

STAR PACKAGE

CUSTOMER INFORMATION SHEET

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

Sl No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Star Package	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
Policy Coverage (What the Policy Covers)	Coverages		
	Section C1 – Hospital Cash daily Allowance (UIN: BAJHLIP23078V032223)		
	Hospital Cash Daily Allowance – Daily Allowance for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness		Section C.1
	Section C2- Health Guard (UIN: BAJHLIP23212V062223)		
	In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury.		Section C.2.1
	Pre-Hospitalization - The Medical Expenses incurred during the 60 days immediately before You were Hospitalized		Section C.2.2
	Post-Hospitalization- The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization		Section C.2.3
	Road Ambulance - Ambulance offered by a healthcare or ambulance service provider up to max. up to ₹ 20,000/- per Policy Year.		Section C.2.4
	Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or surgeries as listed on Annexure I in Policy wordings		Section C.2.5
	Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ		Section C.2.6
	Convalescence Benefit – Benefit will be paid for hospitalization due to disease/illness/injury for a continuous period exceeding 10 days.(as per plan)		Section C.2.7
	Daily Cash Benefit for Accompanying an Insured Child - Benefit of Rs. 500 per day maximum up to 10 days during each Policy Year for accommodation expenses of one parent/legal guardian, to stay with any minor Insured.		Section C.2.8
	Sum Insured Reinstatement Benefit - 100% of the Base Sum Insured specified under Inpatient Hospitalization Treatment would be reinstated if Section C2-1 of Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year.		Section C.2.9
	Preventive Health Check Up - Free Preventive Health check up at the end of every 3 continuous policy years (2 years for platinum plan) as per limits specified in policy wordings		Section C.2.10
Bariatric Surgery Cover - Expenses will be covered if hospitalized on the advice of a Medical practitioner because of Conditions which require to undergo Bariatric Surgery during the Policy Period		Section C.2.11	
Wellness Benefits - Wellness discount will be provided at each renewal of Policy covering Health Guard section, subject to mentioned criteria's being fulfilled during the preceding Policy Year.		Section C.2.12	
AYUSH Hospitalisation - Hospital admission longer than 24 consecutive hours in a recognized Ayush Hospital		Section C.2.13	

	Maternity Expenses (Applicable for Gold and Platinum Plan only) - Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) will be paid.	Section C.2.14
	New Born Baby Cover (Applicable for Gold and Platinum Plan only) - Medical Expenses towards treatment of new born baby will be covered.	Section C.2.15
	Super Cumulative Bonus (Applicable for Platinum Plan only) - Benefit would be given on renewal of Star Package Policy covering Health Guard section, without any break and no claim in the preceding year.	Section C.2.16
	Recharge Benefit - In event of claim amount exceeding the limit of indemnity, Sum Insured would be increased by 20% maximum up to 5 Lacs	Section C.2.17
	Section C3 - Critical Illness (UIN: BAJHLIP23208V032223)	
	If the Insured is diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Lump sum Critical Illness Benefit, as specified under the Policy Schedule. <ul style="list-style-type: none"> a. First Heart Attack (Myocardial Infarction) b. Open Chest CABG (Coronary Artery Disease Requiring Surgery) c. Stroke Resulting in Permanent Symptoms d. Cancer of Specified Severity e. Kidney Failure Requiring Regular Dialysis f. Major Organ Transplantation g. Multiple Sclerosis with Persisting Symptoms h. Surgery of Aorta i. Primary Pulmonary Arterial Hypertension j. Permanent Paralysis of Limbs k. Neuro Surgery l. Joint Replacement 	Section C.3.1 to Section C.3.12
	Section C4- Personal Accident Cover (UIN- BAJHLIP21218V022021)	
	The Company will pay the Sum Assured in the event of Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, where after this Policy shall expire. Covers- Death -Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained In addition to the Sum Assured, pay up to 2% of the Sum Assured or Rs.5,000/- (whichever is lower) towards the cost of transporting the Insured's remains from the place of death to the hospital/residence and/or cremation and/or burial ground Permanent Total Disability -Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained Permanent Partial Disability- Accidental Bodily Injury causing the Insured's Permanent Partial Disability as mentioned in the PPD Table as specified in policy wordings within 12 months of the Accidental Bodily Injury being sustained - 125% of the Sum Assured Temporary Total Disability- Accidental Bodily Injury sustained by the Insured causes his complete inability to engage in his employment as specified in the Schedule - 1% of the Sum Assured per week for a period not exceeding 100 weeks from the date upon which the Bodily Injury was sustained Medical Extension- actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured will be insured.	Section C.4.1

