

CANARA BANK PROPOSAL

Salary Account Package for Central Government Employees							
Bank Name: Canara Bank							
Salary Product Features			Group-C G Salary <70000	Group-B G Salary 70000 to 120000	Group-A G Salary > 120000		
Insurance	Cover for Account Holder Only	Personal Insurance (Free of cost)	Accident	Death	100	120	150
		Air Insurance (Free of cost)	Accident	Insurance	100	120	150
		Permanent Disability (Free of cost)	Total	Disability	100	120	150
		Permanent Disability (Free of cost)	Partial	Disability	100	120	150
		ADD on Education/ Ambulance (Free of cost) {Details in the Annexure 5}	Covers- Marriage, charges, of	Girls Child Air/ etc. cost)	45.50	55.50	55.50
		Term Life Insurance (Free of cost)		Cover	10	15	20

	Term Life Insurance- Add on Cover (Cost to be borne by A/c holder) <i>{Details in the Annexure.....}</i>	As per Annexure - 1		
	Wellness Program/ Benefits / Annual Health Check-up <i>{Details in the Annexure.....}</i>	NA	NA	NA
	Health/ Medical Insurance Cover (Cost to be borne by A/c holder){Details in the Annexure.....}	As per Annexure 2 (M/s Bajaj Allianz) As per Annexure 3 (M/s TATA AIG Insurance)		
	Top-Up Health/ Medical Insurance Cover (Cost to be borne by A/c holder) <i>{Details in the Annexure.....}</i>	As per Annexure 4 and Annexure 6 (M/s Bajaj Allianz)		
Banking	Minimum Balance	No minimum balance to be maintained		
	Instant Overdraft Facility <i>{Details in Annexure.....}</i>	2 months net salary upto Max Rs 1.0 Lakh (only for customers with net salary Rs 50000/- and above)	3 months net salary upto Max Rs 1.0 Lakh	3 months net salary upto Max Rs 2.0 Lakh
	Sweep In -Out facility	Threshold: ₹1 lakh Multiples for TD: ₹10000	Threshold: ₹1 lakh Multiples for TD: ₹10000	Threshold: ₹1 lakh Multiples for TD: ₹10000
	IMPS/ RTGS/ UPI/ SMS Charges	Free		
	Free Demand Draft	Free Unlimited DDs (To the extent of average balance available in the account).		
	Free Cheque Facility	Free 200 cheque leaves/annum		
	Concession in Locker Charges	50% (For 1 st year), 5% thereafter	100% (For 1 st year), 10% thereafter	100% (For 1 st year), 15% thereafter

	Concession in Processing & Documentation charges on Housing/ Car/ Education / Personal/ other Retail loan	HL/VL/EL – 100% concession in Processing Charges PL- 50% concession in Processing Charges	HL/VL/EL – 100% concession in Processing Charges PL- 50% concession in Processing Charges	HL/VL/EL – 100% concession in Processing Charges PL- 50% concession in Processing Charges
	Concession in Rate of Interest on Housing/ Car/ Education / Personal/ other Retail loan	HL/VL – 0.05% (For Women Borrowers) EL-0.50% (Girl Student) HL – 0.05% (subject to Floor Rate, conditions Apply) 100% Waiver of Processing charges & Absorption of Valuation Charges & LSR Charges in Housing Loan Takeover	HL/VL – 0.05% (For Women Borrowers) EL-0.50% (Girl Student) HL – 0.05% (subject to Floor Rate, conditions Apply) 100% Waiver of Processing charges & Absorption of Valuation Charges & LSR Charges in Housing Loan Takeover	HL/VL – 0.05% (For Women Borrowers) EL-0.50% (Girl Student) HL – 0.05% (subject to Floor Rate, conditions Apply) 100% Waiver of Processing charges & Absorption of Valuation Charges & LSR Charges in Housing Loan Takeover
	Concession in Demat AMC	NA	NA	NA
	Family Banking Benefits	Zero Balance Family Account for (Spouse + 1 Child)	Zero Balance Family Account for (Spouse + 2 Child)	Zero Balance Family Account for (Spouse + 2 Child)
	Any Other.....	NA	NA	NA
Cards & Offers	Debit Card Variant	Rupay Platinum	Rupay Select	Rupay Select
	Debit Card - Issuance / Annual Maintenance Charges	Issuance Free AMC Waived	Issuance Free AMC Waived	Issuance Free AMC Waived
	No. of Free ATM TXN (in a month)	Free Unlimited Transactions in our Bank ATM For other Bank ATMs 3 in metro and 5 in non-metro in a month.	Free Unlimited Transactions in our Bank ATM For other Bank ATMs 3 in metro and 5 in non-metro in a month.	Free Unlimited Transactions in our Bank ATM For other Bank ATMs 3 in metro and 5 in non-metro in a month.

