



BAJAJ GENERAL HEALTH ENSURE

Unmatched Protection for your Loved Ones



GENERAL

CARINGLY YOURS

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■ Bajaj General Insurance Limited

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.

■ Introduction

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

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

■ Special features of Health Ensure

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

■ **What are the optional covers available under the policy :**

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

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

- Sum Insured Options Under Individual Policy-
Rs. 50,000, Rs. 75,000, Rs. 1 Lac, Rs.1.5 Lacs, Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs
- Sum Insured Options Under Floater Policy-
Rs. 2 Lacs, Rs. 3 Lacs, Rs. 4 Lacs, Rs. 5 Lacs, Rs. 10 Lacs
Note:
Sum insured upto 2 lakhs is only available for Renewals
Sum Insured 3 lakhs and above is available for New Business

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

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

■ **What is Renewal Age?**

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

■ **Eligibility**

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

■ What is the Policy period?

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

■ What is Premium paying term?

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

■ Is this a Floater /Individual Sum insured policy?

Policy provides Individual as well as Floater sum insured options

■ Who can be covered under Health Ensure Policy?

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

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

■ COVERAGE

1. In-patient Hospitalisation Treatment

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

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

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

Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category

2. Pre-Hospitalisation

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

3. Post-Hospitalisation

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

4. Road Ambulance

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

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

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

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

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

5. Day Care Procedures

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

6. Organ Donor Expenses:

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

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment.

Specific exclusions applicable to Organ Donor Expenses:

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

7. Preventive Health Check Up

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

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

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

8. AYUSH Hospitalisation Expenses

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

In-patient Treatment- Medical Expenses for AYUSH treatment:

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

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

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

The claim will be admissible under the policy provided that,

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

■ OPTIONAL COVERS:

1. Room Rent Upgradation (Applicable for Sum Insured 5 Lacs and above only)
 - In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Room rent of 1% of Sum Insured per day or up to INR 5,000 as mentioned in Section C1 In-patient Hospitalization Treatment, will be upgraded to "Single Private Air Conditioned Room, not exceeding INR 10,000 per day" and ICU charges will be paid as per Actuals.

- This Optional Cover would be covered within Sum Insured of Section C1 "In-patient Hospitalization Treatment".
- This Optional Cover should be opted at the time of inception of the Policy or during renewal. Once opted, the Optional Cover will continue for all the subsequent renewals thereon.

2. Cumulative Bonus Enhancement

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

Specific Condition for Cumulative Bonus Enhancement

- Maximum bonus will not exceed 200% of the In-patient Hospitalization Sum Insured.
- In case where the Policy is on Individual Sum Insured basis, the Cumulative Bonus shall be accrued and available individually to the Insured Beneficiary if no claim has been reported in respect of that Insured Beneficiary. In case of claim, Cumulative Bonus in respect of the Insured Beneficiary who has made the claim shall be reduced at the same rate at which it has accrued.
- In case where the Policy is on Floater Sum Insured basis, the Cumulative Bonus shall be accrued and available to the Family on floater basis, provided no claim has been reported from any member of the Family. In case of claim, Cumulative Bonus shall be reduced at the same rate at which it has accrued.
- In case the accrued Cumulative Bonus reduces, the Sum Insured will be maintained and will not be reduced in the renewal policy year.
- Cumulative Bonus shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.
- If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium then any awarded accrued Cumulative Bonus shall be withdrawn.
- If the In-Patient Hospitalization treatment claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal. The Cumulative Bonus would be maintained as per the expiring policy
- This clause does not alter the annual character of this insurance.

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

- In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that if Section C1. Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then 100% of the Base Sum Insured specified under Inpatient Hospitalization Treatment would be reinstated for the particular Policy Year provided that:

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

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

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

We have accepted an "In-patient Hospitalization claim under Section C.1.1 "In-patient Hospitalization Treatment"

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

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

5. Personal Accident

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

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

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

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

■ EXCLUSIONS UNDER THE POLICY

A. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Ensure Policy with us.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.
- 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)

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/36 months of continuous coverage after the date of inception of the first Health Ensure Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- 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.
- List of specific diseases/procedures is as below:
 - 12 Months Waiting period:

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

ii. 24 Months Waiting Period:

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

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

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

4. 30-day waiting period (Excl03)

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

B. General Exclusion:

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

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

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

 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
4. Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
5. Cosmetic or plastic Surgery (Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
6. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
7. Breach of law (Excl10)

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

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)
11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
12. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
13. Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization
15. Maternity (Excl 18)
 - a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
16. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
17. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
18. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.
19. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
20. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.

21. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition
22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
23. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
24. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions
25. All non-medical Items as per Annexure II provided in Policy Wordings
26. Any treatment received outside India is not covered under this policy.

■ Pre-policy checkup for the policy

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

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

*Subject to no adverse health conditions

■ Discounts under the policy:

- i. Online Discount/Direct Customer Discount: 5% discount is extended for the policies purchased online/ through website and to direct customers.

(Note: Employee Discount is not applicable to Online/Direct Customers)

- ii. Employee Discount: 20% discount on published premium rates to employees of Bajaj General & its group companies, this discount is applicable only if the policy is booked in direct office code

(Note: Online/Direct Customer Discount is not applicable to Employees)

- iii. Long Term Policy Discount:

- a) 4 % discount is applicable if policy is opted for 2 years
- b) 8 % discount is applicable if policy is opted for 3 years

Note: This will not apply to policies where premium is paid in instalments.

- iv. Co-pay Discount:

- a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the Policy premium.
- b. If a claim has been admitted under Section C I) In-patient Hospitalization Treatment then, the Insured shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

■ Loading due to adverse Health Conditions:

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

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

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

■ Enhancement of Sum Insured

- i. The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company

■ Free Look Period

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

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

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

- i) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii) where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

■ Cost sharing and sub limits

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

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

■ Additional benefits

• Cumulative Bonus

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

- i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.
 - ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.
 - iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.
- **Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy**

■ Multiple Policies

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

■ Renewal of the policy

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

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

■ Cancellation

A. Cancellation by the Policyholder

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

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

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

Multi-year Policy:

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

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

2. Cancellation of policy where Premium Received on Instalment Basis

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

B. Additional Deductions

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

C. Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

■ Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 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 beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

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

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

■ Migration :

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

■ Withdrawal of Policy

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

■ PREMIUM CHART

There are Two Zones for Premium payment

Zone A

“Following cities has been clubbed in Zone A:-

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

Zone B

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

Note:-

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

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

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

- Premium for Zone A**

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

Sum Insured 3 lakhs and above is available for New Business

1A									
Age/SI	50,000	75,000	100,000	150,000	200,000	300,000	400,000	500,000	1,000,000
Upto 20 Yrs	1,537	1,840	2,188	2,903	3,857	4,130	4,427	4,714	5,406
21-25 Yrs	2,230	2,670	3,173	4,208	5,257	5,994	6,426	6,845	7,852
26-30 Yrs	2,538	3,038	3,609	4,787	5,895	6,820	7,313	7,790	8,937
31-35 Yrs	2,700	3,233	3,840	5,093	6,178	7,231	7,783	8,290	9,511
36-40 Yrs	2,997	3,588	4,262	5,652	7,196	8,057	8,638	9,203	10,559
41-45 Yrs	3,402	4,071	4,837	6,413	8,537	9,145	9,805	10,445	11,985
46-50 Yrs	4,145	4,961	5,893	7,812	10,403	11,143	11,948	12,731	14,609
51-55 Yrs	5,287	6,328	7,515	9,963	13,270	14,216	15,244	16,241	18,640
56-60 Yrs	7,043	8,427	10,007	13,265	17,673	18,934	20,304	21,635	24,831
61-65 Yrs	8,546	11,027	13,541	17,295	19,140	22,414	26,550	31,328	39,216
66-70 Yrs	11,481	14,815	18,193	23,235	25,712	30,111	35,671	42,094	52,692
71-75 Yrs	13,025	16,808	20,642	26,361	29,171	34,162	40,472	47,760	59,785
Above 75 Yrs	14,878	19,201	23,579	30,113	33,322	39,025	46,233	54,561	68,296

