



BAJAJ ALLIANZ HEALTH ENSURE

Unmatched Protection for your Loved Ones



Allianz 

Caringly yours

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■ Introduction

We all want to give the best of facilities to our families and their sound health is of supreme importance to us hence we want to have the best when it comes to Health Insurance.

Bajaj Allianz's Health Ensure Policy comes with Comprehensive coverage and Optional covers which is a perfect product to care of medical expenses for you and your family in case of unfortunate event of hospitalisation for illness/ injury.

■ Special features of Health Ensure

- No pre-policy medical tests up to 50 years of age (subject to clean proposal form)
- Pre-existing disease covered after 24 months from your first Health Ensure Policy
- Pre 30 days and post 60 days hospitalisation expenses cover
- Emergency road ambulance cover
- Day care procedures
- Free preventive health check up
- Income tax benefit under 80 D of the IT Act on premiums paid for this policy
- AYUSH Hospitalisation Cover
- Organ Donor Expenses
- 5% Cumulative bonus for each claim free year max up to 25% of Base Sum Insured
- Voluntary Copay discount -10% / 20%

■ What are the optional covers available under the policy :

- Room Rent Upgradation (Applicable for Sum Insured 5 Lacs and above only)
- Cumulative Bonus Enhancement
- Sum Insured Reinstatement Benefit (Applicable for Sum Insured 5 Lacs and above only)
- Double Sum Insured for Cancer (Indemnity based) (Applicable for Sum Insured 5 Lacs and above only)
- Personal Accident (Applicable to Self/Proposer only)

■ What are the Sum Insured options available under the policy?

- Sum Insured Options Under Individual Policy-
Rs. 50,000, Rs. 75,000, Rs. 1 Lac, Rs.1.5 Lacs, Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs
- Sum Insured Options Under Floater Policy-
Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs

Note:

Sum insured upto 2 lakhs is only available for Renewals

Sum Insured 3 lakhs and above is available for New Business

■ **What is Entry age under this policy?**

- Minimum Entry age for Self, Spouse, Parents, Sister, Brother, Parents In law, Aunt Uncle - 18 years
- Maximum Entry Age for Self, Spouse, Parents, Sister, Brother, Parents In law, Aunt Uncle - Lifetime
- Minimum Entry age for Dependent Child/Grandchild - 3 months
- Maximum Entry Age for Dependent Child/Grandchild - 30 years

■ **What is Renewal Age?**

- Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non-cooperation or fraud (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).
- For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer

■ **Eligibility**

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also, provided premium is paid in Indian currency & by Indian Account only
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

■ **What is the Policy period?**

Policy can be taken for 1year/2years/3years.

■ **What is Premium paying term?**

Premium can be paid as a single installment for 1 year and long term policies. Premiums can also be paid on Half yearly, Quarterly or Monthly

■ **Is this a Floater /Individual Sum insured policy?**

Policy provides Individual as well as Floater sum insured options

■ **Who can be covered under Health Ensure Policy?**

For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse, and dependent children, Grandchildren, Parents, Sister, Brother, Father In law, Mother In law, Aunt, Uncle.

For the purpose of Family Floater- includes the insured; his/her lawfully wedded spouse and dependent children. For Parents and parents In laws separate floater policy can be taken

■ COVERAGE

1. In-patient Hospitalisation Treatment

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred below:

- i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.
- iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: In case of admission to a room at rates exceeding the limits 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

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

2. Pre-Hospitalisation

The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.

3. Post-Hospitalisation

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs. 1000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- a. Such life threatening emergency condition is certified by the Medical Practitioner, and
- b. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

This benefit will be applicable annually for policies with term more than 1 year.

5. Day Care Procedures

We will pay you the medical expenses as listed above under In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

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

- i. 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 Person, and
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment.

Specific exclusions applicable to Organ Donor Expenses:

1. Claims which have NOT been admitted under In Patient Hospitalisation Treatment
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

Note: Payment under this benefit will not reduce the base sum insured mentioned in the policy schedule.

