



Bajaj General

HEALTH CARE SUPREME

AN INVITATION TO GOOD HEALTH



▪ **About Bajaj General Insurance Limited**

(formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Bajaj General Insurance Limited (formerly known as Bajaj Allianz General Insurance Company Limited) is one of India’s leading, most trusted and dynamic private general insurance companies. It is a subsidiary of Bajaj Finserv Limited, India’s leading and most diversified financial services group.

Bajaj General offers a broad portfolio of innovative and customer-focused insurance solutions, spanning motor, health, and home insurance, along with specialised products such as pet insurance, wedding insurance, event protection, cyber insurance, and rural insurance. From safeguarding your health and home to protecting your travels and life’s most important moments, Bajaj General aims to be a constant partner in your journey. Bajaj General equally offers a comprehensive and a well-diversified range of products, including fire, marine, engineering, liability and surety insurance to corporates and SME’s. The company also participates in various government schemes with a focus on financial inclusion. The company is also known for its robust risk selection capabilities, digital adoption and product innovation.

Established in 2001, the company has grown its footprint to nearly 1,500 towns and cities across India, ensuring easy access and a close connection to its customers. This access is enabled through the largest distribution network, spanning across individual agents, point-of-sales personnel, banks, NBFCs, motor dealers, brokers and the company’s proprietary sales force.

It holds an [ICRA]AAA rating from ICRA Limited, reflecting the highest level of confidence in its financial strength and stability. With a strong legacy, a forward-looking mindset, and an unwavering focus on its ‘Customer-First’ philosophy, Bajaj General remains committed to protecting what matters most, empowering individuals, families, and businesses to live with confidence and peace of mind.

A Comprehensive Plan with a wide range of benefits,ensuring a cover for maximum expenses related to Illness and Accidents

▪ **What is covered under Health Care Supreme Policy?**

The policy has two sections

- Medical Expenses Section (Mandatory)
- Add On Benefits section (Optional)

Medical Expenses section covers the below listed benefits

- | | |
|-----------------------------|--|
| 1. Hospitalisation Expenses | 9. Recovery benefit |
| 2. Pre Hospitalisation | 10. Physiotherapy Expenses |
| 3. Post Hospitalisation | 11. Sum Insured Reinstatement Benefit |
| 4. Road Ambulance | 12. AYUSH treatment Hospitalisation Expenses |
| 5. Air Ambulance | 13. Maternity Expenses |
| 6. Day Care Procedures | 14. New Born Baby Cover |
| 7. Out Patient Expenses | 15. Free Annual Preventive Health Check Up |
| 8. Organ Donor Expenses | 16. Modern Treatment |

Add On Benefits section (Optional) covers below listed benefits

- Ancillary Expenses Benefit
- Personal Accident cover
- Critical Illness cover

▪ **Types of policy**

- Individual Health Care Supreme policy
- Floater Health Care Supreme policy
- Group Health Care Supreme policy

▪ **Coverage details**

The hospitalization Sum Insured under Medical Expenses Section covers the below listed expenses
The claim payout under the below headings should not exceed the Hospitalisation Sum Insured.

- | | |
|----------------------------|--|
| • Hospitalization expenses | • AYUSH treatment Hospitalisation Expenses |
| • Pre-hospitalization | • Day Care expenses |
| • Post hospitalization | • Modern Treatment |
| • Road ambulance | |

Separate Sum Insured has been Specified for the below mentioned section

- Air Ambulance
- Out Patient Expenses
- Organ Donor Expenses

- Recovery benefit
- Physiotherapy Expenses
- Sum Insured Reinstatement Benefit
- Maternity Expenses (and New Born Baby Cover)

▪ **Medical expenses section features**

1. Hospitalisation Expenses

If You are Hospitalised 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 the below listed items up to the Sum Insured as specified under the policy schedule

In-patient Treatment- Medical Expenses for

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

2. Pre-Hospitalisation

The Medical Expenses incurred during the 60 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 Benefit Hospitalisation expenses.

3 Post-Hospitalisation

The Medical Expenses incurred during the 90 days immediately after Youwere 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 Benefit Hospitalisation expenses.

4. Road Ambulance

We will reimburse the expenses 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, provided that: We have accepted an inpatient Hospitalisation claim under Benefit Hospitalisation expenses.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 provided that: We have accepted an inpatient Hospitalisation claim under Benefit Hospitalisation expenses

5. Air Ambulance

We will pay for ambulance transportation in an airplane or helicopter for emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the illness /accident to the nearest hospital. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance section in the policy schedule. Return transportation to the client's home by air ambulance is excluded

6. Day Care Procedures

We will pay you the medical expenses as listed above under Hospitalisation Section 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 Procedures is given in the annexure 1 of Policy wordings

7. Out Patient Expenses

If you consult a specialist consultant / specialist medical Practitioner on Out patient basis for the illness / injury contracted during the policy period, we will pay you Out Patient expenses for,

- Specialist Consultations
- Investigations related to the illness / injury as prescribed by the specialist
- Medicines related to the illness / injury as prescribed by the specialist
- Dental Procedures – Root Canal Treatment, Extractions
- Consultations for Psychiatric disorders

Our maximum liability for the above expenses shall be limited to the amount specified under out Patient Expenses in the policy schedule

8. Organ Donor Expenses

We will pay the lump sum amount as specified under the policy schedule 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 HUMANORGANS (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 Hospitalisation expenses section We will pay one time lump sum benefit amount as specified in the policy schedule

9. Recovery benefit

In the event of insured member hospitalised for a disease/illness/injury for a continuous period exceeding 7 days, We will pay a one time lump sum amount per policy period, as specified under the Recovery benefit in the policy schedule. This benefit will be triggered provided that the hospitalization claim is accepted under Section Hospitalisation expenses.

10. Physiotherapy Expenses

We will pay the expenses incurred towards Physiotherapy treatment taken on Out patient Basis for illness/Injury contracted during the policy period, maximum up to the amount specified under the Physiotherapy Expenses in the policy schedule, provided that,

- i. The treatment is prescribed by a Specialist consultant for Muskulo-skeletal /Neurological diseases / Injuries or other Systemic diseases
- ii. The treatment should be carried out in a hospital as defined under the policy
- iii. Total 10 sittings of Physiotherapy sessions would be considered per illness/injury per policy period, maximum up to the specified limit as per the plan opted
- iv. During the first year of Health Care Supreme policy with us, 90 days waiting period would be applicable for all the claims, however the waiting period would not be applied during subsequent renewals

11. Sum Insured Reinstatement Benefit

If the Hospitalisation Sum Insured and cumulative benefit (if any) is exhausted due to claims lodged during the Policy period, then it is agreed that 100% of the hospitalization Sum Insured specified under Hospitalisation expenses section will be reinstated for the particular Policy period provided that:

- i. The reinstated Sum Insured will be triggered only after the Hospitalisation Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the policy period
- ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Hospitalisation Expenses
- iii. 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 such claims
- iv. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any illness/disease (including its complications) for which a claim has been lodged in the current policy year under Hospitalisation Expenses Section This benefit is applicable only once during each policy period & will not be carried forward to the subsequent renewals if the benefit is not utilised
- v. Additional premium would not be charged for reinstatement of the Sum Insured

12. AYUSH Hospitalisation Expenses

If You are Hospitalised for not less than 24 hrs, in an AYUSH Hospital 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:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and consumables
- AYUSH treatment procedures

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission & the procedure performed on the insured cannot be carried out on Out patient basis
- ii. The treatment has been undergone in a government hospital for Hospital for AYUSH Treatment

13. Maternity Expenses

We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person, provided that,

- I. Our maximum liability per delivery or termination shall be limited to the amount specified in the policy Schedule as per the plan opted
- ii. We will pay the Medical Expenses of pre-natal and post-natal hospitalization per delivery or termination upto the amount stated in the policy Schedule
- iii. We will cover the Medical Expenses incurred for the medically necessary treatment of the new born baby upto the amount stated in the Schedule of Benefits
- iv. This coverage is limited to Self & a lawfully wedded spouse when both are covered under a single policy for 24 months, either as a family floater or individual Sum Insured policy
- v. Waiting period of 24 months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously renewed with us without break for you & your spouse

14. New Born Baby Cover

Coverage for new born baby will be considered subject to a valid claim being accepted under maternity expenses section. We will pay the following expenses within the limit of the Sum Insured available under the maternity cover
We will pay for,

- i. Medical Expenses towards treatment of your new born baby while you are hospitalised as an inpatient for delivery for the hospitalization
- ii. Hospitalisation charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Cover without payment of any additional premium
- iii. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Sum Insured

15. Free Annual Preventive Health Check Up

After each renewal of Health Care Supreme policy with us you will be entitled for a Preventive Health Check up at Our empanelled Diagnostic centers Or empanelled Hospitals, list of tests as specified below. You would have to approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). This benefit can be availed by all members covered under Individual Sum Insured Policies. This benefit can be availed by proposer & spouse only, under Floater Sum Insured Policies.