1A + 1C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	8,005	8,574	9,193	9,794	11,238
26-30 Yrs	8,639	9,276	9,947	10,597	12,160
31-35 Yrs	8,869	9,649	10,347	11,022	12,649
36-40 Yrs	9,641	10,328	11,074	11,798	13,538
41-45 Yrs	10,505	11,252	12,066	12,854	14,751
46-50 Yrs	13,507	14,535	15,586	16,608	19,061
51-55 Yrs	15,985	17,849	19,143	20,395	23,409
56-60 Yrs	21,196	22,707	24,352	25,949	29,784
61-65 Yrs	21,461	25,127	29,760	35,114	43,955
66-70 Yrs	28,264	33,097	39,203	46,259	57,906
71-75 Yrs	31,213	36,554	43,305	51,104	63,969
Above 75 Yrs	35,655	41,756	49,468	58,380	73,077

1A + 2C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	10,285	11,346	12,166	12,962	14,874
26-30 Yrs	10,719	12,007	12,876	13,716	15,742
31-35 Yrs	10,913	12,357	13,251	14,117	16,201
36-40 Yrs	11,595	12,996	13,936	14,847	17,040
41-45 Yrs	12,692	13,866	14,870	15,841	18,181
46-50 Yrs	15,011	17,569	19,783	21,080	24,193
51-55 Yrs	17,543	20,525	23,838	25,400	29,154
56-60 Yrs	22,351	26,166	28,638	30,515	35,026
61-65 Yrs	22,351	26,166	30,988	36,559	45,764
66-70 Yrs	29,364	34,381	40,721	48,047	60,145
71-75 Yrs	33,256	38,946	46,137	54,447	68,155
Above 75 Yrs	37,987	44,488	52,705	62,198	77,857

1 A + 3 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	12,391	14,489	15,677	16,702	19,169
26-30 Yrs	12,781	14,949	16,388	17,458	20,037
31-35 Yrs	12,958	15,153	16,763	17,859	20,496
36-40 Yrs	13,577	15,879	17,448	18,588	21,335
41-45 Yrs	14,578	17,047	18,380	19,582	22,476
46-50 Yrs	16,675	19,508	23,092	24,821	28,489
51-55 Yrs	19,109	22,366	26,473	30,846	35,406
56-60 Yrs	23,398	27,389	32,433	36,717	42,146
61-65 Yrs	23,398	27,389	32,433	38,262	47,897
66-70 Yrs	31,112	36,434	43,161	50,934	63,757
71-75 Yrs	35,298	41,337	48,970	57,791	72,340
Above 75 Yrs	40,319	47,221	55,942	66,018	82,638

1 A + 4 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	14,516	16,976	19,189	20,444	23,464
26-30 Yrs	14,879	17,401	19,898	21,200	24,332
31-35 Yrs	15,047	17,596	20,275	21,600	24,791
36-40 Yrs	15,631	18,277	20,958	22,330	25,630
41-45 Yrs	16,569	19,375	21,892	23,324	26,771
46-50 Yrs	18,543	21,694	25,668	28,563	32,784
51-55 Yrs	20,835	24,376	28,845	34,014	41,658
56-60 Yrs	24,504	28,689	33,983	40,101	49,265
61-65 Yrs	24,504	28,689	33,983	40,101	50,196
66-70 Yrs	32,912	38,542	45,659	53,881	67,446
71-75 Yrs	37,340	43,729	51,803	61,134	76,524
Above 75 Yrs	42,653	49,951	59,177	69,837	87,419

2 A + 0 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	8,134	9,515	10,924	11,638	13,350
26-30 Yrs	9,117	10,665	12,433	13,244	15,193
31-35 Yrs	9,559	11,188	13,231	14,094	16,170
36-40 Yrs	11,135	13,029	14,685	15,646	17,950
41-45 Yrs	13,294	15,546	16,670	17,757	20,375
46-50 Yrs	17,277	18,943	20,313	21,643	24,836
51-55 Yrs	21,658	24,167	25,915	27,611	31,689
56-60 Yrs	29,616	32,188	34,518	36,780	42,212
61-65 Yrs	29,616	34,680	41,080	48,474	60,678
66-70 Yrs	39,786	46,591	55,194	65,132	81,531
71-75 Yrs	45,137	52,860	62,622	73,900	92,505
Above 75 Yrs	51,560	60,383	71,535	84,422	105,675

