Education Grant

Health Guard

Public Liability

Loss of Baggage

Hospital Cash Daily Allowance

Personal Accident

Critical Illness

BAJAJ GENERAL

STAR PACKAGE

A comprehensive protection For your worries

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP25037V022425

About Bajaj General Insurance Limited

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Bajaj General Insurance Limited (formerly known as Bajaj Allianz General Insurance Company Limited) is one of India's leading, most trusted and dynamic private general insurance companies. It is a subsidiary of Bajaj Finserv Limited, India's leading and most diversified financial services group.

Bajaj General offers a broad portfolio of innovative and customer-focused insurance solutions, spanning motor, health, and home insurance, along with specialised products such as pet insurance, wedding insurance, event protection, cyber insurance, and rural insurance. From safeguarding your health and home to protecting your travels and life's most important moments, Bajaj General aims to be a constant partner in your journey. Bajaj General equally offers a comprehensive and a well-diversified range of products, including fire, marine, engineering, liability and surety insurance to corporates and SME's. The company also participates in various government schemes with a focus on financial inclusion. The company is also known for its robust risk selection capabilities, digital adoption and product innovation.

Established in 2001, the company has grown its footprint to nearly 1,500 towns and cities across India, ensuring easy access and a close connection to its customers. This access is enabled through the largest distribution network, spanning across individual agents, point-of-sales personnel, banks, NBFCs, motor dealers, brokers and the company's proprietary sales force.

It holds an [ICRA]AAA rating from ICRA Limited, reflecting the highest level of confidence in its financial strength and stability. With a strong legacy, a forward-looking mindset, and an unwavering focus on its 'Customer-First' philosophy, Bajaj General remains committed to protecting what matters most, empowering individuals, families, and businesses to live with confidence and peace of mind.

Bajaj General Advantage

- **Introduction**

  Life is full of uncertainties and unexpected events. Unforeseen events can happen at home, at work and even at play. The death, injury or sickness of a breadwinner or family member can create serious financial problems for any family. It is in situations like these, that you need to be prepared. To help you soften the blow Bajaj General offers you a unique package policy which provides protection against various risks and contingencies faced by an individual under a single policy. It also provides protection against loss of Baggage during your travel. This package policy has 7 sections & a person would have to opt for a minimum of 3 sections under the policy.

- **What are the Sections under the Star Package policy?**

Section	Hospital Cash Daily Allowance	Health Guard	Critical Illness	Personal Accident	Education Grant	Loss of Baggage	Public Liability
Plan and Sum insured options	Plan A: Rs.500/day Plan B: Rs. 1000/ day Plan C: Rs. 2000/ day Plan D: Rs. 2500/ day	Silver Plan: Rs.1.5 / 2 Lacs Gold Plan: Rs.3 / 4 / 5 / 7.5 / 10 / 15 / 20 / 25 / 30 / 35 / 40 / 45 / 50 lacs Platinum Plan: Rs. 5 / 7.5 / 10 / 15 / 20 / 25 / 30 / 35 / 40 / 45 / 50/ 75 lacs/ 1 Crore	Rs. 1L, 1.5L, 2L,3L,4L, 5L, 10L, 20L, 30L, 40L, 50L	Rs.2L,3L, 4L, 5L, 10L, 20L, 30L, 40L, 50L	Rs. 2L, 3L, 4L, 5L	Rs. 2500, 5000, 7500, 10,000	Rs.2L, 3L, 4L, 5L
Sum Insured basis	Individual	Floater	Individual	Individual	Individual	Individual	Individual
Member applicability	Self, Spouse and Dependent children	Self, Spouse and Dependent children	Self, Spouse and Dependent children	Self only	Self only	Self only	Self only

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Who can be covered under the policy?

- Proposer, Spouse and Dependent children

- **What is the entry age under the policy?**

» Entry age for Proposer & spouse is 18 years – 65 years

» Entry age for Children

a. Critical illness section - 6 years to 21 years

b. Health Guard , Hospital Cash Daily Allowance- 3 month to 30 years

- **What is the renewal age?**

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

- **What is the policy period?**

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

- **Is there any pre-policy check-up applicable for enrolling under Star Package policy?**

  Medical tests may be needed based on your age, section opted, sum insured, and health declaration (if any). These tests will be done at our empanelled diagnostic centres, and the results will be valid for 30 days. If your proposal is accepted and policy issued, 100% of the standard Pre-policy medical test costs will be reimbursed.