	Airport Lounge Access on Debit Card <i>{Domestic}</i>	Presently One domestic airport lounge access per calendar year for self.	Presently One domestic airport lounge access per calendar quarter for self	Presently One domestic airport lounge access per calendar quarter for self
	Airport Lounge Access on Debit Card <i>{International}</i>	Presently One International airport lounge access per calendar year for self	Presently Two International airport lounge access per calendar year for self	Presently Two International airport lounge access per calendar year for self
	Other Benefits on ATM <i>{Details in Annexure.....}</i>	<p>Cash Withdrawal Limit/day - Rs.1,00,000 per day POS Limit/day - Rs.5,00,000 per day NFC(Contactless)/day- Rs.25,000 per day</p> <p>1.Free issuance charge with free Personal Accidental Death Insurance Cover available for risk of death due to accident by personal accident / air for self and also for spouse ranging between Rs.2.00 lakhs to Rs.8.00 lakhs and other inbuilt benefits. 2. Baggage Cover - Rs.50000/- 3. Purchase Protection - Rs.50000/- 4. Reward points: One point for every ₹ 200/- transaction for purchases/ payments. Value of each point is ₹0.25/-.</p>	<p>Cash Withdrawal Limit/day - Rs.1,00,000 per day POS Limit/day - Rs.5,00,000 per day NFC(Contactless)/day- Rs.25,000 per day</p> <p>1.Free issuance charge with free Personal Accidental Death Insurance Cover available for risk of death due to accident by personal accident / air for self and also for spouse ranging between Rs.2.00 lakhs to Rs.8.00 lakhs and other inbuilt benefits. 2. Baggage Cover - Rs.50000/- 3. Purchase Protection - Rs.50000/- 4. 'Accident Death & Permanent Total disability Insurance' cover by NPCI: 10.00 lakhs 5. Reward points: One point for every ₹ 200/- transaction for purchases/ payments. Value of each point is ₹0.25/-.</p>	<p>Cash Withdrawal Limit/day - Rs.1,00,000 per day POS Limit/day - Rs.5,00,000 per day NFC(Contactless)/day- Rs.25,000 per day</p> <p>1.Free issuance charge with free Personal Accidental Death Insurance Cover available for risk of death due to accident by personal accident / air for self and also for spouse ranging between Rs.2.00 lakhs to Rs.8.00 lakhs and other inbuilt benefits. 2. Baggage Cover - Rs.50000/- 3. Purchase Protection - Rs.50000/- 4. 'Accident Death & Permanent Total disability Insurance' cover by NPCI: 10.00 lakhs 5. Reward points: One point for every ₹ 200/- transaction for purchases/ payments. Value of each point is ₹0.25/-.</p>

			6. 1 Complementary Gym membership every quarter (90 days for Home Workouts or 30 days for the Offline Workouts) 7. 1 Complementary Golf Lesson or Round every quarter 8. 1 Complementary health check-up package every quarter 9. 1 Complementary SPA session or Salon service every quarter 10. 1 Complementary INR 100 coupon for cab service every quarter 11. 1 Complementary 12 months Amazon Prime or Hotstar membership or Sony Liv membership every year. 12. Personal Assistance Anytime, Anywhere, 24*7 assistance available on toll free number 1800-26-78729	6. 1 Complementary Gym membership every quarter (90 days for Home Workouts or 30 days for the Offline Workouts) 7. 1 Complementary Golf Lesson or Round every quarter 8. 1 Complementary health check-up package every quarter 9. 1 Complementary SPA session or Salon service every quarter 10. 1 Complementary INR 100 coupon for cab service every quarter 11. 1 Complementary 12 months Amazon Prime or Hotstar membership or Sony Liv membership every year. 12. Personal Assistance Anytime, Anywhere, 24*7 assistance available on toll free number 1800-26-78729
	Credit Card Variant	All variants will be issued free of charges, credit limit will be assessed based on annual income.		
	Credit Card- Issuance / Annual Maintenance Charges	Issuance Free 25% Waiver in AMC	Issuance Free 50% Waiver in AMC	Issuance Free 100% Waiver in AMC
	Airport Lounge Access on Credit Card {Domestic}	2 per Qtr for Self (*cap of 4 per annum)	2 per Qtr for Self	2 per Qtr for Self