2 A + 1 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	10,435	12,197	13,797	14,698	16,864
26-30 Yrs	11,285	13,197	15,216	16,210	18,599
31-35 Yrs	11,674	13,648	15,968	17,010	19,518
36-40 Yrs	13,038	15,250	17,336	18,471	21,194
41-45 Yrs	15,073	17,640	19,204	20,458	23,476
46-50 Yrs	18,959	22,181	24,233	25,819	29,631
51-55 Yrs	22,951	26,863	30,215	32,192	36,948
56-60 Yrs	31,056	36,076	38,688	41,222	47,312
61-65 Yrs	31,056	36,362	43,069	50,819	63,615
66-70 Yrs	41,586	48,699	57,690	68,079	85,219
71-75 Yrs	47,179	55,252	65,454	77,243	96,690
Above 75 Yrs	53,892	63,115	74,772	88,241	110,456

2 A + 2 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	12,577	14,710	17,309	18,440	21,159
26-30 Yrs	13,356	15,622	18,490	19,951	22,894
31-35 Yrs	13,710	16,038	18,977	20,752	23,813
36-40 Yrs	14,958	17,498	20,702	22,211	25,489
41-45 Yrs	16,817	19,667	22,716	24,200	27,771
46-50 Yrs	20,499	23,986	28,394	31,267	35,883
51-55 Yrs	24,535	28,713	33,988	38,395	44,068
56-60 Yrs	32,297	37,818	44,797	47,825	54,892
61-65 Yrs	32,297	37,818	44,797	52,860	66,169
66-70 Yrs	43,385	50,807	60,188	71,026	88,907
71-75 Yrs	49,221	57,643	68,287	80,587	100,875
Above 75 Yrs	56,224	65,846	78,007	92,059	115,236

2 A + 3 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	14,710	17,197	20,340	22,182	25,454
26-30 Yrs	15,436	18,056	21,357	23,692	27,189
31-35 Yrs	15,772	18,445	21,818	24,492	28,108
36-40 Yrs	16,941	19,809	23,446	25,953	29,784
41-45 Yrs	18,684	21,853	25,863	27,941	32,066
46-50 Yrs	22,145	25,907	30,669	35,008	40,178
51-55 Yrs	26,075	30,509	36,121	42,600	50,320
56-60 Yrs	33,636	39,387	46,655	54,027	62,012
61-65 Yrs	33,636	39,387	46,655	55,054	68,914
66-70 Yrs	45,185	52,914	62,684	73,972	92,596
71-75 Yrs	51,263	60,035	71,120	83,930	105,059
Above 75 Yrs	58,557	68,579	81,244	95,879	120,017

2 A + 4 C					
Age/Sl	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	16,852	19,711	23,314	25,922	29,749
26-30 Yrs	17,560	20,534	24,287	27,434	31,484
31-35 Yrs	17,870	20,906	24,730	28,234	32,403
36-40 Yrs	18,994	22,216	26,287	29,695	34,079
41-45 Yrs	20,667	24,172	28,606	31,682	36,361
46-50 Yrs	23,986	28,058	33,209	38,749	44,473
51-55 Yrs	27,748	32,465	38,431	45,326	56,572
56-60 Yrs	34,976	40,956	48,513	57,246	69,131
61-65 Yrs	34,976	40,956	48,513	57,246	71,659
66-70 Yrs	46,985	55,022	65,182	76,919	96,284
71-75 Yrs	53,306	62,425	73,953	87,274	109,245
Above 75 Yrs	60,890	71,309	84,481	99,699	124,798

• **Premium for Zone B**

1A									
Age/Sl	50,000	75,000	100,000	150,000	200,000	300,000	400,000	500,000	1,000,000
Upto 20 Yrs	1,153	1,380	1,641	2,178	2,893	3,097	3,320	3,535	4,055
21-25 Yrs	1,673	2,003	2,379	3,156	3,943	4,496	4,819	5,134	5,889
26-30 Yrs	1,903	2,278	2,707	3,590	4,421	5,115	5,485	5,842	6,703
31-35 Yrs	2,025	2,425	2,880	3,820	4,633	5,423	5,837	6,218	7,134
36-40 Yrs	2,247	2,691	3,197	4,239	5,397	6,043	6,478	6,902	7,919
41-45 Yrs	2,551	3,054	3,628	4,810	6,403	6,858	7,354	7,834	8,989
46-50 Yrs	3,108	3,721	4,419	5,859	7,802	8,357	8,961	9,548	10,957
51-55 Yrs	3,965	4,746	5,637	7,472	9,953	10,662	11,433	12,181	13,980
56-60 Yrs	5,282	6,320	7,506	9,949	13,255	14,200	15,228	16,226	18,623
61-65 Yrs	6,409	8,270	10,156	12,971	14,355	16,810	19,912	23,496	29,412
66-70 Yrs	8,611	11,111	13,645	17,426	19,284	22,583	26,753	31,571	39,519
71-75 Yrs	9,769	12,606	15,481	19,771	21,878	25,622	30,354	35,820	44,839
Above 75 Yrs	11,159	14,401	17,685	22,585	24,992	29,269	34,675	40,920	51,222