Eligible List of tests for Males above 25 years	Eligible List of tests for Females above 25 years	Eligible List of tests for age 5 years – 25 years
Full Medical Report	Full Medical Report	Full Medical Report
CBC	CBC	CBC
FBS	FBS	Chest X ray
Serum Creatinine	Serum Creatinine	Blood Group
ECG	ECG	Urine Routine
Serum Cholesterol	Serum Cholesterol	
Ultra Sonography Abdomen & Pelvis	Ultra Sonography Abdomen & Pelvis	

Note:
Our maximum liability collectively for Hospitalization expenses, Pre-hospitalization, Post hospitalization, Road ambulance , Day Care expenses, AYUSH Treatment hospitalisation section would not exceed the hospitalization Sum Insured as specified in the policy schedule. The Sum Insured for other sections is as specified under the respective cover in the policy schedule.

16. Modern Treatment:

Modern Treatment Methods and Advancement in Technologies (as per below list) shall be covered up to Base Sum Insured.

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)

- K. IONM –(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

▪ **Add on benefits**

These benefits are optional and applicable only if opted for and issued accordingly in the Schedule of Benefits. Insured has the option of selecting any 1 /2 /3 add on benefits

1. Ancillary Expenses Benefit

If You are Hospitalised 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:

- i) The Daily Allowance as specified under the policy, for each continuous and completed period of 24 hours of Hospitalization, in Non ICU section ,necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period for Individual SI policy & 60 days during the Policy Period for Floater SI policy
- ii) Two times the Daily Allowance for each continuous and completed period of 24 hours hospitalisation in the Intensive Care Unit during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 15 days during the Policy Period for Individual SI policy & 30 days during the Policy Period for Floater SI policy.

Note:

- The claim under i & ii would be admissible provided that we have accepted the claim under Hospitalisation cover under policy section Hospitalisation expenses
- Our maximum liability collectively for Hospitalization & ICU hospitalization for Individual & Floater policies would not exceed the Total Sum Insured as specified in the policy schedule

Health Care Supreme – Vital Plan

- SI ₹1000/- per day for 30 days under Individual SI Option & 60 days under floater SI option for Hospitalisation in non ICU section
- SI ₹2000/- per day for 15 days under Individual SI Option & 30 days under floater SI option In case of admission in the ICU
- Total Sum Insured of ₹30000/- for Individual SI option & ₹60000/-for Floater SI option

Health Care Supreme – Smart Plan

- SI ₹2000/- per day for 30 days under Individual SI Option & 60 days under floater SI option for Hospitalisation in non ICU Health Care Supreme section

- SI ₹4000/- per day for 15 days under Individual SI Option & 30 days under floater SI option In case of admission in the ICU
- Total Sum Insured of ₹60000/- for Individual SI option & ₹120000/-for Floater SI option Health Care Supreme – Ultimo Plan
- SI ₹2500/- per day for 30 days under Individual SI Option & 60 days under floater SI option for Hospitalisation in non ICU section
- SI ₹5000/- per day for 15 days under Individual SI Option & 30 days under floater SI option In case of admission in the ICU
- Total Sum Insured of ₹75000/- for Individual SI option & ₹150000/-for Floater SI option

2. Personal Accident Cover

If you or your family member meets with any accidental bodily injury we shall make a payment to you for one or more of the events as below:

- Death due to accident – 100% of Sum Insured
- Permanent Total Disability due to accident – Highest compensation upto 200% of Sum Insured
- Permanent Partial Disability due to accident- As per the disability table provided in policy document
- Temporary total disability due to accident- Benefit Ranging from ₹2000 to ₹15000 per week, for max 100 weeks
- Transportation of mortal remains up to ₹5000
- Children Education benefit up to ₹5000 each for 2 children
- Dependant Spouse, Dependent children, dependent parents can be covered up to 5 lacs Sum Insured
- Temporary Total Disability benefit is not available for children
- Personal Accident Sum Insured can be opted up to maximum 60 times the average monthly income

3. Critical illness Cover

If insured member is diagnosed as suffering from a Critical Illness as listed below, which first occurs or manifests itself during the Policy Period, and fulfills the criteria as defined under the policy, we will pay the lump sum amount as specified in the policy.

List of Critical Illness covered under the policy

1. Cancer of specified severity
2. First heart attack – of specified severity
3. Coma of specified severity
4. Kidney failure requiring regular dialysis
5. Stroke resulting in permanent neurological sequelae
6. Major organ /bone marrow transplant
7. Multiple sclerosis with persisting symptoms
8. Aplastic anemia
9. End stage lung disease
10. End stage liver failure
11. Parkinson's disease
12. Surgery to aorta
13. Alzheimer's disease
14. Primary pulmonary hypertension
15. Major burns

▪ What is the entry age?

- Entry age for Medical Expenses Section:
Proposer, Spouse ,Dependent children, parents, Sister, Brother, In laws, Aunt, Uncle: 18 yrs to lifetime
Dependent children and Grandchildren: 3 months – 25 yrs
- Entry age for Add- on Covers:
Proposer, Spouse ,Dependent children, parents, Sister, Brother, In laws, Aunt, Uncle: 18 yrs – 65 yrs
Dependent children and Grandchildren.: 3 months – 25 yrs

▪ What is the renewal age?

- Under normal circumstances, renewal will not be refused 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 upto 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy

▪ Is this a individual policy / floater policy ?

- The policy has both the options of Individual & floater Sum Insured for medical expenses section and ancillary expenses section
- Personal accident and critical illness covers are on individual sum insured basis
- The policy can also be given for Groups

▪ Who Can Be Covered As Dependants Under The Policy?

- For the purpose of Individual Sum Insured Policy- includes the Insured; his/her lawfully wedded spouse and dependent children, parents, Sister, Brother, In laws, Aunt, Uncle, Grandchildren
- For the purpose of Family Floater- includes the Insured; his/her lawfully wedded spouse and dependent children. For Parents separate floater Policy can be taken

* Dependent children: 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 proposer.

▪ What is the policy period?

- 1 year, 2 years or 3 years

▪ What is the premium paying term?

Policy can be paid on installment basis-Annual, Half Yearly, Quarterly or Monthly
What are the sum insured options available under the policy?

Table of Benefits

Medical Expenses Section - Sum Insured in INR									
Plans		Hospitalisation SI (Hospitalisation Expenses + Pre Hospitalisation + Post Hospitalisation + Day care Procedures + AYUSH Treatment Hospitalisa- tion)	OPD SI in ₹	Physio-thera- py on OPD basis in ₹	Maternity SI (Including New Born baby cover) in ₹	Donor Expenses in ₹	Air Ambulance Reimbursement Expenses in ₹	Recovery benefit in ₹	Total Sum Insured in ₹
Plans Health Care Supreme - Vital	Plan A	500000	2500	5000	25000	50000	50000	10000	642500
	Plan B	800000	4000	8000	30000	80000	80000	10000	1012000
	Plan C	1000000	5000	10000	35000	100000	100000	10000	1260000
Health Care Supreme - Smart	Plan D	1500000	10000	15000	40000	150000	150000	25000	1890000
	Plan E	2000000	15000	20000	40000	200000	200000	25000	2500000
	Plan F	2500000	15000	25000	40000	250000	250000	25000	3105000
	Plan G	3000000	15000	30000	50000	300000	300000	25000	3720000
Health Care Supreme - Ultimo	Plan H	3500000	17500	35000	75000	350000	350000	50000	4377500
	Plan I	4000000	20000	40000	75000	400000	400000	50000	4985000
	Plan J	4500000	25000	45000	75000	450000	450000	50000	5595000
	Plan K	5000000	25000	50000	100000	500000	500000	50000	6225000

