

**A Healthcare Plan that cares
the way you want**



My Healthcare Plan

Transforming MY Care - MY Way



Allianz

Caringly yours

■ Introduction

My Healthcare Plan – a truly modular plan offers you the flexibility to curate an individual bouquet of features that you feel is best suited for you and your family.

■ Special features (USP's) of My Health Care Plan

- Flexibility to design your own plan
- OPD benefit of 2X (twice the premium)
- Sum insured options upto 5 Crore
- Unlimited Sum Insured Reinstatement
- Option to add international cover (emergency situations only)
- Inbuilt Baby Care cover
- Inbuilt home nursing cover
- 50% Cumulative Bonus
- Inbuilt Maternity cover*

*For SI 5 lacs and above only

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

3/4/ 5 / 7.5 / 10 / 15 / 20 / 25 / 30 / 35 / 40 / 45 / 50 /75 Lacs and 1/2/3/4/5 crore

■ What type of plans are available?

Individual and Floater Policy

■ What is the entry and renewal age?

Proposer /Spouse /Dependent Parents/ Dependent Sister/ Dependent Brother/ Dependent Parents-in-law/
Dependent Aunt/ Dependent Uncle/ Dependent Grand Children - 18 years to 65 years
Dependent Children/ Dependent Grandchildren: 3 months – 30 years
Family Floater policy- Insured; his/her lawfully wedded spouse and dependent children
For Parents/ Parents in law separate floater Policy can be taken
Renewal age - Lifetime

■ What is the Policy Period?

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

■ What is premium paying term?

Annually / Half yearly/ Quarterly or Monthly.

■ Is there any pre-policy check-up for enrolling under My Health Care Plan?-

Age of the person to be insured	Sum Insured	Medical Examination
Up to 45 years	All Sum Insured options	No Medical Tests*
46years to 65years	Sum Insured 5lacs to 50lacs	Tele MER*
46years to 65years	Sum Insured < 5lacs and above 50lacs	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

*Subject to no adverse health conditions

■ What is covered under My Health Care Plan?

If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted by Insured beneficiary during the Cover Period, then We will indemnify you against Reasonable and Customary Medical Expenses incurred for:

What Will we pay for :

1. In-patient Hospitalization Treatment-

- i. Room and boarding expenses, ICU expenses, nursing expenses, Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees and so on that are medically necessary prescribed by the treating Medical Practitioner

2. Pre & Post Hospitalisation Expenses-

60 days and 90 Days respectively with Options to customize as per your requirement

3. Modern Treatment Methods and Advancement in Technologies

Medical Expenses if You undergo Modern Treatment Methods and Advancement in Technologies procedures maximum up to Inpatient Hospitalization Treatment Sum Insured

4. Day Care Treatment

Medical Expenses for Day care procedures / surgeries taken as an Inpatient in a Hospital or Day care centre but not in the Outpatient department up to Inpatient Hospitalization Treatment Sum Insured

5. Organ donor expenses

Medical expenses incurred for organ donor's in-patient treatment for harvesting of the organ donated provided if Insured Beneficiary is the receiver of the organ.

6. Ayurvedic and Homeopathic Hospitalization Cover

Inpatient Treatment- Medical Expenses for Ayurvedic and/or Homeopathic treatment up to In-patient Hospitalization Treatment Sum Insured on the advice of a Medical practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period

7. Road Ambulance

The expenses incurred on a road ambulance 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 a road ambulance offered for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.

8. Maternity Package Expenses

A) Maternity expenses-

The Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either during the lifetime of the Insured Beneficiary

Our maximum liability per delivery or termination shall be as per the Maternity Package limit specified in the Policy Schedule.

- i. We will pay the In-patient Medical Expenses of pre-natal (complete pre-natal period) and post-natal hospitalization (up to 90 days post-delivery) per delivery or termination up to the Maternity Package limit.
- ii. The above cover will be subject to a waiting period as mentioned on the Policy Schedule which would apply from the date of issuance of the first My Health care Plan with Us. , Maternity Package Expense Waiting Period mentioned on the Policy Schedule will decrease by 1 year if long term policy is opted and the entire premium is paid up front.
- iii. Fresh waiting period as specified on the Policy Schedule would apply for all the policies issued with continuity from other health indemnity product/plans where maternity expenses are not covered.
- iv. This cover is applicable for Insured Beneficiary up to 45 years of age.

B) Maternity expenses for Surrogacy- If the Insured member has opted for maternity through surrogacy then the maternity expenses incurred for the respective Surrogate mother provided that the necessary documents related to Surrogacy are furnished at the time of claims will be indemnified.
All other terms and conditions would be as per the "A. Maternity expenses" above

C) Complications of Assisted reproductive procedures/technology (ART)- If You are hospitalized for In-patient Care on the advice of a Medical Practitioner because of complications arising out of assisted reproductive procedures during the Cover Period, then Medical Expenses incurred up to Maternity Package limit will be indemnified

We will also indemnify You against In-patient hospitalization expenses incurred, up to Maternity Package limit, because of complications arising out of assisted reproductive procedures, for the oocyte donor provided that

- i. The Insured Beneficiary is the recipient of the oocyte.
- ii. Necessary documents related to oocyte donation are furnished at the time of claims.

9. Baby Care

The In-patient hospitalization expenses incurred for your new-born baby, on the advice of a Medical Practitioner because of Illness or Injury sustained or contracted during the Cover Period subject to below conditions

Specific conditions applicable to this cover

- a) The above cover will be subject to a waiting period as mentioned on the Policy Schedule which would apply from the date of issuance of the first My Health care Plan with Us.
- b) Baby Care Waiting Period mentioned on the Policy Schedule will decrease by 1 year if long term policy is opted and the entire premium is paid up front.
- c) The baby should be born during the Policy Period.
- d) You should intimate Us about the birth of your baby within 90 days of delivery.
- e) The Policy will cover the baby in subsequent renewals subject to payment of premium.
Please refer to Table of Benefits for plan wise coverages/options and waiting period

10. Out-patient Treatment Expenses (OPD)

We will cover the Insured or Insured Beneficiary, in respect of an admissible claim during the Policy Period for any or all of the following covers if available under the specific plan of My Health Care Plan and as per limits specified in the Policy Schedule.

This is subject to the Policy terms, conditions and definitions, exclusions.

- I. Tele (Insta) Consultation Cover
- II. Doctor Consultation Cover (In-clinic)
- III. Doctor prescribed Investigations Cover – Pathology & Radiology Cover
- IV. Annual Preventive Health Check-up cover

I. Tele (Insta) Consultation Cover

If the Insured Beneficiary is suffering from any Illness or Injury he / she can consult Medical Practitioner/ Physician/Doctor listed on the digital platform of Insurer or concerned Service Provider via video, audio, or chat channel, where the Insured Beneficiary will be able to select the speciality of Doctor and will be able to consult the Doctor available at the time of call. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and as amended from time to time. This is a cashless service.