		Section C5. Education Grant(As A Result Of Accidental Death/Permanent Total Disability)	
		Education Grant - Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, where after this Policy shall expire. In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained.	Section C.5
		Section C6. Burglary (Household Contents Only) & Fire (Household Contents)	Section C.6
		<p>On the occurrence of any insured event as provided for hereunder arising during the Policy Period and notified as prescribed, the Company will make payment as provided for under each Cover but only up to the Sum Assured as specified in the Schedule against each Cover.</p> <p>a) Burglary and Housebreaking Covers loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises (address given in the schedule) caused by actual or attempted Burglary or Housebreaking.</p> <p>b) Basis of Loss Settlement Covers Insured Premises and/or Contents that can reasonably be repaired or reinstated at a cost less than the replacement cost then the Insured in respect of the expenses necessarily incurred to restore the aforementioned to its state immediately prior to the happening of the actual or attempted Burglary.</p> <p>For total loss, Insured in respect of the restoration or replacement costs. The Company shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the Burglary.</p> <p>c.) Fire and Allied Perils: Coverage under this Section C6(c) shall be as per Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings</p>	
		Section C7 – Traveling Baggage (Anywhere In World) –Valuables Excluded)	Section C.7
		Accidental loss of destruction of or damage caused to personal baggage accompanying the Insured and/or the Insured's Family or for which the Insured is responsible whilst travelling anywhere in the world.	
		Section C8 – Public Liability (UIN: IRDAN113RP0018V02200102.	Section C.8
		Public Liability - legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured's use, ownership or occupation of the Insured Premises for solely domestic purposes and caused by the negligent act, error or omission of the Insured, the Insured's Family or the Insured's Household Staff, save that no indemnity is available hereunder for any liability that may be incurred under the Public Liability Insurance Act 1991 or any other statute or law based on no fault or strict liability, or for any civil claim brought by the Insured or his Family.	
6	Exclusions (What the policy does not cover)	<p>General Exclusions</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose (Excl04) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) Obesity/Weight Control (Excl06) 	Section D I to VII