	Airport Lounge Access on Credit Card <i>{International}</i>	2 per Year for Self	2 per Year for Self	2 per Year for Self
	Features & Other Benefit on Credit Card <i>{Details in Annexure....}</i>	₹8.00 lakhs for self & ₹4.00 lakhs for spouse (Accident Cover-Air Accident) ₹4.00 lakhs for self & ₹2.00 lakh for spouse (Accident Cover - Other Than Air Accident) Baggage Insurance upto Rs 25000	₹8.00 lakhs for self & ₹4.00 lakhs for spouse (Accident Cover-Air Accident) ₹4.00 lakhs for self & ₹2.00 lakh for spouse (Accident Cover - Other Than Air Accident) Baggage Insurance upto Rs 25000	₹8.00 lakhs for self & ₹4.00 lakhs for spouse (Accident Cover-Air Accident) ₹4.00 lakhs for self & ₹2.00 lakh for spouse (Accident Cover - Other Than Air Accident) Baggage Insurance upto Rs 25000
	Other	NA	NA	NA

Annexure 1

Age (Male)	SA	PPT	Policy Term	Premium	Premium per Lac SA
20	25 Lakhs	20	20	3171	127
21	25 Lakhs	20	20	3171	127
22	25 Lakhs	20	20	3172	127
23	25 Lakhs	20	20	3172	127
24	25 Lakhs	20	20	3172	127
25	25 Lakhs	20	20	3172	127
26	25 Lakhs	20	20	3281	131
27	25 Lakhs	20	20	3390	136
28	25 Lakhs	20	20	3499	140
29	25 Lakhs	20	20	3608	144
30	25 Lakhs	20	20	3717	149
31	25 Lakhs	20	20	3970	159
32	25 Lakhs	20	20	4223	169
33	25 Lakhs	20	20	4477	179
34	25 Lakhs	20	20	4730	189
35	25 Lakhs	20	20	4984	199
36	25 Lakhs	20	20	5398	216
37	25 Lakhs	20	20	5813	233
38	25 Lakhs	20	20	6228	249
39	25 Lakhs	20	20	6643	266
40	25 Lakhs	20	20	7057	282

Age (Male)	SA	PPT	Policy Term	Premium	Premium per L
41	25 Lakhs	20	20	7619	305
42	25 Lakhs	20	20	8180	327
43	25 Lakhs	20	20	8742	350
44	25 Lakhs	20	20	9303	372
45	25 Lakhs	20	20	9864	395
46	25 Lakhs	20	20	9864	395
47	25 Lakhs	20	20	9865	395
48	25 Lakhs	20	20	9865	395
49	25 Lakhs	20	20	10339	414
50	25 Lakhs	20	20	11036	441
51	25 Lakhs	20	20	12037	481
52	25 Lakhs	20	20	13037	521
53	25 Lakhs	20	20	14037	561
54	25 Lakhs	20	20	15037	601
55	25 Lakhs	20	20	16038	642
56	25 Lakhs	20	20	17641	706
57	25 Lakhs	20	20	19245	770
58	25 Lakhs	20	20	20849	834
59	25 Lakhs	20	20	22542	902
60	25 Lakhs	20	20	24056	962

Annexure 2

Canara Bank Mediclaim Insurance	
Product Features	Description
Eligibility	Customers of Bank (Self), lawfully wedded spouse, up to four dependent children and either set of dependent parents or parents in law
	Entry age for Self Insured Person, Spouse and Dependent Parents/Parents in law - 18 years to 69 years
	Entry age for dependent child - 91 days to 25 years
Sum Insured	1,2,3,4,5,6,7.5,10,15 Lakhs
In patient hospitalisation	Room rent: 1% of SI for Sum Insured less than 5 lakhs & Single private room for Sum Insured 5 lakhs & above ICU upto policy limit
Pre-Hospitalization	60 days
Post-Hospitalization	90 days
Day Care Procedures	Covered Upto SI
Domiciliary Hospitalization	Upto SI, Expenses for treatment for first three days only will be covered if treatment period is greater than 3 days
Organ Donor	Covered Upto SI
Road Ambulance	Maximum Upto INR 2000 per Hospitalization
AYUSH Benefit	Covered Upto SI
Cumulative Bonus	10% max Upto 100%
Double Sum Insured for Cancer of specified severity (Indemnity based)	only once during a policy period (100% of the Base Sum Insured) for a different illness
Hospital Daily Cash	Upto 5 lacs - INR 500 per day for maximum 30 days
	Above 5 lacs - INR 1000 per day for maximum 30 days
Preventive Health Check-up Benefit	This benefit is available only to those Insured Persons who were insured in the previous Policy Year with Us and have renewed the policy without a break each year
	100000 SI -RS 1500,200000 SI - RS 2000, 300000 SI - RS 2000,400000 SI - RS 2000, 500000 SI - RS 2500, 600000 SI - RS 2500, 750000 SI - RS 3000, 1000000 SI -RS 3500,1500000 SI - RS 4000
E-Opinion in respect of Critical Illness	Only one claim for this benefit is payable in a Policy Year.
Accidental Death	Sum Insured equivalent to Inpatient hospitalization sum insured
Permanent Total Disablement	Loss of 2 Limbs (both hands or both feet or one hand and one foot) - 100%
	Loss of a Limb and an eye - 100%
	Complete and irrecoverable loss of sight of both eyes - 100%
	Loss of a Limb - 100%
	Complete and irrecoverable loss of sight of an eye - 100%
Transportation of Mortal Remains	Transportation of the mortal remains of the insured person from the place of the accident or the hospital to his residence or hospital or to a cremation or burial ground Upto Rs. 1,000
Pre-existing diseases waiting period	36 months
Specific diseases waiting period	24 months
Initial waiting period	30 days

