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:

Flexi Health Protect Plan (Group)
Policy Wordings

SECTION A) PREAMBLE

Whereas as the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the "Company" or "insurance company" or "Insurer" or "Bajaj Allianz"), a proposal/transcript of proposal as sent by Insurer which is hereby agreed to be the basis of this Group Policy and the Insured Beneficiary and the Policy Holder on behalf of Insured Beneficiary and or the Insured Beneficiary has paid/agreed to pay [before the inception of Risk Inception Date] the premium specified in the respective Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, limitations, sub-limit, Co-payment and deductible, to cover the Insured Beneficiary in excess of the amount of the Deductible if any and subject always to the Sum Insured specified in the respective Certificate of Insurance, against such losses/expenses incurred by Insured Beneficiary within the Cover Period mentioned in the Certificate of Insurance.

Cover Period:

- **Cover** Period will be 1 year for non-loan linked Certificate of Insurance.
- **Cover** Period will be up to maximum 5 years in case of loan/credit linked Certificate of Insurance, depending upon the loan tenure.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Group Policy and Certificate of Insurance, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

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

2. **Any one Illness**
   Any one Illness means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   Central or State Government AYUSH Hospital or Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:

   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

5. **Cashless Facility**
   Cashless Facility means a facility extended by the Insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the Group Policy Standard Terms and Conditions read with Certificate of Insurance, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.

6. **Condition Precedent**
   Condition Precedent shall mean the Group Policy Standard Term or Condition read with Certificate of Insurance upon which the Company's liability under the Certificate of Insurance is conditional upon.

7. **Co-Payment:**
   Co-payment means a cost sharing requirement under a health insurance policy that provides that the Insured Beneficiary will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

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

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

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

9. Day care centre
A Day care centre means any institution established for day care treatment of Illness and / or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-

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

10. Day Care Treatment
Day care treatment means medical treatment, and/or surgical procedure which is:
i. Undertaken under General or Local Anesthesia in a Hospital/Day care centre in less than 24 hrs because of technological advancement, and
ii. Which would have otherwise required a Hospitalisation of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.

11. Deductible:
Deductible means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

12. Dental Treatment
Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

13. Disclosure to information norm- The Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

14. Emergency Care
Emergency care means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Beneficiary's health.

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

16. Hospital
A Hospital means any institution established for inpatient care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

17. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
a. **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery
b. **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
ii. it needs ongoing or long-term control or relief of symptoms
iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
iv. . it continues indefinitely
v. it recurs or is likely to recur

18. Hospitalisation
Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

19. Injury/Bodily Injury:
Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

20. Inpatient Care:
Inpatient care means treatment for which the Insured Beneficiary has to stay in a Hospital for more than 24 hours for a covered event.

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

wards.

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

23. **Maternity expenses**
Maternity expenses means;

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
ii. expenses towards lawful medical termination of pregnancy during the Cover Period.

24. **Medical Advise** manes any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription

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

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

27. **Medically Necessary Treatment:**
Medically necessary treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

i. is required for the medical management of the Illness or Injury suffered by the Insured Beneficiary.
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii. must have been prescribed by a Medical Practitioner;
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

28. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same Insurer.

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

30. **New Born Baby**
Newborn baby means baby born during the Cover Period and is aged upto 90 days, both days inclusive.

31. **Non- Network Provider-**
Non-Network means any Hospital, Day care centre or other provider that is not part of the network.

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

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

34. **Portability** means the right accorded to an individual health insurance policyholder/Insured Beneficiary (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one Insurer to another.

35. **Pre-existing Disease / Condition** means any condition, ailment, Injury or disease
a. That is/are diagnosed by a physician within 36 months prior to the effective date of the Certificate of Insurance issued by the Insurer, or
b. For which Medical Advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Certificate of Insurance or its reinstatement.

36. **Qualified Nurse**
Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

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

39. **Room Rent**
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses.

40. **Surgery or Surgical Procedure**
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day care centre by a medical

practitioner.

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

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

42. **Acquired Immune Deficiency Syndrome**
Means a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time, Provided however if this definition is changed/modified by way of amendment to Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 or through new legislation, then this definition shall be read with modified/changed definition/new legislation.

43. **Age** means completed years as at the commencement date/Risk Inception Date of the Certificate of Insurance.

44. **Aggregate Deductible**
Aggregate deductible is a cost sharing requirement under the Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any indemnity/benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards Hospitalisation expenses incurred during the Cover Period

45. **AYUSH Treatment**
refers to the medical and / or Hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

46. **Bajaj Allianz Network Providers**
Bajaj Allianz Network Providers means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us.

47. **Bajaj Allianz Diagnostic Centre**
Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us.