- **What are coverages under this policy?**

▶ **Section C1 – Hospital Cash daily Allowance** (UIN: BAJHLIP23078V032223)

In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured's or the named Insured's Hospitalization within the Policy Period, the Company will pay:

1. The Daily Allowance for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period of 30 days, or
2. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured or Named Insured in the Intensive Care Unit of a Hospital during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period of 7 days for each hospitalization

▶ **Section C2- Health Guard** (UIN: BAJHLIP25035V072425)

The Company hereby agrees to indemnify/ Pay You against the Reasonable and Customary Expenses in respect of an admissible claim, for any or all of the following covers subject to the Sum Insured ("SI"), limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

1. In-patient Hospitalization Treatment

If You are hospitalized on the advice of a Medical practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home subject to below limits
   - Silver Plan- Up to 1% of Sum Insured per day (Excluding Cumulative Bonus)
   - Gold Plan and Platinum Plan
     a) Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air Conditioned room
     b) Sum Insured 10 Lacs and above - eligible for any room category

ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.

iii. Nursing Expenses as provided by the hospital

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iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents.

vi. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

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

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

2. Pre-Hospitalization

The Medical Expenses incurred during the 60 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/injury for which subsequent Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C2. 1)

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C2. 1)

4. Road Ambulance

We will indemnify You against the reasonable cost up to a maximum of Rs. 20,000/- per Policy Year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

i. Such life threatening emergency condition is certified by the Medical Practitioner, and

ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy. Subject otherwise to the terms, conditions and exclusions of the Policy.

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

5. Day Care Procedures

We will indemnify You against the Medical expenses as listed above under Section C2. 1- In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Refer Annexure I of this Policy Wordings for list of Day Care Procedures.

6. Organ Donor Expenses:

We will indemnify You against the expenses incurred towards organ donor's treatment for harvesting of the donated organ, provided that,

a) The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation Of Human Organs (Amendment) Bill, 2011and the organ donated is for the use of the Insured, and

b) We have accepted an inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment (Section C.1).

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7. Convalescence Benefit:

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

Silver Plan -

- Rs. 5,000 per Policy Year

Gold and Platinum Plan-

- Rs. 5,000 for Sum Insured up to Rs. 5 lacs
- Rs. 7,500 for Sum Insured 7.5 lacs and above per Policy Year.

This benefit will be triggered provided that the hospitalization claim is accepted under Section C2.1-In Patient Hospitalization Treatment. Payment under this benefit will not reduce the base Sum Insured mentioned in policy Schedule.

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

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each Policy Year for reasonable accommodation expenses in respect of one parent/ legal guardian, to stay with any minor Insured (under the Age of 12), provided the hospitalization claim is paid under Section C2.1-Inpatient Hospitalization Treatment.

Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule. This benefit will be applicable each year for policies with term more than 1 year.

9. Sum Insured Reinstatement Benefit:

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

i. The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;

ii. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment.

iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) under the Policy, then this benefit will not be triggered for the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same member or other insured members.

iv. This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/ renewals if the benefit is not utilized.

v. This benefit is applicable only once in life time of Insured covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the Insured member is eligible for re-instatement benefit every year for other admissible conditions.

vi. This benefit will be applicable each year for long term policies.

vii. Additional premium would not be charged for reinstatement of the Sum Insured.

viii. In case of Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy

Understanding Sum Insured Reinstatement made easy-

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

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10. Preventive Health Check Up

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

- Silver Plan- 1% of the Sum Insured maximum up to INR 2000 for each Insured in Individual Policy during the block of 3 years
- Gold Plan- 1% of the Sum Insured max up to INR 5000 for each Insured in Individual Policy during the block of 3 years.
- Platinum Plan -1% of the Sum Insured max up to INR 5000 for each Insured in Individual Policy during the block of 2 years.

