Policy Benefit Chart

I2E CONSULTING PRIVATE LIMITED

Policy Number	OG-25-1933-8403-00000075	**HAT Reference Number**	145212		
Risk Inception Date	19-NOV-24	**Policy Active With other Insured**		**Pre Hospitalization Period[Days]**	30
Risk Expiry Date	18-NOV-25	**Policy Active With Bajaj Allianz**	1	**Post Hospitalization Period[Days]**	60
Floater Details	Flexi Health Protect Plan(Group)	**Beneficiary Name**	EMPLOYEE	**Corporate A/C No**	

Outpatient details No

Relation	Coverage	Limit on Number of children	Entry age for child coverage	Beneficiary Name	Pre-Existing Diseases	% OF SI	30 Days waiting	1 Year waiting	02 Year waiting	04 Year waiting	Maximum Liability	Liability Limit	Co-Payment clause[%]	Percentage
EMPLOYEES	Covered		0	Not Applicable	Covered		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No		No	
SPOUSE	Covered		0	Not Applicable	Covered		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No		No	
CHILD	Covered	2	0	Not Applicable	Covered		Not Applicable	Not Applicable	Not Applicable	Not Applicable	No		No	

Maternity Benifit	Covered	**Max liability on maternity exp**	50000	**9 Months waiting period**	Not Applicable
Limit for no of children	0	**Co-payment for maternity**		**Max for normal delivery**	50000
Max for LSCS	50000	**Corporate buffer**	Corporate buffer is available up-to 10 lakhs and is restricted up-to floater SI per family. Corporate buffer can not be used for the maternity, maternity related claims and all capped ailments. Corporate buffer cannot be used for any restricted SI and OPD claims. Corporate buffer can be used after exhaustion of base SI. Claims under corporate buffer shall be administered as per rest	**Per Family Maximum**	

policy terms and conditions. .HR approval will be required for utilization of corporate buffer. ☐A timeline of 1 month from date of loss or expiry of the policy (whichever is earlier) would be applicable for triggering a corporate buffer request☐

Corporate Buffer Amount

Room Restrictions

No

Claim Conditions

refer claim condition

* Previous Policy Number: OG-24-1933-8403-00000062

* Family Definition : Employee + Spouse + 2 Dep. Children.

* Room Rent Restriction : No room rent Capping.

* Emergency Ambulance : Ambulance charges covered upto INR 1000 per case in case of emergency only. Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospital☐s ambulance or in an ambulance provided by any ambulance service provider only.

* Co-payment : Co-payment is not applicable

* Corporate Buffer : Corporate buffer is available up-to 10 lakhs and is restricted up-to floater SI per family. Corporate buffer can not be used for the maternity, maternity related claims and all capped ailments. Corporate buffer cannot be used for any restricted SI and OPD claims. Corporate buffer can be used after exhaustion of base SI. Claims under corporate buffer shall be administered as per rest policy terms and conditions. .HR approval will be required for utilization of corporate buffer. ☐A timeline of 1 month from date of loss or expiry of the policy (whichever is earlier) would be applicable for triggering a corporate buffer request☐

* Maternity Condition : Maternity benefit will be applicable for Employee and Spouse for first two event of deliveries only in Insureds lifespan. Lawful termination of pregnancy not to be considered as an event of delivery.

* Pre and Post Natal Expenses : Pre and post natal is covered up to maternity sub-limit within maternity limit in case of hospitalization, OPD is not covered.

* Other Conditions1 : Pre-post hospitalization is 30-60 days respectively. Internal congenital diseases are covered, external is not covered. Infertility treatment not covered under the policy. Correction of refractive errors for eye correction is covered for eye power more than +/- 7. However the final decision will be taken by claims team on receipt of complete set of documents. Mid-term Sum insured enhancement is not allowed in GMC policy unless it is specified at the time of proposal acceptance.

* Other Conditions2 Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum insured.- List - Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Oral chemotherapy, Immunotherapy- Monoclonal Antibody to be given as injection, Intra vitreal injections, Robotic surgeries,

Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the prostrate (Green laser treatment or holmium laser treatment), IONM -(Intra Operative Neuro Monitoring), Stem cell therapy -Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment, Femto laser treatment for eye. It will be applicable for each eye each event. Cochlear Implant treatment shall be restricted to 50% of the SI.

Maternity Conditions

Maternity benefit will be applicable for Employee and Spouse for first two event of deliveries only in Insureds lifespan.
Lawful termination of pregnancy not to be considered as an event of delivery.

Disclaimer :

1. No Individual (Employee or Dependent) can be Covered more than once in a policy.
2. Additional premium to be collected for each additional member.
3. The list of members submitted at the inception of the policy will be considered as final.
4. Incase of room rent restriction specified in the policy, all other hospitalization expenses (for e.g. OT Charges, Doctor Charges, Nursing charges etc.) shall be as per entitled room rent.

Quote Disclaimer :

1.Continuity Guideline / Portability : Group to retail portability benefit can be availed at the time of retirement or resignation from the services (provided these events are falling within the policy period) Portability option is available under the existing retail health products, std coverage☐s, terms, conditions, & guidelines of retail product would apply. .

2.Claim Intimation and Submission of Documents : As part of regular network hospital maintenance activity, a few hospitals have been excluded across the country basis our/industry experience of misuse of insurance policy. You are requested to check the list of cashless hospitals here < https://www.bajajallianz.com/branch-locator.html>. No planned hospitalization/treatment claims from any hospitals apart from these will be allowed. Health claim intimation will be mandatory for all health claim reimbursement cases. The customer/patient should intimate BAGIC prior to admission or within 48 hours of admission to hospital/clinic. Kindly call to our call centre 1800-103-2529 for claim intimation or send mail to health.admin@bajajallianz.co.in . Customer will be provided with Intimation number in form of ☐SR: XXXXXXX☐ and same needs to be mentioned on claim form while submitting the claim documents to us. .

3.Guideline for Addition Endorsements : Midterm additions allowed only for natural additions subject to intimation received within 45 days. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining marriage / birth respectively. Backdation of 45 days from date of intimation shall not be allowed. Any endorsements will be from the date of addition and not from the inception of the policy. .

4.Guideline for Deletion Endorsements : In case of refund endorsements on account of deletion, pro-rata refund for entire family should be done subject to nil claims, whereas refund should be nil if the premium is charged on per family basis. Deletion to be intimated immediately on finalization of last working day of employee. In case employee avails the claim after his LWD for which intimation is received after DOA, insurer would recover paid amount from available float balance. Pro-rata refund will be calculated as from DOL if intimation is within 7days else intimation date will be consider for calculation subject to nil claim. .

5.Other Conditions : 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment and Stem Cell Transplantation, Robotic Surgery, Femto laser treatment for eye. It will be applicable for each eye each event. Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer Cochlear Implant treatment shall be restricted to 50% of the SI. Weight management services and treatment related to weight program's including treatment of obesity will not be payable. Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining, marriage / birth respectively. Additional premium for each additional member. Per person premium would be provided by HO once the quote is finalized. No Individual(Employee / Dependent) can be covered more than once in a policy. The list of members submitted at the inception of the policy will be considered as final. As employer/group manager, by obtaining our Group Medical Policy [subject to standard terms and conditions of Group Policy to be issued by us] to cover your employees, you would, inter alia, will get additional advantage of online web integration [subject to accepting terms and conditions, disclaimers,] with our website thereby you can online access for the purpose of enabling you to service, provide claim help and support etc., to your employees covered under GMC. Claims servicing and processing will be done by In-house Health Administration Team, Bajaj Allianz General Insurance Company. Rest all as per attached Standard Group Health policy wording. .

6.Other Conditions 1 : Declaration for PEP to be added in proposal form: Are you or any of the proposal applicants a PEP* or a close relative of PEP*? If yes, please share the details. "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/juridical /military officers, senior executives of state-owned corporations, important political party officials, etc." Consent/Declaration to be added in proposal: I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC. I/we hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with the Company as and when required. Consent/Declaration to be added in claim for CKYC no.: I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry for the purpose of undertaking KYC. .

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