applicable and this product is only for New business.

10. Is Maternity covered in My Health Care Plan EDGE+ product?

Ans: Maternity is not available under this plan.

In-built Cover

1. Is there any capping on room rent?

Ans: No capping on amount, Room Rent eligibility across all Sum Insured options is Single Private A/C room and has variations to either Actuals or Twin Sharing.

2. What is the advantage to lowering the room rent eligibility to Twin Sharing?

Ans: You will be getting applicable premium based discount by choosing lower room rent variations and this needs to be confirmed by you at the time of policy initiation.

3. What is covered under Modern Treatment Methods and Advancement in Technologies?

Ans: Modern Treatment Methods and Advancement in Technologies covers listed treatments like Robotic surgeries, Immunotherapy, Balloon sinuplasty, Deep brain stimulation, Stem cell therapy and Oral Chemotherapy etc. up to Sum Insured, subject to policy terms and conditions.

4. Is Air Ambulance cover available in My Health Care Plan EDGE+?

Ans: Air Ambulance cover is available on optional basis as per policy terms and conditions. Base Sum Insured for Air Ambulance can be opted up to INR 10 Lakhs.

5. Is there no limit on Cataract Surgery?

Ans: You will be eligible for no limit on cataract surgery if opted Base Sum Insured more than INR 10 Lakhs policy.

6. Is Sum Insured Reinstatement in-built in My Health Care Plan EDGE+?

Ans: Sum Insured Reinstatement is in-built in My Health Care Plan EDGE+ Policy.

7. If a hospital does not have twin sharing room available however customer has opted for twin sharing? How will it work?

Ans: In such cases if the room availed is of higher category than your eligibility a proportionate deduction shall apply at the time of claim.

Optional Covers (Riders and Add-on)

General Questions about Rider and Add-on

1. What is the difference between Rider and add-on?

Ans: Riders are applicable across products, whereas add-ons are product specific.

2. If I opt for Rider and then opt out, can I opt it again?

Ans: You can refer Annexure I of this document for more details on opt-in and opt-out scenarios.

3. What are the allowed combinations for Riders?

Ans: Please refer Annexure II of this document for more details on allowed combinations for Riders.

4. Are there any waiting periods applicable for Riders?

Ans: Yes, waiting periods under the Base policy and Riders specific conditions shall apply. E.g. Fetal Flourish has 9 months waiting period.

5. Are Riders applicable in portability or migration cases?

Ans: For now, only New Business is available for issuance.

6. Can a Rider be added mid-term?

Ans: Riders can be opted only at the time of policy inception or policy renewal. You can refer Annexure I of this document for more details on opt-in and opt-out scenarios.

Double Sum Insured and Major Illness Multiplier

1. What is Double Sum Insured?

Ans: Double Sum Insured is a Rider under which the available Sum Insured gets doubled on policy inception.

2. If Double Sum Insured opted, will Sum Insured Reinstatement in-built also be doubled?

Ans: Opting for Double Sum Insured will not change the limit for Sum Insured Reinstatement. The limit for Sum Insured Reinstatement is up to Base Sum Insured only.

3. If Double Sum Insured is opted then Cumulative Bonus will be calculated on which Sum Insured?

Ans: Cumulative Bonus will be calculated on the Base Sum Insured.

4. Will Double Sum Insured be applicable from day 1?

Ans: Yes, by opting this Rider the Base Sum Insured will be doubled from day 1. However, all standard waiting periods shall apply.

5. What is Major Illness Multiplier?

Ans: Major Illness Multiplier doubles the Sum Insured in case the Insured member is diagnosed and hospitalised for a listed Major Illnesses or Accident. You can refer Annexure IV of this document for the list of Major Illnesses or Accident.

6. Can Major Illness Multiplier and Double Sum Insured benefit be opted together?

Ans: Yes. Major Illness Multiplier and Double Sum Insured can be opted together. In case of a claim for listed Major Illness or accident the Sum Insured available would be 4X of the Base Sum Insured.

Age Shield

1. What is Age Shield?

Ans: Age Shield keeps your premium at the entry age level for the chosen Sum Insured, until a claim is paid.

2. What is the maximum age limit for Age Shield?

Ans: There no maximum age limit to avail the benefit of Age Shield Rider.

3. Will an OPD claim impact on Age Shield?

Ans: Age Shield will break if only IPD claim is paid in Your policy. An OPD claim will not impact Age Shield.

