

**Silver Health**

**CUSTOMER INFORMATION SHEET**

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

SI No	Title	Description	Policy Clause Number
1	<b>Name of Insurance Product</b>	Silver Health	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule	
5	<b>Policy Coverage (What the Policy Covers)</b>	In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C1
		Pre-Hospitalization - up to 30 days prior to date of admission in hospital Post-Hospitalization- up to 60 days from date of discharge from the hospital	Section C2
		Road Ambulance - max. up to ₹ 1,000/- per claim	Section C3
		Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings	Section C4
		Preventive Health Check Up – Free Preventive Health check up at the end of every	Section C5
		Plan A- 4 continuous policy years as per limits specified in policy wordings Plan B- 2 continuous policy years as per limits specified in policy wordings	
		Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures: 1. Uterine Artery Embolization and HIFU 2. Balloon Sinuplasty 3. Deep Brain stimulation 4. Oral chemotherapy 5. Immunotherapy- Monoclonal Antibody to be given as injection 6. Intra vitreal injections 7. Robotic surgeries 8. Stereotactic radio surgeries 9. Bronchial Thermoplasty 10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) 11. IONM -(Intra Operative Neuro Monitoring) 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Section C5
Domiciliary Hospitalisation (Applicable only for plan B) - Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home			

6	Cumulative Bonus	<p><b>II. ADD-ON COVERAGE</b></p> <p>1. Room Rent Capping (Applicable for Plan A &amp; Plan B)                  If You opt for this cover You will be entitled for a per day room rent limit of 1% of hospitalization Sum Insured up to maximum Rs. 7,500 per day,</p> <p>By opting for this cover You will be eligible for below discount-</p> <ul style="list-style-type: none"> <li>• For SI up to 2 lakhs = 10% discounts on premium.</li> <li>• For SI 3 lakhs and above = 5% discount on premium.</li> </ul>	Section E 26
7	Exclusions (What the policy does not cover)	<p><b>EXCLUSIONS</b></p> <p>General Exclusions</p> <ul style="list-style-type: none"> <li>• Any hospital admission primarily for investigation diagnostic purpose (Excl04)</li> <li>• 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)</li> <li>• Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)</li> <li>• Expenses for treatment arising from insured committing or attempting to commit a breach of law with criminal intent. (Excl10)</li> <li>• Treatment for Alcoholism, drug or substance abuse. (Excl12)</li> <li>• Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)</li> <li>• Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11)(Treatments received in health hydros etc., arranged wholly or partly for domestic reasons. (Excl13)</li> <li>• Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)</li> <li>• Expenses related to any unproven treatment, services and supplies. (Excl16)</li> <li>• Expenses related to sterility and infertility. (Excl17)</li> <li>• Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only)</li> </ul> <p>Specific Exclusions</p> <ol style="list-style-type: none"> <li>1. Cosmetic dental procedures unless due to Accidental Injury.</li> <li>2. Medical expenses where Inpatient care and medical supervision is not required</li> <li>3. War, invasion, acts of foreign enemies</li> <li>4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.</li> <li>5. External medical equipment of any kind used at home as post Hospitalization –CPAP/CPAD</li> <li>6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.</li> <li>7. Intentional self-injury</li> <li>8. Vaccination or inoculation</li> <li>9. Circumcision unless required for the treatment of Illness or Accidental bodily injury.</li> <li>10. All non-medical Items as per Annexure II in policy wordings</li> <li>11. Any treatment received outside India</li> </ol>	Standard Exclusions  Section D II & Specific Exclusion DII