Specific conditions for Tele (Insta) Consultation Cover

1. Only 1 (one) active Doctor consultation is allowed at any given time and the Insured Beneficiary can book/utilize next consultation post completion of ongoing consultation.
2. Each Insured Beneficiary is allowed to utilize a maximum of 5 consultations per day.
3. Insured Beneficiary can book/utilize a maximum of 15 online consultations per month.

Exclusions for Tele (Insta) Consultation Cover

1. Tele consultation outside the Digital platform of Insurer or service provider's application/website video/audio/chat consultation, in-clinic/physical consultation is not covered under this benefit of the product.
2. Teleconsultation benefit is not transferrable to any other beneficiary unless the beneficiary is covered under the Policy & has opted this coverage.
3. If the Tele Consultation is not availed in the Policy year during the Policy Period, the benefit cannot be carried forward to the subsequent policy year during the Policy Period.
4. Reimbursement of teleconsultation benefit is not permitted
5. Initial 30 days waiting period is applicable on tele-consultation required for illness during the first year of Policy Period. This waiting period is not applicable for renewals.
6. Pre-Existing Diseases Waiting Period (Code-Excl01)
 - a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first My Health Care Plan and the Policy Schedule with Us.
 - b) The PED waiting period as opted would be specified on the Policy Schedule.
 - c) If the Insured Beneficiary 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 the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

II. Doctor Consultation Cover (In-clinic) Cashless Service

If the Insured/Insured beneficiary/ies is suffering from any Illness or injury, he / she can consult Medical Practitioner/ Physician/Doctor in person from prescribed network centres of concerned Service Providers up to the limit as specified under this Policy read with Policy Schedule. This is a cashless service.

If there is no facility of cashless Doctor Consultation in your location, then Insured Beneficiary/s can take a prior approval for consulting the Doctor/Medical Practitioner and claim the charges/consultation fees by way of reimbursement process as defined under claim process. Sub-limit of INR 500 for general physician and INR1,200 for specialists per consultation as specified under the plan.

Specific conditions for Doctor Consultation Cover (In-clinic)

1. Only 1 (one) active Doctor consultation is allowed at any given time and the Insured Beneficiary can book/utilize next consultation post completion of ongoing consultation.
2. Each Insured Beneficiary is allowed to utilize a maximum of 5 consultations per day, subject to the cover limit specified in the Policy Schedule.
3. Insured Beneficiary can book/utilize a maximum of 15 consultations per month.

Exclusions for Doctor Consultation Cover (In clinic)

1. Other expenses of investigations, medicines, procedures or any medical, non-medical items are not covered.
2. Doctor consultation cover is not transferrable to any other person unless the person is covered under the same Policy.
3. If the Doctor consultation is not availed in the Policy year during the Policy Period, the benefit cannot be carried forward to the subsequent Policy year
4. Initial 30 days waiting period is applicable for consultation required for Illness during the first year of this Policy. This waiting period is not applicable for renewals.
5. The plan does not cover yoga, naturopathy, reiki, acupuncture, acupressure, physiotherapy, psychiatric counselling, diet counselling.
6. Pre-Existing Diseases Waiting Period (Code-Excl01)
Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first My Health Care Plan and the Policy Schedule with Us.
 - a) The PED waiting period as opted would be specified on the Policy Schedule.
 - b) If the Insured Beneficiary 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.
 - c) Coverage under the Policy after the expiry of the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

III. Doctor Prescribed Investigations Cover – Pathology & Radiology Expenses Cashless Service

If the Insured/Insured Beneficiary/s is suffering from any Illness or Injury he / she can avail the cashless service for investigations prescribed by a registered Medical Practitioner for pathology or radiology from prescribed network centres of the Service Provider up to the limit as specified in the Policy Schedule. This is a cashless service. If there is no cashless facility in your location for Investigations Cover – Pathology & Radiology then Insured Beneficiary/s can take a prior-approval for the prescribed investigations and claim the expenses by way of reimbursement process as defined under claim process. The investigation expenses would be payable up to the limit specified on the Policy Schedule.

Exclusions for Doctor Prescribed Lab and Radiology Cover

1. Any Lab or Radiology investigation which is not prescribed by a Medical Practitioner will not be covered.
2. Investigation cover is not transferrable to any other person unless the person is covered under the same Policy.
3. If the Investigation cover is not availed in the respective policy year the benefit cannot be carried forward to the subsequent policy year after renewal.
4. Initial 30 days waiting period is applicable for investigations Cover- Pathology & Radiology expenses related to illness during the first year of Policy. This waiting period is not applicable for renewals.
7. Pre-Existing Diseases Waiting Period (Code-Excl01)
 - a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months of continuous coverage after the date of inception of the first My Health Care Plan and the Policy Schedule with Us.
 - b) The PED waiting period as opted would be specified on the Policy Schedule.
 - c) If the Insured Beneficiary 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 the waiting period as specified in Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

IV. Annual Preventive Health Check up cover

The Insured can avail the free Preventive health check-up once in every Policy Year in the network centres of the Service Provider.

The health check-up can be availed on a cashless basis only in the prescribed list of Hospitals or diagnostic centers.

List of prescribed Hospitals or diagnostic centers can be accessed from the Insurer's website or digital application of the Company.

Exclusions for Annual Preventive Health Check -up cover

1. Preventive health check-up cannot be availed outside the prescribed list of hospitals or diagnostic centers.
2. Home collection facility will available only at selected locations. For locations where home sample collection is not available, the customer will have to physically go and take the tests.
3. The complete list of tests as given above has to be completed in a single appointment.
4. If the health check-up is not availed in the Policy Year during the Policy Period the benefit cannot be carried forward to the subsequent Policy Year.
5. Reimbursement of preventive health check-up expenses is excluded from the scope of the Policy.
6. Initial 30 days waiting period is applicable for investigations related to Illness during the first year of Policy Period. This waiting period is not applicable for renewals.

List of network Hospitals or diagnostic centres can be accessed from the Insurer's website for:

 - Doctor Consultation Cover (In clinic)
 - Doctor prescribed Investigations Cover – Pathology & Radiology Cover
 - Annual Preventive Health Check-up cover

11. Domiciliary Hospitalization

The Expenses for Medical Treatment for an illness/disease/injury up to In-patient Hospitalization Treatment Sum Insured, 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.
3. Domiciliary Hospitalization should exceed 3 days.