8. AYUSH Hospitalisation Expenses

If You are Hospitalised for not less than 24 hrs, in an AYUSH Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for AYUSH treatment:

- i. Room Rent and Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii. Nursing care
- iii. Consultation fees
- iv. Medicines, drugs and consumables,

v. AYUSH treatment procedures

Note: In case of admission to a room at rates exceeding the limits as mentioned under (I), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

Our maximum liability is up to Sum Insured per policy year. This benefit will be applicable annually for policies with term more than 1 year.

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis

■ **OPTIONAL COVERS:**

1. Room Rent Upgradation (Applicable for Sum Insured 5 Lacs and above only)

- In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Room rent of 1% of Sum Insured per day or up to INR 5,000 as mentioned in Section C1 In-patient Hospitalization Treatment, will be upgraded to "Single Private Air Conditioned Room, not exceeding INR 10,000 per day" and ICU charges will be paid as per Actuals.
- This Optional Cover would be covered within Sum Insured of Section C1 "In-patient Hospitalization Treatment".
- This Optional Cover should be opted at the time of inception of the Policy or during renewal. Once opted, the Optional Cover will continue for all the subsequent renewals thereon.

2. Cumulative Bonus Enhancement

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Cumulative Bonus (as mentioned in Section E-23 Cumulative Bonus) will be enhanced to 25% of In-patient Hospitalization Sum Insured per annum in respect of each claim free Policy year (no claims are reported), provided the Policy is renewed with the Company.

Specific Condition for Cumulative Bonus Enhancement

- Maximum bonus will not exceed 200% of the In-patient Hospitalization Sum Insured.
- In case where the Policy is on Individual Sum Insured basis, the Cumulative Bonus shall be accrued and available individually to the Insured Beneficiary if no claim has been reported in respect of that Insured Beneficiary. In case of claim, Cumulative Bonus in respect of the Insured Beneficiary who has made the claim shall be reduced at the same rate at which it has accrued.
- In case where the Policy is on Floater Sum Insured basis, the Cumulative Bonus shall be accrued and available to the Family on floater basis, provided no claim has been reported from any member of the Family. In case of claim, Cumulative Bonus shall be reduced at the same rate at which it has accrued.
- In case the accrued Cumulative Bonus reduces, the Sum Insured will be maintained and will not be reduced in the renewal policy year.
- Cumulative Bonus shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.

- If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium then any awarded accrued Cumulative Bonus shall be withdrawn.
- If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal. The Cumulative Bonus would be maintained as per the expiring policy
- This clause does not alter the annual character of this insurance.

3. Sum Insured Reinstatement Benefit (Applicable for Sum Insured 5 Lacs and above only)

- In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that if Section C1. Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then 100% of the Base Sum Insured specified under Inpatient Hospitalization Treatment would be reinstated for the particular Policy Year provided that:
 - The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;
 - The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment.
 - If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same member or other insured members.
 - The reinstated Sum Insured will be available for utilization for subsequent claim made by the Insured Beneficiary provided that the subsequent hospitalization is after a gap of at least 15 days from the date of discharge. This 15 days period is not applicable if the subsequent claim is for the other Insured Beneficiary.
 - This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/renewals if the benefit is not utilized.
 - This benefit is applicable only once in life time of Insured covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the insured member is eligible for re-instatement benefit every year for other admissible conditions.
 - This benefit will be applicable each year for long term policies.
 - In case of Family Floater policy , Reinstatement of Sum Insured will be available for all Insured Persons in the Policy

4. Double Sum Insured for Cancer (Indemnity based) (Applicable for Sum Insured 5 Lacs and above only)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Sum Insured will increase by 100% if the Insured is diagnosed as suffering from Cancer, provided that

We have accepted an "In-patient Hospitalization claim under Section C.I.1 "In-patient Hospitalization Treatment"

Insured is first diagnosed as suffering from a cancer during the Policy Period.

The benefit is utilized only by the Insured Person diagnosed with the illness.

5. Personal Accident

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, If the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in a) Death or b) Permanent Total Disability of the Insured Person within twelve (12) months from the Date of accident, then We agree to pay 200% of the "In-patient Hospitalization" Sum Insured as specified in the Policy Schedule to You/ Your Nominee named in the schedule.