48. **Certificate of Insurance**
Certificate of Insurance means the document issued by the Company to the Insured Beneficiary as per the Group Policy, these Group Policy Standard Terms and Conditions detailing the Risk Inception Date and Risk Expiry Date as in Cover Period, Insured Beneficiary(s) name, address, age, coverage, sums insured, Deductible, condition(s), exclusions and or endorsement(s) and the Standard Terms and Conditions of the coverage as fully mentioned in the respective Certificate of Insurance read with Group Policy. Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Group Policy Wordings, then these Group Policy Wordings shall prevail.

49. **Cover Period:** means the period of insurance from commencement date/risk inception date [RID] to risk end date [RED], as specified in the Certificate of Insurance issued to the respective Insurance Beneficiary during which he/she is insured as per Terms and Conditions of Certificate of Insurance read with the Group Policy.

50. **Dependent child**
A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the primary insured member/proposer. .
For differently abled children- No cap on age.
(Differently abled child is the consequence of an impairment that may be physical, mental, developmental, or some combination of these that results in restrictions on an individual's ability to participate in what is considered "normal" in their everyday society. Physical-Mobility impairment includes – Upper or lower limb Functional & Physical loss, Visual Impairment, Hearing Loss. Mental Includes: Autism, Cerebral Palsy, Downs Syndrome, Disabilities affecting intellectual abilities - Intellectual Disability (Mental Retardation), Neurodevelopmental disorder (impairments of the growth & development of the brain or central nervous system).

51. **Dislocation -** A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.

52. **Employee or Employees** means such person or persons in direct/onroll employment with the **Insured** in the **Business**, but shall also include any person deployed on contract basis [under Contract Labour (Regulation and Abolition) Act, 1970] or by any other arrangement of whatsoever by a Contractor or Sub-Contractor of the **Insured** provided specifically declared at the time of Insurance contract and also shown as covered in the **Schedule and by an endorsement.**

53. **Fracture:** A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.

54. **Group**
The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

55. **Group Policy or Master Policy** means the proposal, the Group Policy Schedule, and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period and these Group Policy Wordings/Terms and Conditions under which Certificates of Insurance shall be issued to the Insured Beneficiary. The validity of the Master Policy shall be for a period as mentioned in the Group Policy Schedule.

56. **Group Policy Schedule** means the group policy schedule attached to and forming part of the Group Policy.

57. **HIV** means Human Immunodeficiency Virus;

58. **HIV-affected person** means an individual who is HIV-positive or whose partner (with whom such individual normally resides) is HIV-positive or has lost a partner (with whom such individual resided) due to AIDS;

59. **"HIV-positive person"** means a person whose HIV test has been confirmed positive;

60. **Infection**
An infection is the invasion of an organism's body tissues by disease-causing agents, their multiplication, and the reaction of host tissues to the infectious agents and the toxins they produce. An infectious disease, also known as a transmissible disease or communicable disease, is an illness resulting from an infection.

61. **Insured Beneficiary** means individual persons who is member of the Group for whom the Policy Holder has taken the Group Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.

62. **Intensive Care Unit** shall, apart from standard definition, also include but not limited to NICU, PICU, ICU, SICU, CCU etc.

63. **Policy Period or Group Policy Period** means period of Insurance for which the Group Policy/Master Policy is valid in the name of Group Manager/Group Policy Holder.

64. **Nominee is the person selected by the Insured Beneficiary to receive the benefit in case of death of the Insured** Beneficiary/ Insured Beneficiary thus giving a valid discharge to the Insurer on settlement of claim under an Certificate of Insurance.

65. **Non- Network Provider-**
Non-Network means any Hospital, Day care centre or other provider that is not part of the network.

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

67. **Policy Holder/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Group Policy on behalf of all Insured Beneficiary(s)/Insured Beneficiary who are homogeneous group of person who assemble together for a commonality of purpose and there is a clear evident relationship between the member of group and Policy Holder for services other than insurance**.**

68. **Proposal and Declaration Form -** means any initial or subsequent declaration made by the Insured Beneficiary and is deemed to be attached and which forms a part of the Certificate of Insurance.

69. **Specialist Consultant** means a person who holds a medical postgraduate or higher degree in the specific line of treatment under Allopathic medicine.

70. **Sum Insured/SI** means the pre-defined limit specified in the Certificate of Insurance. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Certificate of Insurance, in respect of that Insured Beneficiary (on Individual basis) or all Insured Beneficiary(s) (on Floater basis) during the Cover Period.

71. **Waiting Period** means a period from the inception of the Certificate of Insurance during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Certificate of Insurance has been continuously renewed without any break.