However, this coverage/benefit shall not cover the following

- a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- b. Arthritis, Gout and Rheumatism,
- c. Chronic Nephritis and Nephritic Syndrome,
- d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
- e. Diabetes Mellitus and Insipidus,
- f. Epilepsy,
- g. Hypertension,
- h. Psychiatric or Psychosomatic Disorders of all kinds,
- i. Pyrexia of unknown origin
- j. Vector-borne diseases

12. Home Nursing Benefit

If we have paid claim for In-patient hospitalization Treatment and if a Registered Nurse is engaged for post-hospitalization care, We will pay fixed weekly benefit amount for a period up to 10 weeks subject to the condition as mentioned below :

- a. Home Nursing must be recommended by treating Doctor with valid medical certificate stating the reason for providing Nursing Care at Home.
- b. The benefit will not be paid for more than 10 weeks per Policy Year.
- c. Claim for Home Nursing shall be paid only if we have paid a claim for In-patient hospitalization Treatment cover.
- d. You were Hospitalized in preceding 10 days period for the same illness/injury.
- e. A valid bill from the Nursing Bureau with number of days of service utilization along with dates should be provided at the time of claims.

Please refer the Table of Benefits at the end of this document for coverage details

13. Cost of Prescribed External Medical Aid

Expenses incurred for External Medical Aids eg: braces, canes, crutches, walker, wheelchair etc. prescribed by a treating Medical Practitioner for the specific illness or injury against which the claim is accepted by Us provided that We have accepted Insured's Claim under "In-patient Hospitalisation Treatment".

Please refer the Table of Benefits at the end of this document for coverage details

14. Sum Insured Reinstatement

The In-patient Hospitalisation Treatment Sum Insured would be "reinstated" up to number of times for same illness, as specified in the Policy Schedule for the particular Policy Year provided that

1. 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 a different family member.
2. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment
3. For any claim under this benefit, the maximum liability per claim shall not exceed the In-patient Hospitalization Sum Insured.
4. This benefit is applicable during each Policy year and will not be carried forward to the subsequent policy year/ renewals.
5. Sum Insured Reinstatement for floater policy will be at policy level.
6. For individual Sum Insured policy, Sum Insured Reinstatement would be available on Insured Beneficiary level.

Please refer the Table of Benefits at the end of this document for coverage details

15. Airlift Cover

Reasonable and Customary expenses incurred on airlift facility for life threatening health conditions which require transportation from Insured Beneficiary's location to a Hospital.

This facility can be availed voluntarily. This cover is applicable only if available under the plan as specified in the Policy Schedule.

Claim under this section shall be payable subject to the below conditions:

1. Such life-threatening condition is certified by the Medical Practitioner,
2. We have accepted Insured Beneficiary's Claim under "In-patient Hospitalisation Treatment" or "Day Care Treatment" section of the Policy.
3. Distance between Insured beneficiary's location and hospital is more than 200 kms.
4. Pre-approval is mandatory for making a claim under this cover.
5. Only domestic travel expenses will be paid

Please refer the Table of Benefits at the end of this document for coverage details

16. Cumulative Bonus

Cumulative Bonus ("CB") will be increased for each claim free year (no claims are reported) maximum upto 100% of inpatient hospitalisation sum insured, provided the Policy is renewed with the company without a break. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced.

Please refer the Table of Benefits at the end of this document for coverage details

17. Family Visit

If Insured sustains Accidental Injury or contracts Illness during the Policy Period requiring Hospitalisation in an outstation location 200 kms away from Insured Beneficiary's place of residence, the actual to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or relative or friend of the Insured Beneficiary will be reimbursed

18. Renewal Premium Waiver Benefit

In event of death of the proposer (who is also an Insured Beneficiary) during the Policy Period due to Accidental Injury or Illness, we will pay the renewal premium of this Health Insurance plan for the dependant members.

The renewal premium is payable only for one subsequent renewal for the dependant Insured Beneficiary/ies for same sum insured.

19. Consumable Expenses

The Non-Medical Expenses/ consumables incurred during treatment of the Insured Beneficiary will be paid up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover.

■ Optional Covers

1. Loss of Income Cover

If Insured is Hospitalized (because of any illness except infection) for a minimum of 72 consecutive hours on the advice of a Doctor/ Medical Practitioner because of any Illness or Accidental Injury during the Policy Period then a weekly payment

The benefit amount pay-out is as per the below grid

Number of Days of per Hospitalization	No of weeks of Benefit paid
3 days to 5 days	1 week
6 days to 10 days	2 weeks
11 days to 20 days	4 weeks
21 days to 30 days	6 weeks
Above 30 days	8 weeks

2. Major Illness and Accident Multiplier (Indemnity)

If Insured is Hospitalised for Inpatient Care on the advice of a Medical Practitioner for the below listed Critical Illnesses or due to Accidental Bodily Injuries during the Cover Period, then the sum insured for such Major Illnesses or Injury would be increased maximum up to two times of "Inpatient Hospitalization Treatment" Sum Insured

- i. Cancer
- ii. Open Chest Coronary Artery Bypass Grafting (CABG)
- iii. Kidney Failure Requiring Regular Dialysis
- iv. Major Organ Transplantation
- v. Multiple Sclerosis with Persisting Symptoms
- vi. Permanent Paralysis of Limbs
- vii. Open Heart Replacement or Repair of Heart Valves
- viii. End Stage Liver Failure
- ix. End Stage Lung Failure
- x. Bone Marrow Transplant

3. International Cover – Emergency Care only

The Company shall indemnify the Insured person for Hospitalization expenses incurred outside India and anywhere across the World for emergency care only up to the amount specified in the Policy Schedule subject to the conditions specified below:

- a. The Injury or Illness should occur while the Insured Person is outside India.
- b. The treatment must commence immediately on diagnosis of the Illness or occurrence of the Injury.
- c. A mandatory co-payment of 10% is applicable which will be in addition to any other co-payment/deductible if any applicable in the policy.
- d. The benefit is available for 45 continuous days from date of travel in a Single trip and 180 days on a cumulative basis as whole in a Policy year.
- e. The Medical Expenses payable shall be limited to Inpatient hospitalization treatment only. Pre and post hospitalization expenses, day care treatment, Maternity Package expenses are not covered under the purview of this cover.
- f. The payment of any claim under this cover will be based on the rate of exchange as on the date of loss published by the Reserve Bank of India and shall be used for conversion of foreign currency into Indian Rupees for payment of claims.

- g. The Insured person has to inform us within 24 hours of occurrence of the emergency condition and take prior approval for medical treatment.
- h. Reinstatement, Recharge, Cumulative Bonus, Super Cumulative Bonus, Major Illness and Accident Multiplier or Double Sum Insured Benefit accrued cannot be used for payment of claims under International Cover – Emergency Care only.
- All other terms and conditions will be as per those applicable to In-patient Hospitalization Treatment Cover.
- Subject otherwise to all other terms, conditions and exclusions of the policy.

■ When can I enhance my Sum Insured?

- Sum Insured enhancement will be allowed only at the time of renewals.
- Sum Insured enhancement would be subject to the underwriting approval based on the declaration on the proposal form and No claim in the expiring policies. In case of a claim, referral to be made to Underwriting Medical Practitioners for further advise.