1A + 1C					
Age/Sl	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	6,004	6,431	6,895	7,346	8,429
26-30 Yrs	6,479	6,957	7,460	7,948	9,120
31-35 Yrs	6,652	7,237	7,760	8,266	9,487
36-40 Yrs	7,231	7,746	8,305	8,848	10,154
41-45 Yrs	7,878	8,439	9,049	9,640	11,063
46-50 Yrs	10,130	10,901	11,690	12,456	14,296
51-55 Yrs	11,989	13,387	14,357	15,297	17,557
56-60 Yrs	15,897	17,030	18,264	19,462	22,338
61-65 Yrs	16,096	18,845	22,320	26,335	32,966
66-70 Yrs	21,198	24,822	29,402	34,694	43,429
71-75 Yrs	23,410	27,416	32,479	38,328	47,977
Above 75 Yrs	26,741	31,317	37,101	43,785	54,808

1A + 2 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	7,714	8,510	9,124	9,721	11,155
26-30 Yrs	8,039	9,005	9,657	10,287	11,807
31-35 Yrs	8,185	9,268	9,938	10,588	12,151
36-40 Yrs	8,696	9,747	10,452	11,136	12,780
41-45 Yrs	9,519	10,399	11,152	11,880	13,636
46-50 Yrs	11,258	13,177	14,837	15,810	18,145
51-55 Yrs	13,157	15,394	17,879	19,050	21,866
56-60 Yrs	16,763	19,625	21,479	22,886	26,269
61-65 Yrs	16,763	19,625	23,241	27,419	34,323
66-70 Yrs	22,023	25,786	30,540	36,035	45,109
71-75 Yrs	24,942	29,209	34,603	40,835	51,116
Above 75 Yrs	28,490	33,366	39,529	46,649	58,393

1A + 3 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	9,294	10,867	11,758	12,527	14,377
26-30 Yrs	9,586	11,212	12,291	13,094	15,028
31-35 Yrs	9,718	11,365	12,572	13,394	15,372
36-40 Yrs	10,183	11,909	13,086	13,941	16,001
41-45 Yrs	10,933	12,785	13,785	14,687	16,857
46-50 Yrs	12,506	14,631	17,319	18,616	21,366
51-55 Yrs	14,332	16,775	19,855	23,135	26,555
56-60 Yrs	17,548	20,542	24,325	27,538	31,609
61-65 Yrs	17,548	20,542	24,325	28,697	35,922
66-70 Yrs	23,334	27,326	32,371	38,201	47,818
71-75 Yrs	26,473	31,003	36,728	43,343	54,255
Above 75 Yrs	30,240	35,415	41,956	49,513	61,979

1A + 4 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	10,887	12,732	14,392	15,333	17,598
26-30 Yrs	11,159	13,051	14,924	15,900	18,249
31-35 Yrs	11,285	13,197	15,206	16,200	18,593
36-40 Yrs	11,723	13,708	15,719	16,747	19,222
41-45 Yrs	12,427	14,531	16,419	17,493	20,079
46-50 Yrs	13,907	16,270	19,251	21,422	24,588
51-55 Yrs	15,626	18,282	21,634	25,511	31,244
56-60 Yrs	18,378	21,517	25,488	30,076	36,948
61-65 Yrs	18,378	21,517	25,488	30,076	37,647
66-70 Yrs	24,684	28,907	34,244	40,411	50,584
71-75 Yrs	28,005	32,797	38,852	45,850	57,393
Above 75 Yrs	31,990	37,464	44,383	52,378	65,564

