Bajaj General Insurance Limited
(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.
CIN: U66010PN2000PLC015329 | UIN: BAJHLIP27080V012627
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Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

PROSPECTUS

MY SWASTHYA CARE

- **Who can be covered under the policy?**
  For the purpose of Individual Policy- includes the Insured Person only (Individual Membership)

- **What type of plans are available?**
  Individual Policy

- **What is the entry age eligibility under the policy?**
  18 Years to 65 Years

- **What is the Policy Tenure available?**
  1 Year

- **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.

- **SCOPE OF COVER**

Subject to the terms, conditions, exclusions, limitations and eligibility criteria specified under this Policy, the Company agrees to arrange and make available to the Insured Person(s) the benefits/ services under My Swasthya Care policy during the Policy Period in respect of the Chronic/ Lifestyle Condition(s), if any, specified in the Policy Schedule.

The coverage under this Policy is intended to support the monitoring, management and wellness needs of Insured Person(s) who have been diagnosed with, are undergoing management for, or seek to monitor and reduce the risk of the specified Chronic/ Lifestyle Condition(s), if any, specified in the Schedule. Under this Policy, the Insured Person(s) shall be entitled to avail the services and/or benefits expressly covered under this Policy on Cashless basis only as specified in the Schedule through the Company's and/or Service Provider's digital platform/ application.

The services/ benefits available under this Policy shall be limited to those expressly specified in the Schedule and shall be subject to the frequency, utilisation limits, eligibility conditions and mode of access stated against the relevant benefit/cover and are intended solely for preventive, wellness, monitoring and condition-management purposes and shall be available only in accordance with the terms and conditions set out herein.

Services/ benefits available under this Policy are as follows:

COVERAGE	DETAILS
Annual Health Check-up (AHC)	1 Basic AHC Package
Fitness Videos Access	Yes
Tele Consultation- Specialist	1 Session
Tele Consultation- GP / Internal Medicine	3 Sessions
Lab Test (Profile)	Any 2
Smart Face Scan	4 Face Scans
Diet Consultations	6 Sessions
Managed Care AI Models	Yes
Step Tracker	Yes
Smart Health Insight	Yes

1. Annual Health Check-up (AHC)

Under the My Swasthya Care policy, the Insured Person shall be entitled to get 1 Annual Health Check-up during each Policy Year through the Service Provider's designated Network Providers. The Annual Health Check-up screening profile shall include below listed standard diagnostic tests.

CONDITION	Test
Diabetes	HbA1c (%)
Lipid Disorder	Total Cholesterol (mg/dL)
Thyroid Disorder	TSH (mIU/L)
Kidney Function (KFT)	Serum Creatinine (mg/dL)
Liver Function (LFT)	SGOT (AST) (U/L)
	SGPT (ALT) (U/L)

Conditions

1. The benefit may be availed once during the Policy Year.
2. The complete list of tests as given above has to be completed in a single appointment.
3. This benefit shall be available on a Cashless basis only through the network centres of our Service Provider.
4. Any unused benefit/services shall lapse at the end of the Policy Year and cannot be carried forward or encashed.
5. Laboratory results may be made available to the Insured Person through the digital platform of Service Provider and may, subject to applicable law and privacy requirements, be used for providing other eligible benefits/services under My Swasthya Care policy.

Exclusions

1. Repeat testing of the same profile during the same Policy Year.
2. Additional diagnostic investigations not forming part of the selected profile.
3. consultation, medication, Medical Treatment, procedure or other healthcare expenses arising from the results of the Annual Health Check-up, unless independently covered under another benefit of this Policy.

2. Tele Consultation (Specialist and General Practitioner/Internal Medicine)

During each Policy Year, the Insured Person shall be entitled to 1 Specialist Tele Consultation and 3 General Practitioner (GP)/Internal Medicine Tele Consultations under the My Swasthya Care policy through Company's/ Service Provider's designated digital platform/application. Under this cover, Insured Person may consult qualified and registered Medical Practitioners through audio, video, or another mode available under the platform.

Specialist Teleconsultation will include consultation with Medical Practitioners in specialties such as Diabetology, Cardiology, Endocrinology, Nephrology and Gastroenterology.