This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.
You may approach Us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).
Contact Email id- healthcheck@bajajgeneral.com

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

11. Bariatric Surgery Cover

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

Eligibiliy:

For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following:
Body Mass Index (BMI);

i. greater than or equal to 40 or
ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

- Obesity-related cardiomyopathy
- Coronary heart disease
- Severe Sleep Apnea
- Uncontrolled Type 2 Diabetes

12. Wellness Benefits

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

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

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

Wellness Eligibility Criteria:

i. Wellness discount is applicable for members age 25 years and above
ii. 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 he / she is eligible for 10% discount.
iii. 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%.
iv. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

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

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

13. AYUSH Hospitalization Expenses

If You are Hospitalized for not less than 24 hrs, in an AYUSH Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical Practitioner because of Illness or Accidental
Bodily Injury sustained or contracted during the Policy Period then we will pay you: In-patient Treatment-Medical Expenses for AYUSH treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- Ayurvedic and Homeopathic treatment procedures

Our maximum liability per Policy Year is up to the limit of "In-patient Hospitalization Treatment" Sum Insured as specified in the Policy Schedule
This benefit will be applicable each Policy Year for Policies with term more than 1 year. The claim will be admissible under the Policy provided that,

(i) The Illness/injury requires inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis

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

We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either,

i. Our maximum liability per delivery or termination shall be limited to the amount specified in the Policy Schedule as per Sum Insured opted.
ii. We will pay the Medical Expenses of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery or termination up to the maternity limit.
iii. Waiting period of 72 months as mentioned in the Policy Schedule would apply from the date of issuance of the first Star Package Policy covering Health Guard Section with Us,
iv. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage where Insured is having policy with Maternity Expense benefit.
v. Fresh Waiting period of 72 months as mentioned in the Policy Schedule would apply for all the policies issued

with continuity from other Health Indemnity product/plans of Our Company where maternity expenses are not covered.

vi. Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be covered up to the maternity limit.

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

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

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses (Section C2 14). We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section.

We will pay for,

i. Medical Expenses towards treatment of Your new born baby while You are Hospitalized as an inpatient for delivery for the Hospitalization,

ii. Hospitalization charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date Of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium

iii. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

- **Additional Benefit applicable to Silver and Gold Plan**

Cumulative Bonus

If Insured renew their " policy " with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base Sum Insured per annum as Cumulative bonus , but:

i. The maximum cumulative increase in the Limit of Indemnity for Silver and Gold will be limited to 10 years and 100% of base Sum Insured of Your policy " with Us.

ii. This clause does not alter the annual character of this insurance

iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "policy " shall be reduced by 10%, save that the limit of indemnity applicable to Your first " policy " with Us shall be preserved.

Covers applicable for Platinum plan only

16. Super Cumulative Bonus

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

i. We will increase the Limit of Indemnity by 50% of base Sum Insured per annum for first 2 years and later 10% of base Sum Insured per annum for next 5 years.

ii. Maximum bonus will not exceed 150% of the Hospitalization Sum Insured

iii. If a claim is made in any year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Star Package Policy covering Health Guard Section" shall be reduced to previous slab. However the Sum Insured would not be decreased.

iv. In case of any increase or decrease of Sum Insured at renewal the Super Cumulative Bonus % would be calculated on the lesser Sum Insured.

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

17. Recharge Benefit

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

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

ii. In case of Individual Sum Insured Policies, this benefit will be applicable once in a Policy Year for each Insured member.

iii. For a Floater policy, this benefit will be applicable cumulatively to all Insured members, once in a Policy Year.

iv. The unutilized Recharge amount cannot be carried forward to the subsequent renewal.

• OPTIONAL COVERS

18. Air Ambulance (Optional available for SI 5Lacs and above)

In consideration of payment of additional premium by the Proposer to the Company and realization thereof by the Company,, We will indemnify You against the expenses incurred for rapid ambulance transportation in an airplane or helicopter from the site of first occurrence of the Illness / Accident to the nearest hospital during Policy Period necessitated due to emergency life threatening health conditions provided such hospitalization claim is admissible under "Health Guard" Policy.

The claim would be reimbursed up to the actual expenses subject to a maximum Sum Insured limits as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions applicable to Air Ambulance Cover

Return transportation to the Insured Person's home by air ambulance is excluded.