4. Can Age shield be opted at the time of renewal of policy?

Ans: No, Age Shield will only be opted at policy initiation.

5. After first claim under Age Shield, which slab will be applicable?

Ans: The age slab in subsequent renewal will be calculated as per Your age at the time of claim settlement.

6. If child is enrolled under an individual policy with Age Shield and later purchases a separate policy after 30 yrs of age then how Age Shield will work?

Ans: The Age Shield benefit will continue to the next policy as well, subject to nil claims.

7. Is Age Shield available for individual and floater policy or both?

Ans: Yes, for both. In floater policies, the Age Shield Benefit is based on the eldest members age.

8. Is there any Sum Insured restriction for Age Shield?

Ans: Age Shield Rider is available across all SI options.

Smart Tenure

1. What is Smart Tenure?

Ans: Smart Tenure consolidates Your annual Base Sum Insured across the full multi year tenure.

2. Is Smart Tenure available only in long-term policies?

Ans: Yes, Smart Tenure is available only in policies with tenure more than 1 year.

3. What is the waiting period applicable under Smart Tenure for a fresh policy?

Ans: All standard waiting periods shall apply to claims registered under Smart Tenure as well.

4. If Smart Tenure is opted and a claim is made in the first year of a long-term policy then what happens to the Sum Insured?

Ans: In case of a claim in the first year, the balance Sum Insured can be carried forward to the subsequent years for utilisation.

Example:

5-year policy tenure with Base Sum Insured of INR 10 lakh/year → Total Smart Tenure Pool = INR 50 lakh (INR 50,00,000)

Year 1: Costly surgery of INR 20 lakh

→ INR 20 lakh paid from the pool

→ Remaining pool for Years 2–5: INR 30 lakh

You can use the remaining INR 30 lakh at any time during the rest of the 5-year tenure for future eligible claims, until the pool balance is fully utilised.

5. Is Smart Tenure applicable for floater policies?

Ans: Smart Tenure is available only for Individual Sum Insured policies and not for floater policies.

6. If Smart Tenure is opted, will Sum Insured Reinstatement trigger?

Ans: Yes. Sum Insured Reinstatement will be available for utilization for subsequent claim made.

7. What is the difference between Smart Tenure and Health Limitless?

Ans: Listed below are the key differences between Smart Tenure and Health Limitless,

- Smart Tenure consolidates Your annual Base Sum Insured across full multi-year and can be continued at each renewal irrespective of claim. However, Health Limitless is available once in a lifetime of the Policyholder for One claim without any limit and after claim payment it ceases.
- Smart Tenure is available in a long-term policy only whereas this condition is not applicable for Health Limitless.
- Smart Tenure is available only for Individual Sum Insured policies and Health Limitless is available for both Individual and Floater Sum Insured policies.

8. Can Smart Tenure and Health Limitless opted together?

Ans: Smart Tenure and Health Limitless cannot be opted together.

9. Under Smart Tenure, if the Sum Insured is fully utilized by one member what happens to the Sum Insured for the other family members?

Ans: Smart Tenure is available only in individual Sum Insured policies therefore, utilisation of Sum Insured by one family member will not impact the Sum Insured for other family members.

10. Will Super Cumulative Bonus accumulate in future claim free years, if Sum Insured under Smart Tenure is fully utilized?

Ans: Yes, even if Smart Tenure is utilized but the Policyholder is claim free for the next 4 out of 5 years, then they can accumulate the Super Cumulative Bonus for those 4 claim free years which will be passed at the time of renewal.

Health Limitless

1. What is Health Limitless?

Ans: Health Limitless is a Rider that allows the Policyholder to make one claim in their lifetime without any upper limit on the Sum Insured opted. This Rider is available for Sum Insured 10 Lakhs and above.

2. How many times Health Limitless can be used?

Ans: Health Limitless is available for one claim in the lifetime of the Policyholder.

3. Is Health Limitless applicable for floater or Individual?

Ans: Health limitless is available for both Individual Sum Insured as well as Floater Sum Insured policy.

4. If Health Limitless Rider is opted, will only the main hospitalization claim get paid or will the related expenses like pre and post hospitalization also be considered?

Ans: Under the Health Limitless Rider all expenses registered under a single claim will be considered.

5. Is waiting period applicable for Health Limitless?

Ans: All standard waiting periods shall apply to claims registered under Health Limitless as well.

6. Who will decide when to utilize Health Limitless?

Ans: The Insured person has to decide which claim he wants to utilize Health Limitless for.