<p><b>8</b></p>	<p><b>Waiting Period</b>                  Time period during which specified disease/treatment are not covered                  It is counted from beginning of the policy coverage</p>	<p><b>Initial Waiting period:</b> 30 days for all illnesses  <b>Specific Waiting period:</b> 12 months for below listed procedures</p> <table border="1" data-bbox="370 310 1284 1020"> <tr> <td>1. Surgery for gastric or duodenal ulcers,</td> <td>14. Fissure in ano</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>15. Fibromyoma</td> </tr> <tr> <td>3. Hydrocele</td> <td>16. Hysterectomy</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>17. Surgery on skin/ all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>18. Treatment for benign tumors or malignant conditions or for organomegaly</td> </tr> <tr> <td>6. Endometriosis</td> <td>19. Surgery on joints</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>20. Mental Illness*</td> </tr> <tr> <td>8. Prolapse of genitourinary/intra abdominal organs</td> <td>21. Genetic disorders</td> </tr> <tr> <td>9. Surgery on ears</td> <td>22. Macular Degeneration</td> </tr> <tr> <td>10. Treatment for prolapsed intervertebral discs</td> <td>23. Parkinson's Disease</td> </tr> <tr> <td>11. Cataracts,</td> <td>24. Alzheimer's disease</td> </tr> <tr> <td>12. Hernia of all types</td> <td>25. Bariatric Surgery</td> </tr> <tr> <td>13. Fistulae</td> <td></td> </tr> </table> <p><b>Pre-existing diseases waiting period:</b> 12 months</p> <p><b>36 months (plan A) &amp; 24 Months (plan B) – for below procedure</b>                  1. Joint replacement surgery unless necessitated by accidental Bodily Injury</p> <p>If above mentioned disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.</p> <p>Note: If You switch from existing Silver Health policy to Plan B of the Silver Health Policy, the above listed procedure will be covered only after Completion of 36 consecutive months under the Silver Health Policy.</p>	1. Surgery for gastric or duodenal ulcers,	14. Fissure in ano	2. Benign prostatic hypertrophy	15. Fibromyoma	3. Hydrocele	16. Hysterectomy	4. Haemorrhoids	17. Surgery on skin/ all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps	5. Dysfunctional uterine bleeding	18. Treatment for benign tumors or malignant conditions or for organomegaly	6. Endometriosis	19. Surgery on joints	7. Stones in the urinary and biliary systems	20. Mental Illness*	8. Prolapse of genitourinary/intra abdominal organs	21. Genetic disorders	9. Surgery on ears	22. Macular Degeneration	10. Treatment for prolapsed intervertebral discs	23. Parkinson's Disease	11. Cataracts,	24. Alzheimer's disease	12. Hernia of all types	25. Bariatric Surgery	13. Fistulae		<p>Standard Exclusions Section D- I.</p>
1. Surgery for gastric or duodenal ulcers,	14. Fissure in ano																												
2. Benign prostatic hypertrophy	15. Fibromyoma																												
3. Hydrocele	16. Hysterectomy																												
4. Haemorrhoids	17. Surgery on skin/ all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps																												
5. Dysfunctional uterine bleeding	18. Treatment for benign tumors or malignant conditions or for organomegaly																												
6. Endometriosis	19. Surgery on joints																												
7. Stones in the urinary and biliary systems	20. Mental Illness*																												
8. Prolapse of genitourinary/intra abdominal organs	21. Genetic disorders																												
9. Surgery on ears	22. Macular Degeneration																												
10. Treatment for prolapsed intervertebral discs	23. Parkinson's Disease																												
11. Cataracts,	24. Alzheimer's disease																												
12. Hernia of all types	25. Bariatric Surgery																												
13. Fistulae																													
<p><b>9</b></p>	<p><b>Financial Limits of Coverage</b>                  Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)                   Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p><b>Sub limits</b></p> <table border="1" data-bbox="391 1570 1300 1948"> <thead> <tr> <th rowspan="2">Plan/Covers</th> <th colspan="2">Limit/Category</th> </tr> <tr> <th>Plan A</th> <th>Plan B</th> </tr> </thead> <tbody> <tr> <td>Room Rent Limit</td> <td colspan="2">Single Private Air Conditioned room</td> </tr> <tr> <td rowspan="2">Pre and post hospitalisation</td> <td rowspan="2">3% of Hospitalization Expenses</td> <td>30 days</td> </tr> <tr> <td>60 days</td> </tr> <tr> <td>Road Ambulance</td> <td colspan="2">1000 per claim</td> </tr> <tr> <td>Domiciliary Expenses</td> <td>NA</td> <td>Covered up to 10% of Sum Insured</td> </tr> <tr> <td>Cataract</td> <td colspan="2">10% of Sum Insured, Max up to 40,000 per claim (whichever is lower)</td> </tr> </tbody> </table>	Plan/Covers	Limit/Category		Plan A	Plan B	Room Rent Limit	Single Private Air Conditioned room		Pre and post hospitalisation	3% of Hospitalization Expenses	30 days	60 days	Road Ambulance	1000 per claim		Domiciliary Expenses	NA	Covered up to 10% of Sum Insured	Cataract	10% of Sum Insured, Max up to 40,000 per claim (whichever is lower)		<p>Section E 23</p>					
Plan/Covers	Limit/Category																												
	Plan A	Plan B																											
Room Rent Limit	Single Private Air Conditioned room																												
Pre and post hospitalisation	3% of Hospitalization Expenses	30 days																											
		60 days																											
Road Ambulance	1000 per claim																												
Domiciliary Expenses	NA	Covered up to 10% of Sum Insured																											
Cataract	10% of Sum Insured, Max up to 40,000 per claim (whichever is lower)																												

