



BAJAJ ALLIANZ  
**SILVER HEALTH**

Spend your Golden Years Worry-free



Allianz 

*Caringly yours*

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP23213V052223

## ■ Introduction

Golden years of your life are meant to be stress free and that is precisely what **Bajaj Allianz's Silver Health policy** does. It takes care of higher health care costs and reduces the financial burden on you and your family during older age so that you live a WORRY-FREE life.

## ■ What are the Plans available under Silver Health policy?

There are two plans available

- Plan A
- Plan B

## ■ What is the Sum Insured options available under the policy?

- Silver Health –Plan A: Rs. 50K/ 1/ 1.5 / 2/ 3/ 4/ 5 Lacs
- Silver Health –Plan B: Rs. 3/ 5/ 7.5/ 10 Lacs

### Plan A

In-patient Hospitalization Treatment + Pre and Post Hospitalization + Day Care Procedures + Road Ambulance + Modern Treatment Methods and Advancement in Technologies	Preventive Health Check Up
50,000	Physician consultation, fasting blood glucose, complete blood count, serum cholesterol, urine routine, chest X-ray and ECG only.
100,000	
150,000	
200,000	
300,000	
400,000	
500,000	

### Plan B

In-patient Hospitalization Treatment + Pre and Post Hospitalization + Day Care Procedures + Road Ambulance + Modern Treatment Methods and Advancement in Technologies + Domiciliary Expenses	Preventive Health Check Up
300,000	1% of the Sum Insured maximum up to Rs. 5000/-
500,000	
750,000	
10,00,000	

## ■ What is the entry age?

Cover	Member	Eligible Entry Age
"Silver Health – Plan A"	Individual	46 years to 80 years
"Silver Health – Plan B"	Individual/Floater (Self + Spouse)/Dependent Parents/Parent in laws	

## ■ What is the 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).

## ■ What is the Policy Period?

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

## ■ What is premium paying term?

- Annual Premium payment for 1 year policy & for long term policies of 2/3 years the total long term premium would be collected at the time of risk inception and renewal as well.
- Premium can also be paid on instalment basis- Annual (for long term policies), Half yearly, Quarterly or Monthly

## ■ Is this a floater policy / individual policy?

- Policy provides Individual as well as Floater sum insured options.

## ■ Who can be covered under Silver Health Policy?

- Self and Spouse can be covered under individual option
- Self, Spouse, 2 Parents/ Parent in laws can be covered under floater option.

## ■ Benefits under the Policy

### I BASE COVERAGE

#### 1. In-patient Hospitalization Treatment – (Applicable for Plan A & Plan B)

If You are hospitalized on the advice of a Medical practitioner as defined under Policy 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 subject to

- i. Room rent and Boarding expenses as provided by the Hospital/Nursing Home subject to maximum eligible room is Single Private Air Conditioned room
- ii. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- iii. Nursing Expenses as provided by the hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, 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.
- vi. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

Note:

- a. In case of admission to a room at rates 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
- b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.
- c. Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

## 2. Pre- & Post Hospitalization: (Applicable for Plan A & Plan B)

**Plan A:** An amount equivalent to 3% of the admissible Hospitalization expenses covered under In-Patient Hospitalization Treatment in respect of any and all pre Hospitalization and post Hospitalization expenses.

**Plan B:**

The Medical Expenses Incurred during 30 days for Pre Hospitalization & 60 Days for Post Hospitalization Definitions

## 3. Road Ambulance (Applicable for Plan A & Plan B)

We will pay the reasonable cost to a maximum of Rs. 1000/- per claim 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:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.
- iii. Total limit of indemnity shall be maximum of Rs. 1000/- per claim irrespective of multiple transfers in an ambulance offered by a healthcare or ambulance service provider.

Subject otherwise to the terms, conditions and exclusions of the Policy.