7. Will Sum Insured Reinstatement trigger if Health Limitless Rider is opted?

Ans: Yes, Sum Insured Reinstatement will trigger in a policy where Health Limitless Rider is opted.

8. If claim is paid once under the Health Limitless will the benefit be removed?

Ans: Yes. Health Limitless is available for any one claim during the lifetime of the Policyholder without any limits. Hence, post claim payment under this Rider, it will cease.

Global Cover and International Emergency Cover

1. What is Global Cover?

Ans: Global Cover is the Rider that allows Policyholder to claim for hospitalisation expenses outside India for both Emergency as well as Planned treatments. This Rider is available for Sum Insured above 10 Lakhs.

2. Under Global Cover is there any co-payment applicable?

Ans: There is a mandatory Co-pay for Global Cover which will be as per below table,

Sum Insured Band	Minimum Co-Pay to be opted
Above 10 L - 50 L	10%
75 L and 1 Cr	20%
2 Cr and 3 Cr	30%
4 Cr	40%
5 Cr	50%

If International Cover- Emergency Care Only is opted in the policy then a mandatory 10% Co-pay will be applicable for all Sum Insured.

3. Are Transportation expenses covered under Global Cover?

Ans: Under Global Cover only In-patient hospitalisation expenses including Day care will be covered.

4. Is International Cover- Emergency Care Only /Global Cover available on a Cashless basis?

Ans: Yes, Cashless facility is available for both International Cover- Emergency Care Only and Global Cover.

5. Can Global Cover be utilized outside India, anywhere in the world?

Ans: Yes, except for countries included under the watchlist/FATF excluded list. For updated list please visit: <https://www.fatf-gafi.org/en/countries/black-and-grey-lists.html>

6. Can Global Cover and International Cover- Emergency Care Only be opted together?

Ans: Either of the cover has to be opted. Global Cover and International Cover- Emergency Care Only cannot be opted together.

7. If the customer wants to buy a My Health Care Plan EDGE+ is only to cover illness treatment abroad, would this policy suffice?

Ans: Yes, under My Health Care Plan EDGE+ the customer needs to opt for either Global Cover or International Cover- Emergency Care Only as per their requirement.

Global Cover: This cover provides coverage for both planned and emergency for hospitalisation treatment for illness or accidental bodily injury outside India.

International Cover- Emergency Care Only: This cover provides only emergency hospitalisation treatment for illness or accidental bodily injury outside India.

8. In International Cover- Emergency Care Only/Global Cover in which currency payment will be received?

Ans: For reimbursement purpose, 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.

For cashless claims the payment will be made in the local currency of the country where the Policyholder was hospitalised.

StepUp Benefit

1. What is StepUp Benefit?

Ans: StepUp Benefit is a Rider that gives you an option to enhance your Sum Insured at first renewal to the next available slab with continuity of waiting period. This is subject to no claim being made in the previous policy year.

2. If a customer wants to increase Sum Insured by 2 slabs then how will StepUp Benefit work?

Ans: If customer enhances Sum Insured by 2 slabs at the time of renewal then, StepUp Benefit will not be offered.

Consumable Expenses and Consumables plus

1. What is the difference between Consumable Expenses and Consumables Plus?

Ans: Under Consumable Expenses (For SI 5/7.5/10 Lakhs)- a list of 39 non-medical items covered.

Under Consumables Plus (For SI above 10 lakhs)- wider list covering non-medical items as per IRDAI List I, II, III & IV.

2. Does the base plan cover consumables by default?

Ans: For covering consumables, either Consumable Expenses or Consumables Plus has to be opted as an add-on.

3. Despite opting for Consumables Plus will there be any deductions at the time of claim?

Ans: The Non-medical items which are not directly related to the treatment of the Insured member e.g. Television charges, Telephone charges, internet charges, email charges, guest or attendant services, food bills for anybody other than the patient etc. will not be payable even if Consumables Plus is opted. However, these constitute a very small proportion of the hospital bill.

Super Cumulative Bonus and Cumulative Bonus

1. What is Super Cumulative Bonus (SCB)?

Ans: Super Cumulative Bonus is an enhanced bonus benefit that increases the Sum Insured for every claim free policy year. SCB shall be available only if the Policy is renewed. SCB comes with 5 options 50% up to 200% / 500%; 100% up to 200% / 500% / 600%.