■ Discounts

i. Zone Discount

Below discount will be applicable on Zone A Premium based on residential address of the proposer or insured person

- Zone B: 15%
- Zone C: 25%

There are three Zones for Premium payment

- **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 the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.

- **Zone C**

Goa, Punjab, Chandigarh, Chattisgarh, Bihar, Jharkhand, Andaman & Nicobar Islands, Arunachal Pradesh, Himachal Pradesh, Jammu & Kashmir, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Sikkim, Tripura, Uttarakhand

ii. Family Discount

10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15% if more than 2 of any of the 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 Floater Policies.

iii. Long Term 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. Employee Discount

20% discount on published premium rates will be applicable for the Company's employees & employees of group companies, employees of Corporate customers of Bajaj Allianz General Insurance Co. Ltd. provided the Policy is booked in direct code.

This discount shall also be applicable to Intermediaries of Bajaj Allianz General Insurance Co. Ltd. for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy.

v. Online/Direct Business Discount

Discount of 5% will be offered in this product for policies underwritten through direct/online channel.

Note: Not applicable where employee discount is given

vi. Loyalty Discount

Discount of 5% shall be offered if the insured member is having any of the listed active Bajaj Allianz General Insurance Co. Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of 2500 INR

vii. Wellness Discount

At each renewal of My Health Care Plan with Us, wellness discount will be applicable subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each year in case of long term policies.

Sr. No	Health Parameter	Reading	
1	Health Risk Assessment	Complete the online health risk assessment	
2	HbA1c (%)	Up to 6.5%	
3	Fasting Blood Sugar	Upto 120 mg/dl	
4	Blood Pressure (mm of Hg)	Systolic	Diastolic
		Upto 140	Upto 90
5	Body Mass Index (BMI)	18 – 25	
6	Serum Cholesterol	200mg/dl	
7	Steps Count	5,000 steps daily – 20 days every month	
8	Hemoglobin	Male-13-18mg/dl Female- 11-15mg/dl	
Parameters Achieved		Discount Offered	
4/5 out of 8		5%	
6/7 out of 8		7.5%	
8 out of 8		10%	

Wellness Eligibility Criteria:

1. Wellness discount is applicable for members age 25 years and above
2. If the Insured person meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria she / she is eligible for 10% discount.
3. If an Insured meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
4. In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

Discount under Floater Policy = Total No. of Parameters achieved by eligible members

Total No. of eligible members in the family

viii. Early Entry Discount

5% discount shall be offered if, Insured Proposer is opting the My Health Care Plan long term policy prior to 35 years of age.

In policies where Proposer is also an Insured member, and his/her age is 35 years or below, this discount shall be extended to all other insured members also who are aged 35 years and below.

This discount shall be applicable at inception of policy as well as at each subsequent renewal, irrespective of claims, until the Insured member/s completes 45 years of age.

This discount will apply only if long term policy is opted

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

ix. Fitness Discount

The Insured member will be eligible for a Fitness Discount of 5%, if the below criteria is fulfilled

1. The Insured member submits completion certificates of at least two 5km marathons run in the past 12 months prior to policy inception date.

This discount shall only be applicable at the inception of the Policy with us for the first time.

x. Voluntary co-payment Discount

- a. If the Voluntary co-payment option is opted, then a discount corresponding to the co-payment opted would be applicable.
- b. If a claim has been admitted under In-patient Hospitalization Treatment then, the Insured shall bear a 5% or 10% or 15% or 20% (proportion to extent to discount availed) of the eligible claim amount payable under this Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

■ Standard exclusions and waiting periods

- Investigation & Evaluation (Code-Excl04)
- Rest Cure, rehabilitation and respite care (Code-Excl05)
- Obesity/Weight Control (Code-Excl06)
- Change-of-gender treatments (Code-Excl07)
- Cosmetic or plastic Surgery (Code-Excl08)
- Hazardous or Adventure sports: (Code- Excl09)
- Breach of law (Code-Excl10)
- Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)
- Refractive Error (Code-Excl15)
- Unproven Treatments (Code-Excl16)
- Sterility and Infertility (Code-Excl17)

■ Waiting periods

- 30 days initial waiting period
- 24 months waiting period for Specified disease/procedure Waiting Period
- 36 months waiting period on pre-existing diseases

This list is indicative, for complete list of Standard, General and Specific Exclusion and waiting period please refer the policy wordings.

■ Table of Benefits

1.1 Plan A

My Health Care Plan	
Cover	Plan 1
In-Patient Hospitalization Expenses	3/4/5/7.5/10/15/20/25/30/35/40/45/50/75 lacs and 1/2/3/4/5 Crore
Aggregate Deductible	NA
Room rent for 3 Lac to 10 Lac SI	Single Pvt AC Room
Room rent for Above 10 Lacs SI	Actuals
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Organ Donor	Up to Sum Insured
Ayurvedic and Homeopathic Hospitalization Cover	Up to Sum Insured
Road Ambulance	Up to Sum Insured
Maternity Package expenses	For SI 3 and 4 Lac – Not covered
A. Maternity expenses	For SI 5 Lac to 10 Lac – INR 50,000
B. Maternity expenses for Surrogacy	For SI 15 Lac to 20 Lac- INR 75,000
C. Complications of Assisted reproductive technique	For SI above 20 Lacs – INR 1,00,000
Baby care	For SI up to 4 Lac- 1 lac
	For SI 5 Lac to 10 Lac- 5 Lac
	For SI 15 Lac to 50 Lac- 10 Lac
	For SI above 50 Lac- 15 Lac
Out-Patient Treatment (OPD) Expenses	a) Insta-Consultation (Instant Teleconsultation) Cover
	b) Doctor Consultation Cover (in clinic)- Limit-50% of wallet
	c) Doctor Prescribed investigation/ pathology and Radiology Cover-Limit 50% of wallet
	d) Annual Preventive Health check-up cover - (1 voucher)
Home Nursing Benefit (max 10 weeks)	For SI up to 50 Lac- 5,000/week
	For SI above 50 Lac- 10,000/week
Cost of Prescribed External Medical Aid	For SI up to 10 Lac- 10,000
	For SI 15 Lac to 50 Lac- 25,000
	For SI above 50 Lac- 50,000
Sum Insured Reinstatement (Available for same illness)	For SI less than 5 lacs - Once
	For SI 5 lacs and above - Unlimited
Airlift Cover	For SI above 50 Lac to 1 Crore - Limit for Air Lift up to INR 10 Lac
	For SI Above 1Crore - Limit for Air Lift up to 20 Lac
Cumulative bonus (reduces in case of claim)	For SI 3 and 4 lacs - 25% Per Annum max 100%
	For SI 5 Lac and above- 50% Per Annum max 100%

Family Visit	For SI upto 10 lacs- upto INR 25,000
	For SI More than 10 lacs – Upto INR 50,000
Renewal premium waiver benefit in case of death of proposer	Applicable
Consumables cover	Up to In-patient SI
Pre-Existing Diseases Waiting Period	36 months
Specified disease/procedure Waiting Period	24 months
Initial Waiting period	30 days
Maternity Expenses waiting period	36 months(will reduce by 1 year if premium for long term policy is paid upfront)
Baby Cover waiting period	36 months(will reduce by 1 year if premium for long term policy is paid upfront)
Cataract limit	For SI up to 10 Lac- 20% of SI max 1 Lac per eye
	For SI above 10 Lac- Actual

*These are indicative plans. Please refer your Policy Schedule for Covers and corresponding limits in your plan.