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

## 4. Day Care Procedures (Applicable for Plan A & Plan B)

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

## 5. Preventive Health Check Up (Applicable for Plan A & Plan B)

Plan	A	B
Frequency	End of every continuous period of 4 claim free years	End of block of every continuous period of 2 Years irrespective of claims
Limit	Physician consultation, laboratory tests for fasting blood glucose and complete blood count, serum cholesterol, urine routine, chest X-ray and ECG only	1% of the Sum Insured maximum up to Rs. 5000/- for Self and Spouse separately

You may approach Us for the arrangement of the Health Checkup. 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).

Contact Email id- [healthcheck@bajajallianz.co.in](mailto:healthcheck@bajajallianz.co.in).

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

## 6. Modern Treatment Methods and Advancement in Technologies (Applicable for Plan A & Plan B):

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

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

## 7. Domiciliary Expense (Applicable only for Plan B)

Coverage for medical treatment for a period exceeding three days, for an illness/disease/injury, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home under any of the following circumstances

- 1. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
- 2. The patient takes treatment at home on account of non-availability of room in a hospital.  
However, this benefit shall not cover the following
  - a. Treatment of less than 3 days
  - b. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
  - c. Arthritis, Gout and Rheumatism,
  - d. Chronic Nephritis and Nephritic Syndrome,
  - e. Diarrhoea and all type of Dysenteries including Gastroenteritis,
  - f. Diabetes Mellitus and Insipidus,
  - g. Epilepsy,
  - h. Hypertension,
  - i. Psychiatric or Psychosomatic Disorders of all kinds,
  - j. Pyrexia of unknown origin
  - k. Vector-borne diseases

Our maximum liability is up to 10% of Sum Insured per policy year.

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

## II. ADD-ON COVERAGE

### 1. Room Rent Capping (Applicable for Plan A & Plan B)

If You opt for this cover You will be entitled for a per day room rent limit of 1% of hospitalization Sum Insured up to maximum Rs. 7,500 per day,

By opting for this cover You will be eligible for below discount-

- For SI up to 2 lakhs = 10% discount on premium
- For SI 3 lakhs and above = 5% discount on premium

Note:

- a. The room rent does not include nursing charges.
- b. 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
- c. 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.
- d. Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

### ■ Is there any pre-policy check-up for enrolling under Silver Health policy?

- Pre-Policy medical tests are mandatory for every proposal.
- The pre-policy checkup would be arranged at our empanelled diagnostic centres.
- The validity of the test reports would be 30 days from date of medical examination.

Age of the person to be insured	Sum Insured	Medical Examination
46 years 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 are the Sub-limits/Co-payments under the Policy?

- i. Sub Limits- Our liability to make payment under Section A Coverage will be as below:

Plan	Plan A	Plan B
Room Rent	Single Pvt AC Room	
Pre Hospitalization	3% of Hospitalization Expenses	30 days
Post Hospitalization		60 days
Road Ambulance	1000 per claim	
Domiciliary Expense	Not Covered	10% of Sum Insured
Cataract (Per Eye)	10% of Sum Insured, Max up to 40,000 per claim (whichever is lower)	
Sub limit on PED	50% of Sum Insured from second year onwards	NA

\*ICD specific for Mental Illness specified in Separate Annexure III of Policy Wordings

ii. Cost Sharing:

This policy is subject to Cost sharing mentioned below;

Plan	Plan A	Plan B
Co-payment on all claims	NA	10% co-payment (Each and every admissible claim)
Co-Payment on Non-Net-work Hospital	20% of each and every admissible claim if Treatment availed in Non-Network Hospital  This co-payment can be waived subject to payment of extra premium.	NA

## ■ What additional benefits do I get?

**Cumulative bonus** If You renew Your "Silver Health" with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base Sum Insured per annum, but:

- The maximum cumulative increase in the Limit of Indemnity will be limited upto 100% of base Sum Insured of Your first "Silver Health" with Us.
- This clause does not alter the annual character of this insurance
- If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Silver Health" shall be reduced by 10%, save that the limit of indemnity applicable to Your first "Silver Health" with Us shall be preserved.

