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
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

CARINGLY YOURS

POLICY WORDINGS

MY SWASTHYA CARE

SECTION A) PREAMBLE

Whereas the Insured has made a Proposal to Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Company Limited) together with all information and documents submitted in connection therewith which is hereby agreed to be the basis of this Policy and are deemed to be incorporated herein, and in consideration of payment of Premium, as specified in the Schedule, by You and realized by Us, the Company agrees, subject to the following terms, conditions, exclusions, definitions, and limitations of the Policy, to provide access to the services, to provide coverage/benefits to the Insured Person in the manner and to the extent provided herein.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

1. Accident, Accidental
   An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. AYUSH Hospital
   An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following,
   a. Central or State Government AYUSH Hospital; or
   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion,
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3. AYUSH Day Care Centre
   AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. Cashless facility
   Cashless facility means a facility extended by the Insurer to the Insured where the payments, of the costs of Medical Treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent of pre-authorization is approved.

5. **Condition Precedent**
Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

6. **Congenital Anomaly**
Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position,

a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body.

7. **Day care centre**
A day care centre means any institution established for Day Care Treatment of Illness and / or Injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under,

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner(s) in charge;
iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

8. **Day Care Treatment**
Day care treatment means Medical Treatment, and/or Surgical Procedure which is,

i. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement; and
ii. Which would have otherwise required a hospitalization of more than 24 hours. Medical Treatment normally taken on an outpatient basis is not included in the scope of this definition.

9. **Disclosure to information norm**
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.

10. **Domiciliary Hospitalization**
Domiciliary Hospitalization means Medical Treatment for an Illness/ disease/ Injury, which in the normal course would require care, and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
i. the condition of the patient is such that he/ she is not in a condition to be removed to a Hospital, or
ii. the patient takes Medical Treatment at home on account of non-availability of room in a Hospital.

11. **Emergency Care**
Emergency care means management of an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured's health.

12. **Grace Period**
Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a Policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the Policy Period.

13. Hospital
A hospital means any institution established for in-patient care and day care treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under,

i. has qualified nursing staff under its employment round the clock;

ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii. has qualified Medical Practitioner(s) in charge round the clock;

iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;

v. Maintains daily records of patients and makes these accessible to the Company's authorized personnel.

14. Hospitalization
Hospitalization means admission in a Hospital for a minimum period of 24 consecutive in patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

15. Illness
Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

b. Chronic condition – A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics,

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;

ii. it needs ongoing or long-term control for relief of symptoms;

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;

iv. it continues indefinitely;

v. it recurs or is likely to recur.

16. Injury
Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

17. Inpatient Care
Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

18. Intensive Care Unit (ICU)
Intensive care unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

19. ICU Charges
ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

20. Kidney Failure Requiring Regular Dialysis
End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

21. Medical Advice
Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

22. Medical expenses
Medical Expenses means those expenses that an Insured has necessarily and actually incurred for Medical Treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured had not been insured and no more than other Hospitals or Medical Practitioners in the same locality would have charged for the same Medical Treatment.

23. Medical Practitioner/ Doctor/ Physician
Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license and acceptable to Us.

24. Medically Necessary Treatment/ Medical Treatment
Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which,
   i. is required for the medical management of the Illness or Injury suffered by the Insured;
   ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
   iii. must have been prescribed by a Medical Practitioner'
   iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

25. Network Provider
Network Provider means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless facility.

26. Non-Network Provider
Non-Network Provider means any Hospital, Day Care Centre or other provider that is not part of the network.

27. Notification of Claim
Notification of claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

28. OPD treatment
OPD treatment means one in which the Insured visits a clinic/ Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

29. Pre-Existing Disease
Pre-existing disease means any condition, ailment or Injury or disease,
   a. That is/are diagnosed by a Physician within 36 months prior to the effective date of the Policy issued by the Insurer or its reinstatement; Or
   b. For which medical advice or treatment was recommended by, or received from, a Physician/Medical Practitioner within 36 months prior to the effective date of the Policy issued by the Insurer or its reinstatement.

30. Reasonable and Customary charges
Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.

31. Renewal
Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the Renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

32. Specific Waiting Period
Specific waiting period means a period up to 24 months from the commencement of Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.

33. Surgery or Surgical Procedure
Surgery or Surgical Procedure means manual and/ or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

34. Unproven/ Experimental treatment
Unproven/ Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINITION- SPECIFIC DEFINITIONS

1. Act of Terrorism
Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

2. AYUSH treatment
AYUSH treatment refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3. Bajaj General Network Hospitals/ Network Hospitals/ Network Providers
Bajaj General Network Hospitals/ Network Hospitals means the Hospitals which have been empanelled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit our website.

4. **Bajaj General Diagnostic Centre**
   Bajaj General Diagnostic Centre means the diagnostic centres which have been empanelled by us as per the latest version of the schedule of diagnostic centres maintained by Us, which is available to You on request.

5. **Endorsement**
   Means any writing on a Policy Schedule or Policy, in addition to its normal wording which supplements or modifies its terms. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.

6. **Family or Family Members**
   For the purpose of Individual Sum Insured Policy- Family members can be covered as separate individual members.

7. **General Practitioner**
   General practitioner is a Medical Practitioner who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

8. **Insured**
   Insured means the proposer, policyholder, or Insured Person (s) named in the schedule.

9. **Insured Person**
   Insured Person means the person(s) named in the Schedule and who are covered under the Policy.

10. **Nominee**
    Nominee means a person designated by You to receive the proceeds of this Policy upon Your/Insured Persons death.

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

12. **Proposal**
    Proposal means the proposal form (in physical form or digital form) and other information and documentation supplied to us in any other mode of communication in considering whether and on what terms to offer this insurance.

13. **Policy or Contract**
    Policy or Contract means the Proposal, the Policy Schedule, along with these Policy Wordings/ Terms and Conditions issued to the Insured and any annexures and/or Endorsements attaching to and/ or forming part thereof either at the commencement of Policy Period or during the Policy Period.

14. **Policy Period**
    Policy Period means period from risk inception date [RID] to risk end date [RED], as mentioned in the Policy Schedule.

15. **Policy Schedule or Schedule**
    Policy Schedule or Schedule means the policy schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, coverage, the Policy Period etc. and the Sub-limits to which coverage/benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then latest in time.

16. Policy Year
Policy Year means the period of 12 months.

17. Service Provider/s
Service Provider means an entity engaged or named by Us for facilitating or arranging one or more benefits or services as covered under this Policy, including access to eligible healthcare or wellness providers, in accordance with the terms of this Policy.

18. Specialist
Specialist Consultant means a Medical Practitioner who holds a medical post-graduate or higher degree in the specific line of treatment under Allopathic medicine.

19. Sum Insured
Sum Insured means the amount specified in the Schedule which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Person(s)

20. "You", "Your", "Yourself"
You, Your, Yourself named in the Policy Schedule means the Insured or Insured's Family Members who are beneficiaries that We insure as set out in the Schedule.

21. We, Us, Our, Ours, Insurer, Company
We, Us, Our, Ours, Insurer, Company means the Bajaj General Insurance Limited.

SECTION C) 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.