Add on covers for individual & floater sum insured options

Medical Expenses Section - Sum Insured in INR					
Plans		Per Day Hospitalisation Benefit amount	ICU Hospitalisation benefit amount	Total Sum Insured per policy period For Individual SI Option	Total Sum Insured per policy period For Floater SI Option
Plans Health Care Supreme - Vital	Plan A	₹1000/per day, for 30 days for individual policy and 60 days for Floater policy, per policy period	₹2000/ day, for 15 days for individual policy and 30 days for Floater policy, per policy period	₹30000/-	₹60000/-
	Plan B				
	Plan C				
Health Care Supreme - Smart	Plan D	₹2000/per day, for 30 days for individual policy and 60 days for Floater policy, per policy period	₹4000/ day, for 15 days for individual policy and 30 days for Floater policy, per policy period	₹60000/-	₹120000/-
	Plan E				
	Plan F				
	Plan G				
Health Care Supreme - Ultimo	Plan H	₹2500/per day, for 30 days for individual policy and 60 days for Floater policy, per policy period	₹5000/ day, for 15 days for individual policy and 30 days for Floater policy, per policy period	₹75000/-	₹150000/-
	Plan I				
	Plan J				
	Plan K				

Critical illness benefit

- Individual Sum Insured Options ₹5 lacs & ₹10 lacs on individual sum insured basis

Personal accident sum insured and benefit chart

Sum Insured options in ₹	Death Benefit in ₹	PTD benefit in ₹	PPD benefit in ₹	TTD benefit per week up to 100 weeks*
5 lacs	5 lacs	10 Lacs	% of benefits, as per the PPD table given in the policy wordings	₹2000/- per week
10 lacs	10 lacs	20 Lacs		₹4000/- per week
15 lacs	15 lacs	30 Lacs		₹5000/- per week
20 lacs	20 lacs	40 Lacs		₹7000/- per week
25 lacs	25 lacs	50 Lacs		₹7500/- per week
30 lacs	30 lacs	60 Lacs		₹7500/- per week
35 lacs	35 lacs	70 Lacs		₹10000/- per week
40 lacs	40 lacs	80 Lacs		₹10000/- per week
45 lacs	45 lacs	90 Lacs		₹15000/- per week
50 lacs	50 lacs	100 Lacs		₹15000/- per week

* TTD benefit not applicable for children

What are the waiting periods under the policy?

Waiting periods	30 days	90 days	1 year	2 years
Hospitalisation Section	Applicable	Not Applicable	Applicable for listed diseases like hysterectomy, cataract etc	Applicable for pre-existing diseases joint replacement surgeries, internal congenital diseases etc
Pre/Post Hospitalisation				
Road Ambulance Expenses				
Road Ambulance				
Air Ambulance				
Day Care Expenses				
Recovery Benefits				
Sum Insured Reinstatement				
AYUSH treatment hospitalisation expenses				
Physiotherapy Expenses				
Outpatient expenses	Applicable	Not Applicable	Not Applicable	
Maternity Benefit/ New Born Baby cover	Applicable			
Ancillary Expenses Benefit Section	Applicable	Not Applicable	Applicable for listed diseases like hysterectomy, cataract etc	Applicable for pre-existing diseases joint replacement surgeries, internal congenital diseases etc
Critical Illness Benefit Section	Applicable		Not Applicable	
Personal Accident Section		Not Applicable		

What is the pre-policy medical examination criteria?

- Pre-policy Medical Examination criteria for new Proposals & Portability proposals
- No Medical tests up to 45 years, subject to no adverse health conditions
 - Medical tests would be advised for the below adverse health conditions:
 - Diabetes
 - Hypertension
 - Lipid Disorders
 - Combination of any of the above
 - Obesity
 - Joint Disorders

- Tests may be advised for other health conditions, based on the severity of disease, clinical condition of the member, treatment taken and investigation reports for the condition
- Medical tests are mandatory for members 46 years and above
- 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
- If pre-policy check up would be conducted in our paneled diagnostic centre, 100% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issued

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*Subject to no adverse health conditions
46 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

What would be the loading due to adverse health conditions?

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

Condition	Loading on premium
Diabetes	10%
Hypertension	10%
Cholesterol Disorder	10%
Obesity	10%
Cardiovascular diseases	10%

- For Multiple conditions cumulative loading would be applied on the published premium
- The maximum risk loading applicable for an individual shall not exceed 50% 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

▪ **What additional benefits do I get?**

i) **Cumulative Bonus**

Cumulative Bonus is applicable only for Hospitalisation Section
 If You renew Your Health Care Supreme Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but:

- The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and/ or 50% of Sum Insured
 - If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity shall be reduced by 10%, save that the Limit of Indemnity applicable to Your first Health Care Supreme Policy with Us shall be preserved
 - This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy, under the circumstances described in cancellation clause stated under the policy
 - There is no transfer of Cumulative Bonus from other Company renewals
- ii) The maximum cumulative bonus would be upto 50% of sum insured upto 5 claim free years.
- iii) Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.
- iv) Free health check up at our diagnostic centers after every renewal. This benefit of free health check up can be availed by all the insured members under individual Sum Insured Policies
- v) The benefit of free health check up can be availed by proposer & spouse only under Floater Sum Insured Policies
- vi) 30 days free look in period from the date of policy receipt

▪ **Discounts**

Discounts	Individual Healthcare Supreme policies		Family Floater Healthcare Supreme policies		Group Healthcare Supreme policies	
	New Policy	Renewal	New Policy	Renewal	New Policy	Renewal
Add On cover Discount	5%	5%	5%	5%	5%	5%
Family Discount	5%	5%	NA	NA	NA	NA
Claim Free Renewal Discount	NA	5%	NA	5%	NA	NA
Group Discount	NA	NA	NA	NA	5% to 30%*	5% to 30%*
Long Term Policy Discount	4% discount on premium for 2 years policy term and 8% discount on premium for 3 years policy term				NA	
Total Maximum Discount	10%	15%	5%	10%	35%	35%

1. Add on Cover Discount : 5% discount applicable, if all add on covers are opted along with the basic cover
2. Family Discount: 5% family discount applicable, If 2 or more family members are covered under a single policy
3. Claim Free Renewal Discount : 5% discount applicable, if the policy is claim free at the time of renewal
4. Group Discount: Discount of 5% to 30% will be applicable for Group policies based on the Size of the Group
5. Long term Policy Discount: 4% discount on premium for 2 years policy term and 8% discount on premium for 3 years policy term. (Note: This is not applicable on instalment premium option)

▪ **Conditions for renewal of the contract**

- i. Under normal circumstances, renewal will not be refused 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)
- ii. 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 all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. 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.

- iv. 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, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. 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
- v. Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI

▪ **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.

▪ **Conditions for sum insured enhancement**

- Sum Insured enhancement will be allowed only at the time of renewals.
- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form and previous claims experience

▪ **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

- a. 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
- b. 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
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

▪ **Portability conditions**

The insured person 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 30 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 person 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 of policy**

The insured person 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 person 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.

▪ **What are the exclusions under the policy?**

- A) Detail list of Exclusions for Medical Expenses Section
We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:
- I. 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 Care Supreme 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 months of continuous coverage after the date of inception of the first Health Care Supreme 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:

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

3. A waiting period of 24 months from the first Health Care Supreme Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below.
 - Joint replacement surgery,
 - Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - Surgery to correct Deviated Nasal Septum and Hypertrophied Turbinates
 - Congenital internal diseases or anomalies
 - Laser treatment for correction of eye sight due to refractive error.
 - Parkinson's Disease
 - Genetic disorders
 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. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
 5. Any treatment arising from or traceable to pregnancy, child birth including cesarean section until 24 months continuous period has elapsed since the inception of the first Health Care Supreme Policy with US. However this exclusion will not apply to Ectopic pregnancy proved by diagnostic means
- II. 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 Accidental Bodily Injury to natural teeth and also requiring hospitalization..
 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. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
- B. Exclusions applicable for Out Patient Expenses
- We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

- I. Waiting Period

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. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
- II. Specific exclusions
 1. Any expenses for investigations/ treatment taken without existence of any disease/ illness, signs /symptoms
 2. Any expenses for diagnostic tests, investigations / treatment taken without the Specialist Consultant advising the same and which is not duly supported by his prescriptions
 3. Cost of Annual Health Check up
 4. Any expenses in excess of the maximum payable amount under the Outpatient medical expenses limit.
 5. Any expense for Treatments which is not specified under out patient expenses
- C. Specific Exclusions applicable for AYUSH Treatment Cover Section

The below exclusions would be in addition to the exclusions stated under section 3, part A, We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

 1. Treatment taken at a hospital which does not fulfill the criteria as per the policy definition
 2. Treatment exceeding the limit as specified under the Plan opted
 3. Any expenses incurred for treatment taken for other AYUSH therapy which is not defined & covered under the policy
 4. Treatment taken for Unani, naturopathy or any other stream of Medicine except as specified under the policy
 5. Treatment taken in Wellness Centre/Spa/Naturopathy centers/Panchakarma centers or any other treatment centres which do not qualify as per the policy definition of AYUSH Hospital.