Optional Covers	
Critical Illness	(Indemnity based)
Below is the sub-limits considered	
Ailment Grouping	Ailment Type
Bone & musculoskeletal (3)	Total Knee Replacement (TKR) - Bilateral - 270000
	Any joint or ligament disorder, TKR - Unilateral - 135000
	Prolapsed, herniated, or extruded intervertebral disc (PIVD)/ Spinal Disorder - 140000
	Reduction of fractures (Excluding Road Accidents) - 100000
Corrective Surgeries (3)	Cardiac Disorder (including PTCA & cost of stent), CABG, not applicable for open heart surgery -200000, 300000 (for SI 10 Lakh and above)
	Cataract (including cost of lens) - per eye - 30000
	Deviated Nasal Septum, Balloon Sinuplasty/ Functional Endoscopic Sinus Surgery, Ear Related, Sinusitis, Tonsillitis - 60000
Organ removal - Minor Surgeries (3)	Cholelithiasis/gall bladder surgery, Hernia, any type of Hysterectomy - 75000
	Surgery for renal stone/ Lithotripsy, Piles/Fistula/Anal Abscess/Fissure/Hydrocele - 60000
	Per Robotic surgeries - 100000
Seasonal Ailments (1)	Fever, Typhoid, not leading to other complication - 50000
Health Prime Rider Benefits	
1) 24X7 Unlimited Tele Communication 2) Preventive Health check - ups (45+parameters) 3) Investigation cover - Pathology & Radiology Expenses 4) Doctor Consultancy Cover 5) Doctor Consultation Benefit (90,000 + Doctors Empanelled), Up to Rs 15,000 Benefit under individual cover & up to RS 25,000 benefit under Family Floater Cover.	

Individual Plan - To cover Self, his/her spouse or child on Individual basis.									
Mumbai Metropolitan Region & Delhi National Capital Region									
Age Sl	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,50,000	10,00,000	15,00,000
18-35	5,043	6,533	8,142	8,549	9,364	11,266	12,383	14,948	17,889
36-45	7,456	9,883	12,507	13,172	14,500	17,600	19,421	23,603	28,374
46-50	8,862	11,837	15,053	15,867	17,495	21,295	23,526	28,651	34,497
51-55	10,037	13,470	17,180	18,119	19,997	24,379	26,952	32,867	39,578
56-60	10,364	13,924	17,772	18,745	20,693	25,237	27,906	34,039	40,999
61-65	16,021	21,781	28,007	29,583	32,735	40,089	44,408	54,333	65,596
66-70	19,594	26,744	34,474	36,430	40,343	49,471	54,833	67,154	81,135
above 70	19,594	26,744	34,474	36,430	40,343	49,471	54,833	67,154	81,135
		Individual Plan - To cover Self, his/her spouse or child on Individual basis.							
		Rest of India							
Age Sl	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,50,000	10,00,000	15,00,000
18-35	4,443	5,726	6,877	7,210	7,876	9,463	10,379	12,641	15,121
36-45	6,476	8,569	10,445	10,988	12,074	14,660	16,154	19,842	23,859
46-50	7,662	10,227	12,526	13,192	14,522	17,692	19,522	24,042	28,965
51-55	8,653	11,612	14,265	15,032	16,567	20,225	22,337	27,549	33,199
56-60	8,928	11,997	14,748	15,544	17,136	20,929	23,119	28,524	34,384
61-65	13,697	18,663	23,114	24,403	26,979	33,117	36,661	45,408	54,891
66-70	16,709	22,874	28,400	29,999	33,197	40,816	45,216	56,075	67,847
above 70	16,709	22,874	28,400	29,999	33,197	40,816	45,216	56,075	67,847

