BAJAJ GENERAL

CARINGLY YOURS



Bajaj General

TAX GAIN

BE HEALTHY, BE PREPARED!

UIN : BAJHLIP21184V022021



Bajaj General Insurance Limited

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

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

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

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

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

Bajaj General Advantage

HAT: In- House Claim Administration

Global Expertise

Innovative packages to match individual needs

Quick disbursement of claims

- **Tax Gain Policy**

  Tax Gain Policy is a floater health policy which covers out patient expenses (OPD) & hospitalization expenses under a single policy.

- **Who can be covered under the Policy?**

- Out patient expenses & hospitalization expenses covered for self & spouse on floater basis.
- Pre & Post hospitalization expenses can be covered under the specified OPD expenses
- The expenses for crutches will be covered from day 1 under OPD benefit
- Ambulance charges in case of emergency hospitalization up to Rs. 1000/- specified OPD expenses
- Free Health Check up at designated Bajaj General Insurance Empanelled
- Free Health Check up at designated Bajaj General Insurance Empanelled Diagnostic center after every 4 claim free policy periods.
- Income Tax benefit under Sec 80D of the IT Act on the premiums paid.
- Separate plan for Senior citizens covering both OPD & hospitalization benefits
- 10% co-payment of the admissible claim amount applicable if treatment is taken in non-network hospital. Waiver of co-payment is available on payment of additional premium.
- In case of Cataract claims would be payable after a waiting period of 2 yrs , and restricted to 10 % of SI subject to min of Rs 12000/- and maximum of Rs 25000/-
- Modern Treatment: Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum Insured or 5 Lacs, whichever is lower.

a. Uterine Artery Embolization and HIFU
b. Balloon Sinuplasty
c. Deep Brain stimulation D. Oral chemotherapy
d. Immunotherapy- Monoclonal Antibody to be given as injection
e. Intra vitreal injections
f. Robotic surgeries
g. Stereotactic radio surgeries
h. Bronchical Thermoplasty

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i. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
j. IONM -(Intra Operative Neuro Monitoring)
k. Stem cell therapy: Hematopoietic stem cells for bone marrowtransplant for haematological conditions to be covered
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- **What is the entry age?**
- Entry age is 18yrs - 75 yrs
- Entry age is 18yrs - 55 yrs for Plan A, Plan B & Plan C (56 yrs onwards provision for shifting to Plan D is available)
- Entry age is 56 yrs - 57 yrs for Senior citizens plan D Renewable for lifetime

- **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.
- Insured members covered under Plan A , Plan B & Plan C would be offered to get covered under plan D at the time of renewal after completion of age 55years.
- Further lifetime renewal benefit would be available under Plan D.

- **What is the policy period?**
- 1 Year / 2 Year / 3 Year

- **What is Premium paying term?**
- Premium can be paid on installment basis- Annual, Half yearly,Quarterly or Monthly.

- **Who can be covered under the Policy?**
- Self, spouse can be covered under this policy.

What are the different plans available?

Plan A

18 - 25 yrs	26-40 yrs	41 - 45 yrs	46 - 55 yrs
Hospitalization cover - Sum Insured Rs. 1 lac			
OPD (SI) - Self	3100	2900	2500	1600
				4,670*

Plan B

18 - 25 yrs	26-40 yrs	41 - 45 yrs	46 - 55 yrs	
Hospitalization cover - Sum Insured Rs. 2 lac				
OPD (SI) - Self	6500	6000	5000	3000
OPD (SI) - Self + Spouse	5200	4800	3500	1000
				9,345*

Plan C

18 - 25 yrs	26-40 yrs	41 - 45 yrs	46 - 55 yrs	
C1 Hospitalization cover - Floater Sum Insured Rs. 2 lacs				
OPD (SI) - Self	9500	9000	8500	7500
OPD (SI) - Self + Spouse	9000	8500	7000	4500
C2 Hospitalization cover - Floater Sum Insured Rs. 3 lacs				
OPD (SI) - Self	9000	8500	7500	6000
OPD (SI) - Self + Spouse	8000	7500	5500	2500
				14,015*

Plan D For Senior Citizens

56-60 yrs	61-65 yrs	65-70 yrs	71-75 yrs	
Hospitalization cover - Floater Sum Insured Rs. 1 lac				
OPD (SI) - Self	13000	12500	12000	11000
OPD (SI) - Self + Spouse	11000	10000	9500	8000
				18,690*

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- **Pre-policy medical check up for enrolling under Tax Gain policy:-**
- Waiver of medical tests up to 45 years, subject to no adverse health conditions
- Medical tests are mandatory for members 46 years and above.
- The pre-policy check up would be arranged at our network
- diagnostic centres.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy check up is conducted at our network diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.
- List of the tests to be conducted : Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio

- **When can I change my plan?**

• Change of plan can be done only at renewals.
• For change of plan, fresh proposal form along with the renewal notice should be submitted.