Such air ambulance should have valid license to operate as such by competent authorities of the Government/s.

Air Ambulance Cover Sub limit options

SI	5L	7.5L	10L	15L	20L	25L	30L	35L	40L	45L	50L	75L	1Cr
AA limit	5L			5L/10L/15 L/20 L/25L							5L/10L/15 L/20 L/25L/50 L		

► **Section C3 - Critical Illness** (UIN: BAJHLIP23208V032223)

If the Insured is diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit, as specified under the Policy Schedule.

List of Critical Illnesses covered under the policy:

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

12. Joint Replacement

The details of listed Critical illness shall be as per the criteria defined under the policy document

Conditions applicable to

1. Sum Insured offered 24 times of annual income on declared income basis
2. For Non- earning dependent members SI cannot exceed 10 lacs OR SI opted for Primary member whichever is lower.
3. For renewals of age 61 years & above the maximum Sum Insured would be Rs.5,00,000/- or expiring Sum Insured whichever is lower)
4. Criteria applicable for Critical illness claim for "Joint Replacement "

i. "Critical Illness Insurance" Policy where Sum Insured is above INR 500,000, Sub-limit of INR 500,000 will be applicable to "Joint Replacement" Benefit.

ii. Claim for Joint Replacement, either unilateral or bilateral, would be payable as per the opted Sum Insured or 5 Lacs, whichever is lower of the two,

iii. The above (i) would be payable only once in a lifetime of a person.

iv. If the first claim payable is of Joint Replacement, then the liability for any subsequent claim for the remaining listed critical illnesses (other than Joint Replacement) will be reduced by the amount paid under Joint Replacement benefit, post which the policy would cease.

Illustrations:

For 1 year Policy Period

Scenario 1 – Critical Illness Policy opted with Sum Insured 3 Lac. If first claim of Joint Replacement arises, then 3 Lac gets paid out and policy ceases.

Scenario 2 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac. If second claim of CABG arises in the same Policy Period, then 15 Lac gets paid and policy ceases.

Scenario 3 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises in the Policy Period, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac. There is no other claim in the Policy.

At the time of renewal, this Policy will be renewed with Sum Insured 20 Lac (as per expiring policy Sum Insured). However, the renewed policy will not cover Joint Replacement.

For 2 or 3 Year Long Term Policy Period

Scenario 1 – Critical Illness Policy opted with Sum Insured 3 Lac. If first claim of Joint Replacement arises in Year 1, then 3 Lac gets paid out and policy ceases.

Scenario 2 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises in Year 1, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac for rest of the Policy Period.

If second claim of CABG arises in Year 2 of the Long Term Policy, then 15 Lac gets paid out and policy ceases.

Scenario 3 – Critical Illness Policy opted with Sum Insured 20 Lac (of which Sum Insured for Joint Replacement is 5 lac). If first claim of Joint Replacement arises in Year 1, then 5 Lac gets paid out and policy continues for remaining 11 Critical Illnesses with Sum Insured 15 Lac for the rest of the Policy Period. There is no other claim in the Policy.

At the time of renewal, this Policy will be renewed with Sum Insured 20 Lac (as per expiring policy Sum Insured). However, the renewed policy will not cover Joint Replacement

► Section C4- Personal Accident Cover (UIN- BAJHLIP21218V022021)

In the event of any Accidental Bodily Injury sustained by the Insured Person during the Policy Period, The Company shall provide coverage for Death, Permanent Total Disability (PTD), Permanent Partial Disability (PPD), and Temporary Total Disability (TTD) arising solely due the Accidental Bodily Injury .This section can be opted by proposer only.

What we will pay for

A. 100% of sum insured payable In case of Death due to accident.

B. 125% of sum insured payable in case of Permanent Total Disability

C. For Permanent Partial Disability, the benefit is as per the Permanent Partial Disability table in the policy document.

D. 1% of the sum insured maximum up to INR 5,000 per week, up to a maximum of 100 weeks is payable for Temporary Total Disability.