72. **You, Your, Yourself/ Your Family** named in the Certificate of Insurance means the Insured Beneficiary or Insured Beneficiary(s) that We insure as set out in the Certificate of Insurance.

73. **We, Us, Our, Ours**, **Company** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

A) BASE COVERAGE (Mandatory)
It is mandatory to opt at least one Base Cover and terms and conditions of respective sections will be applicable for Base Covers which are opted by You and displayed on Your Certificate of Insurance:

- BASE COVER 1: MEDICAL EXPENSES INSURANCE
- BASE COVER 2: HOSPITAL DAILY ALLOWANCE
- BASE COVER 3: TOP UP PLANS
- BASE COVER 4: RECOVERY RELIEF

BASE COVER 1: MEDICAL EXPENSES INSURANCE

Section 1 . In-patient Hospitalisation/Inpatient Care Treatment
If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner (as defined under this Group Policy read with the Certificate of Insurance) because of Illness or Injury sustained or contracted by Insured Beneficiary during the Cover Period, then We will indemnify to You, Reasonable and Customary Medical Expenses incurred for:

i. Room and Boarding expenses as provided by the Hospital/Nursing Home at actuals or as per Option opted specified under the Certificate of Insurance.
ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals
iii. Nursing Expenses as provided by the Hospital
iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
vi. Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
vii. Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
viii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Note:

a) In case of admission to a room at rates /eligibility exceeding the opted limits / Option as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges
b) Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.
c) Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 2. Pre-Hospitalisation Medical Expenses
The Reasonable and Customary Medical Expenses incurred during 60 days or as per Option opted (as mentioned in Certificate of Insurance) immediately before the Insured Beneficiary was Hospitalised, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".

Section 3. Post-Hospitalisation Medical Expenses
The Reasonable and Customary Medical Expenses incurred during 90 days or as per Option opted (as mentioned in Certificate of Insurance) immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".

Section 4. Medical Advancement Surgery Cover
You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the SI or as per Option opted as mentioned in the Certificate of Insurance.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 5. Day Care Treatment
We will pay *You* the Medical Expenses as listed above under Section1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day care centre but not in the outpatient department. Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment-

i. Treatment normally taken on an out-patient basis
ii. Any dental treatment or procedure

Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Section 6. Organ donor expenses
We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

a. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Beneficiary, and
b. We have accepted an In-patient Hospitalisation treatment claim for the Insured Beneficiary(ies) under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".
c. We will pay if Insured Beneficiary is the receiver of the organ.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

BASE COVER 2: HOSPITAL DAILY ALLOWANCE

1. Hospital daily allowance
We will pay Daily Allowance for each completed day that You had to be Hospitalised for medical reasons because of the Illness or Injury or Both (as opted), sustained or contracted during the Cover Period for maximum period (days) specified in the Certificate of Insurance.
For the purpose of this benefit, allowance will be as below:

a. Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation
b. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation.
c. One day Daily Allowance, for Day Care Treatment carried out in the Day Care Centre.

This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.

Extension applicable to Hospital Daily Allowance Benefit

Extension 1- Maternity Hospital Daily Allowance Benefit

In consideration of payment of additional premium at the inception of the **Certificate of Insurance** by You to Us and realization thereof by Us, it

is hereby agreed and declared that if the claim under this section is accepted for You, then We will pay daily allowance as specified in the Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation underwent for normal delivery or caesarean section and complications of maternity (including and not limited to medical complications) subject to maximum of 2 deliveries/termination during lifetime.

Options available to Maternity Hospital Cash Benefit Option

1:- Benefit payable after 9 months of Waiting Period

Option 2:- Benefit payable after 12 months of Waiting Period

Option 3:- Benefit payable after 24 months of Waiting Period

Option 3:- Benefit payable after 36 months of Waiting Period

Option 5:- No Waiting Period.

Conditions applicable to Maternity Hospital Cash Benefit

a. Maximum payable Hospitalisation duration shall be 3 days for normal delivery and termination or 5 days for caesarean section and complications (excluding ectopic pregnancy) or actual Hospitalisation period whichever is lower.
b. This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.

Note:
If this Extension is opted, then Excl. 18 will be deemed to be inoperative for the purpose this coverage.

BASE COVER 3: TOP UP PLANS

We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalisation claim in excess of the Annual Aggregate Deductible /Per Claim Deductible/Corporate Deductible (at a Group Level) as per Plan opted by Insured Beneficiary subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise.

COVERAGES APPLICABLE TO BASE COVER 3

Section 1: Inpatient Hospitalisation/Inpatient Care Treatment

i) Room and Boarding expenses as provided by the Hospital/Nursing Home at actuals or as per Option opted and specified under the Certificate of Insurance
ii) If admitted in ICU, the Company will pay up to ICU expenses at actuals
iii) Nursing Expenses as provided by the Hospital
iv) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
v) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
vi) Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
vii) Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
viii) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 2: Pre-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 60 days or as per Option opted (as mentioned in Certificate of Insurance) immediately before the Insured Beneficiary was Hospitalized, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- “Inpatient Hospitalisation/Inpatient Care Treatment”.

