Geo
Evolve to Grow

BAJAJ GENERAL
CARINGLY YOURS

A Healthcare Plan that cares
the way you want

My Healthcare Plan-06

Transforming MY Care - MY Way

(GEO Vertical)

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP26074V022526

Introduction

My Healthcare Plan-06 (GEO Vertical) – a truly modular plan offers you the flexibility to curate an individual bouquet of features that you feel is best suited for you and your family.

What are the Sum Insured options available under the policy?

3/4/5/10/20/25/50 Lacs and 1 Cr

What type of plans are available?

Individual and Floater Policy

What is the entry and renewal age?

Proposer /Spouse /Dependent Parents/ Dependent Sister/ Dependent Brother/ Dependent Parents-in-law/ Dependent Aunt/ Dependent Uncle/ Dependent Grand Children - 18 years to 65 years
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 separate floater Policy can be taken
Renewal age - Lifetime

What is the Policy Period?

Policy can be taken for 1year/ 2years OR 3years

What is premium paying term?

Annually / Half yearly/ Quarterly or Monthly.

Is there any pre-policy check-up for enrolling under My Health Care Plan-06 (GEO Vertical) ?-

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*
46years to 65years	Sum Insured 5lacs to 50lacs	Tele MER*
46years to 65years	Sum Insured < 5lacs and above 50lacs	Medical Tests required as listed below: Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio

*Subject to no adverse health conditions

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What is covered under My Health Care Plan-06 (GEO Vertical) -06 (GEO Vertical) ?

If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted by Insured beneficiary during the Cover Period, then We will indemnify you against Reasonable and Customary Medical Expenses incurred for:

What Will we pay for :

1. In-patient Hospitalization Treatment-

i. Room and boarding expenses, ICU expenses, nursing expenses, Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees and so on that are medically necessary prescribed by the treating Medical Practitioner

2. Pre & Post Hospitalisation Expenses-

60 days and 90 Days respectively with Options to customize as per your requirement

3. Modern Treatment Methods and Advancement in Technologies

Medical Expenses if You undergo Modern Treatment Methods and Advancement in Technologies procedures maximum up to Inpatient Hospitalization Treatment Sum Insured

4. Day Care Treatment

Medical Expenses for Day care procedures / surgeries taken as an Inpatient in a Hospital or Day care centre but not in the Outpatient department up to Inpatient Hospitalization Treatment Sum Insured

5. Organ donor expenses

Medical expenses incurred for organ donor's in-patient treatment for harvesting of the organ donated provided if Insured Beneficiary is the receiver of the organ.

6. Ayurvedic and Homeopathic Hospitalization Cover

Inpatient Treatment- Medical Expenses for Ayurvedic and/or Homeopathic treatment up to In-patient Hospitalization Treatment Sum Insured on the advice of a Medical practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period

7. Road Ambulance

The expenses incurred on a road ambulance 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 for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.

8. Maternity Package Expenses

A) Maternity expenses-

The Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either during the lifetime of the Insured Beneficiary
Our maximum liability per delivery or termination shall be as per the Maternity Package limit specified in the Policy Schedule.

i. We will pay the In-patient Medical Expenses of pre-natal (complete pre-natal period) and post-natal hospitalization (up to 90 days post-delivery) per delivery or termination up to the Maternity Package limit.
ii. The above cover will be subject to a waiting period as mentioned on the Policy Schedule which would apply from the date of issuance of the first My Health Care Plan-06 (GEO Vertical) with Us. , Maternity Package Expense Waiting Period mentioned on the Policy Schedule will decrease by 1 year if long term policy is opted and the entire premium is paid up front.
iii. Fresh waiting period as specified on the Policy Schedule would apply for all the policies issued with continuity from other health indemnity product/plans where maternity expenses are not covered.
iv. This cover is applicable for Insured Beneficiary up to 45 years of age.

