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

Caringly yours

BAJAJ | Allianz

EXTRA CARE PLUS

Policy Wordings

Preamble

Whereas the Insured described in the Schedule hereto (hereinafter called 'the Insured') by a Proposal and declaration which shall be the basis of this Contract and is deemed to be incorporated herein has applied to Bajaj Allianz General Insurance Company Limited (hereinafter called 'the Company') for the insurance hereinafter contained and has paid the premium as stated in the Schedule hereto as consideration for the indemnity hereinafter contained. This Policy records the entire agreement between us and sets out what we insure, how we insure it, and what we expect of you.

Tenure of Policy

- " Extra Care Plus-Individual/Family Floater":1year, 2 years or 3 years

A. OPERATIVE PARTS

Scope of Cover

The Company hereby agrees to pay in respect of an admissible claim amount in excess of Aggregate deductible, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

Any claim under this policy shall be payable by the Company only if the aggregate of covered Reasonable Medical Expenses during the policy period exceeds the aggregate deductible limit provided in the Policy Schedule, subject to a maximum of Sum Insured.

Coverage

1. **Medical Expenses**

If You are hospitalized 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 Medical Expenses incurred, subject to aggregate deductible as specified on the policy document

Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

a. **In patient Hospitalisation expenses**

i. Room Rent/Boarding and Nursing Expenses

ii. ICU Rent/Boarding and Nursing Expenses

iii. Fees of Medical Practitioner, Surgeon , Anaesthetist, Nurses and Specialist Doctor

iv. Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process

b. **Pre-hospitalisation expenses**

The medical expenses incurred in the 60 days period immediately before you were hospitalised, provided that:

i. Such medical expenses were incurred for the same condition requiring subsequent Hospitalisation, and;

ii. We have accepted the claim under In-Patient Hospitalisation expenses.

c. **Post-hospitalisation expenses**

The medical expenses incurred in the 90 days period immediately after you were discharged, provided that:

i. Such medical expenses were incurred for the same condition requiring earlier Hospitalisation, and;

ii. We have accepted the claim under In-Patient Hospitalisation expenses.

d. **Day care treatment**

We will pay you the medical expenses as listed above under In-patient Hospitalisation Expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

e. **Modern Treatment Methods**

Modern Treatment Methods and Advancement in Technologies are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages, waiting periods and exclusions.

i. Uterine Artery Embolization and HIFU

ii. Balloon Sinuplasty

iii. Deep Brain stimulation

iv. Oral chemotherapy

v. Immunotherapy- Monoclonal Antibody to be given as injection

vi. Intra vitreal injections

vii. Robotic surgeries

viii. Stereotactic radio surgeries

ix. Bronchical Thermoplasty

x. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

xi. IONM -(Intra Operative Neuro Monitoring)

xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2. **Maternity Expenses**

We will pay the Medical Expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-.

i. We will cover the Medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule

ii. We will also cover expenses towards lawful medical termination of pregnancy during the Policy period.

iii. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization

iv. Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with us. However this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover.

3. **Ambulance Expenses**

If a claim under Medical Expenses is accepted, We will also pay the ambulance expenses to a maximum of Rs3000/- per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

4. **Organ Donor Expenses**

We will pay for Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,

i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011

ii. The organ donated is for the use of the Insured Person, and

iii. We have accepted an inpatient Hospitalisation claim for the insured member under medical expenses section

Specific exclusions applicable to Organ Donor Expenses

1. Claims which have NOT been admitted under Medical expenses section
2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

Additional benefits (Additional benefits for which aggregate deductible is not applicable)

1. **Free Medical Check-up**

At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse free medical checkup expenses as below

- The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member.
- The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy.