Section 3: Post-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 90 days or as per Option opted (as mentioned in Certificate of Insurance) immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- “Inpatient Hospitalisation/Inpatient Care Treatment”.

Section 4: Medical Advancement Surgery Cover

You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the SI or as per Option opted amount or percent as mentioned in the Certificate of Insurance.
This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 5: Day Care Treatment

We will pay *You* the Medical Expenses as listed above under Section 1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient Care in a Hospital or Day care centre but not in the outpatient department. Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment-

i. Treatment normally taken on an out-patient basis
ii. Any dental treatment or procedure

Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Section 6: Organ donor expenses

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

a. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011and the organ donated is for the use of the Insured Beneficiary, and
b. We have accepted an Inpatient Care treatment claim for the Insured Beneficiary(ies) under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".
c. We will pay if Insured Beneficiary is the receiver of the organ.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year. Insured Beneficiary can opt for any one of the Deductible plan as specified below under Base cover 3.

Plan 1: Aggregate Deductible
If You are Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay You, subject to aggregate deductible as specified on the Certificate of Insurance for Reasonable and Customary Medical Expenses incurred for specified Coverages.

Plan 2: Per Claim Deductible
If You are Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay You, subject to deductible for each and every claim as specified on the Group Policy document or Certificate of Insurance for Reasonable and Customary Medical Expenses incurred for specified Coverages.

Plan 3: Aggregate Deductible at a Group Level
If Insured Beneficiary is Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay subject to Aggregate Deductible opted at Group Level as specified on the Group Policy Schedule for Reasonable and Customary Medical Expenses incurred for specified Coverages. The Aggregate Deductible will be applicable to all claims in aggregate made by the Insured Beneficiaries of the Group.
Claims above the Aggregate Deductible limit will be payable once the Aggregate Deductible is exhausted.

Note:

i. For the purpose of calculating the Deductibles and assessment of admissibility, all claims must be submitted in accordance with the claims process under Section D: Conditions, as applicable.
ii. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the Sub Limits of the Group Policy.

BASE COVER 4: RECOVERY RELIEF
In the event of any Illness or Injury or Both (as opted) sustained or contracted during the Cover Period requiring Continuous Hospitalisation of Insured Beneficiary for exceeding the deductible (in days), the Company will pay allowance amount as mentioned in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Group Policy.

Plans available

Plan 1: Multiple event: The Recovery Relief benefit amount towards Medical Expenses will be paid for each event of Hospitalisation not exceeding 5 Hospitalisations in a Cover Period.

Plan 2: One event: The Recovery Relief benefit amount towards Medical Expenses will be paid only once during Cover Period.

Illustration-

If Insured Beneficiary has opted option of 5 days deductible and benefit of 10,000 gets admitted to a Hospital for 6 days in March and 11 days July then payment will be made as below under the two Plans.

Event	Length of stay in Hospital	Plans	
		Plan 1 : Multiple Events	Plan 2 : One Event
Hospitalisation 1	6 days	10,000 (On 6 th Day)	10,000 (On 6 th Day)
Hospitalisation 2	11 days	10,000 (On 6 th Day)	No Benefit is payable
Benefit Payable		20,000	10,000

Special conditions applicable to Recovery Relief Cover:

- The maximum benefit under this section payable to the Insured Beneficiary or his family members individually or collectively is as shown under this section of Certificate of Insurance.
- This benefit will be applicable each year for policies with term more than 1 year.

SECTION D) EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE- STANDARD EXCLUSIONS

I. Exclusion Name: Waiting Period

1. Pre-Existing Diseases Waiting Period (Code-Excl01)

a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months or as per the Option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance with Us.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c) If the Insured Beneficiary is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then Waiting Period for the same would be reduced to the extent of prior coverage.
d) Coverage under the Certificate of Insurance after the expiry of 36 months for any 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 (Code-Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months or as per the Option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance with Us. This exclusion shall not be applicable for claims arising due to an Accident.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c) 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.
d) The Waiting Period for listed conditions shall apply even if contracted after the Risk Inception Date of Certificate of Insurance or declared and accepted without a specific exclusion.
e) If the Insured Beneficiary 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.
f) List of specific diseases/procedures is as below:

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.
19. Mental Illness*	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsilitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	28. Joint replacement surgery,
29. Surgery for vertebral column disorders (unless necessitated due to an Accident)	30. Surgery to correct deviated nasal septum
31. Hypertrophied turbinate	32. Congenital internal diseases or anomalies
33. 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	34. Bariatric Surgery
35. Parkinson's Disease	36. Genetic disorders

***List of Mental Illness and ICD codes as per Annexure IV**

3. 30-day Waiting Period (Code-Excl03)

a) Expenses related to the treatment of any Illness within 30 days from the first Certificate of Insurance commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
b) This exclusion shall not, however apply if the Insured Beneficiary has Continuous Coverage for more than twelve months.
c) The within referred Waiting Period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. General Exclusions

1. Investigation & Evaluation (Code-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.

2. Rest Cure, rehabilitation and respite care (Code-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.

3. Obesity/Weight Control (Code-Excl06)
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

4. Change-of-gender treatments (Code-Excl07)
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Code-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 Practitioner.

6. 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.

7. Breach of law (Code-Excl10)
Expenses for treatment directly arising from or consequent upon any Insured Beneficiary committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Code-Excl11)
Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holder/Insured Beneficiary 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.

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

10. 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. (Code-Excl13)

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

12. Refractive Error (Code-Excl15)
Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments (Code-Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Code-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, ICSI
   c) Gestational Surrogacy
   d) Reversal of sterilization

15. Maternity: Code Excl18
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Cover Period.

SECTION D) EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE - SPECIFIC EXCLUSIONS

III. General Exclusions

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Injury to natural teeth and also requiring Hospitalisation.
2. Medical Expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
3. 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 Certificate of Insurance.

4. The cost of spectacles, contact lenses, hearing aids the cost of 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 and other devices or equipment if implanted internally like pacemaker during a surgical process etc.
5. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
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 haematological conditions.
7. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
8. 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.
9. All non-medical Items as per Annexure II.
10. Any treatment received outside India is not covered under this Certificate of Insurance.
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

SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS

1. Disclosure of Information
The Certificate of Insurance shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2. Condition Precedent to Admission of Liability
The terms and conditions of the Group Policy and Certificate of Insurance must be fulfilled by the Insured Beneficiary for the Company to make any payment for claim(s) arising under the Certificate of Insurance.

3. Premium Payment in Installments
If the Insured Beneficiary has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Certificate of Insurance)

i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iv. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
v. No interest will be charged If the instalment premium is not paid on due date.
vi. The Benefits provided under – "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
vii. No interest will be charged If the installment premium is not paid on due date.
viii. In case of installment premium due not received within the grace Period, the Certificate of Insurance will get cancelled.

4. Multiple Policies

i. In case of multiple policies taken by an Insured Beneficiary during a period from the same or one or more insurers to indemnify treatment costs, the Certificate of Insurance shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Certificate of Insurance shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy/Certificate of Insurance.
ii. Insured Beneficiary having multiple policies shall also have the right to prefer claims under the Certificate of Insurance for the amounts disallowed under any other policy / policies/Certificate of Insurance even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of the Certificate of Insurance.
iii. If the amount to be claimed exceeds the Sum Insured under a single policy/Certificate of Insurance, the Insured Beneficiary shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
iv. Where an Insured Beneficiary has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy/Certificate of Insurance.

5. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Beneficiary from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the Insured Beneficiary at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

6. Renewal of Certificate of Insurance
The Certificate of Insurance shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Beneficiary. The Company is not bound to give notice that it is due for Renewal.

i. Renewal of Certificate of Insurance shall not be denied on the ground that the Insured Beneficiary had made a claim or claims in the preceding policy years
ii. Request for Renewal along with requisite premium shall be received by the Company before the end of the Cover Period.
iii. At the end of the Cover Period, the Certificate of Insurance shall terminate and can be renewed within the Grace Period to maintain continuity

of benefits without Break in Certificate of Insurance. Coverage is not available during the grace period.

iv. If not renewed within Grace Period after due Renewal date, the Certificate of Insurance shall terminate.

7. 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.

(B) Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C)Short term policies: No premium refund

For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Policy is cancelled except in cases such cancellation is on account of Fraud, mis-representation or non-disclosure of material facts or non-co-operation by the Insured/Insured.

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

(E) Cancellation of Master Policy:

The Company may cancel the Master Policy by giving 15 days' notice to Master Policy Holder and or due to Master Policy Holders misrepresentation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used and or if the Cancellation of Master Policy is required due to regulatory requirements.

The Master Policy may be cancelled by the Master Policy Holder at any time before the expiry of the Master Policy Period by giving at least 7 days written notice to the Company

8. Portability

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 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.
For Detailed Guidelines on Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

9. Complete Discharge

Any payment to the Insured Beneficiary or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Certificate of Insurance shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

10. Possibility of Revision of Terms of the Group Policy and Certificate of Insurance Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Group Policy and or Certificate of Insurance including the premium rates. The Insured Beneficiary shall be notified three months before the changes are affected.

11. Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co- payments, deductibles as per the policy contract.

12. Norms on Migration

The Insured Beneficiary will have the option to migrate the Certificate of Insurance to other health insurance products/plans offered by the Company by applying for migration of the Certificate of Insurance atleast 30 days before the Certificate of Insurance renewal date as per IRDAI guidelines on Migration. If such Insured Beneficiary is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Beneficiary 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://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

13. Withdrawal of Policy

i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.

ii. Insured Beneficiary 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 Certificate of Insurance has been maintained without a break.

14. Fraud

i. If any claim made by the Insured Beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Beneficiary or anyone acting on his/her behalf to obtain any benefit under the Certificate of Insurance, all benefits under the Certificate of Insurance and the premium paid shall be forfeited.
ii. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.
iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:
a. the suggestion, as a fact of that which is not true and which the Insured Beneficiary does not believe to be true;
b. the active concealment of a fact by the Insured Beneficiary having knowledge or belief of the fact;
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent
iv. The Company shall not repudiate the claim under Certificate of Insurance on the ground of Fraud, if the Insured Beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Beneficiary, if alive, or beneficiaries.

15. Nomination

The Insured Beneficiary is required at the inception of the Certificate of Insurance to make a nomination for the purpose of payment of claims under the Certificate of Insurance in the event of death of the Insured Beneficiary. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Certificate of Insurance is made. For Claim settlement under reimbursement, the Company will pay the Insured Beneficiary. In the event of death of the Insured Beneficiary, the Company will pay the nominee {as named in the Certificate of Insurance/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Beneficiary whose discharge shall be treated as full and final discharge of its liability under the Certificate of Insurance.

16. Redressal Of Grievance

Grievance–In case of any grievance relating to servicing the Certificate of Insurance, the Insured Beneficiary may submit in writing to the Certificate of Insurance issuing office or regional office for redressal.
For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html

IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Insurance Ombudsman –The Insured Beneficiary may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-V.

17. Free Look Period

The Free Look Period shall be applicable at the inception of the Certificate of Insurance and not on renewals or at the time of Porting the Certificate of Insurance.

The Insured Beneficiary shall be allowed a period of Thirty days from date of receipt of the Certificate of Insurance to review the terms and conditions of the Certificate of Insurance, and to return the same if not acceptable.

If the Insured Beneficiary has not made any claim during the Free Look Period, the Insured Beneficiary shall be entitled to
i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Beneficiary and the stamp duty charges; or
ii. where the risk has already commenced and the option of return of the Certificate of Insurance is exercised by the Insured Beneficiary, a deduction towards the proportionate risk premium for Cover Period, or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such Cover Period;

SECTION E) GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS

18. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on *Your* behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on *Your* behalf fails to completely satisfy that requirement, then We may refuse to consider *Your* claim.

19. Insured Beneficiary

Only those persons named as the Insured Beneficiary(s) in the Certificate of Insurance shall be covered under the Certificate of Insurance. Cover under the Certificate of Insurance shall be withdrawn from any Insured Beneficiary upon such Insured Beneficiary giving 14 days written notice to be received by Us.

20. Cancellation

i. The Group Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice.
ii. The Group Policy may be cancelled by the Policy Holder at any time before the expiry of the Policy Period by giving at least 7 days written notice to the Company.
iii. Once Group Policy is cancelled as above, then onwards no further Certificate of Insurance will be issued but COI already issued will be valid till completion of Cover Period of respective COI

21. Additional Norms on Migration

Insured Beneficiary shall apply for migration of the Certificate of Insurance at least 30 days before the Certificate of Insurance Renewal due date. All revised guidelines of IRDAI from time to time as to Migration shall apply.

22. Change of Sum Insured

Sum Insured can be changed (increased/ decreased) only at the time of Renewal or at any time, subject to underwriting by the Company.

For any increase in SI, the Waiting Period shall start afresh only for the enhanced portion of the Sum Insured.

23. Notice & Communication

i. Any notice, direction, instruction or any other communication related to the Certificate of Insurance should be made in writing.
ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Certificate of Insurance.
iii. The Company shall communicate to the Insured Beneficiary at the address or through any other electronic mode mentioned in the Certificate of Insurance.

24. Endorsements (Changes in Certificate of Insurance)

i. The Certificate of Insurance read with The Group Policy constitutes the complete contract of insurance. The Certificate of Insurance read with The Group Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written Endorsement signed and stamped.
ii. The Insured Beneficiary may be changed only at the time of Renewal. The new Insured Beneficiary must be the legal heir/immediate family member of Insured Beneficiary. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Insured Beneficiary shall be treated as having been renewed without break.
iii. The Insured Beneficiary may be changed during the Cover Period only in case of his/her demise or him/her moving out of India.