E. Sum Insured for Personal Accident section cannot exceed 24 times of monthly income.

For age 66years and above, renewal Sum insured would be restricted to Rs10lacs or expiring Sum Insured whichever is lower

F. The Company will reimburse the actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured.

Additional Insurance

a. Transportation

If we have accepted a claim under Accidental, then We will pay towards the actual cost of transporting the insured remains from the place of death to a Hospital, cremation ground or burial ground or to the Insured's home. The amount We pay will be limited to the lower of Rs.5,000/- or 2% of the sums insured

► Section C5. Education Grant

The Company will pay the amount shown under section C5 of the Schedule in the event of:

i. Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, where after this Policy shall expire.

ii. In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained.

This section can be opted by proposer only.

The Amount would be payable to the nominee under the Policy for the continuing education of the deceased's child/ children

► Section C6 – Public Liability (UIN: IRDAN113RP0018V02200102)

The Company will indemnify the Insured against:

1. his legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured's use, ownership or occupation of the Insured Premises for solely domestic purposes and caused by the negligent act, error or omission of the Insured, the Insured's Family or the Insured's Household Staff, save that no indemnity is available hereunder for any liability that may be incurred under the Public Liability Insurance Act 1991 or any other statute or law based on no fault or strict liability, or for any civil claim brought by the Insured or his Family; and
2. his legal liability to pay compensation under the Fatal Accidents Act 1855, the Workmen's Compensation Act 1923 or any amendment thereto or under common law in respect of personal injury by accident or disease sustained, to any person employed by You and
3. as the keeper and owner of domestic pets.

Subject otherwise to all the other terms, conditions, limitations, exclusions and exceptions of the Policy.

► Section C7 – Loss of Baggage (BAJTIDP22129V022122)

The Company shall indemnify reasonable and customary expenses in respect of an admissible claim for loss of baggage of the Insured due to theft, larceny, robbery or hold up during the journey during Policy Period.

Specific Condition:

It also hereby agreed and declared that the Insured shall bear a co-payment of 10% of the admissible claim amount in respect of each and every claim.

Subject otherwise to all the other terms, conditions, limitations, exclusions and exceptions of the Policy.

• What are the Exclusions applicable under the policy ?

► Exclusions specific to Section C1 "Hospital Cash Daily Allowance"

STANDARD EXCLUSIONS

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01) :

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Hospital Cash Daily Allowance Policy with us.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02) :

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Hospital Cash Daily Allowance Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

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

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

f) List of specific diseases/procedures is as below:

1. Treatment of cataracts	2. Haemorrhoids
3. Benign Prostatic Hypertrophy	4. Fissure in ano
5. Hysterectomy	6. Stones in the Urinary and Biliary systems
7. Menorrhagia	8. Surgery on ears
9. Fibromyoma	10. Tonsils or Sinuses
11. D&C	12. Skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps
13. Endometriosis	14. Gastric or Duodenal ulcer
15. Hernia of all types 16. Backache	16. Backache
17. Hydrocele	18. Prolapsed Intervertebral disc
19. Fistulae	

3. 30-day waiting period (Excl03) :

a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently

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II. General Exclusions:

1. Investigation & Evaluation (Excl04) :

i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded

ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

2. Rest Cure, rehabilitation and respite care- (Excl05) :

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs

3. Obesity/Weight Control (Excl06) :

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

i. Surgery to be conducted is upon the advice of the Doctor

ii. The surgery/Procedure conducted should be supported by clinical protocols

iii. The member has to be 18 years of age or older and

iv. Body Mass Index (BMI);

- greater than or equal to 40 or
- greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

4. Change-of-gender treatments (Excl07) :

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Excl08) :

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or

Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Breach of law (Excl10) :

Expenses for treatment directly arising from or consequent upon any Insure Person committing or attempting to commit a breach of law with criminal intent

7. Excluded Providers (Excl11) :

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

9. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

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10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

11. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

12. Unproven Treatments (Excl16) :
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:

a) Any type of contraception, sterilization
b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
c) Gestational Surrogacy
d) Reversal of sterilization

14. Maternity (Excl 18)

a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

SPECIFIC EXCLUSIONS

i. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
ii. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
iii. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
iv. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
v. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
vi. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
vii. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
viii. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
ix. All non-medical Items as per Annexure II
x. Any treatment received outside India is not covered under this Policy.
xi. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
xii. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.