For the avoidance of doubt, We shall only be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

OPTIONAL COVER

5. **Air Ambulance Cover**

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the Extra Care Policy. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions applicable to Air Ambulance Cover

1. Return transportation to the Insured's home by air ambulance is excluded.
2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.
3. Deductible will not be applied on the claim admissible under Air Ambulance cover

B. DEFINITIONS

1. **Accident**

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Aggregate Deductible**

Aggregate deductible is a cost sharing requirement under this policy that provides the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period

3. **Alternative treatments**

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

4. **Any one illness**

Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

5. **Bajaj Allianz Network Hospitals / Network Hospitals**

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com.

6. **Bajaj Allianz Diagnostic Centre**

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com.

7. **Cashless facility**

Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

8. **Co-Payment**

A Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

9. **Condition Precedent**

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

10. **Congenital Anomaly**

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

11. **Day care centre**

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under

i. Has qualified nursing staff under its employment

ii. Has qualified medical practitioner/s in charge.

iii. Has fully equipped operation theatre of its own where surgical procedures are carried out.

iv. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

12 **Day Care Treatment**

Day care treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. **Dental Treatment**

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. **Dependent child**

A child is considered a dependent for insurance purposes (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.

15. **Disclosure to information norm**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

16. **Emergency Care**

Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

17. **Grace Period**

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

18. **Hospital**

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

19. **Hospitalisation**

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

20. **Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

2. It needs ongoing or long-term control or relief of symptoms

3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it

4. It continues indefinitely

5. It recurs or is likely to recur

21. **Inpatient Care**

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

22. **Injury// Bodily Injury**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

23. **Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. **ICU Charges**

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

25. **Limit of Indemnity**

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover and subject to the limits specified.

26. **Maternity Expenses**

Maternity expenses means;

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

b. Expenses towards lawful medical termination of pregnancy during the policy period.

27. **Medical Advise**

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

28. **Medical expenses**

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness

or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

29. **Medical Practitioner**

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

30. **Medically Necessary Treatment**

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

i. is required for the medical management of the illness or injury suffered by the insured;

ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. must have been prescribed by a medical practitioner;

iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

31. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

32. **Named Insured/Insured**

Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 80years of age at the commencement of the Policy Period.

33. **Non- Network Provider**

Non- Network means any hospital, day care centre or other provider that is not part of the network.

34. **Notification of Claim**

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

35. **OPD treatment**

OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

36. **Portability**

means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another.

37. **Pre-Existing Disease**

means any condition, ailment or injury or disease

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

38. **Pre-hospitalization Medical Expenses**

Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

39. **Post-hospitalization Medical Expenses**

Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

40. **Qualified Nurse**

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

41. **Reasonable and Customary Charges**

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

42. **Room rent**

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses

43. **Renewal**

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

44. **Surgery or Surgical Procedure**

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

45. **Schedule** means the schedule and any annexure to it.

46. **Unproven/Experimental treatment**

Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

47. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

48. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

C. EXCLUSIONS

I. Waiting Period

1. **Pre-Existing Diseases** - Code- Excl01

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 Extra Care Plus 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 Person 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.

2. Specified disease/procedure waiting period- Code- Excl02

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 Extra Care Plus 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.

e. If the Insured Person 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.

f. List of specific diseases/procedures

1. Any types of gastric or duodenal ulcers,	11. Hernia of all types
2. Benign prostatic hypertrophy	12. Fistulae, Fissure in ano
3. All types of sinuses	13. Hydrocele
4. Haemorrhoids	14. Fibromyoma
5. Dysfunctional uterine bleeding	15. Hysterectomy
6. Endometriosis	16. Surgery for any skin ailment
7. Stones in the urinary and biliary systems	17. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
8. Surgery on ears/tonsils/adenoids/paranasal sinuses	18. All Joint Replacement surgeries
9. Surgery for intervertebral disc disorders	19. Internal Congenital
10. Cataracts	

3. 30-day waiting period- Code- 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 Person 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. Waiting Period for Maternity Expenses

1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 12 months continuous period has elapsed since the inception of the first Extra Care Plus with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

III. General Exclusion

1. We are not liable for claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule.

2. Any Medical Expenses of the new born baby

3. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.

4. Investigation & Evaluation (Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. 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.