OPTIONAL COVERS AVAILABLE IN MY HEALTH CARE PLAN	
1.	Loss of Income Cover
2.	Major Illness and Accident Multiplier (Indemnity)
3.	International Cover – Emergency Care only

*Please refer your Policy Schedule for optional Covers and corresponding limits in your plan.

■ Rate chart

Note : Premium is for Inbuilt covers only and does not include optional cover
 Premium is in INR for Zone A and excluding GST

Plan 1

Insured Age/SI	1A																		
	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	5,426	5,916	6,715	7,560	8,225	9,694	10,545	11,347	11,662	12,201	12,689	13,137	13,551	15,987	17,894	25,884	33,514	41,146	48,780
21-25 Years	7,814	8,526	9,579	10,810	11,781	13,842	15,080	16,208	16,669	17,454	18,165	18,818	19,422	22,730	25,511	36,989	48,112	59,236	70,357
26-30 Years	8,865	9,676	10,842	12,242	13,346	15,668	17,079	18,350	18,875	19,768	20,577	21,321	22,007	25,701	28,866	41,882	54,543	67,202	79,862
31-35 Years	9,425	10,289	11,513	13,002	14,179	16,640	18,141	19,488	20,048	20,998	21,860	22,651	23,382	27,279	30,649	44,482	57,959	71,438	84,915
36-40 Years	10,446	11,407	12,740	14,395	15,703	18,417	20,084	21,572	22,192	23,249	24,207	25,085	25,899	30,170	33,914	49,242	64,215	79,189	94,162
41-45 Years	12,426	13,572	15,117	17,092	18,652	21,856	23,846	25,604	26,346	27,606	28,750	29,797	30,769	35,762	40,230	58,455	76,322	94,191	112,060
46-50 Years	15,126	16,525	18,357	20,768	22,673	26,545	28,975	31,103	32,009	33,548	34,944	36,223	37,407	43,389	48,844	71,015	92,832	114,648	136,464
51-55 Years	19,256	21,042	23,314	26,392	28,825	33,719	36,821	39,515	40,672	42,638	44,419	46,054	47,567	55,058	62,022	90,233	118,087	145,944	173,798
56-60 Years	25,593	27,972	30,920	35,023	38,264	44,728	48,863	52,422	53,965	56,585	58,959	61,137	63,152	72,960	82,242	119,719	156,839	193,962	231,083
61-65 Years	34,383	37,585	41,470	46,994	51,360	59,997	65,566	70,328	72,404	75,930	79,127	82,059	84,773	97,795	110,290	160,621	210,594	260,573	310,547
66-70 Years	53,346	58,326	64,232	72,820	79,607	92,941	101,597	108,955	112,184	117,666	122,638	127,197	131,416	151,373	170,800	248,859	326,563	404,272	481,976
above 70 Years	61,302	67,029	73,783	83,658	91,459	106,762	116,714	125,161	128,875	135,180	140,894	146,135	150,987	173,850	196,187	285,883	375,221	464,565	553,905

Insured Age/SI	1A+1C																		
	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	7,596	8,282	9,400	10,582	11,516	13,572	14,763	15,885	16,327	17,080	17,765	18,392	18,970	22,382	25,052	36,237	46,920	57,605	68,292
21-25 Years	9,410	10,266	11,578	13,056	14,221	16,724	18,210	19,581	20,134	21,076	21,929	22,713	23,437	27,513	30,850	44,696	58,043	71,391	84,737
26-30 Years	10,674	11,646	13,094	14,773	16,099	18,916	20,609	22,150	22,782	23,853	24,823	25,716	26,540	31,078	34,875	50,566	65,759	80,951	96,142
31-35 Years	11,345	12,381	13,899	15,686	17,098	20,081	21,882	23,518	24,188	25,329	26,363	27,313	28,190	32,972	37,015	53,687	69,859	86,033	102,205
36-40 Years	12,571	13,724	15,371	17,358	18,928	22,213	24,214	26,016	26,762	28,030	29,180	30,234	31,210	36,440	40,934	59,399	77,366	95,335	113,303
41-45 Years	14,947	16,321	18,224	20,593	22,465	26,341	28,728	30,856	31,746	33,259	34,631	35,888	37,053	43,150	48,513	70,454	91,894	113,337	134,779
46-50 Years	18,186	19,864	22,112	25,004	27,292	31,969	34,884	37,456	38,542	40,389	42,065	43,600	45,019	52,304	58,550	85,527	111,706	137,885	164,065
51-55 Years	23,141	25,285	28,060	31,754	34,674	40,577	44,299	47,550	48,937	51,297	53,434	55,396	57,210	66,307	74,663	108,586	142,012	175,441	208,865
56-60 Years	30,746	33,601	37,188	42,111	46,001	53,788	58,749	63,038	64,890	68,032	70,883	73,494	75,914	87,789	98,926	143,971	188,515	233,062	277,608
61-65 Years	41,294	45,138	49,848	56,477	61,715	72,111	78,793	84,524	87,016	91,248	95,083	98,603	101,859	117,591	132,585	193,053	253,020	312,996	372,965
66-70 Years	64,049	70,026	77,162	87,468	95,611	111,643	122,030	130,876	134,752	141,330	147,297	152,767	157,832	181,884	205,197	298,938	392,183	485,435	578,679
above 70 Years	73,598	80,470	88,622	100,472	109,834	128,228	140,170	150,323	154,781	162,347	169,204	175,493	181,315	208,857	235,660	343,367	450,572	557,786	664,994

Insured Age/SI	1A+2C																		
	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	9,766	10,649	12,088	13,607	14,806	17,450	18,981	20,425	20,991	21,962	22,839	23,646	24,390	28,776	32,209	46,591	60,326	74,063	87,804
21-25 Years	11,199	12,214	13,805	15,557	16,938	19,939	21,702	23,342	23,996	25,114	26,126	27,055	27,914	32,822	36,779	53,254	69,084	84,917	100,750
26-30 Years	12,481	13,616	15,346	17,305	18,851	22,164	24,139	25,952	26,687	27,938	29,070	30,112	31,073	36,454	40,885	59,250	76,975	94,699	112,423
31-35 Years	13,265	14,474	16,285	18,369	20,017	23,523	25,624	27,546	28,329	29,660	30,865	31,973	32,998	38,664	43,381	62,890	81,759	100,628	119,497
36-40 Years	14,695	16,040	18,003	20,321	22,151	26,011	28,345	30,462	31,331	32,812	34,152	35,381	36,521	42,711	47,954	69,554	90,518	111,480	132,442
41-45 Years	17,466	19,070	21,330	24,095	26,280	30,825	33,611	36,108	37,146	38,911	40,512	41,978	43,338	50,540	56,795	82,452	107,468	132,483	157,498
46-50 Years	21,246	23,204	25,867	29,242	31,909	37,391	40,792	43,807	45,075	47,229	49,183	50,975	52,631	61,218	68,855	100,037	130,581	161,123	191,665
51-55 Years	27,028	29,529	32,806	37,116	40,521	47,435	51,778	55,583	57,203	59,955	62,450	64,737	66,854	77,554	87,303	126,942	165,938	204,937	243,933
56-60 Years	35,900	39,230	43,455	49,198	53,736	62,848	68,634	73,654	75,814	79,481	82,806	85,853	88,675	102,618	115,612	168,222	220,189	272,162	324,132
61-65 Years	48,206	52,690	58,225	65,959	72,071	84,224	92,020	98,721	101,628	106,564	111,041	115,145	118,945	137,386	154,879	225,485	295,447	365,418	435,383
66-70 Years	74,753	81,726	90,091	102,114	111,616	130,346	142,464	152,798	157,320	164,995	171,955	178,337	184,245	212,395	239,593	349,018	457,805	566,597	675,381
above 70 Years	85,892	93,910	103,462	117,289	128,209	149,694	163,627	175,488	180,688	189,513	197,515	204,852	211,644	243,864	275,134	400,851	525,925	651,007	776,083

Insured Age/SI	1A+3C																		
	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	13,021	14,199	16,115	18,142	19,741	23,267	25,307	27,232	27,988	29,281	30,453	31,528	32,521	38,370	42,944	62,120	80,434	98,752	117,071
21-25 Years	14,454	15,764	17,834	20,094	21,874	25,755	28,029	30,148	30,993	32,433	33,739	34,937	36,043	42,414	47,516	68,785	89,193	109,605	130,018
26-30 Years	15,086	16,454	18,592	20,952	22,814	26,851	29,227	31,434	32,316	33,822	35,185	36,439	37,596	44,198	49,527	71,720	93,052	114,385	135,721
31-35 Years	15,422	16,822	18,995	21,408	23,313	27,433	29,866	32,117	33,019	34,560	35,956	37,237	38,420	45,144	50,598	73,279	95,102	116,926	138,752
36-40 Years	16,854	18,392	20,717	23,366	25,459	29,922	32,590	35,039	36,033	37,722	39,255	40,661	41,961	49,217	55,208	80,018	103,975	127,934	151,892
41-45 Years	20,023	21,855	24,521	27,681	30,176	35,425	38,608	41,491	42,678	44,694	46,524	48,199	49,754	58,166	65,313	94,760	123,347	151,937	180,527
46-50 Years	24,341	26,580	29,706	33,563	36,611	42,927	46,814	50,290	51,739	54,201	56,435	58,482	60,376	70,370	79,097	114,855	149,763	184,668	219,573
51-55 Years	30,949	33,807	37,637	42,560	46,454	54,407	59,369	63,749	65,599	68,746	71,594	74,211	76,631	89,039	100,181	145,604	190,170	234,741	279,309
56-60 Years	41,088	44,895	49,805	56,370	61,556	72,019	78,636	84,399	86,869	91,059	94,859	98,342	101,568	117,682	132,533	192,783	252,173	311,571	370,965
61-65 Years	55,152	60,277	66,685	75,524	82,509	96,452	105,360	113,048	116,370	122,013	127,127	131,819	136,161	157,419	177,411	258,224	338,182	418,148	498,106
66-70 Years	85,493	93,462	103,106	116,847	127,704	149,161	163,010	174,852	180,019	188,790	196,744	204,040	210,790	243,143	274,227	399,405	523,732	648,068	772,393
above 70 Years	98,224	107,386	118,387	134,187	146,669	171,275	187,197	200,781	206,724	216,812	225,954	234,340	242,103	279,106	314,845	458,643	601,586	744,535	887,479

Insured Age/SI	1A+4C																		
	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	16,277	17,748	20,145	22,678	24,676	29,084	31,634	34,041	34,985	36,602	38,066	39,412	40,653	47,962	53,681	77,650	100,543	123,440	146,340
21-25 Years	17,710	19,314	21,864	24,628	26,810	31,571	34,355	36,958	37,989	39,754	41,352	42,819	44,174	52,006	58,252	84,313	109,302	134,294	159,287
26-30 Years	18,341	20,003	22,622	25,487	27,748	32,668	35,553	38,243	39,313	41,142	42,800	44,321	45,725	53,790	60,263	87,251	113,161	139,073	164,989
31-35 Years	18,677	20,371	23,024	25,944	28,247	33,251	36,192	38,926	40,017	41,881	43,568	45,119	46,552	54,737	61,334	88,810	115,210	141,613	168,020
36-40 Years	19,290	21,043	23,760	26,780	29,163	34,317	37,358	40,175	41,302	43,232	44,977	46,580	48,061	56,471	63,293	91,665	118,963	146,265	173,570
41-45 Years	22,577	24,640	27,712	31,266	34,073	40,022	43,605	46,874	48,208	50,477	52,537	54,420	56,169	65,792	73,832	107,066	139,228	171,390	203,555
46-50 Years	27,436	29,954	33,543	37,883	41,313	48,464	52,837	56,771	58,403	61,172	63,685	65,987	68,119	79,520	89,339	129,674	168,945	208,213	247,481
51-55 Years	34,870	38,085	42,466	48,006	52,385	61,378	66,961	71,913	73,996	77,534	80,742	83,682	86,406	100,523	113,059	164,266	214,404	264,546	314,684
56-60 Years	46,276	50,560	56,157	63,540	69,375	81,192	88,635	95,145	97,924	102,639	106,913	110,832	114,461	132,748	149,454	217,341	284,157	350,979	417,796
61-65 Years	62,099	67,864	75,146	85,091	92,949	108,678	118,700	127,376	131,113	137,460	143,215	148,493	153,377	177,450	199,940	290,964	380,916	470,879	560,832
66-70 Years	96,232	105,196	116,118	131,577	143,793	167,977	183,557	196,904	202,717	212,586	221,535	229,741	237,335	273,890	308,859	449,793	589,660	729,538	869,403
above 70 Years	110,553	120,860	133,309	151,085	165,126	192,854	210,767	226,076	232,762	244,109	254,395	263,830	272,562	314,349	354,554	516,435	677,244	838,065	998,875