B) Maternity expenses for Surrogacy- If the Insured member has opted for maternity through surrogacy then the maternity expenses incurred for the respective Surrogate mother provided that the necessary documents related to Surrogacy are furnished at the time of claims will be indemnified. All other terms and conditions would be as per the "A. Maternity expenses" above

C) Complications of Assisted reproductive procedures/technology (ART)- If You are hospitalized for In-patient Care on the advice of a Medical Practitioner because of complications arising out of assisted reproductive procedures during the Cover Period, then Medical Expenses incurred up to Maternity Package limit will be indemnified
We will also indemnify You against In-patient hospitalization expenses incurred, up to Maternity Package limit, because of complications arising out of assisted reproductive procedures, for the oocyte donor provided that
i. The Insured Beneficiary is the recipient of the oocyte.
ii. Necessary documents related to oocyte donation are furnished at the time of claims

9. Out-patient Treatment Expenses (OPD)
We will cover the Insured or Insured Beneficiary, in respect of an admissible claim during the Policy Period for any or all of the following covers if available under the specific plan of My Health Care Plan-06 (GEO Vertical) and as per limits specified in the Policy Schedule.
This is subject to the Policy terms, conditions and definitions, exclusions.
I. Tele (Insta) Consultation Cover
II. Doctor Consultation Cover (In-clinic)
III. Doctor prescribed Investigations Cover – Pathology & Radiology Cover
IV. Annual Preventive Health Check-up cover

I. Tele (Insta) Consultation Cover
If the Insured Beneficiary 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 via video, audio, or chat channel, where the Insured Beneficiary will be able to select the speciality 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.

Specific conditions for Tele (Insta) Consultation Cover

1. Only 1 (one) active Doctor consultation is allowed at any given time and the Insured Beneficiary can book/utilize next consultation post completion of ongoing consultation.
2. Each Insured Beneficiary is allowed to utilize a maximum of 5 consultations per day.
3. Insured Beneficiary can book/utilize a maximum of 15 online consultations per month.

Exclusions for Tele (Insta) Consultation Cover

1. Tele consultation outside the Digital platform of Insurer or service provider's application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under this benefit of the product.
2. Teleconsultation benefit is not transferrable to any other beneficiary unless the beneficiary is covered under the Policy & has opted this coverage.
3. If the Tele Consultation is not availed in the Policy year during the Policy Period, the benefit cannot be carried forward to the subsequent policy year during the Policy Period.
4. Reimbursement of teleconsultation benefit is not permitted
5. Initial 30 days waiting period is applicable on tele-consultation required for illness during the first year of Policy Period. This waiting period is not applicable for renewals.
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 My Heath Care Plan and the Policy Schedule with Us.
b) The PED waiting period as opted would be 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.

II. Doctor Consultation Cover (In-clinic) Cashless Service

If the Insured/Insured beneficiary/ies 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 Policy read with Policy Schedule. This is a cashless service.

If there is no facility of cashless Doctor Consultation in your location, then Insured Beneficiary/s can take a prior approval for consulting the Doctor/Medical Practitioner and claim the charges/ consultation fees by way of reimbursement process as defined under claim process. Sub-limit of INR 500 for general physician and INR1,200 for specialists per consultation as specified under the plan.

Specific conditions for Doctor Consultation Cover (In-clinic)

1. Only 1 (one) active Doctor consultation is allowed at any given time and the Insured Beneficiary can book/utilize next consultation post completion of ongoing consultation.
2. Each Insured Beneficiary is allowed to utilize a maximum of 5 consultations per day, subject to the cover limit specified in the Policy Schedule.
3. Insured Beneficiary can book/utilize a maximum of 15 consultations per month.

Exclusions for Doctor Consultation Cover (In clinic)

1. Other expenses of investigations, medicines, procedures or any medical, non-medical items are not covered.
2. Doctor consultation cover is not transferrable to any other person unless the person is covered under the same Policy.
3. If the Doctor consultation is not availed in the Policy year during the Policy Period, the benefit cannot be carried forward to the subsequent Policy year
4. Initial 30 days waiting period is applicable for consultation required for Illness during the first year of this Policy. This waiting period is not applicable for renewals.
5. The plan does not cover yoga, naturopathy, reiki, acupuncture, acupressure, physiotherapy, psychiatric counselling, diet counselling.
6. Pre-Existing Diseases Waiting Period (Code-Excl01)
   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 My Heath Care Plan and the Policy Schedule with Us.

a) The PED waiting period as opted would be specified on the Policy Schedule.
b) 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.
c) 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.

III. Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses Cashless Service

If the Insured/Insured Beneficiary/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 the limit as specified in the Policy Schedule. This is a cashless service.

If there is no cashless facility in your location for Investigations Cover – Pathology & Radiology then Insured Beneficiary/s can take a prior-approval for the prescribed investigations and claim the expenses by way of reimbursement process as defined under claim process. The investigation expenses would be payable up to the limit specified on the Policy Schedule.

Exclusions for Doctor Prescribed Lab and Radiology Cover

1. Any Lab or Radiology investigation which is not prescribed by a Medical Practitioner will not be covered.
2. Investigation cover is not transferrable to any other person unless the person is covered under the same Policy.
3. If the Investigation cover is not availed in the respective policy year the benefit cannot be carried forward to the subsequent policy year after renewal.
4. Initial 30 days waiting period is applicable for investigations Cover- Pathology & Radiology expenses related to illness during the first year of Policy. This waiting period is not applicable for renewals.
7. 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 My Heath Care Plan and the Policy Schedule with Us.

b) The PED waiting period as opted would be 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.

IV. Annual Preventive Health Check up cover

The Insured can avail the free Preventive health check-up once in every Policy Year in the network centres of the Service Provider.
The health check-up can be availed on a cashless basis only in the prescribed list of Hospitals or diagnostic centers.
List of prescribed Hospitals or diagnostic centers can be accessed from the Insurer's website or digital application of the Company.

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 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 the Policy.
6. Initial 30 days waiting period is applicable for investigations related to Illness during the first year of Policy Period. This waiting period is not applicable for renewals.
   List of network Hospitals or diagnostic centres can be accessed from the Insurer's website for:
   - Doctor Consultation Cover (In clinic)
   - Doctor prescribed Investigations Cover – Pathology & Radiology Cover
   - Annual Preventive Health Check-up cover

10. Domiciliary Hospitalization

The Expenses for Medical Treatment for an 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.

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

11. Cost of Prescribed External Medical Aid

Expenses incurred for External Medical Aids eg: braces, canes, crutches, walker, wheelchair etc. prescribed by a treating Medical Practitioner for the specific illness or injury against which the claim is accepted by Us provided that We have accepted Insured's Claim under "In-patient Hospitalisation Treatment".

Please refer the Table of Benefits at the end of this document for coverage details

12. Sum Insured Reinstatement

The In-patient Hospitalisation Treatment Sum Insured would be "reinstated" up to number of times for same illness ,as specified in the Policy Schedule for the particular Policy Year provided that

1. 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 days period is not applicable if the subsequent claim is for a different family member.
2. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment
3. For any claim under this benefit, the maximum liability per claim shall not exceed the In-patient Hospitalization Sum Insured.
4. This benefit is applicable during each Policy year and will not be carried forward to the subsequent policy year/ renewals.
5. Sum Insured Reinstatement for floater policy will be at policy level.
6. For individual Sum Insured policy, Sum Insured Reinstatement would be available on Insured Beneficiary level.

Please refer the Table of Benefits at the end of this document for coverage details

13. Air Ambulance

If this cover is opted by the Insured, it is hereby agreed and declared that My Health Care Plan-06 (GEO Vertical) 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-06 (GEO Vertical) . The claim under this cover would be reimbursed up to the actual expenses subject to a maximum limit 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 Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy.

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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.

14. Cumulative Bonus

Cumulative Bonus ("CB") will be increased for each claim free year (no claims are reported) maximum upto 100% of inpatient hospitalisation sum insured, 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.

Please refer the Table of Benefits at the end of this document for coverage details

15. Family Visit

If Insured 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, 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 will be reimbursed

16. Renewal Premium Waiver Benefit

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 this Health Insurance plan for the dependant members. The renewal premium is payable only for one subsequent renewal for the dependant Insured Beneficiary/ies for same sum insured.