This cover can be opted by and applicable only to Proposer who is Principle Insured under Policy or to Principle Insured only.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Loss of the sight of both eyes
- Physical separation of or the loss of ability to use both hands or both feet
- Physical separation of or the loss of ability to use one hand and one foot
- Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

■ EXCLUSIONS UNDER THE POLICY

A. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Ensure Policy 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 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 Policy after the expiry of 24 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 (Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/36 months of continuous coverage after the date of inception of the first Health Ensure Policy 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 Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures is as below:

i. 12 Months Waiting period:

1. Any types of gastric or duodenal ulcers	2. Surgery of varicose veins and varicose ulcers
3. Hydrocele	4. Undescended testes
5. Congenital internal diseases	6. Surgery for any skin ailment

ii. 24 Months Waiting Period:

1. Benign prostatic hypertrophy	2. All types of sinuses
3. Haemorrhoids	4. Dysfunctional uterine bleeding
5. Endometriosis	6. Stones in the urinary and biliary systems
7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	8. Cataracts,
9. Hernia of all types	10. Fistulae, Fissure in ano
11. Fibromyoma	12. Hysterectomy
13. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.	14. Mental Illness
15. Parkinson's Disease	16. Alzheimer Disease

3. A waiting period of 36 months from the first Health Ensure Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below.

- a. Joint replacement surgery
- b. Surgery for vertebral column disorders (unless necessitated due to an accident)
- c. Surgery to correct deviated nasal septum
- d. Hypertrophied turbinate
- e. Gout and Rheumatism
- f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5

4. 30-day waiting period (Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured 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.

B. General Exclusion:

- 1. Investigation & Evaluation (Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Excl05)
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
3. Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

 - 1) Surgery to be conducted is upon the advice of the 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 (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 (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 (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 (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.
8. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)
10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

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 hospitalization claim or day care procedure. (Excl14)
12. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
13. Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization
15. Maternity (Excl 18)
 - a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
16. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
17. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
18. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], 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 Acts of Terrorism will be covered under the policy.
19. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
20. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
21. 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
22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

23. 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 doctor.
24. 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
25. All non-medical Items as per Annexure II provided in Policy Wordings
26. Any treatment received outside India is not covered under this policy.

■ Pre-policy checkup for the policy

- Applicable only for new proposals
- No Medical tests up to 50years, subject to no adverse health conditions
- Medical tests are applicable for members 51years and above.
- Pre-policy checkup would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- If pre-policy checkup would be conducted in our paneled diagnostic centre, 50% of the medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance

Age of the person to be insured	Sum Insured	Medical Examination
Up to 50 years	All Sum Insured options	No Medical Tests*
51years and above	All Sum Insured options	Medical Tests required as listed below: Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio A:G Ratio

*Subject to no adverse health conditions

■ Discounts under the policy:

- i. Online Discount/Direct Customer Discount: 5% discount is extended for the policies purchased online/ through website and to direct customers.
(Note: Employee Discount is not applicable to Online/Direct Customers)
- ii. Employee Discount:20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code
(Note: Online/Direct Customer Discount is not applicable to Employees)
- iii. Long Term Policy Discount:
 - a) 4% discount is applicable if policy is opted for 2 years
 - b) 8% discount is applicable if policy is opted for 3 years
 Note: This will not apply to policies where premium is paid in instalments.
- iv. Co-pay Discount:
 - a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the Policy premium.

- b. If a claim has been admitted under Section C I) In-patient Hospitalization Treatment then, the Insured shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

■ Loading due to adverse Health Conditions:

- The loading would be applicable on per individual basis for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.

Condition	Loading on premium of the Individual
Diabetes	5%
Hypertension	5%
Cholesterol Disorder	5%
Obesity	5%
Cardiovascular diseases	5%

- For Multiple conditions cumulative loading would be applied on the published premium.
- The maximum risk loading applicable for an individual shall not exceed 25% of the published premiums, for overall risk per person.
- These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.
- Please note that We will issue Policy only after getting Your consent.