Floater Plan									
*Family Plan – To cover Self, his/her spouse and upto 4 dependent children on family floater basis.									
Mumbai Metropolitan Region & Delhi National Capital Region									
Age Sl	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,50,000	10,00,000	15,00,000
18-35	13,829	16,230	17,743	18,632	20,409	24,335	26,746	31,660	37,666
36-45	20,890	24,807	27,273	28,723	31,622	38,024	41,957	49,969	59,738
46-50	23,440	27,904	30,715	32,367	35,671	42,968	47,450	56,581	67,715
51-55	23,621	28,927	31,852	33,570	37,008	44,599	49,262	58,763	70,326
56-60	24,326	29,811	32,834	34,610	38,163	46,010	50,829	60,650	72,601
61-65	38,182	47,170	52,124	55,035	60,857	73,715	81,613	97,706	1,17,291
66-70	43,869	54,295	60,041	63,418	70,172	85,087	94,248	1,12,915	1,35,634
above 70	43,869	54,295	60,041	63,418	70,172	85,087	94,248	1,12,915	1,35,634
*Family Plan – To cover Self, his/her spouse and upto 4 dependent children on family floater basis.									
Rest of India									
Age Sl	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,50,000	10,00,000	15,00,000
18-35	12,116	14,200	15,581	16,343	17,866	21,307	23,382	27,737	32,956
36-45	18,099	21,494	23,748	24,990	27,474	33,086	36,469	43,569	52,059
46-50	20,259	24,129	26,697	28,113	30,944	37,339	41,196	49,288	58,963
51-55	20,411	24,999	27,671	29,144	32,090	38,744	42,756	51,175	61,221
56-60	21,008	25,751	28,513	30,035	33,080	39,957	44,105	52,807	63,190
61-65	32,745	40,517	45,043	47,538	52,527	63,797	70,593	84,854	1,01,869
66-70	37,562	46,578	51,827	54,721	60,509	73,582	81,465	98,008	1,17,745
above 70	37,562	46,578	51,827	54,721	60,509	73,582	81,465	98,008	1,17,745

Annexure 3





Two Products, One Price, Zero Compromise

Presenting **GROUP MEDICARE 360** + **Group Medicare Top-up**

A tailor-made combination of a base indemnity plan and a top-up plan created for Canara Bank customers to offer enhanced health insurance coverage.

Key Features*



Wider Sum Insured Options
₹20 lakh and ₹30 lakh



Cumulative Bonus
50% post year 1 going up to 100% post Year 2 in case of no claims



Annual Health Check-up benefit
Available once every year irrespective of claim covering 86 listed parameters



Restore Benefit
Automatic restoration of Base Sum Insured if exhausted



Wellness Benefits
• Unlimited free Tele Consultations with General and Specialist Practitioner
• Health Risk Assessment



Cashless Hospitalisation
Across 11500+ Network Hospitals

*T&C Apply

Coverage & Eligibility

- ❖ Policy Term – 1 Year
- ❖ Sum Insured Options – ₹20 Lakh and ₹30 Lakh
- ❖ Entry age for Adults – 18 to 50 years
- ❖ Entry age for Children – 91 days to 25 years
- ❖ Individual & Floater Options – Self, Spouse, up to two dependent children (as Opted)

Sum Insured type	Plan A	Plan B
Base Sum Insured	₹5 Lakh	₹10 Lakh
Top-up Sum Insured	₹15 Lakh	₹20 Lakh
Deductible	₹5 Lakh	₹10 Lakh
Total Sum Insured	₹20 Lakh	₹30 Lakh

Plan Benefits*

Coverages	Details
In-Patient Treatment	Covers In-Patient Hospitalisation expenses up to the Sum Insured
Pre & Post Hospitalisation	Covered up to 60 days and 90 days respectively
Domiciliary Treatment	Covered
Day Care Procedures	541 procedures covered
Organ Donor	Covers medical and surgical expenses of the donor
Road Ambulance Cover	up to ₹2000 Per Hospitalisation
Cumulative Bonus	50% per year up to 100% of Sum Insured (In case of claim made Cumulative Bonus will be decreased)
Restore Benefit	Automatic restoration of Base Sum Insured if exhausted
Wellness Benefits [#]	Unlimited free Tele Consultations with General and Specialist Practitioner, Health Risk Assessment

*T&C Apply

#Wellness Services/Program will be accessible through the TATA AIG App.

Waiting Periods

Conditions	Waiting Periods
Initial Waiting Period	30 days applicable for sickness related hospitalisation (not in case of Accidents)
Specified Diseases	24 months applicable
Pre-existing Diseases	36 months applicable
Room Rent [^]	Single Private Room (Proportionate clause applicable)

[^]Please refer to policy wordings for complete list of Benefits and Exclusions.

Premium Illustration

Premium Rates - Zone B in ` (Including taxes)						
Sum Insured	20 Lakh			30 Lakh		
Age Band (yrs)/ Plan Type	1 Adult	2 Adults	2 Adults + 2 Children	1 Adult	2 Adults	2 Adults + 2 Children
18-35	11,197	17,916	25,724	12,853	20,564	29,420
36-40	13,917	22,267	29,422	16,006	25,610	33,709
41-45	14,944	23,909	30,819	17,950	28,720	36,352
46-50	19,042	30,468	35,483	21,887	35,020	40,771

The premium mentioned above are applicable across PAN India except (Zone A locations).