Tele Consultation with General Practitioner/ Internal Medicine under this cover shall be available exclusively through qualified and registered Allopathic Medical Practitioners.

Conditions

1. Selection and availability of a particular Specialist for tele-consultations shall be subject to availability and appointment scheduling.
2. Unused tele-consultation sessions shall lapse at the end of the Policy Year and shall not be carried forward or encashed.
3. If the Tele Consultation is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
4. Tele-Consultations shall be provided in accordance with applicable law and telemedicine guidelines and regulations.
5. The advice provided shall be based on the information and medical records disclosed/made available by the Insured Person during the tele-consultation.
6. Teleconsultation benefit is not transferrable to any other person/ Insured Person.

Exclusions

1. Tele consultation obtained outside the digital platform of Company's/ concerned Service Provider's application/ website video/ audio/ chat consultation. In-clinic/physical consultation is not covered under this cover of Policy.
2. Reimbursement of expenses incurred for teleconsultation benefit is excluded.
3. medicines, diagnostics, procedures or other treatment advised during teleconsultation are not covered, unless independently covered under another benefit under this Policy.

3. Lab Test (Profile)

During each Policy Year, the Insured Person shall be entitled to avail any 2 Lab Test Profiles as listed in below table under the My Swasthya Care policy through network providers listed on digital platform/application of the Service Provider.

Based on the test results, the Insured Person(s) may be guided towards an appropriate Specialist Tele Consultation to support health management and personalized care planning under the My Swasthya Care.

List of the laboratory test profiles:

Profile	Test
Diabetes	HbA1c (%), FBG, PPBG
Lipid Profile	VLDL, HDL/LDL Cholesterol Ratio, HDL Cholesterol direct, LDL Cholesterol-Calculated, Non-HDL Cholesterol Serum, LDL/HDL Ratio, CHOL/HDL Ratio, Cholesterol-Total Serum, Triglycerides Serum
Thyroid Disorder	T3, T4, TSH (mIU/L)
Kidney Function Test (KFT)	eGFR, BUN, uACR, Serum Creatinine (mg/dL)
Liver Function Test (LFT)	GGT, Alk.Phos, SGOT (AST) (U/L), SGPT (ALT) (U/L)

Conditions

1. The same profile or different profiles may be selected during the Policy Year.
2. Any unused benefit/ services shall lapse at the end of the Policy Year and cannot be carried forward or encashed.

Exclusions

1. Any lab tests other than those specified in above list.
2. Consultation, treatment, hospitalization, medicines, procedures, or follow-up medical expenses arising from the laboratory findings, unless independently covered under another benefit under this Policy.

4. Diet Consultations

The Insured Person shall be entitled to 6 Diet Consultation sessions during each Policy Year through designated network of qualified Dieticians and Nutritionists listed on digital platform/application of the Service Provider. The Diet Consultation benefit is intended to support healthy lifestyle practices, weight management, and health management through personalized nutritional guidance.

Conditions

1. Diet Consultation shall be provided through the designated digital platform by video, audio or text/chat, as applicable. Physical/in-clinic consultation is not covered.
2. Unused consultation sessions shall lapse at the end of the Policy Year and shall not be carried forward or encashed.
3. advice shall be based upon information provided by the Insured Person and the professional judgment of the dietician/nutrition professional.

Exclusions

1. Cost of food items, nutritional supplements, vitamins, meal replacement products, or health foods.
2. In-patient dietary management or Hospital-based nutrition services.

5. Smart Face Scan

The Insured Person may voluntarily access 4 Face Scan, a technology-enabled wellness assessment feature through the digital platform/application of the Service Provider. Using the camera of a compatible device, the Smart Face Scan may process user-provided or device-captured inputs to generate wellness-related estimates, scores, stress indicators, and other insights specified on the digital platform.

Conditions

1. Use of this feature is voluntary.
2. A compatible device, camera access and other necessary technical permissions may be required.
3. The Insured Person must use a compatible device and follow the prescribed scan instructions as provided on the digital platform of the Service Provider's.
4. Results and outputs generated may be used to support other eligible My Swasthya Care policy wellness benefits.
5. The accuracy of results may be affected by environmental conditions, device specifications, image quality, and user compliance during the scanning process.