■ Enhancement of Sum Insured

- i. The Insured member 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 members & claim history of the policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company

■ Free Look Period

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

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

- ii) where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

■ **Cost sharing and sub limits**

Voluntary co-payment: If opted voluntarily by you, You shall bear 10%/ 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.

- Sub limit : Cataract (per eye)
SI 50K, 75K & 1 L – Rs. 20000
SI 1.5L, 2L & 3L – Rs. 30000
SI 4L, 5L & 10L - Rs. 40000

■ **Additional benefits**

• **Cumulative Bonus**

Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.

- i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.
- ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.
- iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.

• **Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy**

■ **Multiple Policies**

- i) In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person 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 insured person 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.
- ii) Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii) If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv) Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

■ **Renewal of the policy**

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

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

■ **Cancellation**

A. Cancellation by the Policyholder

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

1. Cancellation of policy where full premium received at policy inception -

Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

Multi-year Policy:

For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.

For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

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. 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.

■ 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

■ Migration :

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ Withdrawal of Policy

- i) In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

■ PREMIUM CHART

There are Two Zones for Premium payment

Zone A

“Following cities has been clubbed in Zone A:-

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

Note:-

Policyholders paying Zone A premium rates can avail treatment allover India without any co-payment.

But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co – payment will not be applicable for Accidental Hospitalization cases.”

Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

- **Premium for Zone A** - Premiums are exclusive of GST

Note: Sum insured upto 2 lakhs is only available for Renewals

Sum Insured 3 lakhs and above is available for New Business

1A									
Age/SI	50,000	75,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
Upto 20 Yrs	1,450	1,736	2,064	2,739	3,639	3,896	4,176	4,447	5,100
21-25 Yrs	2,104	2,519	2,993	3,970	4,960	5,655	6,062	6,458	7,408
26-30 Yrs	2,394	2,866	3,405	4,516	5,561	6,434	6,899	7,349	8,431
31-35 Yrs	2,547	3,050	3,623	4,805	5,828	6,822	7,342	7,821	8,973
36-40 Yrs	2,827	3,385	4,021	5,332	6,789	7,601	8,149	8,682	9,961
41-45 Yrs	3,209	3,841	4,563	6,050	8,054	8,627	9,250	9,854	11,307
46-50 Yrs	3,910	4,680	5,559	7,370	9,814	10,512	11,272	12,010	13,782
51-55 Yrs	4,988	5,970	7,090	9,399	12,519	13,411	14,381	15,322	17,585
56-60 Yrs	6,644	7,950	9,441	12,514	16,673	17,862	19,155	20,410	23,425
61-65 Yrs	8,062	10,403	12,775	16,316	18,057	21,145	25,047	29,555	36,996
66-70 Yrs	10,831	13,977	17,163	21,920	24,257	28,406	33,652	39,711	49,710
71-75 Yrs	12,288	15,857	19,473	24,869	27,520	32,229	38,181	45,057	56,401
Above 75 Yrs	14,036	18,114	22,245	28,409	31,436	36,816	43,616	51,472	64,430

1 A + 1 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	7,552	8,089	8,673	9,240	10,602
26-30 Yrs	8,150	8,751	9,384	9,997	11,472
31-35 Yrs	8,367	9,103	9,761	10,398	11,933
36-40 Yrs	9,095	9,743	10,447	11,130	12,772
41-45 Yrs	9,910	10,615	11,383	12,126	13,916
46-50 Yrs	12,742	13,712	14,704	15,668	17,982
51-55 Yrs	15,080	16,839	18,059	19,241	22,084
56-60 Yrs	19,996	21,422	22,974	24,480	28,098
61-65 Yrs	20,247	23,705	28,076	33,126	41,467
66-70 Yrs	26,664	31,223	36,984	43,641	54,628
71-75 Yrs	29,447	34,485	40,854	48,212	60,348
Above 75 Yrs	33,637	39,393	46,668	55,076	68,940

1 A + 2 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	9,703	10,704	11,477	12,228	14,032
26-30 Yrs	10,112	11,327	12,147	12,940	14,851
31-35 Yrs	10,296	11,658	12,501	13,318	15,284
36-40 Yrs	10,939	12,260	13,147	14,007	16,075
41-45 Yrs	11,974	13,081	14,028	14,944	17,152
46-50 Yrs	14,162	16,575	18,663	19,887	22,824
51-55 Yrs	16,550	19,364	22,489	23,962	27,504
56-60 Yrs	21,086	24,685	27,017	28,788	33,043
61-65 Yrs	21,086	24,685	29,234	34,490	43,173
66-70 Yrs	27,702	32,435	38,416	45,327	56,740
71-75 Yrs	31,373	36,741	43,525	51,365	64,297
Above 75 Yrs	35,837	41,970	49,722	58,678	73,450

1 A + 3 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	11,690	13,669	14,790	15,757	18,084
26-30 Yrs	12,057	14,103	15,460	16,470	18,903
31-35 Yrs	12,224	14,295	15,814	16,848	19,336
36-40 Yrs	12,809	14,980	16,460	17,536	20,127
41-45 Yrs	13,752	16,082	17,340	18,474	21,204
46-50 Yrs	15,731	18,403	21,785	23,416	26,876
51-55 Yrs	18,028	21,100	24,975	29,100	33,402
56-60 Yrs	22,073	25,838	30,597	34,639	39,760
61-65 Yrs	22,073	25,838	30,597	36,096	45,185
66-70 Yrs	29,351	34,372	40,718	48,051	60,149
71-75 Yrs	33,300	38,997	46,198	54,520	68,245
Above 75 Yrs	38,037	44,548	52,775	62,281	77,960

1 A + 4 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	13,694	16,015	18,103	19,287	22,136
26-30 Yrs	14,036	16,416	18,772	20,000	22,955
31-35 Yrs	14,195	16,600	19,127	20,377	23,388
36-40 Yrs	14,746	17,243	19,772	21,066	24,179
41-45 Yrs	15,631	18,278	20,653	22,004	25,256
46-50 Yrs	17,493	20,466	24,215	26,946	30,928
51-55 Yrs	19,656	22,996	27,213	32,089	39,300
56-60 Yrs	23,117	27,065	32,060	37,831	46,476
61-65 Yrs	23,117	27,065	32,060	37,831	47,355
66-70 Yrs	31,049	36,360	43,074	50,831	63,628
71-75 Yrs	35,226	41,254	48,871	57,673	72,193
Above 75 Yrs	40,239	47,124	55,828	65,884	82,471

2 A + 0 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	7,674	8,976	10,306	10,979	12,594
26-30 Yrs	8,601	10,062	11,729	12,494	14,333
31-35 Yrs	9,018	10,554	12,482	13,296	15,255
36-40 Yrs	10,504	12,291	13,854	14,760	16,934
41-45 Yrs	12,542	14,666	15,726	16,752	19,222
46-50 Yrs	16,299	17,871	19,163	20,418	23,430
51-55 Yrs	20,432	22,799	24,448	26,048	29,895
56-60 Yrs	27,940	30,366	32,564	34,698	39,823
61-65 Yrs	27,940	32,717	38,755	45,731	57,244
66-70 Yrs	37,534	43,954	52,070	61,446	76,916
71-75 Yrs	42,582	49,868	59,078	69,717	87,269
Above 75 Yrs	48,641	56,965	67,486	79,643	99,693

2 A + 1 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	9,845	11,506	13,016	13,866	15,909
26-30 Yrs	10,646	12,450	14,355	15,292	17,546
31-35 Yrs	11,014	12,876	15,064	16,047	18,413
36-40 Yrs	12,300	14,387	16,355	17,425	19,994
41-45 Yrs	14,220	16,642	18,117	19,300	22,147
46-50 Yrs	17,886	20,925	22,861	24,358	27,954
51-55 Yrs	21,652	25,342	28,505	30,370	34,857
56-60 Yrs	29,298	34,034	36,498	38,889	44,634
61-65 Yrs	29,298	34,304	40,631	47,943	60,014
66-70 Yrs	39,232	45,942	54,425	64,225	80,395
71-75 Yrs	44,508	52,124	61,749	72,871	91,217
Above 75 Yrs	50,842	59,543	70,540	83,246	1,04,204

2 A + 2 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	11,865	13,878	16,329	17,396	19,961
26-30 Yrs	12,600	14,738	17,443	18,822	21,598
31-35 Yrs	12,934	15,130	17,902	19,577	22,465
36-40 Yrs	14,112	16,508	19,531	20,954	24,046
41-45 Yrs	15,865	18,554	21,430	22,830	26,199
46-50 Yrs	19,339	22,629	26,787	29,497	33,852
51-55 Yrs	23,146	27,087	32,064	36,222	41,574
56-60 Yrs	30,469	35,677	42,262	45,118	51,785
61-65 Yrs	30,469	35,677	42,262	49,868	62,424
66-70 Yrs	40,929	47,931	56,781	67,005	83,875
71-75 Yrs	46,435	54,381	64,422	76,026	95,165
Above 75 Yrs	53,042	62,119	73,592	86,849	1,08,714

2 A + 3 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	13,878	16,224	19,188	20,926	24,013
26-30 Yrs	14,562	17,034	20,149	22,351	25,650
31-35 Yrs	14,880	17,401	20,583	23,106	26,517
36-40 Yrs	15,982	18,687	22,119	24,484	28,098
41-45 Yrs	17,627	20,616	24,399	26,359	30,251
46-50 Yrs	20,892	24,440	28,933	33,026	37,904
51-55 Yrs	24,599	28,782	34,076	40,189	47,472
56-60 Yrs	31,733	37,158	44,015	50,969	58,502
61-65 Yrs	31,733	37,158	44,015	51,938	65,013
66-70 Yrs	42,627	49,919	59,136	69,785	87,354
71-75 Yrs	48,362	56,637	67,095	79,179	99,113
Above 75 Yrs	55,242	64,697	76,646	90,452	1,13,224

2 A + 4 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	15,898	18,595	21,994	24,455	28,065
26-30 Yrs	16,566	19,372	22,912	25,881	29,702
31-35 Yrs	16,859	19,723	23,330	26,636	30,569
36-40 Yrs	17,919	20,959	24,800	28,014	32,150
41-45 Yrs	19,497	22,804	26,987	29,889	34,303
46-50 Yrs	22,629	26,470	31,329	36,556	41,956
51-55 Yrs	26,177	30,628	36,256	42,760	53,370
56-60 Yrs	32,996	38,638	45,767	54,006	65,218
61-65 Yrs	32,996	38,638	45,767	54,006	67,603
66-70 Yrs	44,325	51,908	61,492	72,565	90,834
71-75 Yrs	50,288	58,892	69,767	82,334	1,03,061
Above 75 Yrs	57,444	67,273	79,699	94,055	1,17,734

- **Premium for Zone B** - Premiums are exclusive of GST

1A									
Age/Sl	50,000	75,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
Upto 20 Yrs	1,088	1,302	1,548	2,054	2,729	2,922	3,132	3,335	3,825
21-25 Yrs	1,578	1,889	2,245	2,978	3,720	4,241	4,547	4,844	5,556
26-30 Yrs	1,796	2,150	2,554	3,387	4,171	4,826	5,174	5,512	6,323
31-35 Yrs	1,910	2,288	2,717	3,604	4,371	5,116	5,507	5,866	6,730
36-40 Yrs	2,120	2,539	3,016	3,999	5,091	5,701	6,112	6,512	7,471
41-45 Yrs	2,407	2,881	3,422	4,538	6,041	6,470	6,938	7,391	8,480
46-50 Yrs	2,933	3,510	4,169	5,528	7,361	7,884	8,454	9,008	10,337
51-55 Yrs	3,741	4,478	5,318	7,049	9,389	10,058	10,786	11,492	13,189
56-60 Yrs	4,983	5,963	7,081	9,386	12,505	13,397	14,366	15,308	17,569
61-65 Yrs	6,047	7,802	9,581	12,237	13,543	15,859	18,785	22,166	27,747
66-70 Yrs	8,124	10,482	12,873	16,440	18,193	21,305	25,239	29,784	37,282
71-75 Yrs	9,216	11,893	14,605	18,651	20,640	24,172	28,636	33,793	42,301
Above 75 Yrs	10,527	13,586	16,684	21,307	23,577	27,612	32,712	38,604	48,323

1 A + 1 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	5,664	6,067	6,505	6,930	7,952
26-30 Yrs	6,112	6,563	7,038	7,498	8,604
31-35 Yrs	6,275	6,827	7,321	7,799	8,950
36-40 Yrs	6,821	7,307	7,835	8,348	9,579
41-45 Yrs	7,433	7,961	8,537	9,095	10,437
46-50 Yrs	9,557	10,284	11,028	11,751	13,487
51-55 Yrs	11,310	12,629	13,544	14,431	16,563
56-60 Yrs	14,997	16,067	17,231	18,360	21,074
61-65 Yrs	15,185	17,779	21,057	24,845	31,100
66-70 Yrs	19,998	23,417	27,738	32,731	40,971
71-75 Yrs	22,085	25,864	30,640	36,159	45,261
Above 75 Yrs	25,227	29,544	35,001	41,307	51,705

1 A + 2 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	7,277	8,028	8,608	9,171	10,524
26-30 Yrs	7,584	8,495	9,110	9,705	11,138
31-35 Yrs	7,722	8,744	9,376	9,989	11,463
36-40 Yrs	8,204	9,195	9,860	10,505	12,056
41-45 Yrs	8,980	9,811	10,521	11,208	12,864
46-50 Yrs	10,621	12,431	13,997	14,915	17,118
51-55 Yrs	12,412	14,523	16,867	17,972	20,628
56-60 Yrs	15,814	18,514	20,263	21,591	24,782
61-65 Yrs	15,814	18,514	21,925	25,867	32,380
66-70 Yrs	20,777	24,326	28,812	33,995	42,555
71-75 Yrs	23,530	27,556	32,644	38,524	48,223
Above 75 Yrs	26,878	31,478	37,291	44,008	55,088

1 A + 3 C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	8,768	10,252	11,093	11,818	13,563
26-30 Yrs	9,043	10,577	11,595	12,353	14,177
31-35 Yrs	9,168	10,721	11,861	12,636	14,502
36-40 Yrs	9,607	11,235	12,345	13,152	15,095
41-45 Yrs	10,314	12,062	13,005	13,856	15,903
46-50 Yrs	11,799	13,803	16,339	17,562	20,157
51-55 Yrs	13,521	15,825	18,731	21,825	25,052
56-60 Yrs	16,555	19,379	22,948	25,979	29,820
61-65 Yrs	16,555	19,379	22,948	27,072	33,889
66-70 Yrs	22,014	25,779	30,539	36,038	45,111
71-75 Yrs	24,975	29,248	34,649	40,890	51,184
Above 75 Yrs	28,528	33,411	39,581	46,711	58,470

1A+4C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	10,271	12,011	13,577	14,465	16,602
26-30 Yrs	10,527	12,312	14,079	15,000	17,216
31-35 Yrs	10,646	12,450	14,345	15,283	17,541
36-40 Yrs	11,060	12,932	14,829	15,800	18,134
41-45 Yrs	11,723	13,709	15,490	16,503	18,942
46-50 Yrs	13,120	15,349	18,161	20,210	23,196
51-55 Yrs	14,742	17,247	20,409	24,067	29,475
56-60 Yrs	17,338	20,299	24,045	28,373	34,857
61-65 Yrs	17,338	20,299	24,045	28,373	35,516
66-70 Yrs	23,287	27,270	32,306	38,123	47,721
71-75 Yrs	26,420	30,940	36,653	43,255	54,144
Above 75 Yrs	30,179	35,343	41,871	49,413	61,853

2A+0C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	5,755	6,732	7,730	8,234	9,446
26-30 Yrs	6,450	7,546	8,797	9,371	10,750
31-35 Yrs	6,764	7,916	9,362	9,972	11,441
36-40 Yrs	7,878	9,218	10,391	11,070	12,701
41-45 Yrs	9,406	11,000	11,795	12,564	14,417
46-50 Yrs	12,224	13,403	14,372	15,314	17,573
51-55 Yrs	15,324	17,099	18,336	19,536	22,421
56-60 Yrs	20,955	22,775	24,423	26,024	29,867
61-65 Yrs	20,955	24,538	29,066	34,298	42,933
66-70 Yrs	28,150	32,965	39,052	46,084	57,687
71-75 Yrs	31,936	37,401	44,308	52,288	65,451
Above 75 Yrs	36,481	42,724	50,615	59,732	74,770