Zone A: Mumbai (including Mumbai Metropolitan Region), Delhi (including National Capital Region, Faridabad, Ghaziabad), Ahmedabad, Surat & Baroda

Confidential

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Annexure 4

FLEXI HEALTH PROTECT PLAN (GROUP)

Super Top Up policy for Account Holder of Canara Bank

➤ **Policy Period – 1 Year**

➤ **Eligibility-**

1. Insured must be account holder of Canara Bank
2. Entry Age
 - Adult – 18 Years to 65 Years
 - Child – 3 Months to 25 Years

➤ **Family Combination – (Floater Basis) As per premium tables given below**

➤ **Sum Insured & Deductible Combination –**

Sum Insured	Aggregate Deductible
3,00,000	2,00,000
5,00,000	2,00,000
10,00,000	3,00,000
20,00,000	5,00,000
20,00,000	10,00,000
50,00,000	5,00,000
50,00,000	10,00,000
50,00,000	20,00,000

➤ **Table of Benefit**

Features	
Room rent	Single Pvt AC Room
ICU Charges	Actual
Pre-hospitalization	60 days
Post-hospitalization	90 days
Modern Treatment Methods	25% of Base Sum Insured
Day Care Treatment	Covered
Organ Donor Expense	Covered
Road Ambulance	3000 per Hospitalization
Air Ambulance (available for SI of Rs.10 Lacs and above)	Covered up to 10% of Sum Insured
PED Waiting Period	12 months
Specific Disease Waiting Period	12 months
Initial Waiting Period	30 days
Pre Policy Medical Check-up	Mandatory for age above 55 years
Cataract	Covered up to 20% of Sum Insured max up to INR 1 Lac per eye

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Waiting Period –

Pre Existing Disease Waiting Period	12 months
Specific Disease / Procedures Waiting Period	12 months
Initial Waiting Period	30 days

➤ Additional Benefit – Wellness Services (Health Services)

	INDIVIDUAL POLICY
	Benefits
Tele Consultation Cover	Unlimited (All Specialties)
Investigations Cover – Pathology & Radiology Expenses	15000
Doctor Consultation Cover	
Annual Preventive Health Check -up cover	Yes (1 Voucher)
FAMILY FLOATER	
Benefits	Family Floater Option
Tele Consultation Cover	Unlimited (All Specialties)
Investigations Cover – Pathology & Radiology Expenses	25,000
Doctor Consultation Cover	
Annual Preventive Health Check -up cover	Yes (2 Voucher)

Premium Rates – (*Below rates are incl. 15% IRDAI comm. and Excl. of GST)

1A								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	1,682	1,959	2,254	2,569	2,185	3,579	3,121	2,705
36-45 years	1,891	2,256	2,645	3,060	2,554	4,388	3,785	3,237
46-55 years	2,422	3,011	3,638	4,307	3,489	6,442	5,471	4,588
55-65 years	3,432	4,448	5,528	6,679	5,270	10,351	8,678	7,159

1A1C								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,069	3,422	3,802	4,209	3,715	5,509	4,921	4,384
36-45 years	3,264	3,702	4,170	4,671	4,062	6,271	5,546	4,886
46-55 Years	3,912	4,624	5,383	6,193	5,204	8,779	7,604	6,536
55-65 years	5,113	6,333	7,630	9,013	7,321	13,426	11,417	9,592

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1A2C								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,312	3,769	4,259	4,785	4,146	6,466	5,707	5,013
36-45 years	3,482	4,012	4,579	5,187	4,449	7,128	6,249	5,448
46-55 Years	4,275	5,142	6,066	7,052	5,848	10,203	8,772	7,471
55-65 years	5,594	7,017	8,532	10,147	8,171	15,302	12,957	10,824

1A3C								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,608	4,189	4,815	5,484	4,671	7,627	6,660	5,776
36-45 years	3,764	4,412	5,108	5,853	4,948	8,235	7,158	6,175
46-55 Years	4,649	5,674	6,767	7,934	6,510	11,666	9,973	8,432
55-65 years	6,074	7,701	9,434	11,281	9,023	17,181	14,498	12,059

1A4C								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,903	4,610	5,370	6,184	5,196	8,789	7,613	6,538
36-45 years	4,060	4,833	5,663	6,553	5,473	9,396	8,112	6,938
46-55 Years	5,028	6,212	7,477	8,829	7,181	13,150	11,191	9,407
55-65 years	6,555	8,386	10,336	12,416	9,874	19,059	16,039	13,293