- **Exclusions under the policy?**

I. Waiting Period

- We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

1. Pre-existing Diseases waiting period (Excl01)

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

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

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

• Any types of gastric or duodenal ulcers,
• Benign prostatic hypertrophy
• All types of sinuses
• Haemorrhoids
• Dysfunctional uterine bleeding
• Endometriosis
• Stones in the urinary and biliary systems
• 8 Surgeryon ears /tonsils /adenoids/paranasal sinuses
• Cataracts,
• Hernia and Hydrocele of all types
• Fistulae,
• Obesity/Weight Control (Excl06)

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• Fibromyoma
• Hysterectomy
• Surgery for any skin ailment
• Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
• Parkinson's Disease
• Alzheimer's Disease
• Mental Illness
• Uncontrolled Type2 Diabetes.

f. List of specific diseases/procedures is as below

- Any Medical Expenses incurred during the first Three Years consecutive annual periods during which you/ your spouse named in the schedule have the benefit of a Tax Gain Policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury. In case of enhancement of Sum Insured them waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Tax Gain policy without break in cover

4. 30-day waiting period (Excl03)

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

1. II. GENERAL EXCLUSIONS

2. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization
3. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
5. Investigation & Evaluation (Excl04)

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

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

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

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs

7. Obesity/Weight Control (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 Medical
2. Practitioner/Doctor
3. The surgery/Procedure conducted should be supported by clinical protocols
4. The member has to be 18 years of age or older and 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

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iv. Uncontrolled Type2 Diabetes

8. Change-of-gender treatments (Excl07)

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

9. Cosmetic or plastic Surgery (Excl08)

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

10. Hazardous or Adventure Sports (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.

11. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants,in fra cardiac valve replacements, vascular stents etc.

12. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

13. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.

14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alco hol).

15. Breach of law (Excl10)

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

16. Excluded Providers (Excl11)

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

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

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

19. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.

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

21. Refractive Error (Excl15)

- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

22. Unproven Treatments (Excl16)

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

23. Sterility and Infertility (Excl17)

Expenses related to sterility and infertility. This includes:

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

Reversal of sterilization effectiveness

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24. Maternity (Excl 18)

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

25. All non-medical Items as per Annexure II.
26. Any treatment received outside India is not covered under this policy

- **What we will not pay in case of Outpatient treatments**

I. Waiting Period

1. Cost of spectacles in the first year of the policy. (This cost is payable in the second year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
2. Cost of dentures in the first two years of the policy. (This cost is payable in the third year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
3. Cost of hearing aids in the first two years of the policy. (This cost is payable in the third year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)

II. Specific Exclusion

1. Any expenses for treatment taken without the doctor advising the same and which is not duly supported by prescriptions.
2. Any expenses for diagnostic tests without the treating doctor's referral.
3. Cost of Annual Health Check up.
4. Any expenses in excess of the maximum payable under the Outpatient medical expenses limit.

- **Special Conditions related to Hospitalisation Section:**

- 10% co-payment applicable for all claims from a non network hospital. Waiver of the co-payment clause is available on payment of 10% of loading on standard premium.
- Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year waiting period , shall be restricted to 10% of the Sum Insured for each and every claim, subject to a minimum of Rs 12000 (or the actual incurred amount which ever is lower) and maximum of Rs 25000/- for each of You.

- **Free Look Period**

- The Free Look Period 30 Days shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

- **Renewal of Policy**

The policy shall ordinarily be renewable except on misrepresentation by the insured person. Grounds of fraud,

i. Misrepresentation by the insured person.
ii. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceing policy years
iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
vi. No loading shall apply on renewals based on individual claims experience

- **Cancellation**

A. Cancellation by the Policyholder

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

1. Cancellation of policy where full premium received at policy inception
   Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
   Multi-year Policy:
   For any policy year where the risk date has not yet started, the premium will be refunded without any deduction. For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.
2. Cancellation of policy where Premium Received on Instalment Basis
   The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
   Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy hasalready commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policycancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.
3. Cancellation by the Company
   The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There

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will be no refund of premium for cancellations on these grounds.

- **Grace period:**
  In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of Specific waiting period
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

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

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

- **Possibility of Revision of Terms of the Policy Including the Premium Rates**
  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 effected.

- **Withdrawal of Policy**

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

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.

- **Section 41 of Insurance Act 1938**
  Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh Rupees.

- **We also offer following Insurance policies:**



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Benefit Illustration in respect of Policies offered on Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium	Sum Insured	Premium	Discount	Premium After Discount	Sum Insured	Premium or consolidated premium for all members of family	Floater discount if any	Premium after discount	Sum Insured Plan B
18-55 yrs	NA	NA	NA	NA	NA	NA	9,345	NA		200,000
18-55 yrs	NA	NA	NA	NA	NA	NA				
NA			NA				Total premium when policy is opted on floater basis is **Rs 9,345** (No discount applicable)			
NA			NA				Sum Insured of Rs 200,000 is available for the entire family			

Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading.



TRIPLE BENEFIT

- Tax Benefits
- OPD / Hospitalization expenses covered
- Less Premium

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

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

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

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