## ■ What are Premium Payment Options:

### Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term policies only), Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.

If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.

If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

No interest will be charged If the instalment premium is not paid on due date.

In case of instalment premium due not received within the grace period, the policy will get cancelled.

In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

## ■ When can I enhance my Sum Insured?

- The Insured 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.
- The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured(s) & claim history of the Policy.
- 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 at the inception of the Certificate of Insurance and not on renewals or at the time of porting the Certificate of Insurance.

The Insured Beneficiary shall be allowed a period of 30 days from date of receipt of the Certificate of Insurance to review the terms and conditions of the Certificate of Insurance and Group Policy, and to return the same if not acceptable.

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

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Beneficiary and the stamp duty charges; or
- where the risk has already commenced and the option of return of the Certificate of Insurance is exercised by the Insured Beneficiary, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

## ■ Portability Conditions

- a. 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
- b. For detailed Guidelines on Migration, kindly refer the link: [https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

## ■ 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 at least 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/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)



## ■ Withdrawal of Policy

- a. 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.
- b. 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.

## ■ Discounts and Loadings:

### A. Discount

- i. **Family Discount:** 5% family discount shall be offered if 2 or more eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to Silver Health Floater Policies.
- ii. **Employee Discount:** 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct code.
- iii. **Online/Direct Business Discount:** Discount of 5% will be offered in this product for policies underwritten through direct/online channel.

Note: this discount is not applicable for Employees who get employee discount

#### iv. 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
- This will not apply to policies where premium is paid in instalments.

#### v. Room Rent capping discount:

If You opt for this add on cover You will be entitled for a per day room rent limit of 1% of hospitalization Sum Insured up to maximum Rs. 7,500 per day capped at rent of Single Pvt AC room,  
By opting for this add on cover You will be eligible for a below discount-

- For SI up to 2 lakhs = 10% discounts on Premium
- For SI 3 lakhs and above = 5% discount on Premium

#### Note:

- a. The room rent does not include nursing charges.
- b. 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
- c. 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.
- d. Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

### B. Loading

#### i. Waiver of Co-Payment on Non-Network Hospital-

Waiver of Co-Payment for treatment availed in Non-Network Hospital, is available subject to 15% loading on the final premium.

## What are the exclusions under the policy?

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) (Applicable for Plan A & Plan B)

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Silver Health 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 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

#### NOTE:

- Under Plan A, for any one Pre-existing Illness covered under this Policy (if this Policy is the renewal without break of an earlier Silver health Policy issued by Us and held for a continuous period of one year) our liability will be restricted to 50% of the Limit of Indemnity.

### 2. Specified disease/procedure waiting period (Excl02) (Applicable for Plan A & Plan B)

- 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 Silver Health 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.
- List of specific diseases/procedures is as below

1. Surgery for gastric or duodenal ulcers,	14. Fissure in ano
2. Benign prostatic hypertrophy	15. Fibromyoma
3. Hydrocele	16. Hysterectomy
4. Haemorrhoids	17. Surgery on skin/ all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps
5. Dysfunctional uterine bleeding	18. Treatment for benign tumors or malignant conditions or for organomegaly
6. Endometriosis	19. Surgery on joints
7. Stones in the urinary and biliary systems	20. Mental Illness
8. Prolapse of genitourinary/intra abdominal organs	21. Genetic disorders
9. Surgery on ears	22. Macular Degeneration
10. Treatment for prolapsed intervertebral discs	23. Parkinson's Disease
11. Cataracts,	24. Alzheimer's disease
12. Hernia of all types	25. Bariatric Surgery
13. Fistulae	

3. We will not pay any Medical Expenses incurred during the first 36 consecutive months for Plan A during which You have the benefit of a Silver Health Policy with Us & 24 consecutive months for Plan B during which You have the benefit of Plan B under the Silver Health Policy with Us in connection with:
  - i. Joint replacement surgeries unless necessitated by accidental Bodily Injury  
If above mentioned disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.  
Note: If You switch from existing Silver Health policy to Plan B of the Silver Health Policy, the above listed procedure will be covered only after completion of 36 consecutive months under the Silver Health Policy.