	<ol style="list-style-type: none"> 4. Change-of-gender treatments (Excl07) 5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 6. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) 7. Excluded Providers (Excl11) 8. Treatment for Alcoholism, drug or substance abuse. (Excl12) 9. Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) 10. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) 11. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) 12. Expenses related to any unproven treatment, services and supplies. (Excl16) 13. Expenses related to sterility and infertility. (Excl17) 14. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Cosmetic dental procedures unless due to Accidental Injury. 2. Medical expenses where Inpatient care and medical supervision is not required 3. War, invasion, acts of foreign enemies 4. The cost of spectacles, contact lenses, hearing aids, crutches etc. 5. 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. 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. 7. Intentional self-injury 8. Vaccination or inoculation 9. All non-medical Items as per Annexure II in policy wordings 10. Any treatment received outside India 11. Circumcision unless required for the treatment of Illness or Accidental bodily injury 12. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies <p>Exclusions Specific to “Critical Illness”</p> <ol style="list-style-type: none"> 1) Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy. 2) Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS. 3) Treatment arising from or traceable to pregnancy, childbirth postpartum etc. 4) Occupational diseases. 5) War, whether war be declared or not, invasion, act of foreign enemy etc. 6) Naval or military operations of the armed forces or airforce etc. 7) Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard). 	
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	<p>8) Radioactive contamination. 9) Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, etc. 10) Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol</p> <p>Exclusions specific to Section C4 “Personal Accident Cover” and Section C5 “Education Grant” 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</p> <ol style="list-style-type: none"> 1. Accidental Bodily Injury that you/your family member named in the schedule meets with <ol style="list-style-type: none"> a. Through suicide, attempted suicide or self-inflicted injury or illness. b. While under the influence of liquor or drugs. c. Arising or resulting from the insured person committing any breach of law with criminal intent. d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs. e. As a result of any curative treatments or interventions that you carry out or have carried out on your body. f. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. g. Whilst engaging in aviation or ballooning 2. Consequential losses of any kind or insured person’s actual or alleged legal liability. 3. Venereal or Sexually transmitted diseases 4. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused. 5. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. 6. Nuclear energy, radiation. <p>Exclusion Specific to Section C7 “Travelling Baggage”</p> <ol style="list-style-type: none"> 1. loss or damage due to cracking scratching or breakage of lens or glass whether part of china, marble, gramophone records or otherwise and 2. other articles of a brittle or fragile nature, unless such loss or damage arises from an accident to a vessel, train, or other mechanised vehicle or aircraft by which such baggage is conveyed by the Insured and/or the Insured’s Family; 3. Loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the baggage is subjected; Loss or damage caused by moth, mildew or vermin; 4. Loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self heating or leakage or electricity from whatever cause (lightning included); 5. loss or damage caused by mechanical derangement or over winding of watches and clocks; 6. theft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied; 	
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7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/treatment are not covered • It is counted from beginning of the policy coverage 	<p><u>Waiting period specific to Section C1 “Hospital Cash Daily Allowance”</u></p> <p>Initial Waiting period: 30days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting period:</p> <p>12 Months Waiting period:</p> <ol style="list-style-type: none"> 1. Treatment of cataracts 2. Hemorrhoids 3. Benign Prostatic Hypertrophy 4. Fissure in ano 5. Hysterectomy 6. Stones in the Urinary and Biliary systems 7. Menorrhagia 8. Surgery on ears 9. Fibromyoma 	Section D- I, II, III, IV, V

10. Tonsils or Sinuses
11. D&C
12. Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps
13. Endometriosis
14. Gastric or Duodenal ulcer
15. Hernia of all types
16. Backache
17. Hydrocele
18. Prolapsed Intervertebral disc
19. Fistulae

Pre-existing diseases: 36 months

Waiting period specific to Health Guard :

Initial Waiting period: 30days for all illnesses (Not applicable in case of continuous renewal or accidents)

Specific Waiting period:

24 Months Waiting Period

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps with exception of
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsillitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

36 Months Waiting Period

- a. Joint replacement surgery,
- b. Surgery for vertebral column disorders (unless necessitated due to an accident)
- c. Surgery to correct deviated nasal septum