2A																			
Insured Age/SI	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	7,596	8,282	9,400	10,582	11,516	13,572	14,763	15,885	16,327	17,080	17,765	18,392	18,970	22,382	25,052	36,237	46,920	57,605	68,292
21-25 Years	10,939	11,936	13,411	15,134	16,493	19,379	21,112	22,692	23,338	24,435	25,430	26,345	27,191	31,823	35,716	51,785	67,356	82,931	98,501
26-30 Years	12,411	13,546	15,180	17,138	18,684	21,936	23,911	25,690	26,425	27,676	28,808	29,849	30,811	35,981	40,412	58,635	76,359	94,084	111,808
31-35 Years	13,195	14,404	16,118	18,202	19,850	23,296	25,397	27,285	28,067	29,397	30,604	31,711	32,736	38,192	42,909	62,275	81,144	100,013	118,880
36-40 Years	14,625	15,970	17,837	20,154	21,985	25,784	28,118	30,200	31,070	32,550	33,889	35,119	36,258	42,238	47,480	68,938	89,902	110,865	131,827
41-45 Years	17,396	19,000	21,163	23,928	26,113	30,597	33,385	35,846	36,884	38,649	40,250	41,716	43,076	50,068	56,322	81,836	106,851	131,868	156,883
46-50 Years	21,176	23,135	25,700	29,075	31,742	37,163	40,564	43,545	44,813	46,968	48,921	50,713	52,370	60,745	68,382	99,422	129,965	160,508	191,050
51-55 Years	26,958	29,458	32,639	36,950	40,355	47,208	51,550	55,322	56,941	59,693	62,187	64,475	66,593	77,081	86,831	126,326	165,323	204,322	243,318
56-60 Years	35,829	39,160	43,288	49,031	53,569	62,620	68,408	73,392	75,552	79,219	82,544	85,591	88,413	102,144	115,138	167,607	219,574	271,547	323,516
61-65 Years	48,136	52,619	58,058	65,793	71,904	83,996	91,792	98,458	101,367	106,301	110,778	114,883	118,682	136,913	154,406	224,869	294,831	364,803	434,767
66-70 Years	74,683	81,657	89,924	101,948	111,449	130,118	142,237	152,536	157,058	164,733	171,693	178,076	183,983	211,921	239,120	348,402	457,188	565,982	674,766
above 70 Years	85,822	93,840	103,295	117,122	128,042	149,467	163,399	175,226	180,426	189,251	197,253	204,590	211,382	243,391	274,661	400,236	525,309	650,392	775,467

2A+1C																			
Insured Age/SI	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	9,766	10,649	12,088	13,607	14,806	17,450	18,981	20,425	20,991	21,962	22,839	23,646	24,390	28,776	32,209	46,591	60,326	74,063	87,804
21-25 Years	12,632	13,780	15,524	17,508	19,072	22,427	24,424	26,257	27,000	28,266	29,411	30,464	31,436	36,869	41,349	59,917	77,844	95,771	113,696
26-30 Years	14,220	15,517	17,431	19,671	21,437	25,183	27,440	29,491	30,331	31,760	33,053	34,244	35,343	41,359	46,421	67,319	87,577	107,831	128,087
31-35 Years	15,114	16,497	18,504	20,886	22,771	26,738	29,140	31,312	32,207	33,727	35,107	36,372	37,542	43,884	49,275	71,481	93,043	114,608	136,172
36-40 Years	16,750	18,287	20,467	23,116	25,209	29,580	32,248	34,646	35,640	37,330	38,862	40,267	41,569	48,507	54,499	79,095	103,052	127,011	150,969
41-45 Years	19,917	21,749	24,271	27,431	29,926	35,083	38,267	41,098	42,284	44,301	46,132	47,807	49,361	57,456	64,604	93,837	122,423	151,013	179,604
46-50 Years	24,236	26,475	29,455	33,313	36,361	42,587	46,474	49,896	51,346	53,807	56,042	58,089	59,983	69,660	78,387	113,932	148,840	183,745	218,650
51-55 Years	30,844	33,701	37,387	42,310	46,204	54,065	59,028	63,356	65,206	68,353	71,201	73,817	76,238	88,329	99,472	144,680	189,246	233,818	278,385
56-60 Years	40,983	44,790	49,556	56,120	61,707	71,678	78,294	84,006	86,475	90,666	94,466	97,949	101,175	116,972	131,823	191,859	251,250	310,647	370,041
61-65 Years	55,047	60,171	66,434	75,274	82,258	96,110	105,291	112,655	115,978	121,619	126,733	131,427	135,768	156,709	176,701	257,301	337,258	417,225	497,183
66-70 Years	85,388	93,357	102,855	116,596	127,455	148,819	162,670	174,458	179,625	188,396	196,352	203,648	210,397	242,434	273,517	398,482	522,808	647,144	771,469
above 70 Years	98,119	107,281	118,136	133,936	146,418	170,934	186,855	200,389	206,331	216,419	225,561	233,947	241,709	278,397	314,135	457,720	600,662	743,612	886,556

2A+2C																			
Insured Age/SI	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	13,021	14,199	16,115	18,142	19,741	23,267	25,307	27,232	27,988	29,281	30,453	31,528	32,521	38,370	42,944	62,120	80,434	98,752	117,071
21-25 Years	15,887	17,331	19,553	22,043	24,007	28,243	30,750	33,066	33,996	35,586	37,023	38,347	39,567	46,461	52,086	75,448	97,951	120,459	142,965
26-30 Years	17,149	18,711	21,068	23,761	25,885	30,436	33,149	35,636	36,644	38,363	39,919	41,349	42,670	50,025	56,111	81,319	105,668	130,019	154,370
31-35 Years	17,820	19,447	21,873	24,674	26,886	31,601	34,423	37,002	38,051	39,838	41,458	42,946	44,319	51,919	58,251	84,439	109,768	135,101	160,433
36-40 Years	19,046	20,787	23,346	26,345	28,714	33,733	36,755	39,501	40,625	42,541	44,274	45,867	47,340	55,389	62,170	90,151	117,276	144,402	171,531
41-45 Years	22,472	24,534	27,461	31,016	33,824	39,682	43,263	46,481	47,816	50,085	52,143	54,028	55,776	65,082	73,123	106,143	138,305	170,467	202,631
46-50 Years	27,528	30,061	33,524	37,894	41,345	48,466	52,866	56,773	58,414	61,203	63,731	66,049	68,194	79,343	89,226	129,605	169,133	208,661	248,185
51-55 Years	34,766	37,980	42,217	47,755	52,134	61,036	66,620	71,521	73,603	77,141	80,348	83,289	86,013	99,813	112,349	163,343	213,480	263,623	313,760
56-60 Years	46,171	50,545	55,906	63,290	69,125	80,851	88,294	94,753	97,530	102,247	106,520	110,439	114,067	132,038	148,744	216,417	283,234	350,055	416,873
61-65 Years	61,993	67,759	74,896	84,840	92,698	108,337	118,359	126,983	130,721	137,066	142,822	148,099	152,985	176,740	199,231	290,040	379,992	469,956	559,909
66-70 Years	96,127	105,092	115,868	131,327	143,542	167,636	183,217	196,511	202,324	212,192	221,142	229,348	236,943	273,180	308,149	448,869	588,737	728,615	868,480
above 70 Years	110,448	120,756	133,060	150,835	164,876	192,513	210,426	225,683	232,369	243,716	254,002	263,436	272,169	313,640	353,845	515,512	676,321	837,141	997,952