#### **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.

## **II. General Exclusions**

1. Investigation & Evaluation (Excl04)
  - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
  - 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)  
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. **Breach of law (Excl10)**  
Expenses for treatment directly arising from or consequent upon any Insure Person committing or attempting to commit a breach of law with criminal intent.
7. **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.
8. **Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)**
9. **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)**
10. **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)**
11. **Refractive Error (Excl15)**  
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
12. **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.
13. **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
14. **Maternity (Excl 18) :**  
Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.  
Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

## ■ SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

15. 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.
16. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
17. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.  
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
18. 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.
19. External medical equipment of any kind used at home as post Hospitalization 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.
20. 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.
21. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
22. 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.
23. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
24. All non-medical Items as per Annexure II
25. Any treatment received outside India is not covered under this Policy

### ■ List of Claim documents:

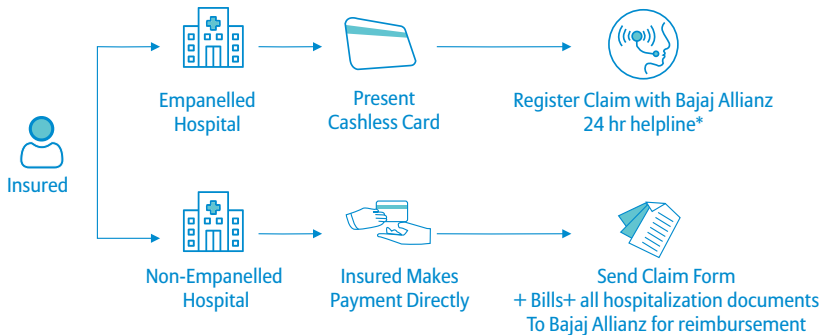
- Claim form with NEFT details & cancelled cheque duly signed by Insured
  - Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
  - Attested copies of Indoor case papers (if available)
  - Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
  - Original Paid Receipt against the final Hospital Bill.
  - Original bills towards Investigations done / Laboratory Bills.
  - Original/Attested copies of Investigation Reports against Investigations done.
  - Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
  - Cashless settlement letter or other company settlement letter
  - First consultation letter for the current ailment.
  - In case of implant surgery, invoice & sticker.
- Please send the documents on below address  
Bajaj Allianz General Insurance Company Ltd  
2nd Floor, Bajaj Finserv Building,  
Behind Weikfield IT park,  
Off Nagar Road, Viman Nagar  
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

**All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.**

## ■ How do I Buy this policy?

- Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website ([www.bajajallianz.com](http://www.bajajallianz.com)) for details
- Actively seek information on the charges and exclusions under the policy
- Fill the proposal form stating your personal details and health profile
- Ensure that the information given in the form is complete and accurate
- We will process your proposal. Based on the information provided, you may be required to undergo pre-policy medical examination at our network diagnostic centers. Please note that you will have to pay the necessary amount for undergoing the specified medical examination and such tests shall be valid for a maximum period of 30days only
- Depending on our evaluation if your proposal is accepted, then we will issue the policy subject to receipt of annual single premium as published on the prospectus.
- If the policy is issued we will refund you 100% of the cost of the pre-policy medical examination
- The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

## ■ How do I make a Claim?



Complete set of claim documents needs to be forwarded to  
Health Administration Team,  
Bajaj Allianz General Insurance Co. Ltd.

2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar-Pune - 411 014.