2. Does Super Cumulative Bonus (SCB) affect the Cumulative Bonus CB)?

Ans: If Super Cumulative Bonus opted it replaces the in-built Cumulative Bonus.

3. How is Super Cumulative Bonus reduced at the time of claim?

Ans: The Super Cumulative Bonus reduces in the same proportion in which it was accumulated. However, the Base Sum Insured remains same. If the In-Patient Hospitalization treatment claim amount paid (in a single or multiple claims) does not exceed INR 1 Lakh in a Policy Year then the SCB, if any, accrued under this cover will not be reduced at renewal. The SCB would be maintained as per the policy year.

4. In a 5 year-tenure policy, if the Policyholder is claim free for 4 out of 5 years, how will the Super Cumulative Bonus (SCB) be calculated?

Ans: Super Cumulative Bonus will be accumulated for each claim free year and reduced in the same proportion that it increased. Hence, if the policy has option of 100% SCB per year option in the above listed scenario at the end of 5 years 400% SCB shall be passed on at renewal.

Voluntary Aggregate Deductible

1. What is Voluntary Aggregate Deductible?

Ans: Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any 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 policy period.

Voluntary Aggregate Deductible is an optional deductible chosen by the Insured on account of which they become eligible for discount on the policy premium. You can refer Annexure III of this document for the discount table.

2. If a customer opts for INR 50,000 Voluntary Aggregate Deductible, will INR 50,000 be deducted at the time of every claim?

Ans: The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period. The deductible amount will not be applied on each and every claim.

Walk To Win

1. Which app is used to calculate steps in Walk To Win?

Ans: Any fitness application can be used to track steps which will in turn sync with the company's app to avail Walk to Win discount at Renewal.

2. What benefit will be provided under Walk to Win?

Ans: At each renewal of My Health Care Plan EDGE+ Policy with Us, You will be entitled for a wellness discount, subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. 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%

3. How will Walk to Win work in a floater policy?

Ans: In case of floater Base Policy the criteria mentioned above in question number 2 has to be met by each eligible Insured Person every year to be avail the discount at Renewal.

NRInsure

1. What is NRInsure?

Ans: NRInsure is a Rider for Non-Resident Indians (NRI)/ Overseas Citizen of India (OCI) individual to avail hospitalisation expenses in India and eligible for a discount of 35% on premium at the time of policy inception.

2. What is the eligibility criteria to opt NRInsure?

Ans: NRI and OCI's are eligible for this Rider. NRIs/OCIs who reside abroad for the entire policy year, proof of required documents (e.g. Valid Passport with Visa, Work Visa / Permit or Tax Documentation, Proof of Overseas Residence) and Indian bank account needed. Expats are not eligible for NRInsure Rider. However, expats may opt for My Health Care Plan EDGE+ without NRInsure Rider.

3. If proposer is NRI but family member status is not NRI, can they be covered in the same policy and opt for NRInsure Rider?

Ans: Yes, all can be covered in the same policy. However, the eligible discount under NRInsure Rider will be applicable only to the member who is a NRI.

Insta Shield

1. What is Insta Shield Rider?

Ans: Insta Shield is a Rider for covering listed lifestyle conditions after a 30-days waiting period. Under this Rider six lifestyle condition like Asthma, Blood Pressure, Cholesterol, Diabetes, Obesity and Thyroid (Hypothyroid) will be covered.

2. What is the age limit to opt Insta Shield Rider?

Ans: Maximum entry age is up to 55 years.

3. Is loading applicable for adverse medical conditions if declared under Insta Shield Rider?

Ans: Only the loading applicable for opting Insta Shield Rider shall apply however, disease wise UW loading shall not apply.

4. If Insta Shield Rider is opted, can customer get OPD benefit after from 31 days for PED and Specific procedure/diseases?

Ans: Only In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense due to the six chronic condition(s) listed will be covered, subject to applicable waiting period and underwriting terms and conditions. For claiming under this Rider all standard waiting periods shall apply.

Discounts

1. What is the discount available for 4th and 5th year long-term policy tenure?

Ans: The applicable discounts are as follows,

- 4-year policy tenure 9%.
- 5-year policy tenure 10.5%.

2. Are there any conditions to avail Early Entry discount?

Ans: To avail an Early Entry discount Insured must be below the age of 35 years at the time of purchasing the first My Health Care Plan EDGE+ policy and has to opt policy term more than 1 year.