<p>.Deductible (it is a specified 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)</p> <p>.Any other limit (as applicable)</p>	<table border="1" data-bbox="389 210 1299 304"> <tr> <td>Sublimit on PED</td> <td>50% of Sum Insured from second year onwards</td> <td>NA</td> </tr> </table> <p><b>Co payments</b></p> <table border="1" data-bbox="389 357 1299 619"> <thead> <tr> <th>Co-payment</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td><b>Co-payment on all claims</b></td> <td>Plan B 10% co-payment (Each and every admissible claim)</td> </tr> <tr> <td><b>Co-payment on Non-Network hospital</b></td> <td>20% on each and every admissible claim if treatment availed in non-network hospital This co-payment can be waived subject to payment of extra premium.</td> </tr> </tbody> </table> <p><b>Other Limits:</b> The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured</p> <table border="1" data-bbox="389 703 1299 861"> <thead> <tr> <th>Name of Limit</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>Preventive Health Check Up</td> <td>Plan A - After every 4 Claim Free Year Plan B - After every 2 Year- 1% or max 5000 Whichever is lower</td> </tr> </tbody> </table>	Sublimit on PED	50% of Sum Insured from second year onwards	NA	Co-payment	Limit	<b>Co-payment on all claims</b>	Plan B 10% co-payment (Each and every admissible claim)	<b>Co-payment on Non-Network hospital</b>	20% on each and every admissible claim if treatment availed in non-network hospital This co-payment can be waived subject to payment of extra premium.	Name of Limit	Limit	Preventive Health Check Up	Plan A - After every 4 Claim Free Year Plan B - After every 2 Year- 1% or max 5000 Whichever is lower	
Sublimit on PED	50% of Sum Insured from second year onwards	NA													
Co-payment	Limit														
<b>Co-payment on all claims</b>	Plan B 10% co-payment (Each and every admissible claim)														
<b>Co-payment on Non-Network hospital</b>	20% on each and every admissible claim if treatment availed in non-network hospital This co-payment can be waived subject to payment of extra premium.														
Name of Limit	Limit														
Preventive Health Check Up	Plan A - After every 4 Claim Free Year Plan B - After every 2 Year- 1% or max 5000 Whichever is lower														
<p><b>10 Claims/claims procedure</b></p>	<p><b>Cashless Claim process</b> Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form</li> <li>We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process</b></p> <ul style="list-style-type: none"> <li>Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation</li> </ul> <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p><b>Turnaround time(TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>Turnaround time (TAT) for claim settlement: 15 Working Days</li> <li>TAT for preauthorization of cashless facility: Within 60 Mins</li> <li>TAT for cashless final bill authorization: Within 180 Mins</li> </ol> <p><b>Weblinks</b>                  Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline Number</b>                  Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b> Downloading /getting claim forms  <a href="http://www.bajajallianz.com">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	<p>Section E 21 A &amp; B</p>													

11	<b>Policy Servicing</b>	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p> <p><a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
12	<b>Grievances /Complaints</b>	<p>Grievance Redressal Procedure:</p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858,                  Say “Hi” on WhatsApp on +91 7507245858</p> <p>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a>                  Register your grievances / complaints on our website  <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></p> <p>c) E-mail</p> <ul style="list-style-type: none"> <li>• Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>• 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 <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>• 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</li> </ul> <p>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 <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a></p>	Section E 16
13	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> 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.</p> <p><b>Policy Renewal :</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> 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 <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a>                  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 least45days before, butnotearlierthan60days 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</p> <p><b>Change in Sum Insured:</b> 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</p>	Section E8, 10, 12, 15

**Bajaj Allianz General Insurance Co. Ltd.**

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113  
 For more details, log on to: [www.bajajallianz.com](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or  
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)  
 Issuing Office:



		<p><b>Moratorium period:</b> 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</p> <p>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</p>	
<b>14</b>	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
<p><b>Legal Disclaimer Note:</b> 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.</p>			

**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.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>

**Benefit Illustration in respect of Policies offered on Individual & Family 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
60	18,709	300,000	18,709	5%	17,774	300,000	24,730	NA	300,000	
55	12,204	300,000	12,204	5%	11,594	300,000				
Total Premium for all members of the family is <b>Rs 30,913</b> when each member is covered separately (No Discount Applicable)			Total Premium for all members of the family is <b>Rs 29,367</b> when they are covered under a single policy (Family Discount Applicable)				Total premium when policy is opted on floater basis is <b>Rs 24,730</b>			
Sum Insured available for each individual is <b>Rs 300,000</b>			Sum Insured available for each family member is <b>Rs 300,000</b>				Sum Insured of <b>Rs 300,000</b> is available for the entire family			
<p><b>Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.</b></p>										