2A								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,275	3,717	4,189	4,694	4,079	6,309	5,577	4,911
36-45 years	3,609	4,192	4,815	5,479	4,669	7,604	6,640	5,763
46-55 Years	4,458	5,401	6,404	7,474	6,165	10,890	9,337	7,925
55-65 years	6,073	7,700	9,428	11,270	9,014	17,144	14,469	12,038

2A1C								
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,505	4,045	4,622	5,240	4,488	7,216	6,321	5,506
36-45 years	3,819	4,490	5,209	5,977	5,042	8,430	7,318	6,305
46-55 Years	4,817	5,911	7,078	8,322	6,801	12,296	10,489	8,848
55-65 years	6,373	8,126	9,990	11,978	9,545	18,318	15,432	12,809

2A2C									
Deductible	2,00,000	2,00,000	3,00,000		5,00,000	10,00,000	5,00,000	10,00,000	20,00,000
SI	3,00,000	5,00,000	10,00,000		20,00,000	20,00,000	50,00,000	50,00,000	50,00,000
18-35 years	3,801	4,465	5,177		5,940	5,013	8,377	7,275	6,269
36-45 years	4,115	4,911	5,764		6,676	5,566	9,592	8,271	7,068
46-55 Years	5,314	6,620	8,013		9,497	7,683	14,242	12,086	10,127
55-65 years	6,912	8,894	11,002		13,250	10,500	20,424	17,160	14,193

2A3C									
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000	
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000	
18-35 years	4,097	4,886	5,733	6,639	5,538	9,539	8,228	7,032	
36-45 years	4,410	5,332	6,319	7,375	6,091	10,753	9,225	7,831	
46-55 Years	5,693	7,159	8,724	10,392	8,354	15,725	13,303	11,101	
55-65 years	7,430	9,630	11,973	14,470	11,416	22,444	18,818	15,520	

2A4C									
Deductible	2,00,000	2,00,000	3,00,000	5,00,000	10,00,000	5,00,000	10,00,000	20,00,000	
SI	3,00,000	5,00,000	10,00,000	20,00,000	20,00,000	50,00,000	50,00,000	50,00,000	
18-35 years	4,393	5,307	6,288	7,339	6,062	10,701	9,182	7,795	
36-45 years	4,706	5,753	6,875	8,075	6,616	11,915	10,178	8,594	
46-55 Years	6,072	7,698	9,434	11,287	9,025	17,209	14,521	12,076	
55-65 years	7,947	10,367	12,944	15,691	12,332	24,465	20,476	16,848	

Please note –

1. Pre-policy Medicals mandatory for ages above 55 years
2. Proposals with adverse health declaration will be referred for Underwriting review.
3. Premium Rates are valid for 15 days.
4. Duly filled Proposal Form is mandatory for every proposal

These are indicative features, Please refer Flexi Health Protect Plan (Group) Policy Wordings for detailed Terms & conditions.

ANNEXURE 5

1. **Add on covers- Breakdown for Girls child education/marriage/ air ambulance etc will be as below -**

ADD-ON Covers- with Accidental Death			
Salary Product Features	Gold Plus	Diamond Plus	Platinum Plus
	Salary Up-to Rs 70,000	Salary Rs 70,000 to 1,20,000	Salary Rs 1,20,000 & above
Higher education benefit (for two children up to 25 years of age or till graduation whichever is earlier) *max total ceiling	10	15	15
Girl child cover (for two child marriages as an additional benefit between 18 to 25 years of age) *max total ceiling	10	15	15
Air Ambulance chg.	10	10	10
Repatriation of Mortal remains	0.50	0.50	0.50
Plastic Surgery	10	10	10
Transportation of Imported Medicines	5	5	5

ANNEXURE 6

2. Premium Table for Bajaj Allianz Health Insurance -

There are 2 Plans for taking Health insurance coverage in the range of 46 years to 80 years

(a) PLAN A – for Individuals

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

(b) PLAN B – for Individuals/Floater (Self + Spouse)/ Dependent Parents/ Parent in Laws

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

*(Detailed Plan Details attached with this mail). Cost to be borne by the employee separately.

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Bajaj General Insurance Limited (formerly known as Bajaj Allianz General Insurance Company Limited) is one of India’s leading, most trusted and dynamic private general insurance companies. It is a subsidiary of Bajaj Finserv Limited, India’s leading and most diversified financial services group.

Bajaj General offers a broad portfolio of innovative and customer-focused insurance solutions, spanning motor, health, and home insurance, along with specialised products such as pet insurance, wedding insurance, event protection, cyber insurance, and rural insurance. From safeguarding your health and home to protecting your travels and life’s most important moments, Bajaj General aims to be a constant partner in your journey. Bajaj General equally offers a comprehensive and a well-diversified range of products, including fire, marine, engineering, liability and surety insurance to corporates and SME’s. The company also participates in various government schemes with a focus on financial inclusion. The company is also known for its robust risk selection capabilities, digital adoption and product innovation.