25. Terms and conditions of the Group Policy

The terms and conditions contained herein and in the Group Policy Schedule shall be deemed to form part of the Certificate of Insurance and shall be read together as one document.

26. Renewal: Subject to pre-condition of Master Policy being valid and subsisting

Renewal of Group Policy shall be a pre-condition for Renewal of Certificate of Insurance and if Group Policy is not renewed and lapsed then Certificate of Insurance cannot be Renewed.

27. Additional Norms on Portability

The Insured Beneficiary will have the option to port the Certificate of Insurance to other insurers by applying to such Insurer to port the entire Certificate of Insurance along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Certificate of Insurance Renewal date as per IRDAI guidelines related to portability. If such Insured Beneficiary 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.

28. Withdrawal of Group Policy.

i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.
ii. Insured Beneficiary 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 Certificate of Insurance has been maintained without a break.

29. Automatic change in Coverage under the Certificate of Insurance

The coverage for the Insured Beneficiary(s) shall automatically terminate:

i. In the case of his/ her (Insured Beneficiary) demise. However, the cover shall continue for the remaining Insured Beneficiaries till the end of Cover Period. The other Insured Beneficiaries may also apply to renew the Certificate of Insurance. In case, the other Insured Beneficiary is minor, the Certificate of Insurance shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Beneficiary) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Beneficiary, pro-rata refund of premium of the deceased Insured Beneficiary for the balance period of the Certificate of Insurance will be effective.
ii. Upon exhaustion of Sum Insured and cumulative bonus, for the policy year. However, the **Certificate of Insurance** is subject to Renewal on the due date as per the applicable terms and conditions.

30. Territorial Jurisdiction and Territorial Limit

i. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the **Certificate of Insurance** shall be determined by the Indian court and according to Indian law.
ii. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.
iii. We cover Medical Expenses for treatment availed outside India only if opted for Optional Cover- International Cover - emergency Care only.
iv. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
v. The Certificate of Insurance constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Certificate of Insurance.
vi. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

31. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

32. Additional conditions for Arbitration:

As mentioned in Section E (31) will be applicable

33. Claims Procedure

All Claims will be settled by In house claims settlement team of the Company. However the Company reserves to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

Cashless Claims Procedure:
Cashless Facility is only available at Bajaj Allianz Network Providers. In order to avail of Cashless Facility, the following procedure must be followed by You:

i. For planned treatment or Hospitalisation, prior to taking treatment and/or incurring Medical Expenses at a Bajaj Allianz Network Providers, You or *Your* representative must intimate Us 48 hours before the planned Hospitalisation and request pre-authorisation by way of the written form.
ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Bajaj Allianz Network Providers, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Bajaj Allianz Network Providers identified in the pre-authorization letter at the time of Your admission to the same.
iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Bajaj Allianz Network Providers that We are liable under Section A1-In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Bajaj Allianz Network Providers. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.
iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of Hospitalisation.

Reimbursement Claims Procedure:
If Pre-authorisation as per Cashless Claims Procedure for Cashless Facility above is denied by Us or if treatment is taken in a Hospital other than a Bajaj Allianz Network Providers or if You do not wish to avail Cashless Facility, then:

i. You or someone claiming on *Your* behalf must inform Us in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
v. 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 as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
vi. In the event of the death of the Insured Beneficiary, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days
vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

Note:

1. Condition (v) is applicable to all covers.
2. Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.
3. Condition (vi) related: In case You are claiming for the same event under an indemnity based Policy of another Insurer and are required to submit the original documents related to Your treatment with that particular Insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular Insurer specifying the availability of the original copies of the specified treatment documents with it.

List of Claim documents: -

BASE COVER 1 – MEDICAL EXPENSES INSURANCE AND BASE COVER 3: TOP UP PLANS

1. Claim form with NEFT details & cancelled cheque duly signed by Insured Beneficiary
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
3. Attested copies of Indoor case papers, if available
4. Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
9. Cashless settlement letter or other Company settlement letter
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

BASE COVER 2 - HOSPITAL DAILY ALLOWANCE AND BASE COVER 4: RECOVERY RELIEF COVER

1. First Consultation letter from the Doctor
2. Duly completed claim form signed by the Claimant
3. Copy of Hospital Discharge Card
4. Copy of Hospital Bill Money Receipt, duly signed with a Revenue Stamp
5. Copy of All Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram, etc.
6. Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the Certificate of Insurance while issuance or in previous claim)
7. Additional Documents Required For Recovery Relief Cover-

- For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
- Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
- Certificate from Treating doctor with date of full recovery & resuming of duties

Note- The list of documents given above is an indicative list and Insurer reserves rights for asking additional documents related to claim(s) in case required.