6. 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

7. 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

8. 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.

9. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. 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.

11. **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.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Excl12)**

13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons. **(Excl13)**

14. 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)**

15. **Refractive Error (Excl15)**

    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. **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.

17. **Sterility and Infertility (Excl17)**

    Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

18. 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.

19. 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.

20. 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.

21. 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.

22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

23. 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.

24. All non-medical Items as per Annexure II

25. Any treatment received outside India is not covered under this Policy.

26. Treatment for any other system other than modern medicine (also known as Allopathy)

27. Venereal disease or any sexually transmitted disease or sickness.

D. STANDARD TERMS AND CONDITIONS

I. Conditions precedent to the contract

1. **Conditions Precedent**

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. **Incontestability and Duty of Disclosure**

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this policy.

3. **Installment Premium**

If You have opted for a Policy on an instalment basis, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

i. Relaxation Period of 15 days would be given to pay the installment premium due for the Policy.

ii. During such relaxation period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.

iii. The Benefits provided under - "Waiting Periods","Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated relaxation Period.

iv. No interest will be charged if the installment premium is not paid on due date.

v. In case of installment premium due not received within the relaxation Period, the Policy will get cancelled.

vi. Relaxation period for the policies with installment option would be as under

Installment Option	Relaxation Period
Annual	15 days
Half Yearly	15 days
Quarterly	15 days
Monthly	15 days

Note- In case of installment premiums not received within the relaxation period the Policy will get cancelled, a fresh application of health insurance may be submitted to Us and it would be processed as per a new business proposal.

4. **Moratorium Period:** After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, as per the policy.

II. Conditions when a claim arises

1. **Claims Procedure**

All Claims will be settled by In House claims settlement team of the Company and TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

EXTRA CARE PLUS

a. **Cashless Claims Procedure**

Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, the following procedure must be followed by You.

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre- authorization by way of the written form We will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.

In the event of

- **Planned Hospitalization**- Insured member should intimate such admission at least 72 hours prior to the planned admission.
- **Emergency Hospitalization**- the Insured member or his representative should intimate such admission within 24 hours of such admission

ii. After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre- authorization letter. The pre- authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.

iii. If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the Aggregate deductible in the Network Hospital that We are liable to indemnify under the policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Preauthorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

b. **Reimbursement Claim Procedure**

If pre-authorization under Cashless Claims Procedure mentioned above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then following procedure must be followed by You:

i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization

ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.

iii. You must take steps or measure to minimize the quantum of any claim that may be made under this Policy.

iv. You must have Yourself examined by Our medical advisors if We ask for this, at the Our cost.

v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.

vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if conducted) within 30 days.

vii. We shall make claim payment in Indian Rupees only.

viii. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Photocopies of the claim documents.

Note: Waiver of conditions (i), (v) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

***Note:** In case You are claiming for the same event under an indemnity based policy of other insurer and it is required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Photocopies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

Documents to be submitted for Claims

1. First Consultation letter from the Doctor
2. Duly completed claim form and NEFT Form signed by the Claimant

3. Original Hospital Discharge Card

4. Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.

5. Original Money Receipt, duly signed with a Revenue Stamp

6. All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.

7. In case of a Cataract Operation, IOL Sticker will have to be enclosed

8. Claim decision letter from the other insurer in case of partial settlement

9. In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above.

List of Claim Document Specific to Air Ambulance Cover (if Opted)

1. Duly completed claim form signed by the Claimant

2. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider

3. In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above.

All documents related to claims should be submitted to:

Health Administration Team

Bajaj Allianz General Insurance Company Ltd

2nd Floor, Bajaj Finserv Building,

Behind Weikfield IT park,

Off Nagar Road, Viman Nagar

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

2. **Paying a Claim**

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim

v. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure.

3. Basis of Claims Payment

i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

ii. We shall not make any payment to You for any period of hospitalisation of less than 24 hours, except for the Day Care Procedures.

iii. We shall make payment in Indian Rupees only.