D. Common Exclusions applicable to all the covers under Medical expenses section:
Hospitalisation expenses, Pre- Hospitalisation, Post-Hospitalisation Expenses ,Road Ambulance, Air Ambulance, Day Care Procedures, Out Patient Expense, Organ Donor Expenses, Recovery benefit, Physiotherapy Expenses, Sum Insured Reinstatement Benefit, AYUSH treatment Hospitalisation Expenses, Maternity Expenses, New Born Baby Cover We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. General exclusions

1. 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.
2. 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.
Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
3. 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.
4. 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 Medical Practitioner/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
5. 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.
6. 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.
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 policy holders 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. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery. This exclusion is not applicable for Donor Expenses under Part I Section A8 (Organ Donor Expenses)
13. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
14. 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.
15. 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
16. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
17. 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.
18. 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

19. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
20. 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/doctor. This exclusion is not applicable for Part I section A14 (New Born Baby Cover).
21. Treatment for any other system other than modern medicine (also known as Allopathy). This exclusion is not applicable for AYUSH Medicine Expenses under Part I section A12 (AYUSH treatment Hospitalisation Expenses).
22. All non-medical Items as per Annexure II provided in Policy Wordings
23. Any treatment received outside India is not covered under this policy.
Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials

▪ **Exclusion under add on benefits cover**

- A. Ancillary expenses cover exclusions
All Exclusions of Hospitalisation Section would be applicable to Ancillary Expenses Benefit
- B. Exclusions applicable for Critical Illness Cover
We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following
 - I. Waiting Period
 1. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.
 - II. General exclusions
 1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
 2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies
4. Occupational diseases.
5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
6. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
8. Radioactive contamination
9. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

C. Exclusions applicable for Personal Accident Cover

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

I. General exclusions

1. Accidental Bodily Injury that you/your family member named in the schedule meets with:
 - a. through suicide, attempted suicide or self inflicted injury or illness.
 - b. While under the influence of liquor or drugs.
 - c. Arising or resulting from the insured person committing any breach of law with criminal intent.
 - d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.

- e. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
- f. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
- g. Whilst engaging in aviation or ballooning. Whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or other wise) in any duly licensed standard type of aircraft anywhere in the world.
2. Consequential losses of any kind or insured person's actual or alleged legal liability.
3. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition.
4. Venereal or Sexually transmitted diseases
5. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.
6. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
7. Nuclear energy, radiation.
8. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of these.

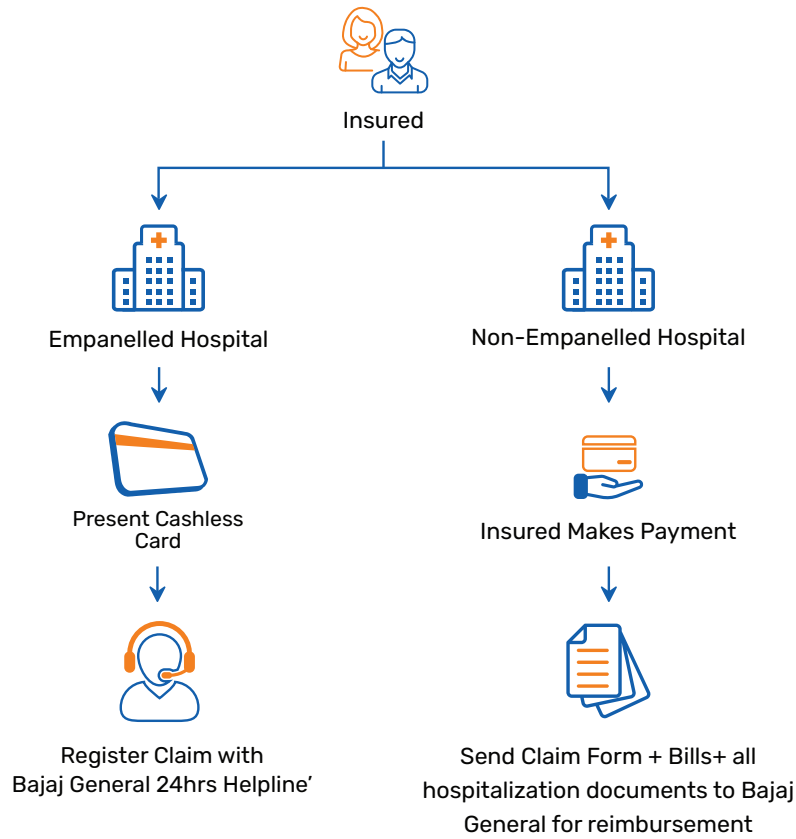
Disclaimer: The above information is indicative in nature, please refer the policy wordings or visit our website / our nearest office for further details

▪ How do i buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajgeneralinsurance.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. In case of the portability, please contact us, 30 days prior to the risk expiry date of the previous health insurance policy.

- 6. Based on the information provided and the underwriting guidelines of the policy you may be required to undergo pre-policy medical examination at our network diagnostic centres.
- 7. We will evaluate the reports of your medical test. Depending on our evaluation if your proposal is accepted, then we will issue the policy subject to receipt of necessary premium
- 8. The Policy Schedule, Policy Wordings, and Health Cards will be sent to your mailing address mentioned on the proposal form Hospitalisation expenses, Pre-Hospitalisation, Post Hospitalisation Expenses ,Road Ambulance, Air Ambulance, Day Care Procedures, Out Patient Expense, Organ Donor Expenses, Recovery benefit, Physiotherapy Expenses, Sum Insured Reinstatement Benefit, AYUSH treatment Hospitalisation Expenses, Maternity Expenses, New Born Baby Cover We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

How do I make a Claim?



HEALTH CARE SUPREME RATE CHART

Note: The premiums are in INR

Premiums for Individual Sum Insured Policies

Medical Expenses Section

Premium rates for Males											
Age	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
	5,00,000	8,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000
upto 10 Yrs	6,665	8,205	9,130	12,555	14,120	14,795	15,400	16,205	16,685	17,130	17,555
11-17 Yrs	7,160	8,800	9,825	13,345	14,910	15,785	16,390	17,690	18,165	18,615	19,535
18-25 Yrs	9,495	11,385	12,715	15,800	17,825	19,670	20,325	23,885	24,400	24,885	28,140
26-30 Yrs	10,915	13,045	14,555	17,910	20,060	22,220	22,970	27,135	27,735	28,290	32,115
31-35 Yrs	11,590	13,810	15,315	18,800	21,120	23,215	24,090	27,915	28,620	29,275	32,695
36-40 Yrs	12,090	14,535	16,050	20,520	24,250	25,890	26,935	29,935	30,785	31,575	33,475
41-43 Yrs	13,060	15,670	17,200	22,070	26,285	27,760	28,995	31,560	32,560	33,495	34,610
44-46 Yrs	14,880	17,715	19,345	24,555	29,050	30,620	32,020	34,820	36,490	37,550	38,550
47-49 Yrs	17,185	20,300	22,080	27,655	32,405	34,180	35,755	39,050	41,580	42,845	43,975
50-52 Yrs	19,600	23,115	25,110	31,295	36,500	38,535	40,340	44,075	46,970	49,035	50,325
53-55 Yrs	22,410	26,385	28,630	35,490	41,185	43,525	45,605	49,795	52,975	56,100	57,585
56-58 Yrs	25,770	30,265	32,790	40,305	46,450	49,165	51,580	56,240	59,695	64,100	65,820
59-61 Yrs	29,825	34,965	37,835	46,240	53,010	56,175	58,975	64,250	68,075	73,275	75,270
62-64 Yrs	34,080	39,895	43,125	52,490	59,950	63,565	66,760	72,685	76,910	82,560	84,830
65-67 Yrs	42,690	49,570	53,370	64,115	72,500	76,865	80,715	87,620	92,400	98,575	1,01,305
68-70 Yrs	50,420	58,305	62,645	74,740	84,050	89,110	93,570	1,01,415	1,06,735	1,13,465	1,16,615
71-73 Yrs	58,995	68,260	73,340	87,400	98,125	1,04,080	1,09,320	1,18,480	1,24,610	1,32,270	1,35,960
74-76 Yrs	71,605	82,800	88,900	1,05,490	1,17,940	1,25,220	1,31,610	1,42,525	1,49,655	1,58,320	1,62,805
77-79 Yrs	81,670	94,410	1,01,330	1,19,940	1,33,775	1,42,110	1,49,420	1,61,710	1,69,650	1,79,130	1,84,245
80-82 Yrs	97,110	1,12,390	1,20,700	1,42,990	1,59,645	1,69,585	1,78,295	1,92,890	2,02,425	2,13,865	2,19,950
83 and above	1,14,275	1,32,425	1,42,295	1,68,815	1,88,765	2,00,485	2,10,745	2,27,945	2,39,330	2,53,105	2,60,265