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

Note: The premiums are in INR and excluding all taxes

## ■ Premiums for Individual Sum Insured Policies

### 1.1 Plan A

Age Band / Sum Insured	50,000	1,00,000	1,50,000	2,00,000	3,00,000	4,00,000	5,00,000
46-50 Yrs	3,332	4,998	6,247	7,809	9,761	11,978	12,781
51-55 Yrs	4,167	6,249	7,811	9,763	12,204	16,224	17,372
56-60 Yrs	6,386	9,579	11,974	14,968	18,709	22,674	24,215
61-65 Yrs	7,983	11,974	14,968	18,709	23,387	28,249	30,173
66-70 Yrs	11,974	17,961	22,451	28,064	35,080	40,412	45,112
above 70 Yrs	14,968	22,451	28,064	35,080	43,849	50,514	60,618

### 1.2 Plan B

Age Band / Sum Insured	3,00,000	5,00,000	7,50,000	10,00,000
46-50 Yrs	11,912	14,359	15,507	16,520
51-55 Yrs	15,644	18,931	20,500	21,886
56-60 Yrs	21,501	25,743	27,938	29,878
61-65 Yrs	26,501	31,679	34,422	36,845
66-70 Yrs	39,025	46,549	50,659	54,287
above 70 Yrs	56,577	68,428	74,550	79,955

## Discounts/Loadings

### 3.1 Discounts

- **Long term policy Discount:** 4% for policy term 2 years and 8% for policy term 3 years.
- **Employee Discount:** 20% discount will be given on Gross Premium in lieu of zero commission to employees of Bajaj Allianz and Bajaj & Allianz Group companies.
- **Family Discount:** This is available if family members are covered under single Individual Sum Insured Policy. 5% family discount shall be offered for 2 or more members. Note: It is not applicable to Floater SI Policies.
- **Online/Direct Business Discount:** Discount of 5% will be offered in this product for policies underwritten through direct/online channel.
- **Room Rent Capping Discount:** Under plan A and B, if customer opts to impose the room rent restriction of 1% of SI instead of actual basis, capped at rent of Single Pvt AC room, then below discount will be applied on the premium.
  - For SI up to 2 lakhs = 10% discounts
  - For SI 3 lakhs and above = 5% discount

### 3.2 Loadings

- **Waiver of Non-network Co-pay:** Under plan A, if the insured chooses to waive off the default 20% co-pay applicable in case of treatment at non-network hospitals, a 15% loading will apply on plan A premiums.

## 4. Instalment Options

- 0.086 for monthly mode, 0.257 for quarterly mode, and 0.509 for semi-annual mode.

## ■ Benefit Illustration in respect of Policies offered on Individual & Family Floater basis

Age of the members to be insured	Benefit Illustration in respect of Policies offered on Individual & Family Floater basis		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	Premium	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family	Float-er discount if any	Premium after discount	Sum Insured
60	18,709	300,000	18,709	5%	17,774	300,000	24,730	NA	300,000	
55	12,204	300,000	12,204	5%	11,594	300,000				
Total Premium for all members of the family is <b>Rs 30,913</b> when each member is covered separately (No Discount Applicable)			Total Premium for all members of the family is <b>Rs 29,367</b> when they are covered under a single policy (Family Discount Applicable)				Total premium when policy is opted on floater basis is <b>Rs 24,730</b>			
Sum Insured available for each individual is <b>Rs 300,000</b>			Sum Insured available for each family member is <b>Rs 300,000</b>				Sum Insured of <b>Rs 300,000</b> is available for the entire family			
<p><b>Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.</b></p>										





## BAJAJ ALLIANZ SILVER HEALTH POLICY

*Spend your Golden Years Worry-Free*

With its upgraded coverages Silver Health takes care of your growing health care needs even in the era of increasing medical costs.

### COVERAGES



Increase in Entry Age  
up to Max 80 years



Floater Policy



Covers  
Parents/Parents-in-law



Mental illness covered  
on IPD basis



BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.  
BAJAJ ALLIANZ HOUSE, AIRPORT ROAD, YERAWADA, PUNE - 411006.  
IRDA REG NO.: 113.



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



[www.bajajallianz.com](http://www.bajajallianz.com)



[bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

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.

CIN: U66010PN2000PLC015329 | UIN: BAJHLIP23213V052223  
BJAZ-B-0355/05-04-2023

Policy holders can download Caringly Yours app for one -touch access Available on:  