2A+1C					
Age/Sl	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	7,383	8,630	9,762	10,400	11,932
26-30 Yrs	7,985	9,337	10,766	11,469	13,160
31-35 Yrs	8,260	9,657	11,298	12,035	13,810
36-40 Yrs	9,225	10,790	12,266	13,069	14,996
41-45 Yrs	10,665	12,481	13,588	14,475	16,610
46-50 Yrs	13,414	15,694	17,146	18,269	20,966
51-55 Yrs	16,239	19,007	21,379	22,778	26,143
56-60 Yrs	21,973	25,526	27,374	29,167	33,476
61-65 Yrs	21,973	25,728	30,474	35,957	45,011
66-70 Yrs	29,424	34,457	40,818	48,169	60,296
71-75 Yrs	33,381	39,093	46,312	54,653	68,413
Above 75 Yrs	38,131	44,657	52,905	62,435	78,153

2 A + 2 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	8,899	10,408	12,247	13,047	14,971
26-30 Yrs	9,450	11,053	13,082	14,117	16,199
31-35 Yrs	9,701	11,348	13,427	14,683	16,849
36-40 Yrs	10,584	12,381	14,648	15,716	18,035
41-45 Yrs	11,899	13,915	16,073	17,123	19,649
46-50 Yrs	14,504	16,971	20,090	22,123	25,389
51-55 Yrs	17,360	20,316	24,048	27,167	31,181
56-60 Yrs	22,852	26,758	31,696	33,839	38,839
61-65 Yrs	22,852	26,758	31,696	37,401	46,818
66-70 Yrs	30,697	35,948	42,586	50,254	62,906
71-75 Yrs	34,826	40,785	48,316	57,019	71,374
Above 75 Yrs	39,781	46,589	55,194	65,136	81,535

2 A + 3 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	10,408	12,168	14,391	15,695	18,010
26-30 Yrs	10,922	12,776	15,111	16,763	19,238
31-35 Yrs	11,160	13,051	15,437	17,330	19,888
36-40 Yrs	11,986	14,015	16,589	18,363	21,074
41-45 Yrs	13,220	15,462	18,299	19,769	22,688
46-50 Yrs	15,669	18,330	21,700	24,770	28,428
51-55 Yrs	18,449	21,587	25,557	30,141	35,604
56-60 Yrs	23,799	27,868	33,011	38,227	43,877
61-65 Yrs	23,799	27,868	33,011	38,953	48,760
66-70 Yrs	31,970	37,439	44,352	52,339	65,516
71-75 Yrs	36,271	42,478	50,321	59,384	74,335
Above 75 Yrs	41,432	48,523	57,484	67,839	84,918

2 A + 4 C					
Age/SI	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000
21-25 Yrs	11,924	13,947	16,495	18,341	21,049
26-30 Yrs	12,425	14,529	17,184	19,411	22,277
31-35 Yrs	12,644	14,792	17,497	19,977	22,927
36-40 Yrs	13,439	15,719	18,600	21,011	24,113
41-45 Yrs	14,623	17,103	20,240	22,417	25,727
46-50 Yrs	16,971	19,852	23,497	27,417	31,467
51-55 Yrs	19,633	22,971	27,192	32,070	40,028
56-60 Yrs	24,747	28,979	34,326	40,504	48,914
61-65 Yrs	24,747	28,979	34,326	40,504	50,702
66-70 Yrs	33,244	38,931	46,119	54,424	68,125
71-75 Yrs	37,716	44,169	52,325	61,750	77,296
Above 75 Yrs	43,083	50,455	59,774	70,541	88,300

Note- A 6% increase on the base rates would apply every year to all policies with RID due from 21st May 2025 onwards



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