4. Multiple Policies

i. In case of multiple policies which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar polices.

ii. If two or more Policies are taken by an Insured during a period from one or more insurers to indemnify treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her Policies.

a. In all such cases the insurer who has issued the chosen Policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

b. Balance claim or claims disallowed under the earlier chosen policy/policies may be made from the other policy/policies even if the sum insured is not exhausted in the earlier chosen policy/policies. The insurer(s) in such cases shall independently settle the claim subject to the terms and conditions of other policy / policies so chosen.

c. If the amount to be claimed exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay, the Policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

d. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the medical expenses incurred in accordance with the terms, conditions and coverage's of the chosen Policy.

e. If Insured has multiple Policies, he/ she has the right to prefer claims from other Policy/Policies for the amounts disallowed under the earlier chosen Policy/ Policies, even if the Sum Insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Policy.

5. Arbitration and Reconciliation

a. If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Insurers), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the Insurer and the Insured who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Insurer or the and the Insured who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured who has made claim under this Policy and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law.

b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Insurers has disputed or not accepted/admitted the liability/claim under the Policy.

c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the Loss or damage shall be first obtained.

d. It is also hereby further expressly agreed and declared that if the Insurers shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurers shall also stand discharged.

e. The seat of the arbitration shall be Pune. This condition remains valid, should the Policy become void.

f. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of this Policy.

III. Conditions for renewal of the contract.

1. **Terms of Renewal**

i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.

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 12 month waiting period. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.

iii. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. Suitable credit of continuity/ waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

iv. Premium payable on renewal or any changes in terms & conditions on subsequent continuation of cover are subject to change with prior approval from IRDAI.

v. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

2. **Revision/ Modification of the policy**

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

3. **Migration of policy**

1. Every individual policy holder (including members under family floater policy) covered under indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the policyholder;

a. To an individual health insurance policy or a family floater policy, or;

b. To a group health insurance policy, if members complies with the norms relating to the health insurance coverage under the concerned group insurance policy.

2. Every Individual member, including family members covered under an indemnity based group health insurance policy shall be provided an option of migration at the time of exit from group or in the event of modification of group policy (including the revision in the premium rates) or withdrawal of the group policy :

a. To an individual health insurance policy or a family floater policy.

3. Migration shall be applicable to the extent of the sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies.

4. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and the time bound exclusions shall be made applicable on migration under the new policy.

5. Migration may be subject to underwriting as follows:

a. For individual policies, if the policyholder is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the policyholder to any underwriting to the extent of the sum insured and the benefits available in the previous policy.

b. Migration from group policies to individual policy will be subject to underwriting

4. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

5. Sum Insured Enhancement:

I. The Insured member can apply for enhancement of Sum Insured at the time of renewal only. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company. No midterm enhancement of Sum Insured during the currency of policy shall be allowed.

II. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.

III. 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.

IV. Conditions applicable during the contract

1. Insured

Only those persons named as the insured in the Policy Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 14 days written notice to be received by Us.

2. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown on the Schedule.

3. Cancellation

i. 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 mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.

ii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Cancellation grid for premium received on annual & long term basis and refund is as under

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months		20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months		0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months			20.00%
Exceeding 27 months but less than or equal to 30 months			15.00%
Exceeding 30 months but less than or equal to 36 months			0.00%

Note:

- The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.
- In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

Cancellation grid for premium received on instalment basis and refund is as under

For monthly/quarterly premium modes, no premium is refunded. For half yearly premium payment mode, the premium will be refunded as per the below table:

Period in Risk (from latest instalment date)	Premium Refund Pro Rate % of Half Yearly Premium
Exceeding 15 days but less than or equal to 3 months	30%
Exceeding 3 months but less than or equal to 6 months	0%

vii. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which the Policy is cancelled except in cases such cancellation is on account of Fraud, if any false/fraudulent claim is made by Insured or any one on behalf of Insured, mis-representation or non-disclosure of material facts or non-co-operation by the Insured.