Premium rates for Females											
Age	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
	5,00,000	8,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000
upto 10 Yrs	6,665	8,205	9,130	12,555	14,120	14,795	15,400	16,205	16,685	17,130	17,555
11-17 Yrs	7,160	8,800	9,825	13,345	14,910	15,785	16,390	17,690	18,165	18,615	19,535
18-25 Yrs	9,495	11,385	12,715	15,800	17,825	19,670	20,325	23,885	24,400	24,885	28,140
26-30 Yrs	10,915	13,045	14,555	17,910	20,060	22,220	22,970	27,135	27,735	28,290	32,115
31-35 Yrs	11,590	13,810	15,315	18,800	21,120	23,215	24,090	27,915	28,620	29,275	32,695
36-40 Yrs	12,090	14,535	16,050	20,520	24,250	25,890	26,935	29,935	30,785	31,575	33,475
41-43 Yrs	13,055	15,670	17,195	22,070	26,285	27,760	28,995	31,560	32,560	33,495	34,610
44-46 Yrs	14,850	17,680	19,310	24,515	29,005	30,570	31,970	34,760	36,420	37,480	38,480
47-49 Yrs	17,185	20,300	22,075	27,655	32,400	34,175	35,755	39,045	41,575	42,840	43,970
50-52 Yrs	19,620	23,135	25,135	31,325	36,535	38,570	40,375	44,115	47,010	49,085	50,375
53-55 Yrs	22,095	26,020	28,235	35,035	40,685	42,990	45,035	49,190	52,345	55,435	56,895
56-58 Yrs	24,550	28,840	31,260	38,555	44,520	47,095	49,370	53,910	57,255	61,540	63,165
59-61 Yrs	27,595	32,370	35,045	43,055	49,505	52,400	54,960	60,015	63,645	68,660	70,480
62-64 Yrs	31,045	36,360	39,325	48,160	55,190	58,435	61,300	66,945	70,905	76,305	78,345
65-67 Yrs	36,915	42,895	46,210	55,970	63,580	67,280	70,550	76,905	81,200	86,940	89,255
68-70 Yrs	43,410	50,175	53,915	64,820	73,170	77,405	81,135	88,350	93,080	99,270	1,01,900
71-73 Yrs	49,115	56,800	61,045	73,425	82,805	87,610	91,835	1,00,110	1,05,415	1,12,320	1,15,295
74-76 Yrs	57,140	66,035	70,920	85,055	95,540	1,01,155	1,06,090	1,15,705	1,21,640	1,29,200	1,32,655
77-79 Yrs	63,530	73,400	78,800	94,355	1,05,740	1,12,005	1,17,500	1,28,185	1,34,640	1,42,755	1,46,590
80-82 Yrs	72,780	84,230	90,505	1,08,725	1,22,140	1,29,315	1,35,605	1,48,055	1,55,625	1,65,265	1,69,650
83 and above	82,905	96,120	1,03,370	1,24,610	1,40,365	1,48,540	1,55,695	1,70,110	1,78,960	1,90,400	1,95,385

▪ Health Care Supreme Premium Rates for – Add On Covers

Ancillary Expenses Benefit Premium for Males & Females			
Age	Vital	Smart	Ultimo
	SI Rs 1000/- per day	SI Rs 2000/- per day	SI Rs 2500/- per day
03 months- 35 yrs	370	735	920
36 – 40 yrs	420	840	1,050
41 – 45 yrs	475	945	1,180
46 – 50 yrs	630	1,260	1,575
51 – 55 yrs	945	1,890	2,365
56 – 60 yrs	1,365	2,730	3,415
61 – 65 yrs	2,050	4,095	5,120
66 – 70 yrs	3,045	6,090	7,615
71 – 75 yrs	4,570	9,135	11,420
76 – 80 yrs	6,775	13,545	16,930
81 yrs & Above	8,980	17,955	22,445

Critical Illness Premium for Males & Females		
Age Band	5,00,000	10,00,000
03 months- 35 yrs	1,050	2,100
26 – 35 yrs	1,575	3,150
36 – 40 yrs	2,890	5,775
41 – 45 yrs	4,200	8,400
46 – 50 yrs	6,300	12,600
51 – 55 yrs	9,190	18,375
56 – 60 yrs	15,750	31,500
61 – 65 yrs	22,315	44,625
66 – 70 yrs	31,500	63,000
71 – 75 yrs	43,315	86,625
76 – 80 yrs	60,375	1,20,750
81 yrs & Above	77,440	1,54,875

Personal Accident Premium for Males & Females	
Sum Insured	Premium
5,00,000	825
10,00,000	1,655
15,00,000	2,480
20,00,000	3,310
25,00,000	4,135
30,00,000	4,960
35,00,000	5,790
40,00,000	6,615
45,00,000	7,440
50,00,000	8,270

- Premiums for Floater Sum Insured Policies
- Medical Expenses Section

Premium rates for Two Adults											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age/Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	15,740	19,020	21,415	26,970	30,960	34,265	35,215	43,315	45,455	48,930	55,195
26-30 Yrs	18,040	21,725	24,430	30,425	34,600	38,455	39,545	48,790	51,045	54,625	61,985
31-35 Yrs	18,705	22,455	25,105	31,230	35,635	39,290	40,560	49,040	51,440	55,165	61,660
36-40 Yrs	18,725	22,780	25,360	33,260	39,970	42,590	44,105	50,600	54,200	56,925	60,310
41-43 Yrs	19,600	23,820	26,335	34,840	42,360	44,540	46,315	51,570	55,615	59,175	60,915
44-46 Yrs	23,050	27,560	30,195	39,180	47,130	49,380	51,385	56,555	60,860	65,925	67,360
47-49 Yrs	27,695	32,595	35,440	44,955	53,270	55,805	58,065	63,610	68,135	75,000	76,615
50-52 Yrs	31,295	36,775	39,940	50,405	59,455	62,345	64,920	71,090	76,035	83,680	85,525
53-55 Yrs	34,965	41,065	44,570	55,995	65,760	69,055	71,980	78,805	84,165	92,325	94,420
56-58 Yrs	38,935	45,645	49,475	61,705	71,990	75,725	79,040	86,470	92,145	1,00,600	1,02,970
59-61 Yrs	43,790	51,285	55,540	68,940	80,055	84,310	88,080	96,335	1,02,495	1,11,505	1,14,195
62-64 Yrs	49,225	57,565	62,280	76,995	89,055	93,855	98,100	1,07,270	1,13,965	1,23,640	1,26,665
65-67 Yrs	63,260	72,770	78,105	94,425	1,07,530	1,13,140	1,18,100	1,28,465	1,35,780	1,46,060	1,49,580
68-70 Yrs	76,085	86,815	92,805	1,10,880	1,25,160	1,31,590	1,37,260	1,48,905	1,56,900	1,67,920	1,71,930
71-73 Yrs	85,710	98,035	1,04,895	1,25,535	1,41,675	1,49,080	1,55,600	1,69,005	1,78,040	1,90,395	1,94,990
74-76 Yrs	99,385	1,13,805	1,21,785	1,45,400	1,63,500	1,72,310	1,80,055	1,95,655	2,05,815	2,19,355	2,24,795
77-79 Yrs	1,10,090	1,26,105	1,34,925	1,60,675	1,80,110	1,90,035	1,98,750	2,15,945	2,26,895	2,41,165	2,47,270
80-82 Yrs	1,25,545	1,43,900	1,53,960	1,82,775	2,04,250	2,15,810	2,25,945	2,45,325	2,57,480	2,72,910	2,80,000
83 and above	1,42,575	1,63,520	1,74,950	2,07,150	2,30,890	2,44,250	2,55,960	2,77,725	2,91,220	3,07,950	3,16,130

Premium rates for Two Adults and One Child											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age / Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	17,990	22,175	24,965	33,650	41,035	43,815	45,110	52,885	56,775	61,290	65,555
26-30 Yrs	19,805	24,300	27,315	36,345	43,905	47,065	48,490	57,005	61,005	65,620	70,575
31-35 Yrs	20,910	25,555	28,590	37,820	44,625	47,755	49,355	56,005	58,665	62,630	67,120
36-40 Yrs	22,090	27,275	30,500	41,740	50,825	53,425	55,255	61,220	65,065	68,020	70,700
41-43 Yrs	23,380	28,755	31,985	43,630	53,975	56,405	58,480	64,070	68,350	72,125	73,880
44-46 Yrs	26,830	32,490	35,845	47,895	58,770	61,330	63,620	69,335	73,855	79,125	80,760
47-49 Yrs	31,285	37,290	40,825	53,305	64,460	67,290	69,815	75,905	80,675	87,810	89,610
50-52 Yrs	34,395	40,765	44,480	57,235	68,465	71,630	74,450	81,390	86,930	95,570	97,580
53-55 Yrs	37,610	44,420	48,360	61,535	72,965	76,505	79,655	87,415	93,635	1,03,340	1,05,585
56-58 Yrs	41,320	48,695	52,940	66,865	78,785	82,735	86,245	94,565	1,01,085	1,11,065	1,13,570
59-61 Yrs	46,175	54,335	59,005	74,100	86,845	91,320	95,290	1,04,425	1,11,425	1,21,965	1,24,790
62-64 Yrs	51,740	60,770	65,915	82,335	96,050	1,01,085	1,05,545	1,15,595	1,23,150	1,34,365	1,37,535
65-67 Yrs	65,385	75,525	81,260	99,205	1,13,910	1,19,720	1,24,855	1,36,040	1,44,180	1,55,980	1,59,620
68-70 Yrs	77,600	88,820	95,125	1,14,520	1,30,140	1,36,710	1,42,515	1,54,795	1,63,480	1,75,775	1,79,880
71-73 Yrs	86,255	98,770	1,05,755	1,26,885	1,43,585	1,51,065	1,57,660	1,71,260	1,80,580	1,93,465	1,98,120
74-76 Yrs	99,260	1,13,715	1,21,725	1,45,445	1,63,760	1,72,600	1,80,380	1,95,940	2,06,220	2,19,980	2,25,450
77-79 Yrs	1,10,060	1,26,240	1,35,160	1,61,075	1,80,805	1,90,865	1,99,700	2,16,840	2,27,960	2,42,475	2,48,670
80-82 Yrs	1,27,845	1,47,510	1,58,260	1,88,020	2,10,465	2,23,005	2,34,000	2,53,505	2,66,260	2,82,140	2,89,825
83 and above	1,47,900	1,71,605	1,84,470	2,18,600	2,44,185	2,59,610	2,73,110	2,95,235	3,09,875	3,27,330	3,36,750

Premium rates for two Adults and two Children											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age / Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	20,040	24,920	27,965	39,010	49,025	51,305	52,955	60,015	64,480	69,260	71,535
26-30 Yrs	21,420	26,525	29,710	41,010	51,195	53,695	55,465	62,870	67,445	72,320	74,880
31-35 Yrs	22,860	28,185	31,465	43,035	53,445	56,060	58,005	63,240	66,175	70,395	72,885
36-40 Yrs	24,300	29,820	33,150	45,005	55,705	58,310	60,475	67,515	73,210	79,580	81,575
41-43 Yrs	26,215	32,020	35,465	47,690	58,705	61,430	63,830	70,815	76,705	84,985	86,785
44-46 Yrs	29,775	35,875	39,475	52,090	63,375	66,300	68,915	76,095	82,155	91,435	93,290
47-49 Yrs	34,180	40,630	44,410	57,475	69,065	72,245	75,090	82,595	88,845	98,825	1,00,845
50-52 Yrs	37,490	44,405	48,430	62,090	74,080	77,600	80,740	88,670	95,170	1,05,450	1,07,685
53-55 Yrs	40,825	48,250	52,550	66,870	79,305	83,200	86,665	95,085	1,01,850	1,12,385	1,14,855
56-58 Yrs	44,405	52,380	56,970	72,015	84,920	89,210	93,030	1,01,990	1,09,050	1,19,845	1,22,565
59-61 Yrs	49,200	57,910	62,890	78,895	92,420	97,245	1,01,530	1,11,200	1,18,635	1,29,790	1,32,835
62-64 Yrs	54,745	64,245	69,650	86,700	1,00,910	1,06,310	1,11,100	1,21,540	1,29,395	1,40,930	1,44,330
65-67 Yrs	68,175	78,740	84,710	1,03,170	1,18,275	1,24,430	1,29,885	1,41,390	1,49,780	1,61,810	1,65,675
68-70 Yrs	80,270	91,900	98,430	1,18,315	1,34,315	1,41,225	1,47,335	1,59,920	1,68,845	1,81,365	1,85,685
71-73 Yrs	89,070	1,02,020	1,09,245	1,30,895	1,48,000	1,55,840	1,62,765	1,76,675	1,86,260	1,99,385	2,04,270
74-76 Yrs	1,03,105	1,18,660	1,27,210	1,51,275	1,69,625	1,79,510	1,88,195	2,03,950	2,14,370	2,27,610	2,33,710
77-79 Yrs	1,15,200	1,33,060	1,42,780	1,69,055	1,88,640	2,00,290	2,10,510	2,27,845	2,39,070	2,52,570	2,59,720
80-82 Yrs	1,36,160	1,57,590	1,69,240	2,00,500	2,23,865	2,37,800	2,50,015	2,70,475	2,83,850	2,99,890	3,08,425
83 and above	1,59,985	1,85,395	1,99,215	2,36,340	2,64,270	2,80,675	2,95,045	3,19,120	3,35,060	3,54,350	3,64,375

Premium rates for two Adults and three Children											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age / Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	22,530	27,740	30,860	42,390	52,915	55,195	57,240	63,675	69,250	78,680	80,110
26-30 Yrs	23,715	29,105	32,325	44,075	54,770	57,185	59,360	65,940	71,620	81,140	82,665
31-35 Yrs	25,350	31,000	34,360	46,420	57,335	59,950	62,295	69,075	74,900	82,580	84,230
36-40 Yrs	27,510	33,500	37,040	49,510	60,725	63,595	66,165	73,225	79,235	89,065	90,880
41-43 Yrs	29,795	36,140	39,865	52,785	64,315	67,445	70,250	77,620	83,830	93,845	95,825
44-46 Yrs	33,445	40,110	44,010	57,330	69,135	72,510	75,520	83,185	89,565	99,740	1,01,875
47-49 Yrs	37,865	44,880	48,965	62,740	74,850	78,480	81,725	89,715	96,285	1,06,635	1,08,940
50-52 Yrs	41,325	48,820	53,165	67,555	80,080	84,065	87,625	96,050	1,02,880	1,13,470	1,15,995
53-55 Yrs	44,890	52,930	57,565	72,660	85,660	90,045	93,955	1,02,890	1,10,005	1,20,870	1,23,645
56-58 Yrs	48,810	57,455	62,410	78,290	91,810	96,635	1,00,930	1,10,450	1,17,885	1,29,040	1,32,090
59-61 Yrs	53,735	63,135	68,490	85,360	99,520	1,04,890	1,09,670	1,19,910	1,27,740	1,39,260	1,42,650
62-64 Yrs	59,300	69,500	75,280	93,195	1,08,040	1,13,990	1,19,275	1,30,290	1,38,535	1,50,440	1,54,190
65-67 Yrs	73,140	84,465	90,840	1,10,250	1,26,050	1,32,805	1,38,795	1,50,930	1,59,750	1,72,185	1,76,425
68-70 Yrs	85,550	97,995	1,04,960	1,25,855	1,42,595	1,50,145	1,56,825	1,70,080	1,79,465	1,92,415	1,97,140
71-73 Yrs	94,355	1,08,110	1,15,775	1,38,430	1,56,275	1,64,755	1,72,250	1,86,835	1,96,880	2,10,435	2,15,720
74-76 Yrs	1,09,780	1,26,365	1,35,470	1,60,955	1,80,345	1,90,960	2,00,300	2,16,990	2,28,030	2,41,940	2,48,495
77-79 Yrs	1,23,300	1,42,425	1,52,830	1,80,920	2,01,855	2,14,345	2,25,295	2,43,835	2,55,840	2,70,255	2,77,920
80-82 Yrs	1,45,890	1,68,850	1,81,330	2,14,825	2,39,855	2,54,785	2,67,870	2,89,795	3,04,125	3,21,315	3,30,455
83 and above	1,71,410	1,98,635	2,13,445	2,53,220	2,83,145	3,00,725	3,16,115	3,41,915	3,58,995	3,79,660	3,90,400

Premium rates for one Adult and one Child											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age / Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	12,715	15,715	17,660	24,065	29,670	31,430	32,410	37,435	40,385	43,290	45,655
26-30 Yrs	13,435	16,560	18,595	25,145	30,805	32,730	33,755	39,130	42,120	45,055	47,750
31-35 Yrs	13,965	17,160	19,205	25,845	30,625	32,530	33,635	37,330	38,905	41,115	43,575
36-40 Yrs	14,515	17,975	20,110	27,750	33,665	35,300	36,515	39,865	42,030	43,730	45,280
41-43 Yrs	15,295	18,900	21,070	29,085	35,400	36,960	38,300	41,395	43,780	45,895	46,990
44-46 Yrs	17,135	20,910	23,160	31,435	37,970	39,605	41,065	44,220	46,730	49,600	50,640
47-49 Yrs	19,550	23,510	25,855	34,285	40,940	42,740	44,350	47,725	50,375	54,200	55,335
50-52 Yrs	21,845	25,940	28,305	36,105	42,455	44,620	46,545	50,525	53,605	58,325	59,580
53-55 Yrs	24,640	29,010	31,480	39,020	45,285	47,860	50,145	54,750	58,250	63,580	65,050
56-58 Yrs	28,315	33,255	36,030	44,290	51,045	54,030	56,680	61,805	65,600	70,970	72,815
59-61 Yrs	32,785	38,430	41,585	50,830	58,275	61,750	64,830	70,625	74,830	80,550	82,740
62-64 Yrs	37,585	43,995	47,560	57,880	66,095	70,080	73,605	80,135	84,790	91,015	93,515
65-67 Yrs	46,655	54,185	58,345	70,120	79,310	84,085	88,300	95,860	1,01,100	1,07,880	1,10,865
68-70 Yrs	55,615	64,320	69,105	82,445	92,710	98,295	1,03,215	1,11,865	1,17,735	1,25,155	1,28,630
71-73 Yrs	65,055	75,270	80,875	96,375	1,08,200	1,14,770	1,20,545	1,30,645	1,37,405	1,45,850	1,49,920
74-76 Yrs	78,965	91,310	98,040	1,16,325	1,30,045	1,38,075	1,45,125	1,57,150	1,65,015	1,74,555	1,79,500
77-79 Yrs	90,135	1,04,195	1,11,835	1,32,360	1,47,620	1,56,825	1,64,895	1,78,450	1,87,210	1,97,660	2,03,305
80-82 Yrs	1,06,985	1,23,825	1,32,975	1,57,535	1,75,895	1,86,845	1,96,440	2,12,515	2,23,025	2,35,630	2,42,335
83 and above	1,25,700	1,45,665	1,56,525	1,85,695	2,07,640	2,20,530	2,31,820	2,50,740	2,63,260	2,78,420	2,86,295

Premium rates for one Adult and Two Children											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age / Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	14,065	17,880	20,275	29,625	37,345	38,780	39,870	43,920	46,955	49,940	51,265
26-30 Yrs	14,485	18,370	20,810	30,240	38,005	39,515	40,640	44,830	47,895	50,905	52,350
31-35 Yrs	15,015	18,980	21,450	30,975	37,835	39,380	40,570	43,250	44,885	47,155	48,550
36-40 Yrs	15,780	19,980	22,575	32,785	41,535	43,045	44,315	47,280	49,480	51,220	52,345
41-43 Yrs	16,210	20,305	22,800	32,455	40,470	42,015	43,385	46,955	49,905	53,135	54,150
44-46 Yrs	18,050	21,990	24,455	34,090	42,005	43,635	45,090	48,915	52,110	56,360	57,390
47-49 Yrs	20,650	24,455	26,920	36,625	44,575	46,355	47,945	51,940	55,235	60,340	61,445
50-52 Yrs	23,535	27,750	30,280	39,010	46,235	48,510	50,540	55,015	58,545	63,855	65,060
53-55 Yrs	26,885	31,650	34,345	42,570	49,405	52,210	54,705	59,730	63,545	69,015	70,470
56-58 Yrs	30,890	36,280	39,305	48,320	55,685	58,945	61,835	67,420	71,565	77,325	79,295
59-61 Yrs	35,765	41,925	45,365	55,450	63,570	67,365	70,720	77,045	81,635	87,870	90,265
62-64 Yrs	41,005	47,995	51,885	63,140	72,105	76,450	80,295	87,420	92,500	99,285	1,02,020
65-67 Yrs	50,895	59,110	63,645	76,495	86,520	91,730	96,325	1,04,575	1,10,290	1,17,685	1,20,945
68-70 Yrs	60,670	70,165	75,385	89,940	1,01,140	1,07,230	1,12,600	1,22,035	1,28,435	1,36,530	1,40,325
71-73 Yrs	70,970	82,115	88,225	1,05,135	1,18,035	1,25,200	1,31,505	1,42,525	1,49,895	1,59,110	1,63,550
74-76 Yrs	86,145	99,610	1,06,955	1,26,900	1,41,865	1,50,625	1,58,315	1,71,440	1,80,015	1,90,425	1,95,820
77-79 Yrs	98,330	1,13,665	1,22,000	1,44,395	1,61,040	1,71,080	1,79,885	1,94,675	2,04,230	2,15,630	2,21,790
80-82 Yrs	1,16,710	1,35,080	1,45,065	1,71,860	1,91,885	2,03,830	2,14,300	2,31,835	2,43,300	2,57,050	2,64,365
83 and above	1,37,130	1,58,910	1,70,755	2,02,575	2,26,520	2,40,580	2,52,895	2,73,535	2,87,195	3,03,730	3,12,320

Premium rates for one Adult and three Children											
Plans	Vital	Vital	Vital	Smart	Smart	Smart	Smart	Ultimo	Ultimo	Ultimo	Ultimo
Age / Sum Insured	5 Lacs	8 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	30 Lacs	35 Lacs	40 Lacs	45Lacs	50Lacs
18-25 Yrs	16,090	20,320	22,910	33,190	42,815	44,310	45,655	51,240	56,255	61,010	61,950
26-30 Yrs	16,390	20,665	23,280	33,620	43,290	44,815	46,190	51,815	56,860	61,635	62,600
31-35 Yrs	16,980	21,350	24,010	34,460	44,205	45,805	47,235	52,930	55,650	58,100	59,110
36-40 Yrs	17,780	22,270	25,000	35,595	45,450	47,135	48,650	54,440	58,810	62,115	63,180
41-43 Yrs	18,685	23,315	26,120	36,885	46,860	48,655	50,260	55,580	59,670	64,460	65,590
44-46 Yrs	20,320	25,080	27,950	38,885	48,970	50,860	52,550	57,835	61,905	67,710	68,900
47-49 Yrs	22,490	27,380	30,310	41,265	51,410	53,405	55,195	60,630	64,830	71,585	72,845
50-52 Yrs	25,510	30,430	33,290	42,935	52,590	54,755	56,685	62,495	67,265	75,140	76,505
53-55 Yrs	29,125	34,285	37,205	46,115	55,170	57,735	60,025	66,150	71,235	79,430	81,055
56-58 Yrs	33,465	39,300	42,580	52,345	60,790	64,185	67,200	73,445	78,200	85,080	87,225
59-61 Yrs	38,745	45,420	49,150	60,075	68,870	72,980	76,615	83,465	88,435	95,195	97,785
62-64 Yrs	44,420	51,995	56,210	68,405	78,115	82,825	86,985	94,705	1,00,205	1,07,560	1,10,520
65-67 Yrs	55,140	64,035	68,950	82,870	93,730	99,375	1,04,355	1,13,290	1,19,480	1,27,495	1,31,025
68-70 Yrs	65,730	76,015	81,670	97,435	1,09,570	1,16,170	1,21,980	1,32,205	1,39,140	1,47,910	1,52,020
71-73 Yrs	76,885	88,960	95,575	1,13,900	1,27,870	1,35,635	1,42,465	1,54,400	1,62,385	1,72,370	1,77,180
74-76 Yrs	93,325	1,07,910	1,15,865	1,37,480	1,53,685	1,63,175	1,71,510	1,85,725	1,95,015	2,06,295	2,12,140
77-79 Yrs	1,06,525	1,23,140	1,32,170	1,56,430	1,74,460	1,85,335	1,94,875	2,10,895	2,21,250	2,33,600	2,40,270
80-82 Yrs	1,26,435	1,46,335	1,57,155	1,86,180	2,07,875	2,20,815	2,32,155	2,51,155	2,63,575	2,78,470	2,86,395
83 and above	1,48,555	1,72,150	1,84,985	2,19,455	2,45,395	2,60,630	2,73,970	2,96,330	3,11,130	3,29,040	3,38,345