2 A + 0 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	6,101	7,136	8,193	8,728	10,012
26-30 Yrs	6,837	7,999	9,325	9,933	11,395
31-35 Yrs	7,169	8,391	9,923	10,570	12,128
36-40 Yrs	8,351	9,772	11,014	11,734	13,463
41-45 Yrs	9,971	11,659	12,502	13,318	15,281
46-50 Yrs	12,958	14,207	15,235	16,232	18,627
51-55 Yrs	16,244	18,125	19,436	20,708	23,767
56-60 Yrs	22,212	24,141	25,888	27,585	31,659
61-65 Yrs	22,212	26,010	30,810	36,356	45,509
66-70 Yrs	29,839	34,943	41,395	48,849	61,148
71-75 Yrs	33,853	39,645	46,967	55,425	69,379
Above 75 Yrs	38,670	45,287	53,651	63,316	79,256

2 A + 1 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	7,826	9,148	10,348	11,023	12,648
26-30 Yrs	8,464	9,898	11,412	12,157	13,949
31-35 Yrs	8,756	10,236	11,976	12,757	14,638
36-40 Yrs	9,778	11,438	13,002	13,853	15,895
41-45 Yrs	11,305	13,230	14,403	15,344	17,607
46-50 Yrs	14,219	16,635	18,174	19,365	22,223
51-55 Yrs	17,213	20,147	22,661	24,144	27,711
56-60 Yrs	23,292	27,057	29,016	30,917	35,484
61-65 Yrs	23,292	27,272	32,302	38,114	47,711
66-70 Yrs	31,189	36,524	43,268	51,059	63,914
71-75 Yrs	35,384	41,439	49,091	57,932	72,518
Above 75 Yrs	40,419	47,337	56,079	66,181	82,842

2 A + 2 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	9,433	11,033	12,982	13,830	15,869
26-30 Yrs	10,017	11,717	13,867	14,963	17,170
31-35 Yrs	10,283	12,029	14,232	15,564	17,860
36-40 Yrs	11,219	13,124	15,527	16,658	19,117
41-45 Yrs	12,613	14,750	17,037	18,150	20,828
46-50 Yrs	15,374	17,990	21,296	23,450	26,912
51-55 Yrs	18,401	21,534	25,491	28,796	33,051
56-60 Yrs	24,223	28,364	33,598	35,869	41,169
61-65 Yrs	24,223	28,364	33,598	39,645	49,627
66-70 Yrs	32,538	38,105	45,141	53,269	66,680
71-75 Yrs	36,916	43,233	51,215	60,440	75,657
Above 75 Yrs	42,168	49,385	58,506	69,045	86,427

2 A + 3 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	11,033	12,898	15,255	16,636	19,090
26-30 Yrs	11,577	13,542	16,018	17,769	20,392
31-35 Yrs	11,829	13,834	16,363	18,369	21,081
36-40 Yrs	12,706	14,856	17,585	19,465	22,338
41-45 Yrs	14,013	16,390	19,397	20,955	24,050
46-50 Yrs	16,609	19,430	23,002	26,256	30,134
51-55 Yrs	19,556	22,882	27,091	31,950	37,740
56-60 Yrs	25,227	29,540	34,992	40,520	46,509
61-65 Yrs	25,227	29,540	34,992	41,290	51,686
66-70 Yrs	33,888	39,686	47,013	55,479	69,447
71-75 Yrs	38,447	45,026	53,340	62,947	78,795
Above 75 Yrs	43,918	51,434	60,933	71,909	90,013

2 A + 4 C					
Age/SI	200,000	300,000	400,000	500,000	1,000,000
21-25 Yrs	12,639	14,783	17,485	19,442	22,312
26-30 Yrs	13,170	15,401	18,215	20,575	23,613
31-35 Yrs	13,403	15,680	18,547	21,176	24,302
36-40 Yrs	14,246	16,662	19,716	22,271	25,559
41-45 Yrs	15,500	18,129	21,455	23,762	27,271
46-50 Yrs	17,990	21,043	24,907	29,062	33,355
51-55 Yrs	20,811	24,349	28,823	33,994	42,429
56-60 Yrs	26,232	30,717	36,385	42,935	51,848
61-65 Yrs	26,232	30,717	36,385	42,935	53,744
66-70 Yrs	35,238	41,267	48,886	57,689	72,213
71-75 Yrs	39,979	46,819	55,465	65,455	81,934
Above 75 Yrs	45,668	53,482	63,361	74,774	93,598

Change to - A 6% increase on the base rates would apply every year to all policies with RID due from 27th June 2026 onwards.



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.



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www.bajajgeneralinsurance.com



careforyou@bajajgeneral.com

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

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