4. **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 canceling 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,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced
- Free look period is not applicable for renewal policies.

5. **Nomination**

The insured person is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims under the policy in the event of death of insured person. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made.

6. **Consideration**

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

7. **Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

8. **Discounts**

1. 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

2. Employee Discount:

20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code

9. **Portability Conditions**

Portability shall be allowed under all individual indemnity health insurance policies issued by General Insurers and Health Insurers including family floater policies

10. **Territorial Limits & Governing Law**

a. We cover insured events arising during the Policy Period for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

b. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

c. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

11. **Fraudulent Claims**

If You make or progress any claim knowing it to be false or fraudulent in any way, than this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

12. **Applicable Law**

Indian law governs the construction, interpretation and meaning of the provisions of this Policy and the relationship between us. The section headings in this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

13. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

14. **Grievance Redressal Procedure**

Welcome to Bajaj Allianz and Thank You for choosing us as Your insurer.

Please read Your Policy and Policy Schedule.

The Policy and Policy Schedule set out the terms of Your contract with us. Please read Your Policy and Policy Schedule carefully to ensure that the cover meets Your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If You are dissatisfied we would like to inform You that we have a procedure for resolving issues. Please include Your Policy number in any communication. This will help us deal with the issue more efficiently. If You don't have it, please call our Branch office.

Initially, we suggest You contact the Branch Manager/ Regional Manager of the local office which has issued the Policy. The address and telephone number will be available in the Policy. Naturally, we hope the issue can be resolved to Your satisfaction at the earlier stage itself. But if You feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd

Bajaj Allianz House, Airport Road

Yerawada, Pune 411006

EXTRA CARE PLUS

E-mail: bagichelp@bajajallianz.co.in

Call : 1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cellfor Insured who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address:seniorcitizen@bajajallianz.co.in

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	BENGALURU - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri/Smt..... Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.	BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Shri/Smt..... Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	CHENNAI - Shri/Smt..... Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.	GUWAHATI - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

EXTRA CARE PLUS

HYDERABAD - Shri/Smt..... Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Shri/Smt..... Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	MUMBAI - Shri/Smt..... Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region		

Note: Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council

JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

EXTRA CARE PLUS

Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 3300+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

Indicative list of Day Care Procedures:

List of Day Care Procedures:

1.	Suturing - CLW -under LA or GA	66.	Incision and excision of tissue in the perianal region
2.	Surgical debridement of wound	67.	Surgical treatment of anal fistula
3.	Therapeutic Ascitic Tapping	68.	Surgical treatment of hemorrhoids
4.	Therapeutic Pleural Tapping	69.	Sphincterotomy/Fissurectomy
5.	Therapeutic Joint Aspiration	70.	Laparoscopic appendicectomy
6.	Aspiration of an internal abscess under ultrasound guidance	71.	Laparoscopic cholecystectomy
7.	Aspiration of hematoma	72.	TURP (Resection prostate)
8.	Incision and Drainage	73.	Varicose vein stripping or ligation
9.	Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus	74.	Excision of dupuytren's contracture
10.	Endoscopic Foreign Body Removal -Oesophagus/stomach / rectum.	75.	Carpal tunnel decompression
11.	True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy	76.	Excision of granuloma
12.	Endoscopic ligation/banding	77.	Arthroscopic therapy
13.	Sclerotherapy	78.	Surgery for ligament tear
14.	Dilatation of digestive tract strictures	79.	Surgery for meniscus tear
15.	Endoscopic ultrasonography and biopsy	80.	Surgery for hemoarthrosis/pyoarthrosis
16.	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease	81.	Removal of fracture pins/nails
17.	Endoscopic placement/removal of stents	82.	Removal of metal wire
18.	Endoscopic Gastrostomy	83.	Incision of bone, septic and aseptic
19.	Replacement of Gastrostomy tube	84.	Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
20.	Endoscopic polypectomy	85.	Suture and other operations on tendons and tendon sheath
21.	Endoscopic decompression of colon	86.	Reduction of dislocation under GA
22.	Therapeutic ERCP	87.	Cataract surgery
23.	Brochoscopic treatment of bleeding lesion	88.	Excision of lachrymal cyst
24.	Brochoscopic treatment of fistula /stenting	89.	Excision of pterigium
25.	Bronchoalveolar lavage & biopsy	90.	Glaucoma Surgery
26.	Tonsillectomy without Adenoidectomy	91.	Surgery for retinal detachment
27.	Tonsillectomy with Adenoidectomy	92.	Chalazion removal (Eye)
28.	Excision and destruction of lingual tonsil	93.	Incision of lachrymal glands
29.	Foreign body removal from nose	94.	Incision of diseased eye lids
30.	Myringotomy	95.	Excision of eye lid granuloma
31.	Myringotomy with Grommet insertion	96.	Operation on canthus & epicanthus
32.	Myringoplasty /Tympanoplasty	97.	Corrective surgery for entropion&ectropion