2A+3C																			
Insured Age/Sl	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	16,277	17,748	20,145	22,678	24,676	29,084	31,634	34,041	34,985	36,602	38,066	39,412	40,653	47,962	53,681	77,650	100,543	123,440	146,340
21-25 Years	19,143	20,879	23,582	26,579	28,943	34,061	37,077	39,874	40,994	42,907	44,637	46,229	47,696	56,053	62,822	90,978	118,060	145,147	172,232
26-30 Years	20,406	22,261	25,098	28,297	30,821	36,253	39,475	42,444	43,641	45,684	47,532	49,232	50,800	59,618	66,847	96,848	125,777	154,707	183,638
31-35 Years	21,076	22,995	25,903	29,209	31,821	37,418	40,749	43,812	45,048	47,159	49,072	50,828	52,449	61,512	68,987	99,970	129,876	159,789	189,702
36-40 Years	22,303	24,337	27,375	30,882	33,649	39,551	43,081	46,311	47,623	49,861	51,888	53,749	55,469	64,981	72,907	105,680	137,385	169,090	200,798
41-45 Years	25,027	27,318	30,651	34,600	37,720	44,280	48,260	51,864	53,346	55,868	58,156	60,250	62,192	72,708	81,642	118,449	154,184	189,921	225,659
46-50 Years	30,783	33,610	37,553	42,429	46,281	54,281	59,192	63,581	65,411	68,524	71,345	73,931	76,324	88,935	99,963	145,136	189,242	233,349	277,452
51-55 Years	38,686	42,258	47,045	53,200	58,067	68,008	74,212	79,686	82,000	85,931	89,494	92,762	95,788	111,298	125,227	182,005	237,713	293,427	349,135
56-60 Years	51,360	56,119	62,258	70,462	76,945	90,024	98,294	105,500	108,585	113,825	118,574	122,928	126,960	147,103	165,666	240,977	315,216	389,464	463,705
61-65 Years	68,940	75,346	83,357	94,406	103,137	120,564	131,700	141,310	145,464	152,515	158,909	164,774	170,201	196,773	221,763	322,781	422,726	522,685	622,634
66-70 Years	106,866	116,827	128,881	146,058	159,630	186,452	203,764	218,564	225,023	235,988	245,931	255,049	263,488	303,928	342,783	499,256	654,665	810,084	965,491
above 70 Years	122,779	134,233	147,983	167,733	183,335	214,093	233,996	250,977	258,406	271,015	282,443	292,926	302,628	348,884	393,555	573,304	751,980	930,670	1,109,349

2A+4C																			
Insured Age/Sl	300,000	400,000	500,000	750,000	1,000,000	1,500,000	2,000,000	2,500,000	3,000,000	3,500,000	4,000,000	4,500,000	5,000,000	7,500,000	10,000,000	20,000,000	30,000,000	40,000,000	50,000,000
Upto 20 Years	19,534	21,298	24,174	27,215	29,610	34,899	37,960	40,849	41,982	43,923	45,679	47,294	48,783	57,554	64,417	93,181	120,652	148,127	175,607
21-25 Years	22,397	24,428	27,610	31,114	33,878	39,876	43,403	46,682	47,992	50,227	52,250	54,111	55,827	65,645	73,559	106,508	138,169	169,835	201,500
26-30 Years	23,661	25,809	29,126	32,834	35,756	42,068	45,802	49,252	50,638	53,004	55,146	57,114	58,931	69,210	77,584	112,379	145,886	179,394	212,906
31-35 Years	24,332	26,544	29,931	33,746	36,756	43,235	47,076	50,618	52,046	54,479	56,685	58,710	60,581	71,105	79,724	115,500	149,985	184,477	218,968
36-40 Years	25,558	27,886	31,404	35,417	38,584	45,366	49,409	53,120	54,619	57,181	59,501	61,631	63,600	74,573	83,642	121,211	157,494	193,778	230,067
41-45 Years	27,934	30,484	34,257	38,654	42,122	49,494	53,922	57,958	59,603	62,408	64,953	67,287	69,443	81,283	91,221	132,267	172,020	211,781	251,544
46-50 Years	34,038	37,160	41,582	46,965	51,215	60,098	65,519	70,390	72,407	75,844	78,957	81,813	84,455	98,527	110,699	160,667	209,351	258,037	306,721
51-55 Years	43,122	47,093	52,481	59,333	64,743	75,875	82,776	88,888	91,461	95,833	99,792	103,431	106,795	124,187	139,678	202,924	264,890	326,859	388,821
56-60 Years	56,549	61,783	68,608	77,634	84,765	99,198	108,294	116,245	119,641	125,403	130,629	135,417	139,853	162,167	182,588	265,537	347,200	428,872	510,538
61-65 Years	75,886	82,933	91,817	103,970	113,575	132,791	145,041	155,638	160,207	167,963	174,996	181,448	187,419	216,806	244,293	355,520	465,460	575,415	685,360
66-70 Years	117,605	128,562	141,894	160,788	175,718	205,267	224,310	240,617	247,723	259,783	270,720	280,751	290,033	334,675	377,416	549,644	720,593	891,554	1,062,501
above 70 Years	135,110	147,708	162,906	184,630	201,794	235,673	257,566	276,270	284,442	298,312	310,884	322,415	333,087	384,126	433,266	631,096	827,640	1,024,198	1,220,746

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

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for Zone A)	Sum Insured	Premium (for Zone A)	Discount (Family Discount)	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
45	15,117	500000	15,117	15%	12849	500000	27,461	NA		500000
40	12,740	500000	12,740	15%	10829	500000				
21	9,579	500000	9,579	15%	8142	500000				
18	6,715	500000	6,715	15%	5708	500000				
Total Premium (for Zone A) for all members of the family is Rs 44151 , when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is Rs 37528 , when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is Rs 27,461 (no discount applicable).			
Sum Insured available for each individual is Rs 500,000			Sum Insured available for each family member is Rs 500,000				Sum Insured of Rs 500,000 is available for the entire family			



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



FOR ANY QUERY (TOLL FREE)
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www.bajajallianz.com



bagichelp@bajajallianz.co.in

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BJAZ-B-0348/09-Jan-23

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