Please send the documents on below address

Bajaj Allianz General Insurance Company Ltd
2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

34. Paying a Claim

i. You agree that We will only make payment when You or someone claiming on *Your* behalf has provided Us with necessary documentation and information.
ii. We will make payment to You or *Your* Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay *Your* heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. In the cases of delay in the payment, the Insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
v. If the Insurer, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

35. Basis of Claims Payment

I. If You suffer a relapse within 45 days from the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
II. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
III. We shall make payment in Indian Rupees only.

36. Cost Sharing

The Certificate of Insurance is subject to Cost sharing mentioned below;
I. Cataract Limit : Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion I, 2) above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.

37. Nationality:

- Indian nationals residing in India would be considered for this Policy.
- This Policy can be opted by Non-Resident Indians also and premium paid in Indian currency

38. Sum Insured Enhancement:

i. The Insured Beneficiary can apply for enhancement of Sum Insured at the time of Renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.
ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured Beneficiary(s) & claim history of the Certificate of Insurance.
iii. All Waiting Periods as defined in the Certificate of Insurance read with Group Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Cover Period as the first Certificate of Insurance with the Company.

39. Inclusion of members under the Certificate of Insurance:

Where an Insured Beneficiary is added to the Certificate of Insurance, either by way of Endorsement or at the time of Renewal, the pre-existing disease clause, exclusions and Waiting Periods will be applicable considering such Policy Year as the first year of Certificate of Insurance with the Company for the Insured Beneficiary.

40. Additional Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing Us as *Your* Insurer.

This Group Policy wordings, and Group Policy Schedule/ Certificate of Insurance set out the terms of Your contract with Us. Please read Your Group Policy wordings, and Group Policy Schedule/Certificate of Insurance carefully to ensure that the cover meets Your needs.
We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If You are dissatisfied We would like to inform You that We have a procedure for resolving issues. Please include Your Policy number in any communication. This will help Us deal with the issue more efficiently. If You don't have it, please call Our Branch office.
Initially, We suggest You contact the Branch Manager/ Regional Manager of the local office which has issued the Certificate of Insurance. The address and telephone number will be available in the Certificate of Insurance. Naturally, We hope the issue can be resolved to Your satisfaction at the earlier stage itself. But if You feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Toll free:1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858
E-mail: bagichelp@bajajallianz.co.in
Fax : 020-66026667
Courier: Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road Yerawada, Pune 411006

Insured Beneficiary may also approach the grievance cell at any of the Company's branches with the details of grievance

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary may contact the grievance officer at ggro@bajajallianz.co.in

For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html

Grievance Redressal Cell for Senior Citizens
Senior Citizen Cell for Insured Beneficiary who are Senior Citizens
'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly
Health toll free number: 1800-103-2529
Exclusive Email address: seniorcitizen@bajajallianz.co.in

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

If You are still not satisfied, You can approach the Insurance Ombudsman as mentioned in standard General Terms and Conditions:

Annexure I
Day Care Treatment

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers

30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b)Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB

68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiothearpy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone

107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of Accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone

145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 SternomastoidTenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 Injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopicadhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision

182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyaema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

(i) The standard exclusions and Waiting Periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours Hospitalisation is not mandatory.

Annexure II:-

List I: List of Non-Medical Item

(Applicable to Base Cover 1 and Base Cover 3)

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable

9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for those conditions where surgery itself is payable
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF RED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable

47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

(Applicable to Base Cover 1 and Base Cover 3)

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN

15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- Items that are to be subsumed into Procedure Charges

(Applicable to Base Cover 1 and Base Cover 3)

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL

14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

(Applicable to Base Cover 1 and Base Cover 3)

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III: Modern Treatment Methods and Advancement in Technologies
(Applicable to Base Cover 1 and Base Cover 3)

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. Bronchical Thermoplasty
10. Vaporisation of the prostrate (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

Annexure IV:
ICD specific for Mental Illness

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

Annexure V –

List of Ombudsmen offices in India and their contact details

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202	Madhya Pradesh Chattisgarh.

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.bhopal@cioins.co.in	
BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.ernakulam@cioins.co.in	
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:
Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),Mumbai - 400 054.
E-mail: inscoun@cioins.co.in , Tel: 022 -69038800/69038812, Website: https://www.cioins.co.in

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Website: www.bajajallianz.com/general-insurance.html. Please refer to **Support** (Customer Service Support Page) on the website.
or Please get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858