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: BAJHLIP27079V012627
Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com
Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

BAJAJ GENERAL
CARINGLY YOURS

CUSTOMER INFORMATION SHEET

My Health Companion

This document provides key information about your policy. You are also advised to go through your policy document.

Sr No	Title	Description	Policy Clause Number
1	Name of Insurance Product	My Health Companion	
2	Policy Number	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	Type of Insurance	Indemnity	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule/Certificate of Insurance	
5	Policy Coverage (What the Policy Covers)	Coverages: Subject to the terms, conditions, exclusions, waiting periods and limits specified in this Policy and the Policy Schedule, Insured Person shall be entitled to receive the benefits specified below during the Policy Year. The details as to nature of each benefit together with the applicable monetary limit, number of consultations/sessions/vouchers, frequency or other utilisation limit, shall be as per the plan opted by Insured Person and specified in the under respective cover and Policy Schedule. The benefits available under this Policy, to the extent opted for and specified in the Policy Schedule, are: 1. In-Clinic Doctor Consultation: In-person consultation with medical practitioners at prescribed network centres. 2. Prescribed Diagnostics- Pathology & Radiology: Access to prescribed pathology tests and radiology investigations through network centres. 3. Dental OPD: Dental consultation with a qualified dentist 4. Annual Health Check-up: The benefit is available once per policy year, and the test(s) covered will depend on the plan selected. 5. Tele Consultation- Provides teleconsultation services with qualified doctors/AYUSH practitioners through video, audio, or chat, once an illness or injury is reported. 6. Accidental OPD Wallet- Emergency medical consultations for Accidental Injury. 7. Diet & Nutrition Sessions: Provides diet and nutrition consultations with qualified dieticians/nutritionists via video, audio, or chat through our service provider network. 8. Emotional Wellness Sessions: Provides access to emotional wellbeing consultations with emotional health coaches/psychologists via video, audio, or chat through the our service provider network. 9. Value Added Services- i. Smart Face Scan: The Service Provider shall provide smart face scan services through a mobile device camera, enabling users to complete a brief facial scan. The service may generate a range of wellness-related insights and indicators.	Section C

		ii. Emergency Ambulance Assistance: The Service Provider will facilitate ambulance booking and coordination. The actual ambulance charges shall be borne by the customer. iii. Network Partner Discount: Network partner discounts will be available through the Service Provider's Cashless network for Doctor Consultation, Lab test, AHC & Dental Procedures.	
6	Cumulative Bonus	Not Applicable	
7	Exclusions (What the policy does not cover)	General Exclusions: 1. Any hospital admission primarily for investigation diagnostic purpose. (Excl04) 2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/ Weight Control (Excl06)- Change-of-gender treatments. (Excl07) 3. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 4. Hazardous or Adventure sports. (Code-Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 5. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) 6. Treatment for Alcoholism, drug or substance abuse. (Excl12) 7. Treatments received in heath hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) 8. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11) 9. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. (Excl15) 10. Expenses related to any unproven treatment, services and supplies. (Excl16) 11. Expenses related to sterility and infertility. (Excl17) 12. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18). Specific Exclusions: 1. Experimental, investigational or Unproven Treatment devices and pharmacological regimens. 2. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same. 3. Congenital external diseases, defects or anomalies. 4. Venereal disease, all sexually transmitted disease or Illness including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.	Section D- I. Standard Exclusions III. Specific Exclusions

<table>
<tr><td></td><td></td><td>5. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
6. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.
7. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
8. Treatments rendered by a Medical Practitioner who is a member of the Customer's family or stays with him.
9. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
10. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies.
11. Treatment/Service taken outside India.
12. Day-care and surgical procedures
13. IPD and hospitalisation of any kind
14. OTC supplements, vitamins and wellness products
15. Spectacles, contact lenses and vision correction</td><td></td></tr>
<tr><td>8</td><td>Waiting Period
• Time period during which specified disease/treatment is not covered

