

Grace period

- In case of our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 30days and 4years waiting periods.
- Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

Portability Conditions

- As per the Portability Guidelines issued by IRDA, If you are insured under any other health insurance policy of Non life insurer you can transfer to Extra Care policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits of Extra care.
- The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases

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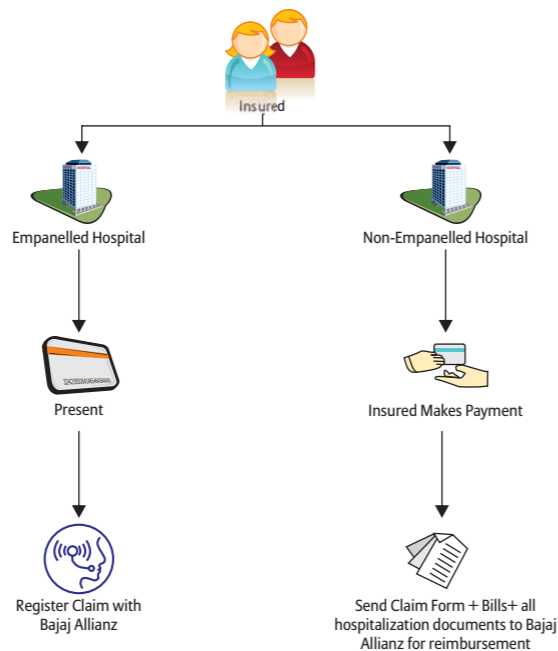
Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

Withdrawal of Policy:

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

What would be the process in case of a claim under my Extra Care policy?



- The Claim under cashless and reimbursement would be admissible in excess of the deductible limit, subject to terms, conditions, exclusions & definitions as per the policy wordings.
- The proof of settlement of the deductible amount has to be produced at the time of claim in case of any other existing insurance policy .

We also offer following Insurance policies:

HEALTH GUARD	SILVER HEALTH	HOSPITAL CASH DAILY ALLOWANCE	CRITICAL ILLNESS
PERSONAL GUARD	HEALTH ENSURE	TAX GAIN	STAR PACKAGE
HEALTH GUARD FAMILY FLOATER OPTION	TRAVEL	SANKAT MOCHAN	EXTRA CARE

Annual premium chart:

Sum Insured / Deductible	No of members	90 days - 40 yrs	41yrs - 60 yrs	61yrs Onwards
Plan A				
Rs.1000000/ Rs. 300000	1	2500	3750	5900
	2	3500	5250	8100
	3	4025	6038	9255
	4	4430	6645	10145
	5	4870	7305	11115

Sum Insured / Deductible	No of members	90 days - 40 yrs	41yrs - 60 yrs	61yrs Onwards
Plan B				
Rs.1200000/ Rs. 400000	1	4500	5500	7900
	2	5850	7150	10150
	3	6435	7865	11125
	4	7080	8655	12200
	5	7645	9345	13145

Sum Insured / Deductible	No of members	90 days - 40 yrs	41yrs - 60 yrs	61yrs Onwards
Plan C				
Rs.1500000/ Rs. 500000	1	4750	5750	8150
	2	6175	7475	10475
	3	6795	8225	11485
	4	7475	9045	12595
	5	8070	9770	13570

*All premiums are annual exclusive of Service tax



Get yourself and your family covered by Extra Care today and sleep easy.

- Cashless facility offered through network hospitals of Bajaj Allianz only.
- Cashless facility at 3300+ Network hospitals PAN India.
- Special discounts and offers through our value added providers.*

To know more visit our website, Website: www.bajajallianz.com or get in touch with Email: wellness.HAT@bajajallianz.co.in; 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Network Hospital & Value Added service Provider list is provisional & subject to change based on the review of the providers

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.

Contact Details

Bajaj Allianz General Insurance Company Limited,
C.E. Plaza, Airport Road, Yerawada, Pune - 411 006.
Tel: (020) 6602 6666. Fax: (020) 6602 6667.
www.bajajallianz.com

For any queries please contact:

BSNL/MTNL (Toll Free)	Bharati Mobile & Landline (Toll Free)	Other (Chargeble)
1800 22 5858	1800 102 5858	<Prefix City Code> 3030 5858

Email: info@bajajallianz.co.in

Extra Care/V002/w.e.f.1st October 2013
Insurance is the subject matter of the solicitation

Disclaimer – The above terms & conditions are indicative in nature, for details please get in touch with the nearest office.

BJAZ-B-0094/7-Oct-13

Bajaj Allianz
Extra Care

Extended Health Cover



Jiyo Bepikar

UIN: IRDA/NL-HLT/BAGI/P-H/V.I/111/13-14

Bajaj Allianz

Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently demerged from Bajaj Auto Limited) and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of the 110 year old Allianz SE, and in-depth market knowledge and good will of Bajaj brand in India. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

The Bajaj Allianz Advantage



HAT: In-house Claim Administration



Global expertise



Innovative packages to match individual needs



Quick disbursement of claims

How does the Extra Care Policy benefit me?

In the times of rising medical costs Bajaj Allianz's Extra Care Policy is the perfect health protection for you and your family. It takes care of the medical treatment costs incurred during hospitalization due to serious accident or illness. This policy can be taken as add on cover to your existing hospitalization – medical expenses policy. In case of higher expenses due to illness or accidents Extra care policy takes care of the additional expenses.

What are the Special Features of Extra Care policy?

- Floater Policy with the single premium for the family
- Competitive premium rates
- Waiver of medical tests up to 55 years subject to no adverse medical history.
- Continuity for waiting periods would be given on the base hospitalisation policy.
- The policy covers ambulance charges in case of emergency

subject to a maximum of Rs 3000

- Income Tax Benefit under Sec 80 D of the IT Act on the premiums paid for this policy.

What is covered under extra care policy?

- This policy covers hospitalisation expenses in excess to the specified deductible amount.
- Deductible amount is applicable as per the plan opted.

What is deductible?

- Deductible means the amount stated in the schedule which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period.
- The company's liability to make any payment for each and every claim under the policy is in excess of the deductible.

How is the deductible applied at the time of claim?

- Deductible would be applied afresh for each claim.
- Each and every hospitalization would be considered as a separate claim.
- The limit of indemnity /Sum Insured is the maximum liability above the deductible.
For example – If the Sum Insured is Rs 10 lakhs and deductible is Rs 3 lakhs, our liability for a claim of Rs 13 lakhs would be Rs 10 lakhs (which is over and above the deductible).

What are the Sum Insured options under this policy?

Sum Insured (excluding deductibles)	Deductible per hospitalization
Rs.1000000/-	Rs.300000/-
Rs.1200000/-	Rs.400000/-
Rs.1500000/-	Rs.500000/-

What is the entry age under this policy?

- Age of entry for proposer, spouse and parents is 18 yrs – 70 Years.
- Children from 3 Months - 25 years can be covered as dependents.

What will be the renewal age?

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.

What is the policy period?

- This is an annual policy

Who can be covered under this Policy?

- Self, spouse and 3 dependent children can be covered under the policy.
- Dependent parents can also be covered under this policy, a separate policy would be issued for parents.

Do I need to undergo medical check up?

- Waiver of medical tests up to 55 years subject to no adverse medical history.
- Medical tests (pre-policy check up) would be advised for members 56 years and above.
List of the medical tests to be conducted are : Full Medical report, ECG, Complete Blood Count, Fasting Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT, GGT and Urine Routine
- The pre-policy check up would be arranged at our empanelled diagnostic centers.
- The validity of the test reports would be 30 days from date of medical examination.
- 50 % cost of pre-policy check up would be refunded if the proposal is accepted & policy is issued.

When can I Increase the Sum Insured?

- Sum Insured enhancement can be done only at renewals.
- For enhancement of sum insured, fresh proposal form along with the renewal notice should be submitted.

What are the exclusions and waiting periods under the policy?

- Benefits will not be available for Any Pre-existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Extra Care policy with us.

- 4 Years exclusion for joint replacement surgery unless necessitated by accidental Bodily Injury.
- 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury
- 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 nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials
- Circumcision unless necessitated by accident or medical condition, cosmetic or aesthetic treatments, Plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury), laser treatment for correction of eye sight due to refractive error, surgery for change of life/gender.
- The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices used at home as post hospitalisation care
- Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth
- Convalescence, general debility, rest cure, congenital diseases or defects or anomalies
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol), due to use or abuse of any substance.
- Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease.
- Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy).
- Vaccination or inoculation unless forming a part of post bite treatment.
- Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- Any treatment towards infertility, sub-fertility or assisted conception procedure or sterilization procedure
- Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.
- Surgery to correct deviated septum and hypertrophied turbinates
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- Treatment for any mental illness or psychiatric illness.
- Weight management services and treatment related to weight reduction programmes including treatment of obesity.

Free Look Period

If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 15 days of receipt of the policy documents, provided there has been no claim.

Renewal & Cancellation

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.
- In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 30 days waiting period / Four year waiting periods . Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- After the completion of maximum renewal age of dependant 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. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.
- Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
- We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim .
- You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	Rate Of Premium Refunded
Upto 1 month	75.00% of annual rate
Exceeding 1 month Upto 3 months	50% of annual rate
Exceeding 3 month Upto 6 months	25% of annual rate
Exceeding 6 months	Nil