Exclusions

1. Any result/ output generated through Smart Face Scan service is intended solely for general wellness/ informational purposes and is not intended to constitute, and shall not be relied upon as, the medical diagnosis of any disease, Illness, or condition, medication prescriptions or treatment recommendations, and should not be used for emergency medical advice or healthcare services.

6. Managed Care AI Models

The Insured Person may access Managed Care AI Models made available under My Swasthya Care policy through the digital platform/application of the Service Provider for specified health conditions, including Diabetes and Cholesterol, as applicable. The Managed Care AI Models may use artificial intelligence and analytics to analyse eligible health, lifestyle and wellness information made available within digital platform under My Swasthya Care Policy and estimates their current biomarker level, plots it on a reference scale, and identifies the lifestyle factors driving it: weight, diet, physical activity, sleep and stress, each with a current value, a status label and a high or low impact rating.

The AI feature may analyse factors such as diet, physical activity, sleep, weight and stress to support wellness engagement and condition-management discussions.

Conditions

1. AI-generated outputs shall be based on the health information and data available to the AI feature within the digital platform, which may include information provided by the Insured Person, laboratory reports and other eligible data.
2. The effectiveness and relevance of recommendations may depend upon the quality, completeness and accuracy of the information provided by the Insured Person.
3. AI-generated estimates, scores or indicators are not substitutes for laboratory measurements or clinically appropriate diagnostic testing.
4. No medication, treatment or clinically significant health-management decision should be changed solely on the basis of an AI-generated output.
5. The Insured Person should consult an appropriately qualified Medical Practitioner for diagnosis, treatment or modification of medical care.

Exclusions

1. Managed Care AI Models do not provide emergency medical advice, clinical decision-making, or prescribe medications, therapies, or treatment plans.

7. Fitness Videos Access

The Insured Person shall be provided access to a digital library of Fitness Videos through the digital platform/application of the Service Provider during the Policy Year.

Conditions

1. The Company/ Service Provider may update, modify, add, or remove content categories and individual sessions from time to time.
2. The videos are intended to provide general wellness and physical-activity guidance and do not constitute personalised physiotherapy, medical treatment or individually supervised exercise sessions.
3. Participation in any fitness activity is voluntary and undertaken at the Insured Person's sole discretion, with the Insured Person responsible for assessing their own fitness level and physical limitations before participating.

Exclusions

1. Medical Treatment, Hospitalisation or healthcare expenses resulting from any injury, illness, or adverse event resulting from improper performance of exercises or participation in an activity under this benefit.
2. Purchase or rental or maintenance of exercise equipment, fitness equipment, devices, or accessories.

8. Step Tracker

The Insured Person shall be provided access to the Step Tracker feature through the digital platform of the Service Provider during the Policy Year to track daily steps, distance covered, calories burned and active duration on weekly and monthly trends with no wearable required.

Conditions

1. The Insured Person may be required to synchronize a compatible mobile device with the designated Service Provider's application.
2. Activity information recorded through the Step Tracker may be utilized for wellness monitoring and generation of Smart Health Insights.
3. Accuracy of activity data may vary depending on the device, operating system, technical settings, usage conditions, and user behaviour.

Exclusions

1. Medical treatment, hospitalization, or healthcare expenses arising from physical activity.
2. Cost of wearable devices, smartphones, fitness bands, smartwatches, or related accessories.

9. Smart Health Insight

The Insured Person shall be provided access to Smart Health Insight, a personalized digital health analytics feature made available through the digital platform of the Service Provider during the Policy Year. The feature may process eligible health, lifestyle, laboratory and wellness information of Insured Person available within the digital platform to generate personalised informational insights, trends or wellness indicators.

For Smart Health Insight Insured Person needs to complete an assessment, health profile or other inputs and/ or make eligible health reports available through the designated platform of the Service Provider.

Conditions

1. Smart Health Insights shall be generated based on the health information available within the Program ecosystem.
2. The quality and relevance of insights may depend upon the quality, completeness and accuracy of the information provided by the Insured Person.

Exclusions

1. Smart Health Insights are not intended for medical diagnosis, treatment or prescription, emergency medical advice or clinical decision-making, or certification of health status, fitness, or disease-free condition.

SECTION D) WAITING PERIOD AND EXCLUSIONS - STANDARD EXCLUSIONS

I. Waiting Period

No waiting period applicable for Pre-Existing Disease or Specific Disease/ Procedure under this policy.

II. General Exclusions

1. Obesity/Weight Control (Code-Excl06)

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

1) Surgery to be conducted is upon the advice of the Doctor;
2) The surgery/Procedure conducted should be supported by clinical protocols;
3) The member has to be 18 years of age or older; and
4) Body Mass Index (BMI);
   a) greater than or equal to 40; or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss;
      i. Obesity-related cardiomyopathy;
      ii. Coronary heart disease;
      iii. Severe Sleep Apnea;
      iv. Uncontrolled Type2 Diabetes.

2. Breach of law (Code-Excl10)

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

3. Excluded Providers (Code-Excl11)

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

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

5. 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. (Code-Excl13)

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

7. Unproven Treatments (Code-Excl16)

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

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

1. Disclosure of Information

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

2. Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the Policy must be fulfilled by the Insured Person, shall be a condition precedent to any liability of the Company to provide any benefit or make any payment for claim(s) arising under the Policy.

3. Renewal of Policy

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. Cancellation

A. Cancellation by the Insured/Policyholder

The Insured/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 Insured Persons 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 Insured, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

D. In case of any delay in refund of premium beyond stipulated 7 days, the Company shall refund such amounts along with interest, at a rate 2% above the bank rate on the refundable amount, from the date of receipt of the request for cancellation till the date of refund.

5. Possibility of Revision of Terms

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

6. Withdrawal of Policy

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

ii. 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.

7. Fraud

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

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

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue Policy:
   a. the suggestion, as a fact of that which is not true and which the Insured does not believe to be true;
   b. the active concealment of a fact by the Insured having knowledge or belief of the fact;
   c. any other act fitted to deceive; and
   d. any such act or omission as the law specially declares to be fraudulent.

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

8. Redressal of Grievance

Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Company Limited) has always been known as a forward-looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1 In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options: • Our Website www.bajajgeneralinsurance.com • Call us on our Toll free no 1800 209 5858 • Mail us on careforyou@bajajgeneral.com • Write to Bajaj General Insurance Limited Bajaj Insurance House, Airport Road, Yerwada Pune- 411006
Level 2 In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer at ggro@bajajgeneral.com
Level 3 If in case, your grievance is not resolved and you wish to talk to our care specialist, please Give a missed on +91 80809 45060 OR SMS to 575758 and our care specialist will call you back

If you are still not satisfied with the solutions provided, write to Head of Customer experience direc head.customerservice@bajajgeneral.com
Grievance Redressal Cell for Senior Citizens Bajaj General introduces a dedicated team for all the senior citizens, so, no more wait time, no more standing in long queue. Senior citizens can now contact us on 1800-103-2529 or write to us at seniorcitizen@bajajgeneral.com
If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombuc established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman are available at https://www.cioins.co.in/ombudsman. Note: Address and contact number of Governing Body of Insurance Council: Council for Insurance Ombudsmen,3rc Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. E-mail: inscoun@cioins.co.in, Tel: 022 -69038800/69038812, Website: https://www.cioins.co.in
The contact details of the Ombudsman offices are mentioned in, https://www.bajajgeneralinsurance.com/download-documents/health-insurance/OMBUDSMAN-ADDRESS.pdf

9. Free Look Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of Porting the Policy.

The Insured Person shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

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 Schedule is exercised by the Insured Person, a deduction towards the proportionate risk premium for Cover Period; or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such Cover Period.

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

1. Conditions Precedent

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

2. Insured Person

Only those persons named as the Insured Person (s) in the Policy Schedule shall be covered under the Policy. Cover under the Policy shall be withdrawn from any Insured Person upon such Insured Person giving 7 days written notice to be received by Us.

3. Notice & Communication

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

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

iii. The Company will communicate to the Insured Person at the address or through any other electronic mode mentioned in the Policy Schedule.

4. Endorsements (Changes in Policy)
This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except by the Insurer. Any change that the Insurer make will be evidenced by a written Endorsement signed and stamped by the Insurer.

5. Terms and conditions of the Policy
The terms and conditions contained herein and in the Policy, Schedule shall be deemed to form part of the Policy and shall be read together as one document.

6. Automatic change in Coverage under the Policy
The coverage for the Insured Person(s) shall automatically terminate.

7. Territorial Jurisdiction and Territorial Limit
i. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy/Policy Schedule shall be determined by the Indian courts and according to Indian law.
ii. Our liability to make available any benefit or make any payment under this Policy shall be within India and in Indian Rupees only.
iii. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

8. Arbitration
Arbitration Clause shall not be applicable.

9. Deductions in case of cancellation/return of Policy
Notwithstanding anything contained in any other clause in this Policy, where (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 return/cancellation is exercised by the Insured Beneficiary under clause 17, then in addition to deductions under Section 17 of this Policy, expenses incurred by the Company on medical examination of the Insured Beneficiary and the stamp duty charge will also be deducted before refund of premium to Insured.

10. Conditions for services/benefits made available /provided through Service Provider
i. Where any assistance, service or other non-indemnity benefit specified under this Policy ("benefit") is arranged, facilitated or made available by Us through a Service Provider, such benefit shall be subject to the terms, conditions, limitations, eligibility requirements and availability specified under this Policy and, where applicable, the terms of use of the relevant Service Provider and its network partner.
ii. Our role in relation to such benefit shall, unless expressly stated otherwise in this Policy, be limited to arranging or facilitating access to the benefit through the Service Provider. The actual provision, performance and delivery of the benefit shall be undertaken by the Service Provider.
iii. We do not make any representation or warranty, whether express or implied, regarding the quality, suitability, condition, merchantability, fitness for a particular purpose, accuracy or outcome of any product or service independently rendered by a Service Provider and/or its network partner, except to the extent expressly provided under this Policy or required under applicable law.

Exclusion and Limitation of Liability

We shall not be liable for any loss, damage, injury, cost, expense or other consequence arising solely from any act, omission, negligence, deficiency, error, misconduct, representation, advice or failure in the performance/provision of benefits by a Service Provider or its network partner, including:

a) the quality, condition, suitability, merchantability or fitness for a particular purpose of any product or service provided by the Service Provider its network partner;

b) any delay, interruption, cancellation, non-availability or failure in the delivery or performance of the benefit attributable to the Service Provider or its network partner or to circumstances beyond Our reasonable control;
c) any representation, advice, recommendation or information independently provided by the Service Provider or its network partner; or
d) Your use of or reliance upon any product, facility or service provided by the Service Provider or its network partner.

The above exclusion shall not apply to:
a) Our obligations to facilitate the benefits expressly covered under this Policy;
b) any act, omission, negligence or deficiency directly attributable to Us;
c) Our obligations relating to grievance redressal or Insured servicing under applicable law; or
d) any liability which cannot lawfully be excluded, restricted or limited under applicable law.

Nothing contained in this clause shall operate to reduce, restrict or prejudice any coverage, benefit, right or remedy expressly available to You under this Policy or under applicable law.

11. Service Delivery Procedure

Kindly download Our Company's App, where you will be able to locate the step-by-step guide for availing the benefits under the Managed Care Policy.

Note- Insurer reserves rights for asking additional documents related to claim(s) in case required.

Please send the documents on below address,
Bajaj General Insurance Limited,
2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park, Off Nagar Road,
Viman Nagar Pune 411014.
Toll free: 1800-103-2529, 1800-209-5858.

12. Nationality

Indian nationals residing in India would be considered for this Policy.

13. Claim Process

Cashless Claims Procedure:
The Insured Person may avail consultations/ sessions/ vouchers on a cashless basis through the Company's empanelled Service Provider network, subject to the terms and conditions of the policy.

Procedure:
1. The Insured Person shall locate a network healthcare provider or service partner through the Our Company's App.
2. The Insured Person shall schedule an appointment with an empanelled healthcare provider through the Our Company's App.
3. The cashless facility is subject to the availability of the network healthcare provider or service partner and compliance with the terms, conditions, exclusions, and limits specified under the Policy.