



CORONA KAVACH POLICY, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY

Corona Kavach Apani aur Apne Parivaar ki Sehat ki Suraksha Ka Kavach

Caringly yours



CIN: U66010PN2000PLC015329 | UIN: BAJHLIP21100V012021

■ Introduction

In the wake of the global pandemic outbreak of COVID-19, which is one of the greatest challenges that humanity has faced, Bajaj Allianz General Insurance Company introduces an affordable health insurance policy, Corona Kavach, to take care of your expenses at the time of hospitalization for COVID-19 treatment. Now you don't ever have to worry about not having enough money for treatment in case things go wrong.

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

50,000 / 1 Lac / 1.5 Lac / 2 Lac / 2.5 Lac / 3 Lac / 3.5 Lac / 4 Lac / 4.5 Lac / 5 Lac

■ What is the entry age?

- Proposer /legally wedded Spouse /Parents/ Parents In law: 18 yrs to 65 years
- Dependent Children: Day 1– 25 yrs

■ What is the Policy Period?

3 ½ Month / 6 ½ Month / 9 ½ Month

■ Is this a floater policy / individual policy?

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

■ Who can be covered under Corona Kavach Policy, Bajaj Allianz General Insurance Company?

- Self, legally wedded Spouse, Dependent Children, Parents, Parents In laws can be covered Under Corona Kavach Policy

■ Base Cover

1. Covid Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

- I. Room Rent, Boarding, Nursing Expenses as provided by the Hospital/ Nursing Home.
- II. Intensive Care Unit (ICU) I Intensive Cardiac Care Unit (ICCU) expenses.
- III. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor I surgeon or to the hospital

- IV. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses
- V. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

- I. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

2. Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a. The Medical practitioner advises the Insured person to undergo treatment at home.
- b. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d. Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
- e. In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of Covid,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

3. AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses, Point 1.

4. Pre Hospitalization

The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

5. Post Hospitalization

The company shall indemnify post hospitalization//home care treatment medical expenses incurred, related to an admissible home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

■ Optional Cover

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

1. Hospital Daily Cash

The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Point 1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable in respect of Base Covers 1 to 5 and Optional Cover 1, shall not exceed 100% of the Sum Insured during a policy period.

■ What are the Sub-limits under the Sum Insured?

- Hospital Daily Cash: 0.5% of Sum Insured Per day subject to maximum of 15 days in a policy period for every insured member
- Home care treatment: Maximum upto 14 days per incident

■ Cancellation

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

■ What are the Waiting Period & exclusions under the policy?

The Company shall not be liable to make any payment under the policy in connection with or in respect of expenses related to the treatment of Covid within 15 days from the policy commencement date.

■ Exclusions

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

i. Investigation & Evaluation (Code- Excl 04)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

ii. Rest Cure, rehabilitation and respite care (Code- Exc 05)

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 physical, social, emotional and spiritual needs.
- iii. 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 Home care treatment.
- iv. Unproven Treatments:

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. However, treatment authorized by the government for the treatment of COVID shall be covered.
- v. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
- vi. Any expenses incurred on Day Care treatment and OPD treatment
- vii. Diagnosis /Treatment outside the geographical limits of India

viii. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

ix. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

■ Premiums

1. Premiums for Individual Sum Insured Policies

A. Tenure 9.5 Months

A.1 Base Cover

Sum Insured	AgeBand	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Standard Indemnity Base Cover	0-35 years	887	1,053	1,101	1,160	1,220	1,285	1,351	1,422	1,493	1,571
	36-45 years	1,779	2,202	2,315	2,434	2,564	2,695	2,838	2,981	3,136	3,296
	46-55 years	2,672	3,778	3,975	4,183	4,397	4,629	4,867	5,123	5,385	5,664
	56 and above	2,963	4,468	4,701	4,944	5,200	5,474	5,754	6,057	6,367	6,700

Note: The premiums are in INR and excluding all taxes

A.2 Optional Cover: Hospital Daily Cash

SumInsured	AgeBand	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Standard Add On (Hospital Cash)	0-35 years	6	42	65	89	113	131	155	179	196	220
	36-45 years	12	89	131	179	220	268	309	351	399	440
	46-55 years	18	131	196	268	333	399	464	530	595	660
	56 and above	18	149	220	292	369	440	512	589	660	738

Note: The premiums are in INR and excluding all taxes

B. Tenure 6.5 Months

B.1 Base Cover

SumInsured	AgeBand	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Standard Indemnity Base Cover	0-35 years	710	842	881	928	976	1,028	1,081	1,138	1,194	1,257
	36-45 years	1,423	1,762	1,852	1,947	2,051	2,156	2,270	2,385	2,509	2,637
	46-55 years	2,138	3,022	3,180	3,346	3,518	3,703	3,894	4,098	4,308	4,531
	56 and above	2,370	3,574	3,761	3,955	4,160	4,379	4,603	4,846	5,094	5,360