17. Consumable Expenses

The Non-Medical Expenses/ consumables incurred during treatment of the Insured Beneficiary will be paid up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.

■ Optional Covers

1. Super Cumulative Bonus: (Applicable in Plan 3 Only)

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 Beneficiary if no claim has been reported in respect of that Insured Beneficiary. In case of claim, SCB in respect of the Insured Beneficiary 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.

2. Major Illness and Accident Multiplier (Indemnity) (Optional for Plan 1 & 2, Inbuilt in Plan 3)
If Insured is 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 Cover Period, then the sum insured for such Major Illnesses or Injury would be increased maximum up to two times of "Inpatient Hospitalization Treatment" Sum Insured

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

When can I enhance my Sum Insured?

- Sum Insured enhancement will be allowed only at the time of renewals.
- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form and No claim in the expiring policies. In case of a claim, referral to be made to Underwriting Medical Practitioners for further advise.

Discounts

i. Zone Discount

Below discount will be applicable on Zone A Premium based on residential address of the proposer or insured person

- Zone B: 15%
- Zone C: 25%

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**
  Goa, Punjab, Chandigarh, Chattisgarh, Bihar, Jharkhand, Andaman & Nicobar Islands, Arunachal Pradesh, Himachal Pradesh, Jammu & Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Sikkim, Tripura, Uttarakhand

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 Floater Policies.

iii. Long Term Discount

a. 4% discount is applicable if Policy is opted for 2 years
b. 8% discount is applicable if Policy is opted for 3 years

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

iv. 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 provided the Policy is booked in direct code.

This discount shall also be applicable to Intermediaries of Bajaj General Insurance for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy.

v. Online/Direct Business Discount

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

Note: Not applicable where employee discount is given

vi. Loyalty Discount

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

vii. Wellness Discount

At each renewal of My Health Care Plan-06 (GEO Vertical) with Us, wellness discount will be applicable subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each year in case of long term policies.

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

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

Wellness Eligibility Criteria:

1. Wellness discount is applicable for members age 25 years and above
2. If the Insured person meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria she / she is eligible for 10% discount.
3. If an Insured meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
4. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.
   Discount under Floater Policy = Total No. of Parameters achieved by eligible members
   Total No. of eligible members in the family

viii. Early Entry Discount

5% discount shall be offered if, Insured Proposer is opting the My Health Care Plan-06 (GEO Vertical) 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.

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.

This discount will apply only if long term policy is opted

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

ix. Discount

The Insured member 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 inception of the Policy with us for the first time.

x. Voluntary co-payment Discount

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

b. If a claim has been admitted under In-patient Hospitalization Treatment then, the Insured shall bear a 5% or 10% or 15% or 20% (proportion to extent to discount availed) 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.

Waiting periods

- 30 days initial waiting period
- 24 months waiting period for Specified disease/procedure Waiting Period
- 36 months waiting period on pre-existing diseases

This list is indicative, for complete list of Standard, General and Specific Exclusion and waiting period please refer the policy wordings.

Table of Benefits

Plan 1	
Cover	**Description**
In-Patient Hospitalization Expenses	3/4/5/10/20/25/50 Lacs & 1 Cr
Room Rent	Any room except suite up to 10 Lac Any room- Above 10 Lac
ICU	Actual
Pre-hospitalization Medical Expenses	30 days
Post-hospitalization Medical Expenses	60 days
Organ Donor	Upto SI
AYUSH Hospitalisation Cover	Upto SI
Modern Treatment Mthds and Adv, in Techno.	Upto SI
Road Ambulance	Upto SI
Day-care Treatment Expenses	Upto SI
Domiciliary Hospitalization	Upto SI
Renewal premium waiver if death (CI+PA)	Applicable
Family Visit	Sub-limit of 25K till 10 Lakhs SI and 50K for above 10 Lakhs is included in the pricing.
Cumulative bonus	10% per annum max 100%
PED WP	36 months
SP. Disease WP	24 months
Reinstatement on Partial Exhaustion- for next claim	Once for 3 lakhs SI Unlimited for above 3 lakhs
Cost of external medical aids	Up to 10,000
Cataract Limit	Covers up to 20% of Sum Insured (max INR 1 lakh per eye) for SI up to INR 10 lakh, with no cataract limit for SI above INR 10 lakh.
Consumable expense	Covered
OPD	Insta Teleconsultation

