

**HEALTH ENSURE - CUSTOMER INFORMATION SHEET**

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Ensure Policy	
2	What am I covered for?	1. Medical Expenses: As an in-patient in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables; If You are hospitalised on the advice of a Doctor 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 as per the table of benefits below mentioned in pay out basis.	Section A.1
		2. Emergency Ambulance charges up to Rs 1000/-per policy period, if the claim is admissible under medical expenses cover	Section A.1
		3. An amount equivalent to 2% of hospitalisation expenses as in (a) to cover the pre-hospitalisation and post hospitalization expenses.	Section A 3
3	What are the major exclusions in the policy?	1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Ensure policy.	Section C.1
		2. 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 nationalisation or requisition of or damage by or under the order of any government or public local authority	Section C.6
		3. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender	Section C.7
		4. Any form of plastic surgery unless necessary for the treatment of cancer ,burns or accidental Bodily Injury	Section C.8
		5. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires	Section C.9
		6. External medical equipment of any kind used at home as post hospitalisation 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	Section C.10
		7. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization	Section C.11
		8. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.	Section C.12
		9. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)	Section C.13

		10. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.	Section C.14
		11. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.	Section C.15
		12. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.	Section C.16
		13. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.	Section C.17
		14. Treatment arising from or traceable to pregnancy and childbirth including caesarian section, and/or any treatment related to pre and postnatal care	Section C.18
		15. Vaccination or inoculation unless forming a part of post bite treatment.	Section C.19
		16. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.	Section C.20
		17. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor	Section C.21
		18. Experimental, unproven or non-standard treatment.	Section C.22
		19. Surgery to correct deviated nasal septum and hypertrophied turbinate.	Section C.23
		20. Treatment for any other system other than modern medicine (also known as Allopathy)	Section C.24
		21. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery	Section C.25
		22. Venereal disease or any sexually transmitted disease or sickness.	Section C.26
		23. Weight management services and treatment related to weight reduction programmes including treatment of obesity.	Section C.27
		24. Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.	Section C.28
4	Waiting periods	1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Ensure policy.	Section C.1
		2. One year waiting period applicable for below diseases: Any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment.	Section C.2
		3. First 2 years waiting period applicable for below diseases: Any types of cataracts, benign prostatic hypertrophy, hernia of all types, fistulae, haemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma endometriosis, hysterectomy, stones in the urinary and biliary systems, surgery on ears/tonsils/adenoids/paranasal sinuses, Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps.	Section C.3
		4. Four years waiting period applicable for below ailments: Gout and rheumatism, surgery for prolapsed inter vertebral disc and joint replacement surgery unless such surgery is necessitated by accidental Bodily Injury.	Section C.4
		5. 30 days waiting period is applicable from date of first policy inception for any illness/disease except for Accidental Bodily Injury.	Section C.5
5	Payout basis	1. Inpatient Hospitalisation benefit on indemnity payment basis.	Section A 1
		2. Hospitalisation Benefits Limits: A) i) Room, Board & Nursing Expenses as provided By the Hospital/ Nursing home including registration and service Charges : Up to 1% of SI per day ii) If admitted into Intensive Care Unit :Up to 2% of SI per day iii) All admissible Claims under (i) & (ii) during the policy period :Up to 30% of SI per illness/injury B) Surgeon, Anesthetist, Medical practitioner, Consultants, Specialist Fees : Up to 30% of SI per illness/injury C) Emergency Ambulance charges up to Rs 1000/-, Anesthesia, Blood, Oxygen, operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs and any medical expenses incurred which is integral part of the operation: Up to 40% of SI per illness/injury	Section A 1

		3. Our obligation to make payment in respect of surgeries for cataracts, shall be restricted to the maximum of Rs 12000 per eye (or the actual incurred amount which ever is lower) for each of You	Section D. 6 V										
6	Cost sharing	NA	NA										
7	Renewal Conditions	<p>I. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.</p> <p>II. In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 30 days/ one year waiting periods/ two year waiting period / Four year waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.</p>	Section D. 10										
8	Special Condition	<p>Free Look Period You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,</p> <ul style="list-style-type: none"> <li>• a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,</li> <li>• a deduction of the stamp duty charges, medical examination charges &amp; proportionate risk premium for period on cover, If the risk has commenced</li> <li>• a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced</li> </ul>	Section D.9										
9	Renewal Benefits:	Medical Check-up: At the end of every continuous period of 4 years during which You have held Our Health Ensure policy without making a claim You may apply to Us for a free medical check up (Physician Consultation, ECG, Complete Blood Count, , Fasting Blood Sugar,Lipid Profile, Serum Creatinine, SGOT, SGPT and Urine Routine ) at a Bajaj Allianz Diagnostic Centre, the location of which We will specify at the time of Your application.	Section A. 2										
10	Cancellation	We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim	Section D.10.V										
		You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below	Section D.10.VI										
		<table border="0"> <thead> <tr> <th>PERIOD ON RISK</th> <th>RATE OF PREMIUM REFUNDED</th> </tr> </thead> <tbody> <tr> <td>Upto one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Upto three months</td> <td>50%of annual rate</td> </tr> <tr> <td>Upto six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table>	PERIOD ON RISK	RATE OF PREMIUM REFUNDED	Upto one month	75% of annual rate	Upto three months	50%of annual rate	Upto six months	25% of annual rate	Exceeding six months	Nil	
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(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.