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Exclusion Specific to Section C2 "Health Guard"

STANDARD EXCLUSIONS

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

1) Pre-existing Diseases waiting period (Excl01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section with us.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c) If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2) Specified disease/procedure waiting period (Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section with Us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
e) If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f) List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth..
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsilitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

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3) Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Star Package Policy covering Health Guard section with Us in connection with:

a. Joint replacement surgery,
b. Surgery for vertebral column disorders (unless necessitated due to an accident)
c. Surgery to correct deviated nasal septum
d. Hypertrophied turbinate
e. Congenital internal diseases or anomalies
f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5
g. Bariatric Surgery
h. Parkinson's Disease
i. Genetic disorders

4) 30-day waiting period (Excl04)

a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
c. The within referred waiting period is made applicable to the extent of enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. Standard Exclusions (Applicable for Silver, Gold and Platinum Plan)

1. Investigation & Evaluation (Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

3. Obesity/Weight Control (Excl06)

I. Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   i. Surgery to be conducted is upon the advice of the Doctor
   ii. The surgery/Procedure conducted should be supported by clinical protocols
   iii. The member has to be 18 years of age or older and
II. Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

4. Change-of-gender treatments (Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Breach of law (Excl10) Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

7. Excluded Providers (Excl11)
Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Insured/policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure. (Excl14)

11. Refractive Error (Excl15)
Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

12. Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
   a) Any type of contraception, sterilization
   b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF,ZIFT, GIFT, ICSI
   c) Gestational Surrogacy
   d) Reversal of sterilization

14. Maternity (Excl18) (Applicable for Silver Plan only):
   a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
   b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

I. Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)
Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Star Package Policy covering Health Guard section with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.

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

1) Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization

2) Medical Expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
5) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
6) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
7) Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
8) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
9) All non-medical Items as per Annexure II
10) Circumcision unless required for the treatment of Illness or Accidental bodily injury,
11) Any treatment received outside India is not covered under this Policy
12) Treatment for any other system other than modern medicine (allopathy) Ayush Therapy.

- **Exclusion Specific to Section C3 "Critical Illness "**

SPECIFIC EXCLUSIONS

Waiting Period

1) Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.

GENERAL EXCLUSIONS

1) Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
2) Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
3) Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
4) Occupational diseases.
5) War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
6) Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
7) Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
8) Radioactive contamination.

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9) Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
10) Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol

- **Exclusions specific to Section C4 "Personal Accident Cover" and Section C5 "Education Grant"**

We will not pay for "any event that arises because of, is caused by, or can in any way be linked to any of the following.

STANDARD EXCLUSIONS

1. Maternity (Excl 18)
a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SPECIFIC EXCLUSIONS

We will not pay for "any event that arises because of, is caused by, or can in any way be linked to any of the following.

1) Accidental Bodily Injury that You meet with:
a. Through suicide, attempted suicide or self-inflicted injury or illness.
b. While under the influence of liquor or drugs.
c. Through deliberate or intentional, unlawful or criminal act, error, or omission.
d. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
f. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
g. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic.
2) Your consequential losses of any kind or your actual or alleged legal liability.
3) Venereal or sexually transmitted diseases.
4) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
5) Nuclear energy, radiation.

- **Exclusion Specific to Section C6 "Public Liability"**

GENERAL EXCLUSIONS

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

1. any voluntarily assumed liability unless such liability would have attached to the Insured in the absence of such agreement;
2. any liability arising out of a deliberate, willful or intentional act, error, omission, or non-compliance with any statutory provision;
3. liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any motor vehicle or trailer for which compulsory insurance is required, save that cover shall be provided for claims arising out of Bodily Injury or Property Damage caused by the loading or unloading of any motor vehicle or trailer beyond the limits of any carriageway or thoroughfare;
4. liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft.

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5. any interest and/or penalty imposed on the Insured on account of his failure to comply with the requirements laid down under the Workmen's Compensation Act 1923 or any amendment thereto;
6. the transmission of any communicable disease or virus;
7. occupation or business, trade or employment.

- **Exclusion Specific to Section C7 "Loss of Baggage"**

GENERAL EXCLUSIONS

1. Any event occurring from the Insured Person's negligence, or acting in a non-prudent manner, or leaving personal belongings unattended in a public place.
2. Jewellery and Valuables
3. Loss or theft which has not been reported to the Police within 24 hours of discovery of loss.
4. Loss or damage caused by delay, wear and tear, moth, vermin, atmospheric or climatic conditions, deterioration or electrical or mechanical derangement of any kind. Loss or damage caused by spilled fluid from cosmetic or beverage containers whilst in the baggage.
5. Hired or borrowed property or equipment.
6. Property of the Insured Person which has been entrusted to a third party.
7. Claims relating to loss, damage or theft/burglary from an unattended vehicle.
8. Claims arising from confiscation or detention by customs or other lawful officials and authorities.
9. Claims in respect of documents of any kind.
10. Loss or damage to or theft of spectacles, sunglasses, contact lenses, suitcases and umbrellas.
11. Items which have not been noted on the police report, or Property Irregularity Report
12. Liability in respect of a pair or set of articles where we shall be liable only for the value of that part of the pair or set which is lost or damaged.
13. Breakage, Cracking or Scratching of Cameras, Binoculars, Lenses, Musical Instruments and similar articles of brittle or fragile nature unless caused by the Insured Peril.
14. Loss or damage to Personal belongings left in a vehicle overnight.
15. Loss or damage to laptops and mobile phones.
16. Loss or damage to software or data or any other material including pictures stored in the Laptops, Mobile Phones, Cameras, I-pads, I-pods etc.
17. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
18. Loss arising out of mysterious disappearance of the personal belongings
19. Loss occasioned through the willful act of the Insured or any willful act of any other person with a connivance of the Insured.

Subject otherwise to all the other terms, conditions, limitations and exceptions of the Policy.

- **Exclusions Applicable To All Sections**

- No indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- Loss or damage caused by depreciation or wear and tear.
- Consequential loss of any kind or description.
- Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

- **What are the sub limits applicable ?**

Applicable to Section C2 - Health Guard

i. Voluntary co-payment: If opted voluntarily, Insured shall bear 10% / 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.
ii. Voluntary Aggregate Deductible: If opted voluntarily, We shall pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible limit of Rs.50,000 / Rs.100000 / Rs.200000 / Rs.300000, as opted, subject to the "In-patient Hospitalization Treatment" section Sum Insured, terms, conditions and definitions, exclusions contained or otherwise. The deductible is applicable in aggregate towards all claims falling under "In-patient Hospitalization Treatment" Sum Insured incurred during the policy period.
This Deductible will not be applied on the claim admissible under Maternity and New Born Baby Cover.
iii. Cataract Limit: Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion 02)above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.
iv. Bariatric Surgery Limit: Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.
v. Maternity Limit: Maternity is covered under Gold & Platinum plan only
a. For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR & 25000 INR for caesarean delivery
b. For Sum Insured Above 7.5 lacs the limit for Normal delivery is 25000 INR & 35000 INR for caesarean delivery.

- **What are the discounts applicable ?**

i. **Co-pay Discount: (Applicable to Section C2. Health Guard only)**
   a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured Person then he/she will be eligible of additional 10% or 20% discount on the Policy premium.
   b. If a claim has been admitted under Section C2. Health Guard – (In-patient Hospitalization Treatment) then, the Insured Person shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.
ii. **Voluntary Aggregate Deductible:** (Applicable to Section C2. Health Guard only)
If opted voluntarily and mentioned on the Policy Schedule than a discount on the Policy premium shall be apply basis the Sum insured and deductible limits opted under the policy
iii. **Room Rent capping discount:** (Applicable to Section C2. Health Guard only)
If You opt for this cover You will be entitled for a per day room rent limit of 1.5% of Hospitalization Sum Insured up to maximum Rs. 7,500 per day. By opting for this cover, You will be eligible for discount on premium as per below grid-

Base SI	Gold Plan	Platinum Plan
300,000 and above	5%	8%

Note:
   a. The room rent does not include nursing charges.
   b. If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co-payment would be applied on all the expenses of the Hospitalization except for cost of Medical consumables and Medicines.
iv. **Wellness Discount** (Applicable to Section C2. Health Guard only)
As detailed in Section C2 – Under Health Guard, depending on number of parameters met by Insured Person during a Policy Year discount will be offered on subsequent renewal premium.