• It is counted from beginning of the policy coverage</td><td>Waiting Period Details:
<table><tr><th colspan="2">Waiting Period</th></tr><tr><td>Pre-existing disease</td><td>12 months</td></tr><tr><td>Initial waiting period</td><td>30 days</td></tr></table></td><td>Section C</td></tr>
<tr><td>9</td><td>Financial Limits of Coverage

i. Sublimit (it is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)

ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)

iii. Deductible (it is a specified</td><td><table><tr><th>Benefit</th><th>Start (₹5,000 OPD Wallet)</th><th>Smart (₹10,000 OPD Wallet)</th><th>Prime (₹15,000 OPD Wallet)</th><th>Elite (₹25,000 OPD Wallet)</th></tr><tr><td>In-clinic Doctor Consultation</td><td>₹ 2,500</td><td>₹ 5,000</td><td>₹ 7,500</td><td>₹ 10,000</td></tr><tr><td>Prescribed Diagnostics</td><td>₹ 2,500</td><td>₹ 5,000</td><td>₹ 7,500</td><td>₹ 10,000</td></tr><tr><td>Dental OPD</td><td>-</td><td>-</td><td>-</td><td>₹ 5,000</td></tr><tr><td>Annual Health Check-up (1 Voucher for Individual Policy 2 vouchers for Floater Policy)</td><td>Essential Package</td><td>Classic Package</td><td>Silver Package</td><td>Smart Plus Package</td></tr><tr><td>Tele Consultation</td><td>Unlimited GP</td><td>Unlimited GP + 5 Specialities</td><td>Unlimited GP + 10 Specialities</td><td>Unlimited All 20+ Specialities</td></tr><tr><td>Accidental OPD</td><td>₹ 5,000</td><td>₹ 10,000</td><td>₹ 15,000</td><td>₹ 25,000</td></tr><tr><td>Diet & Nutrition Sessions</td><td>4 Sessions</td><td>8 Sessions</td><td>12 Sessions</td><td>Unlimited</td></tr></table></td><td>Section C</td></tr>
</table>

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<tr>
<td></td>
<td>amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)

iv. Any other limit (as applicable)</td>
<td>
<table>
<tr><td>Emotional Wellness Sessions</td><td>2 Sessions</td><td>4 Sessions</td><td>6 Sessions</td><td>10 Sessions</td></tr>
<tr><td>Smart Face Scan</td><td>2 Scans</td><td>4 Scans</td><td>8 Scans</td><td>12 Scans</td></tr>
<tr><td>Value Added Services</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
</table>
</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Claims/claims procedure</td>
<td>Kindly download Our Company's App, where you will be able to locate the step-by-step guide for availing the benefits under the My Health Companion Policy.</td>
<td>Section E: II. 16.</td>
</tr>
<tr>
<td>10</td>
<td>Policy Servicing</td>
<td>Call center number (Toll free): 1800-209-5858
Details of Company officials: Branch-wise GRO details can be found on the below link.
https://www.bajajgeneralinsurance.com/download-documents/other-information/GRO-List.pdf</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Grievances/ Complaints</td>
<td>Grievance Redressal Procedure:
a. Toll-free number 1-800-209- 5858 or 020-30305858,
Say "Hi" on WhatsApp on +91 7507245858

b. Branches for resolution of your grievances /complaints, the Branch details can be found on our website:
www.bajajgeneralinsurance.com/branch-locator.html
Register your grievances / complaints on our website:
www.bajajgeneralinsurance.com

c. E-mail
• Level 1: careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com
• 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
• 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 8080945060 OR SMS to 575758 and our care specialist will call you back.

d. 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</td>
<td>Section E- I. 16.</td>
</tr>
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12	Things to remember	Free Look Cancellation: Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us, subject to rest terms and conditions. Policy Renewal: Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied. Migration and Portability: At renewal Insured has an option to migrate his / her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines. For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 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. Insurer is free to consider proposal for portability even if the policyholder has approached within 15 days from the renewal date of the existing policy, but in all such cases acquiring insurer shall ensure that there is no break in policy. Change in Sum Insured: sum insured can be changed (increased/ decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured. Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits.	Section E
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by policy holder,

I have read the above and confirm having noted the details.

Place:
Date: Signature of Policy holder

Note: Web link for downloading the product related documents
https://www.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-documents.html