Note: The premiums are in INR and excluding all taxes

B.2 Optional Cover: Hospital Daily Cash

SumInsured	AgeBand	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Standard Add On (Hospital Cash)	0-35 years	5	34	52	71	90	105	124	143	157	176
	36-45 years	10	71	105	143	176	214	247	281	319	352
	46-55 years	14	105	157	214	266	319	371	424	476	528
	56 and above	14	119	176	234	295	352	410	471	528	590

Note: The premiums are in INR and excluding all taxes

C. Tenure 3.5 Months

C.1 Base Cover

SumInsured	AgeBand	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Standard Indemnity Base Cover	0-35 years	532	632	661	696	732	771	811	853	896	943
	36-45 years	1,067	1,321	1,389	1,460	1,538	1,617	1,703	1,789	1,882	1,978
	46-55 years	1,603	2,267	2,385	2,510	2,638	2,777	2,920	3,074	3,231	3,398
	56 and above	1,778	2,681	2,821	2,966	3,120	3,284	3,452	3,634	3,820	4,020

Note: The premiums are in INR and excluding all taxes

C.2 Optional Cover: Hospital Daily Cash

SumInsured	AgeBand	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Standard Add On (Hospital Cash)	0-35 years	4	25	39	53	68	79	93	107	118	132
	36-45 years	7	53	79	107	132	161	185	211	239	264
	46-55 years	11	79	118	161	200	239	278	318	357	396
	56 and above	11	89	132	175	221	264	307	353	396	443

Note: The premiums are in INR and excluding all taxes

2. Premiums for Floater Sum Insured Policies

A discount of 5% will be applicable on the individual premium when 2 or more members will be covered under Floater Sum Insured option

3. Discounts

- **Health Care Workers Discount:** 5% discount will be provided for health care workers

■ List of Claim documents

The claim is to be supplied with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	<ol style="list-style-type: none"> 1. Duly filled and signed Claim Form 2. Copy of Insured Person's passport, if available (All pages) 3. Photo Identity proof of the patient (if insured person does not own a passport) 4. Medical practitioner's prescription advising admission 5. Original bills with itemized break-up 6. Payment receipts 7. Discharge summary including complete medical history of the patient along with other details. 8. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID 9. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable 10. Sticker/Invoice of the Implants, wherever applicable. 11. NEFT Details (to enable direct credit of claim amount into bank account) and cancelled cheque. 12. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines 13. Legal heir/succession certificate, wherever applicable 14. Any other relevant document required by Company/TPA for assessment of the claim.
2. Home Care treatment expenses	<ol style="list-style-type: none"> 1. Duly filled and signed Claim Form 2. Copy of Insured Person's passport, if available (All pages) 3. Photo Identity proof of the patient (if insured person does not own a passport) 4. Medical practitioners' prescription advising hospitalization 5. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. 6. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. 7. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

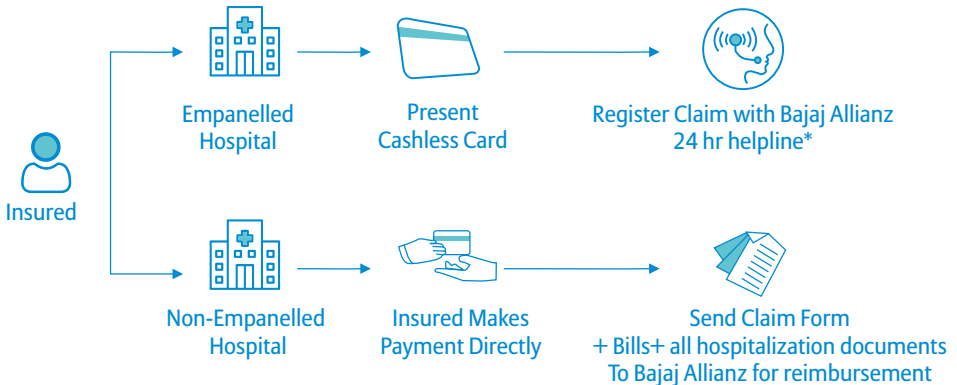
Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

■ How do I Buy this policy?

- Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) 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
- 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.
- The Policy Schedule, Policy Wordings, Cashless Cards and Health Guide will be sent to your mailing address mentioned on the proposal form

■ How do I make a Claim?



Complete set of claim documents needs to be forwarded to

Health Administration Team,

Bajaj Allianz General Insurance Co. Ltd.

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

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

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

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (For 9.5 months)	Sum Insured	Premium (For 9.5 months)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (For 9.5 months)	Floater discount if any	Premium after discount	Sum Insured
45	3,296	500,000	3,296	NA	3,296	500,000	9,734	5%	9,247	500,000
40	3,296	500,000	3,296	NA	3,296	500,000				
20	1,571	500,000	1,571	NA	1,571	500,000				
17	1,571	500,000	1,571	NA	1,571	500,000				
Total Premium for all members of the family is Rs 9,734 when each member is covered separately (No discount applicable)			Total Premium for all members of the family is Rs 9,734 when they are covered under a single policy (No discount applicable)				Total premium when policy is opted on floater basis is Rs 9,247 (Floater discount applicable)			
Sum Insured available for each individual is Rs 500,000			Sum Insured available for each family member is Rs 500,000				Sum Insured of Rs 500,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										





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



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

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