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

Note- If an Insured Person meets 8 out of 8 above mentioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
v. **Zone Discount** (Applicable to Section C2. Health Guard only)

a) If You opt for coverage under Zone B, then You will be eligible for 20% discount on the premium

b) If You opt for coverage under Zone C, then You will be eligible for 30% discount on the premium

Note: -

- Policyholders paying Zone A premium rates can avail treatment allover India without any co-payment.
- Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount
- This Co – payment will not be applicable for Accidental Hospitalization cases.
- Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment
- Premium payment Zone

  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

vi. **Family Discount** (Applicable to Section C1 "Hospital Cash Daily Allowance" only)

5% family discount shall be offered if 2 or more than 2 of any of the Dependent family members are covered under a single policy

vii. **Sectional Discount:** (Applicable to all Sections)

25% discount would be offered on sections other than Health Guard if 4 or more sections are opted.

viii. **Long Term policy Discount:**

- 4% discount applicable if policy is opted for 2 years
- 8% discount applicable if policy is opted for 3 years

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

ix. **Loyalty Discount :** 5% Discount maximum up to INR 1000 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.

x. **Employee Discount**

20% discount on published premium rates to employees of Bajaj General & its group companies, this discount is applicable only if the Policy is booked in direct code

• General Terms and Clauses

1. Free Look Period

The Insured Person shall be allowed free look period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to cancel/return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

If the Insured Person has not made any claim during the Free Look Period, the Insured Person shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover and expenses incurred by the Company on medical examination of the Insured Person or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period and expenses incurred by the Company on medical examination of the Insured Person

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2. Possibility of Revision of Terms Of The Policy Including The Premium Rates

i. The Company, prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates.

ii. The insured person shall be notified three months before the changes are effected.

3. Conditions for Renewal of Contract

i. Your Policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by You, provided this policy is not withdrawn and also subject to conditions stated at "Moratorium Period" of this Schedule.

ii. We shall not deny the renewal of this policy on the ground that You have made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy.

iii. We shall condone a delay in renewal up to the Grace Period (30 days) from the due date of renewal without considering such condonation as a Break in Policy.

iv. For this policy, the loadings on renewal premium shall be at portfolio and not based upon any individual policy claim experience. However, discount in premium may be provided by Us to You for good claims experience.

v. We shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc. at renewal stage where there is no change in Sum Insured offered. Provided that where there is an improvement in the risk profile, We may endeavour to recognize that for removal of loadings at the point of renewal.

vi. In case the product is withdrawn, the policyholder shall be provided with suitable alternative options for migration, as per applicable regulatory provisions.

4. Criteria for Sum Insured Enhancement ?

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

5. Cancellation

(A) Cancellation by the Policyholder: The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

Multi-year Policy:

For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.

For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

(B) Additional Deductions : Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C) Cancellation by the Company: The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

6. Portability Conditions

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

7. Migration of Policy

Migration of Policy The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid =3.2.3

8. Territorial Limits & Governing Law and Jurisdiction

i. We cover Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

ii. This Policy shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be, determined by the Indian court and in accordance to Indian laws.

9. Withdrawal of Policy

1. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
2. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

10. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Bajaj General". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajgeneralinsurance.com/branch-locator.html
3. Register your grievances / complaints on our website : www.bajajgeneralinsurance.com/about-us/customer-service.html
4. E-mail

a) Level 1: Write to careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com

b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajgeneral.com

c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back

5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman The contact details of the ombudsman offices are mentioned in, https://www.bajajgeneralinsurance.com/download-documents/health-insurance/OMBUDSMAN-ADDRESS.pdf

- **How do I make a Claim?**

Complete set of claim documents needs to be forwarded to

Health Administration Team
Bajaj General Insurance Ltd.
2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014| Toll free: 1800-209-5858, 1800-209-0144

The above information is indicative in nature, please refer the policy wordings or visit our website / our nearest office for further details

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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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Policy holders can download Bajaj General app for one - touch access. Available on |