		<p>d. Hypertrophied turbinate e. Congenital internal diseases or anomalies f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5 g. Bariatric Surgery h. Parkinson's Disease i. Genetic disorders</p> <p>Pre-existing diseases: 36 months</p> <p>Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan) - until 72 months continuous period</p> <p>Waiting period Specific to Critical Illness– 90 days</p>															
<p>8</p>	<p>Financial Limits of Coverage</p> <p>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits</p> <table border="1" data-bbox="391 850 1292 1753"> <thead> <tr> <th>Covers</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>Room Rent Limit** (Health Guard)</td> <td>Room - Upto 1% of Sum insured per day (Silver Plan) Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air Conditioned room (Gold Plan and Platinum Plan) Sum Insured 10 Lacs and above - eligible for any room category (Gold Plan and Platinum Plan) ICU – At Actuals</td> </tr> <tr> <td>Cataract Limit (per eye) (Health Guard)</td> <td>20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each insured person</td> </tr> <tr> <td>Bariatric Surgery Limit (Health Guard)</td> <td>25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan</td> </tr> <tr> <td>Maternity Limit (Health Guard)</td> <td>For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR & 25000 INR for caesarean delivery For Sum Insured Above 7.5 lacs the limit for Normal delivery is 25000 INR & 35000 INR for caesarean delivery.</td> </tr> <tr> <td>Road Ambulance (Health Guard)</td> <td>Max ₹20,000 per Policy Year</td> </tr> <tr> <td>Transportation (Personal Accident)</td> <td>2% of the Sum Assured or Rs.5,000/- (whichever is lower)</td> </tr> </tbody> </table> <p>** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured</p> <p>Co-payment</p>	Covers	Limit	Room Rent Limit** (Health Guard)	Room - Upto 1% of Sum insured per day (Silver Plan) Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air Conditioned room (Gold Plan and Platinum Plan) Sum Insured 10 Lacs and above - eligible for any room category (Gold Plan and Platinum Plan) ICU – At Actuals	Cataract Limit (per eye) (Health Guard)	20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each insured person	Bariatric Surgery Limit (Health Guard)	25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan	Maternity Limit (Health Guard)	For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR & 25000 INR for caesarean delivery For Sum Insured Above 7.5 lacs the limit for Normal delivery is 25000 INR & 35000 INR for caesarean delivery.	Road Ambulance (Health Guard)	Max ₹20,000 per Policy Year	Transportation (Personal Accident)	2% of the Sum Assured or Rs.5,000/- (whichever is lower)	<p>Section C.I.1 Section E. 5</p> <p>Section E 6</p>
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	<p>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<table border="1" data-bbox="391 239 1294 1171"> <tr> <td data-bbox="391 239 729 331"> Voluntary co-payment (If opted) </td> <td data-bbox="729 239 1294 331"> 10%/ 20% of each and every claim payable under the Inpatient Hospitalization Treatment section </td> </tr> <tr> <td data-bbox="391 331 729 1171"> Zone Co-payment </td> <td data-bbox="729 331 1294 1171"> <ul style="list-style-type: none"> • Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment. • Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount. • Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. • Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount • This Co – payment will not be applicable for Accidental Hospitalization cases. • Insured/Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment. • If opted for coverage under Zone B, then insured will be eligible for 20% discount on the premium. • If opted for coverage under Zone C, then insured will be eligible for 30% discount on the premium </td> </tr> </table> <p>Deductible – Not applicable</p> <p>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured</p> <p>Preventive Health Check Up</p> <ul style="list-style-type: none"> • Silver Plan- 1% of the Sum Insured maximum up to INR 2000 for each Insured in Individual Policy during the block of 3 years • Gold Plan- 1% of the Sum Insured max up to INR 5000 for each Insured in Individual Policy during the block of 3 years. • Platinum Plan -1% of the Sum Insured max up to INR 5000 for each Insured in Individual Policy during the block of 2 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies. 	Voluntary co-payment (If opted)	10%/ 20% of each and every claim payable under the Inpatient Hospitalization Treatment section	Zone Co-payment	<ul style="list-style-type: none"> • Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment. • Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount. • Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. • Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount • This Co – payment will not be applicable for Accidental Hospitalization cases. • Insured/Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment. • If opted for coverage under Zone B, then insured will be eligible for 20% discount on the premium. • If opted for coverage under Zone C, then insured will be eligible for 30% discount on the premium 	<p>Section E 10</p> <p>Section E 10</p>
Voluntary co-payment (If opted)	10%/ 20% of each and every claim payable under the Inpatient Hospitalization Treatment section						
Zone Co-payment	<ul style="list-style-type: none"> • Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment. • Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount. • Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. • Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount • This Co – payment will not be applicable for Accidental Hospitalization cases. • Insured/Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment. • If opted for coverage under Zone B, then insured will be eligible for 20% discount on the premium. • If opted for coverage under Zone C, then insured will be eligible for 30% discount on the premium 						
<p>9</p>	<p>Claims/claim s procedure</p>	<p>Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> • 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 • We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p>	<p>Section E 15</p>				

		<ul style="list-style-type: none"> • Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. • You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization • 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 <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>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> 1. Turnaround time (TAT) for claim settlement: 15 Working Days 2. TAT for preauthorization of cashless facility: Within 60 Mins TAT for cashless final bill authorization: Within 180 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
10	Policy Servicing	<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. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> 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.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html c) E-mail <ul style="list-style-type: none"> • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in • 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@bajajallianz.co.in • 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 	Section E.15
12	Things to remember	<p>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.</p>	Section E

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 | E-mail: bagichelp@bajajallianz.co.in or
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
 Issuing Office:



		<p>Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>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 45 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</p> <p>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</p> <p>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</p>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p>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.</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>