Established in 2001, the company has grown its footprint to nearly 1,500 towns and cities across India, ensuring easy access and a close connection to its customers. This access is enabled through the largest distribution network, spanning across individual agents, point-of-sales personnel, banks, NBFCs, motor dealers, brokers and the company’s proprietary sales force. It holds an [ICRA]AAA rating from ICRA Limited, reflecting the highest level of confidence in its financial strength and stability. With a strong legacy, a forward-looking mindset, and an unwavering focus on its ‘Customer-First’ philosophy, Bajaj General remains committed to protecting what matters most, empowering individuals, families, and businesses to live with confidence and peace of mind.



HAT: In-House Claim Administration



Global Expertise



Innovative packages to match individual needs



Quick disbursement of claims

Introduction

Golden years of your life are meant to be stress free and that is precisely what **Bajaj General 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,
100,000	
150,000	

200,000	complete blood count, serum cholesterol, urine routine, chest X-ray and ECG only.
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	years

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

- Room rent and Boarding expenses as provided by the Hospital/Nursing Home subject to maximum eligible room is Single Private Air Conditioned room
- If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- Nursing Expenses as provided by the hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

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- 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@bajajgeneral.com

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 Caping (Applicable for Plan A & Plan B)

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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-Network Hospital	20% of each and every admissible claim if	NA

	<p>Treatment availed in Non-Network Hospital</p> <p>This co-payment can be waived subject to payment of extra premium.</p>	
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◇ 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

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- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

◊ **Portability Conditions**

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

◊ **Possibility of Revision of Terms of the Policy Including the Premium Rates:**

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

◊ **Migration 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

◊ **Withdrawal of Policy**

- 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.
- 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 General & 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.

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- 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.

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- 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.

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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 Insured 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 General Insurance Limited

2nd Floor, Bajaj Finserv Building,

Behind Weikfield IT park,

Off Nagar Road, Viman Nagar

Pune 411014 | Toll free: 1800-103-2529, 1800-22-5858

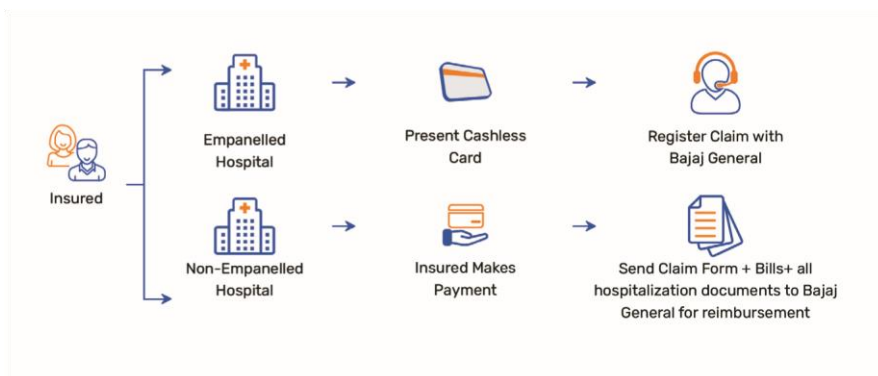
All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

◇ How do I Buy this policy?

- Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajgeneral.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?

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Complete set of claim documents needs to be forwarded to
 Bajaj General Insurance Ltd. 2nd Floor, Bajaj Finserv Building,
 Behind Weikfield IT park,
 Off Nagar Road, Viman Nagar
 Pune 411014 | Toll free: 1800-209-5858, 1800-209-0144

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

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 general and Bajaj & 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	Floater dis-count 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 Rs 30,913 when each member is covered separately (No Discount Applicable)			Total Premium for all members of the family is Rs 29,367 when they are covered under a single policy (Family Discount Applicable)				Total premium when policy is opted `on floater basis is Rs 24,730			
	Sum Insured available for each individual is Rs 300,000			Sum Insured available for each family member is Rs 300,000				Sum Insured of Rs 300,000 is available for the entire family			
	Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading.										

For any query contact (Toll Free 1800-209-0144 / 1800-209-5858), Website – www.bajajgeneralinsurance.com, Email – careforyou@bajajgeneral.com

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.
For more details on risk factors, Terms and Conditions, please read the Policy Wordings and Prospectus before concluding a sale. All the Policy details regarding coverage, premium and other T&C mentioned here are for reference only. Detailed guidelines are as per our Associate party brochure. Therefore customer may refer policy coverage documents before taking the policy.