Plan 2	
Cover	**Description**
In-Patient Hospitalization Expenses	3/4/5/10/20/25/50 Lacs and 1 Cr
Room Rent	Any room except suite up to 10 Lac Any room- Above 10 Lac
ICU	Actual
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Organ Donor	Upto SI
AYUSH Hospitalisation Cover	Upto SI
Modern Treatment Mthds and Adv, in Techno.	Upto SI
Road Ambulance	Upto SI
Day-care Treatment Expenses	Upto SI
Domiciliary Hospitalization	Upto SI
Renewal premium waiver if death (CI+PA)	Applicable
Family Visit	Sub-limit of 25K till 10 Lakhs SI and 50K for above 10 Lakhs is included in the pricing.
Cumulative bonus	25% p.a CB max 100%
PED WP	36 months
SP. Disease WP	24 months
Reinstatement on Partial Exhaustion- for next claim	Once for 3 lakhs SI Unlimited for above 3 lakhs
Cost of external medical aids	Up to 10,000
Cataract Limit	Covers up to 20% of Sum Insured (max INR 1 lakh per eye) for SI up to INR 10 lakh, with no cataract limit for SI above INR 10 lakh.
Consumable expense	Covered
OPD	2x OPD Wallet (Insta Tele-consultation, In clinic doctor consultation (Cashless, no co-pay), Lab/Radio (Cashless, no co-pay), Annual Preventive HC

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Plan 2	
Cover	**Description**
Air Ambulance	Upto 5 Lakhs

Plan 3	
Cover	**Description**
In-Patient Hospitalization Expenses	3/4/5/10/20/25/50 Lacs and 1 Cr
Room Rent	Any room except suite up to 10 Lac Any room- Above 10 Lac
ICU	Actual
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Organ Donor	Upto SI
AYUSH Hospitalisation cover	Upto SI
Modern Treatment Mthds and Adv, in Techno	Upto SI
Road Ambulance	Upto SI
Day-care Treatment Expenses	Upto SI
Domiciliary Hospitalization	Upto SI
Renewal premium waiver if death (CI+PA)	Applicable
Family Visit	Sub-limit of 25K till 10 Lakhs SI and 50K for above 10 Lakhs is included in the pricing.
Cumulative bonus	50% every claim free year max up to 100%
PED WP	36 months
SP. Disease WP	24 months
Reinstatment on Partial Exhaustion- for next claim	Once for 3 lakhs SI
Unlimited for above 3 lakhs	Applicable
Cost of external medical aids	Up to 10,000
Cataract Limit	Covers up to 20% of Sum Insured (max INR 1 lakh per eye) for SI up to INR 10 lakh, with no cataract limit for SI above INR 10 lakh.
Consumable expense	Covered
OPD	2x OPD Wallet (Insta Tele-consult, In clinic doc consult (cashless, no co-pay), Lab/Radio (cashless, no co-pay), Annual Preventive HC)
Air Ambulance	Upto 5 Lakhs
Major Illness and Accident Multiplier	2 times
A. Maternity expenses B. Maternity expenses for Surrogacy C. Complications of Assisted reproductive technique	For SI 5 Lac and above – INR 50,000 Waiting period 24 months

BAJAJ GENERAL

CARINGLY YOURS

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.

FOR ANY QUERY (TOLL FREE)
1800-209-0144 /1800-209-5858

www.bajajgeneralinsurance.com

careforyou@bajajgeneral.com

Note: It is mandatory to keep updated your policy with your correct contact details and bank account details, to process any of your service requests faster and hassle-free. To update your contact details i.e. Mobile No., Email ID, PAN Card, and Bank Account details, please use chatbot, visit our website, contact your agent or nearest branch.

For more details on risk factors, Terms and Conditions, please read the Policy Wordings and Prospectus before concluding a sale.

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