▪ Critical Illness Premium For Males & Females

Critical Illness Premium Rates		
Age Band	5 lacs	10 lacs
03 months- 25 yrs	1,050	2,100
26 - 35 yrs	1,575	3,150
36 - 40 yrs	2,890	5,775
41 - 45 yrs	4,200	8,400
46 - 50 yrs	6,300	12,600
51 - 55 yrs	9,190	18,375
56 - 60 yrs	15,750	31,500
61 - 65 yrs	22,315	44,625
66 - 70 yrs	31,500	63,000
71 - 75 yrs	43,315	86,625
76 - 80 yrs	60,375	1,20,750
81 yrs & Above	77,440	1,54,875

▪ Health Care Supreme Premium Rates for – Add On Covers

Ancillary Expenses Benefit Premium for Males & Females								
Plan	Proposer's Age	1 Adult + 1 Child	1 Adult + 2 Children	1 Adult + 3 Children	2 Adults	2 Adults + 1 Child	2 Adults + 2 Children	2 Adults + 3 Children
Health Care Supreme Vital SI Rs 1000/- per day	18 - 25 yrs	700	1,035	1,350	700	1,035	1,350	1,655
	26 - 30 yrs	700	1,035	1,350	700	1,035	1,350	1,655
	31 - 35 yrs	700	1,035	1,350	700	1,035	1,350	1,655
	36 - 40 yrs	750	1,085	1,400	800	1,135	1,450	1,750
	41 - 45 yrs	800	1,135	1,450	900	1,235	1,545	1,845
	46 - 50 yrs	950	1,285	1,595	1,195	1,530	1,835	2,125
	51 - 55 yrs	1,245	1,580	1,885	1,795	2,120	2,415	2,695
	56 - 60 yrs	1,645	1,975	2,270	2,595	2,910	3,190	3,450
	61 - 65 yrs	2,295	2,615	2,900	3,890	4,195	4,445	4,680
	66 - 70 yrs	3,240	3,555	3,815	5,785	6,070	6,280	6,475
	71 - 75 yrs	4,690	4,985	5,215	8,680	8,930	9,080	9,215
	76 - 80 yrs	6,785	7,055	7,245	12,870	13,080	13,140	13,185
	Above 81 yrs	8,880	9,130	9,275	17,055	17,225	17,195	17,150
Health Care Supreme Smart SI Rs 2000/- per day	18 - 25 yrs	1,395	2,075	2,705	1,395	2,075	2,705	3,310
	26 - 30 yrs	1,395	2,075	2,705	1,395	2,075	2,705	3,310
	31 - 35 yrs	1,395	2,075	2,705	1,395	2,075	2,705	3,310
	36 - 40 yrs	1,495	2,170	2,800	1,595	2,270	2,900	3,495
	41 - 45 yrs	1,595	2,270	2,900	1,795	2,470	3,090	3,685
	46 - 50 yrs	1,895	2,565	3,190	2,395	3,060	3,670	4,255
	51 - 55 yrs	2,495	3,160	3,765	3,590	4,245	4,830	5,385
	56 - 60 yrs	3,290	3,950	4,540	5,185	5,825	6,375	6,900
	61 - 65 yrs	4,590	5,230	5,795	7,780	8,390	8,885	9,355
	66 - 70 yrs	6,485	7,105	7,630	11,570	12,140	12,560	12,945
	71 - 75 yrs	9,375	9,970	10,435	17,355	17,865	18,160	18,430
	76 - 80 yrs	13,565	14,115	14,490	25,735	26,155	26,275	26,365
	Above 81 yrs	17,755	18,260	18,545	34,115	34,445	34,390	34,305
Health Care Supreme Ultimo SI Rs 2500/- per day	18 - 25 yrs	1,745	2,590	3,380	1,745	2,590	3,380	4,135
	26 - 30 yrs	1,745	2,590	3,380	1,745	2,590	3,380	4,135
	31 - 35 yrs	1,745	2,590	3,380	1,745	2,590	3,380	4,135
	36 - 40 yrs	1,870	2,715	3,500	1,995	2,840	3,625	4,370
	41 - 45 yrs	1,995	2,840	3,625	2,245	3,085	3,865	4,605
	46 - 50 yrs	2,370	3,210	3,985	2,995	3,825	4,590	5,315
	51 - 55 yrs	3,115	3,950	4,710	4,490	5,305	6,040	6,735
	56 - 60 yrs	4,115	4,935	5,675	6,485	7,280	7,970	8,625
	61 - 65 yrs	5,735	6,540	7,245	9,725	10,485	11,110	11,695
	66 - 70 yrs	8,105	8,885	9,540	14,465	15,175	15,700	16,185
	71 - 75 yrs	11,720	12,460	13,040	21,695	22,330	22,700	23,035
	76 - 80 yrs	16,960	17,645	18,115	32,170	32,695	32,845	32,955
	Above 81 yrs	22,195	22,825	23,185	42,645	43,060	42,985	42,880

▪ **Personal Accident Premium For Males & Females**

Personal Accident Premium for Males and Females	
Sum Insured	Premium
5,00,000	825
10,00,000	1,655
15,00,000	2,480
20,00,000	3,310
25,00,000	4,135
30,00,000	4,960
35,00,000	5,790
40,00,000	6,615
45,00,000	7,440
50,00,000	8,270

▪ **Instalment Options**

- 0.086 for monthly mode, 0.257 for quarterly mode, and 0.509 for semi-annual mode.
- In case of long term policies, average premium can be paid annually

▪ **Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates)**

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

▪ **Benefit Illustration in respect of Policies offered on Individual & Family Floater basis**

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium	Sum Insured/ Deductible	Premium	Discount	Premium after discount	Sum Insured/ Deductible	Premium or consolidated premium for all members of family	Floater discount if any	Premium after discount	Sum Insured/ Deductible
45	14,880	500,000	14,880	5%	14,136	500,000	29,775	NA		500,000
40	12,090	500,000	12,090	5%	11,486	500,000				
21	9,495	500,000	9,495	5%	9,020	500,000				
18	7,160	500,000	7,160	5%	6,802	500,000				
Total Premium for all members of the family is Rs 43,625 when each member is covered separately (No discount applicable)			Total Premium for all members of the family is Rs 41,444 when they are covered under a single policy (Family Discount applicable)				Total premium when policy is opted on floater basis is Rs 7,525 (No discount applicable)			
Sum Insured available for each family member is Rs 500,000			Sum Insured available for each individual is Rs 500,000				Sum Insured/Deductible of Rs 500,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading.										



BAJAJ GENERAL INSURANCE LIMITED

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)

**BAJAJ INSURANCE HOUSE, AIRPORT ROAD,
YERAWADA, PUNE - 411006. IRDAI REG NO.: 113.**



**FOR ANY QUERY (TOLL FREE)
1800-209-0144 /1800-209-5858**



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Note: It is mandatory to keep updated your policy with your correct contact details and bank account details, to process any of your service requests faster and hassle-free. To update your contact details i.e. Mobile No., Email ID, PAN Card, and Bank Account details, please use chatbot, visit our website, contact your agent or nearest branch.

For more details on risk factors, Terms and Conditions, please read the Policy Wordings and Prospectus before concluding a sale.

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP23210V042223 | BGI-O-0113/31-10-2025

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