33. Antral wash under LA	98. Corrective surgery for blepharoptosis
34. Quinsy drainage	99. Foreign body removal from conjunctiva
35. Direct Laryngoscopy with or w/o biopsy	100. Foreign body removal from cornea
36. Reduction of nasal fracture	101. Incision of cornea
37. Mastoidectomy	102. Foreign body removal from lens of the eye
38. Removal of tympanic drain	103. Foreign body removal from posterior chamber of eye
39. Reconstruction of middle ear	104. Foreign body removal from orbit and eye ball
40. Incision of mastoid process & middle ear	105. Excision of breast lump /Fibro adenoma
41. Excision of nose granuloma	106. Operations on the nipple
42. Blood transfusion for recipient	107. Incision/Drainage of breast abscess
43. Therapeutic Phlebotomy	108. Incision of pilonidal sinus
44. Haemodialysis/Peritoneal Dialysis	109. Local excision of diseased tissue of skin and subcutaneous tissue
45. Chemotherapy	110. Simple restoration of surface continuity of the skin and subcutaneous tissue
46. Radiotherapy	111. Free skin transportation, donor site
47. Coronary Angioplasty (PTCA)	112. Free skin transportation recipient site
48. Pericardiocentesis	113. Revision of skin plasty
49. Insertion of filter in inferior vena cava	114. Destruction of the diseases tissue of the skin and subcutaneous tissue
50. Insertion of gel foam in artery or vein	115. Incision, excision, destruction of the diseased tissue of the tongue
51. Carotid angioplasty	116. Glossectomy
52. Renal angioplasty	117. Reconstruction of the tongue
53. Tumor embolisation	118. Incision and lancing of the salivary gland and a salivary duct
54. TIPS procedure for portal hypertension	119. Resection of a salivary duct
55. Endoscopic Drainage of Pseudopancreatic cyst	120. Reconstruction of a salivary gland and a salivary duct
56. Lithotripsy	121. External incision and drainage in the region of the mouth, jaw and face
57. PCNS (Percutaneous nephrostomy)	122. Incision of hard and soft palate
58. PCNL (percutaneous nephrolithotomy)	123. Excision and destruction of the diseased hard and soft palate
59. Suprapubiccytostomy	124. Incision, excision and destruction in the mouth
60. Tran urethral resection of bladder tumor	125. Surgery to the floor of mouth
61. Hydrocele surgery	126. Palatoplasty
62. Epididymectomy	127. Transoral incision and drainage of pharyngeal abscess
63. Orchidectomy	128. Dilatation and curettage
64. Herniorrhaphy	129. Myomectomies
65. Hernioplasty	130. Simple Oophorectomies

Note:

i. Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours Hospitalization due to technological advances will also be covered under this Policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.

ii. The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II:

EXTRA CARE PLUS

List I : List of Non-Medical Items

SL . No.	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERV ICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITA L)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable

42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP

19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List lll- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

EXTRA CARE PLUS

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG