Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
For more details, log on to: www.bajajallianz.com | E-mail: bagichelp@bajajallianz.co.in or
Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office:

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POLICY BENEFIT CHART

TRIFACTA SOFTWARE PVT LTD

Policy Number: OG-XX-XXXX-XXXX-XXXXXXXX **HAT Reference Number:**

Risk Inception Date: **Policy Active With other Insured:**

Risk Expiry Date: **Policy Active With Bajaj Allianz:**

Floater Details **Beneficiary Name:**

Relation	Coverage	Limit on Number of children	Entry age for child coverage	30 Days waiting	Maximum Liability	Co-Payment clause[%]
EMPLOYEE	Covered	1	0	Not Applicable	No	No
SPOUSE	Covered	1	0	Not Applicable	No	No
CHILD	Covered	2	0	Not Applicable	No	No
PARENTS	Covered	2	0	Not Applicable	No	No

Benefit Chart:

Coverages	INR 20,000
Family Definition (1Employee+5 Dependents)	*Employee + Spouse + Children (Any 2) + Parents*
Consultations (in-clinic / teleconsultation) General Physician, Specialist, Super Specialist	INR 20000
Vison (Non- Cosmetic)	INR 10000
Dental (Non-Cosmetic)	INR 10000
Prescribed / Preventive Diagnostics	INR 20000
Prescribed Pharmacy	INR 5,000

Benefit Inclusions:

Benefit-wise Inclusions are as follows:

1. **Doctor Consultations (Tele/In-Clinic)** – Covers the cost of doctor consultation availed from network and outside the network. Coverage also includes the cost incurred towards availing doctor consultation benefit from any third-party application.

   Doctor consultation wallet:

   Consultation fee capping

General physician	Rs.500
Specialist	Rs.1500
Super specialist	Rs.2000

2. **Vision Care** – Eye check-up done by Optometrist/Opticians and ophthalmologists, cost of doctor prescribed lenses and or glasses, cost of spectacles bought along with prescribed glasses only.
3. **Dental Care** - Dental wallet will cover consultation charges, X rays, OPG/RCT/Silver fillings/LC composite fillings/GI cement fillings/PFM crown/Metal crown/Zirconia/Tooth extraction(normal/surgical)/Dentures/Pulpotomy/RCT for kids/Tooth extraction in kids. Dental cover shall not be applicable on cosmetic & aesthetic treatment
4. **Prescribed Diagnostics** – Coverage shall include all pathology and radiology tests prescribed by registered medical practitioner only.
5. **Prescribed Pharmacy** –Allopathic medicines prescribed by registered medical practitioner. Prescription validity will be one month. Reimbursement for purchase of medicines prescribed by registered medical practitioners only.
6. **Preventive Health Check up** – Coverage shall include cost of preventive health check up done at NABL accredited Diagnostic centres or Hospitals. This is can be utilised by employees and dependents

Benefit Exclusions/Disclaimers:

Benefit-wise Exclusions are as follows:

Doctor Consultation Cover

1. Teleconsultation benefit is not transferrable to any other member unless the member is covered under the Base Policy & has opted this Cover.
2. If the Tele Consultation is not availed in the policy year during the OPD Cover Period, the benefit cannot be carried forward to the subsequent policy year.

Prescribed Diagnostic Cover

Health Administration Team , Bajaj Allianz General Insurance Company Ltd : 2nd Floor,
Bajaj Finserv Building, Survey No. 208 / B - 1, Behind Weikfield IT Park, Off Nagar Road,
Viman Nagar Phone :(020) 30512236 Fax : (020) 30512224

1. 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.
2. Preventive Diagnostics/Non-Prescribed Diagnostics are not covered under this benefit.
3. Prescriptions older than 30 Days will not be considered for reimbursements.

Vision Care Cover

1. Reimbursement for Sunglasses and goggles is excluded in this benefit.
2. Eyecare procedures including the such procedures considered as a day care procedure such as cataract, eye surgery, biometry are excluded in this benefit.
3. Non-Prescribed Lenses and spectacles are excluded.
4. Reimbursement for Prescriptions older than 30 Days (from the date of intimating the claim) is prohibited.

Dental Care Cover

1. Reimbursement for any other procedures/check-ups/examination (not covered in the policy) is excluded.
2. Non Prescribed/Cosmetic Procedures are excluded.
3. Reimbursement for Prescriptions older than 30 Days (from the date of intimating the claim) is prohibited.

Prescribed Pharmacy Cover

1. Reimbursement for Over the counter/Non Prescribed medicine/products/drugs is excluded in this benefit.
2. Reimbursement for Prescriptions older than 30 Days (from the date of intimating the claim) is prohibited.
3. Reimbursement for Prescriptions exceeding 180 Days of dosage is prohibited for chronic ailments.

Definitions:

- Prescription:

1. The authorization of raising medication orders is limited to the registered/credentialed physician (minimum degree M.B.B.S) only.
2. All prescriptions should be in accordance to the standard Prescription format for prescribing medications for the patients and every prescription shall contain name date and signature of the medical practitioner in the prescription. It is recommended that prescription sheet shall be affixed with the stamp of the medical practitioner.
3. All the medication orders issued to the patients are to be made in the doctor/hospital prescription pad by a registered Medical Practitioner identified and authorized by the Management.
4. Separate prescription shall be written for every patient.
5. Medical practitioners name and date shall be entered under each signature with legibility to read.
6. The prescription shall include the dosage, strength and frequency of administration of the drugs.
7. The following details shall be contained in all prescriptions, minimum:
   7.1 Prescription number;
   7.2 Patient's name & date of prescription;
   7.3 Dosage regimen;
   7.4 Strength or concentration of drug;
   7.5 Quantity or total number of doses required;
   7.6 Prescriber's signature, name (clinical stamp if provided), and date shall be Mentioned.
   7.7 Each medicines order must be individually signed.
8. The quantity of the drugs in the prescription should not be for more than three months (dosage of maximum 3 months per prescription). For prolong medication, consumer needs to get repeat prescription from their consulting doctor.
9. Abbreviations in the prescription should be avoided. And any illegible handwriting needs further assessment.

- Invoice:

1. The following details shall be contained in all the invoices at minimum:
   1.1. Pharmacy store name clearly visible along with its complete address and contact details.
   1.2. GST details and pharmacy license number.
   1.3. Patient/ Consumer's name clearly visible
   1.4. Invoice number along with date of issue of invoice.
   1.5. Prescribing doctor's name as per prescription.
   1.6. Medication name, strength and dosage/ quantity as per prescription.
   1.7. Price (MRP), discount if any, total amount clearly visible

2. The invoice should be issued within a month of the prescription date and not later. For a repeat medication, another prescription should be issued by the doctor.
3. The quantity of the drugs in the invoice should match with the dosage prescribed by the doctor.
4. The patient name on the prescription should match with that in the invoice.
5. In case of the company/brand/market name of a drug mentioned in the prescription was not available and consumer was provided with drug of a different brand mentioned in the invoice; composition and strength of both should be same. Generic or alternative brand name drug provided should be verified.
6. In case a different drug or a different composition of drugs is required by the consumer, he/she should get another prescription for the same.
7. Separate invoice for every patient or consumer.
8. Any over the counter drug or other medication not mentioned in the prescription but in the invoice shall not be reimbursed. It is recommended that consumer gets a separate invoice for such medications.

Endorsement Disclaimer

1. 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. Backdating 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. Premium shall be charged in full for all mid-term additions. Premium will not be pro-rated.

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2. 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.

Cancellation / Termination: .

(a) The Insured beneficiary may cancel the certificate of Insurance by giving 15 days' notice in writing, to Us, for the cancellation of this Policy, in which case we shall from the date of receipt of the notice cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided that no refund shall be made for those Insured Member who has incurred Claim under the Policy.

(c) Refund % to be applied on total premium received as on the date of receipt of the cancellation request

Cancellation period up-to (x months) from Policy Period Start Date	Refund %
1 month	75
3 months	50
6 months	25
Beyond 6 months	0

Fraud:

1. If any claim made by the Insured Beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Beneficiary or anyone acting on his/her behalf to obtain any benefit under the Certificate of Insurance, all benefits under the Certificate of Insurance and the premium paid shall be forfeited.
2. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.
3. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Beneficiary or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:
a. the suggestion, as a fact of that which is not true and which the Insured Beneficiary does not believe to be true;
b. the active concealment of a fact by the Insured Beneficiary having knowledge or belief of the fact;
c. any other act fitted to deceive; and
d. any such act or omission as the law specially declares to be fraudulent
4. The Company shall not repudiate the claim under Certificate of Insurance on the ground of Fraud, if the Insured Beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Beneficiary, if alive, or beneficiaries.

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 fifteen days from date of receipt of the Certificate of Insurance to review the terms and conditions of the Certificate of Insurance, 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
1. 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
2. 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 Cover Period, or
3. Where only a part of the insurance

Territorial Jurisdiction and Territorial Limit

1. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the **Certificate of Insurance** shall be determined by the Indian court and according to Indian law.
2. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.
3. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
4. The Certificate of Insurance constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Certificate of Insurance.
5. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

Disclaimer:

"The Wellness and/ or Health Checkup services are offered solely by the respective Service Providers [hereinafter referred to as "Service Provider"] to Policy holders of Bajaj Allianz General Insurance Company Ltd ["Bajaj Allianz"]. Bajaj Allianz is only a mere facilitator for such services by Service Provider and does not represent, assure or endorse the accuracy, completeness, reliability or the quality of the services provided by Service Provider. Decision to avail the services of Service Provider shall be taken by Policy Holders and its employees after careful and independent decision which shall be at Policy holders and its employees sole decision and risk. Bajaj Allianz is not in

any way be responsible/liable for any deficiency of services provided by Service Providers or for any losses/sufferings/injuries, if any, incurred by any of the Policy Holders of Bajaj Allianz as a result of availing/utilizing the services from Service Provider."

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Annexure 1:

Employee is entitled to avail Daily allowance (up to INR 1,000/day, up-to max 7 days) for each completed day that he/she had to be Hospitalised for medical reasons because of Injury, sustained or contracted during the Cover Period for maximum period (days) specified in the Certificate of Insurance. For the purpose of this benefit, allowance will be as below:

a. Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation

b. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation.

c. One day Daily Allowance, for Day Care Treatment carried out in the Day Care Centre.

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