3. How does No Claim Discount work and when to opt it?

Ans: At every renewal if no claim was made in the preceding year, option will be given to customer to choose either the No Claim Discount of 1.5% or to continue with the Cumulative Bonus.

4. What is Family Discount?

Ans: Family Discount is offered if more that 2 eligible family members covered in a single policy.

- 10% family discount shall be offered if 2 eligible Family Members.
- 15 % if more than 2 of any of the eligible Family Members.

This discount is applicable only for Individual Sum Insured policies.

5. What is Fitness Discount?

Ans: Fitness Discount of 5% can be availed if Insured person submits completion certificates of at least two 5km marathons run in the past 12 months prior to policy inception date. Insured person needs to ask for this discount at the time of purchasing the policy.

6. What is Loyalty Discount?

Ans: If an Insured has an any active Bajaj General Insurance Ltd.'s retails policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of INR 2500 then Insured will be eligible for 5% discount during policy purchase.

General Questions

1. Can premium be paid in installments?

Ans: Insured can pay the premium in installments.

2. What is long-term policy?

Ans: Long-term policy means a policy tenure which is more than 1 year.

3. Do Bajaj General have a tie up hospitals abroad?

Ans: A service provider will manage cashless treatments outside India.

4. Are medical reports required for entry age above 60 years to purchase the policy?

Ans: To purchase the policy customer whose age above 55 years, Tele-MER shall be conducted, if Tele-MER requires further evaluation then specific tests/ Vital tests may be advised as per the customers health condition.

5. Are there any permanent exclusions applicable for new business?

Ans: Yes, as per Underwriting guidelines total nine conditions are there with Permanent Exclusions- 1. Transient Ischemic Attack, 2. Coronary Artery Disease (with or without Angioplasty and/or Bypass) 3. Valvular Heart Disease 4. Psoriasis 5. Rheumatoid Arthritis 6. Avascular Necrosis 7. Ulcerative colitis 8. Crohn's disease 9 Hepatitis B without Complications.

6. Is Mental illness covered?

Ans: Mental Illness on in-patient basis will be covered under this policy as per IRDAI's guidelines.

Annexure I: Opt-in and Opt-out options available for Riders

Optional Cover	Opt In	Opt Out	Optional Cover	Opt In	Opt Out
Air Ambulance	At Inception/ At Renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	StepUp Benefit	At First Renewal (R1)	After first renewal, the cover ceases to exit.
Major Illness and Accident Multiplier (Indemnity)	At Inception/ At renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	Health Limitless (For SI 10 lakhs & above)	At Inception/ At First Renewal	Once claim is paid, the cover ceases to exit. Once opted out, cannot opt in again.
Double Sum Insured Benefit	At Inception/ At renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	NRInsure	At Inception/ At Renewal	At renewal.
Cost of Prescribed External Medical Aid	At Inception/ At renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	Insta Shield	At Inception/ At Renewal	Opt out Not Applicable Will be continued for every renewal
Super CB	At Inception/ At Renewal	No option to opt out	Fetal Flourish	At Inception/ At Renewal	Opt out Not Applicable After claim for max 2 maternity events cover ceases, and cannot opt again for this rider.
International Cover-Emergency Care Only	At Inception	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	HPR	At Inception/ At Renewal	At renewal
Global Cover	At Inception	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	Age Shield	At Inception	Opt out Not Applicable The cover ceases after the first claim.
Consumables Expenses	At Inception/ At Renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	Voluntary co-payment	At Inception/ At Renewal	At Renewal
Consumables Plus	At Inception/ At Renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.	Voluntary Aggregate Deductible	At Inception/ At Renewal	At Renewal
Smart Tenure	At Inception/ At Renewal	Once opted out, cannot opt in again. In case of claim then cannot opt out at renewal.			

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**Annexure II: Rider compatibility Chart**

Rider Compatibility: What Combines With What							
RIDER	SI Reinst.	CB / Super CB	Major Ill. Mult.	Health Limitless	Global Cover	Intl. (Emerg.)	Double SI
Smart Tenure	X	✓	X	X	X	X	X
Global Cover	X	X	X	X	—	X	X
NRInsure	✓	✓	✓	✓	X	X	✓
Intl. Cover (Emergency)	X	X	X	X	X	—	X

✓ Compatible X Not Applicable — Self-reference

Annexure III: Voluntary Aggregate Deductible Discount Options

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%

Annexure IV: Major Illness Multiplier: List of Major Illnesses & Accidents

- 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.