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

FAMILY HEALTH CARE

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document

Sl No	Title	Description	Policy Clause Number
1	**Name of Insurance Product**	**Family Health Care**	
2	**Policy Number**	Kindly refer to Your Certificate of Insurance	
3	**Type of Insurance**	Kindly refer to Your Certificate of Insurance	
4	**Sum Insured (Basis)**	Kindly refer to Your Certificate of Insurance	
5	**Policy Coverage (What the Policy Covers)**	**BASE COVERAGE**	
		In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C 1.
		Pre-Hospitalization - up to 30 days prior to date of admission in hospital.	Section C 2.
		Post-Hospitalization- up to 60 days from date of discharge from the hospital	Section C 3.
		Road Ambulance - max. up to ₹ 1500/- per valid hospitalisation.	Section C 4.
		Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings	Section C 5.
		Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ	Section C 6.
		Hospital Daily Cash Benefit- The Daily Cash Benefit as specified on the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness for a period as specified in Policy Schedule . For a maximum period of 30 days for each hospitalization.	Section C 8.
		Preventive Health Check Up – Free Preventive Health check up at the end of every 3 continuous policy years as per limits specified in policy wordings	Section C 9.
		Ayurvedic / Homeopathic Hospitalization Expenses - Hospital admission longer than 24 consecutive hours in a recognised Ayurvedic / Homeopathic Hospital	Section C 10.
		Applicable to Gold Plan-	
		Sum Insured Reinstatement Benefit – In case Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted during the Policy Year, then the base Sum Insured will be restored one time	Section C 7.
6	**Exclusions (What the policy does not cover)**	**GENERAL** EXCLUSIONS - STANDARD EXCLUSIONS	
		• Any hospital admission primarily for investigation diagnostic purpose (Excl04) • Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) • Obesity/Weight Control (Excl06) – • Change-of-gender treatments (Excl07) • Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) • Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) • Treatment for Alcoholism, drug or substance abuse. (Excl12) • Treatments received in heath hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) • Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11) Treatments received in heath hydros etc. arranged wholly or partly for domestic reasons. (Excl13) • Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. (Excl15) • Expenses related to any unproven treatment, services and supplies. (Excl16)	Section D

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<td>• Expenses related to sterility and infertility. (Excl17)

Specific Exclusions
1. Cosmetic dental procedures unless due to Accidental Injury.
2. Medical expenses where Inpatient care and medical supervision is not required
3. War, invasion, acts of foreign enemies
4. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopaedic implants, etc.
5. External medical equipment of any kind used at home as post Hospitalization
6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
7. Intentional self-injury
8. Vaccination or inoculation
9. All non-medical Items as per Annexure II in policy wordings
10. Any treatment received outside India
11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.</td>
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<td>Waiting Period
Time period during which specified disease/treatment are not covered
It is counted from beginning of the policy coverage</td>
<td>Initial Waiting period: 30 days for any illnesses as mentioned in the Policy Schedule/Certificate of Insurance

Specific disease/procedure Waiting period - 24 months , applicable to expenses related to the treatment of the listed Conditions, surgeries/treatments
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<tr><td>1. Any type gastrointestinal ulcers</td><td>2. Cataracts,</td></tr>
<tr><td>3. Any type of fistula</td><td>4. Macular Degeneration</td></tr>
<tr><td>5. Benign prostatic hypertrophy</td><td>6. Hernia of all types</td></tr>
<tr><td>7. All types of sinuses</td><td>8. Fissure in ano</td></tr>
<tr><td>9. Haemorrhoids, piles</td><td>10. Hydrocele</td></tr>
<tr><td>11. Dysfunctional uterine bleeding</td><td>12. Fibromyoma</td></tr>
<tr><td>13. Endometriosis</td><td>14. Hysterectomy</td></tr>
<tr><td>15. Uterine Prolapse</td><td>16. Stones in the urinary and biliary</td></tr>
<tr><td>17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses</td><td>18. Surgery on all internal or external</td></tr>
<tr><td>19. Mental Illness*</td><td>20. Diseases of gall bladder including</td></tr>
<tr><td>21. Pancreatitis</td><td>22. All forms of Cirrhosis</td></tr>
<tr><td>23. Gout and rheumatism</td><td>24. Tonsilitis</td></tr>
<tr><td>25. Surgery for varicose veins and varicose ulcers</td><td>26. Chronic Kidney Disease</td></tr>
<tr><td>27. Alzheimer’s Disease</td><td>28. Joint replacement surgery,</td></tr>
<tr><td>29. Surgery for vertebral column disorders (unless necessitated due to an</td><td>30. Surgery to correct deviated nasal</td></tr>
<tr><td>31. Hypertrophied turbinate</td><td>32. Congenital internal diseases or anomalies</td></tr>
<tr><td>33. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5</td><td>34. Bariatric Surgery</td></tr>
<tr><td>35. Parkinson’s Disease</td><td>36. Genetic disorders</td></tr>
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Pre-existing diseases waiting period: 36 months , applicable to expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications</td>
<td>Section D 2f.</td>
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9	**Financial Limits of Coverage** Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) .Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured) .Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount) .Any other limit (as applicable)	All conditions will be as per the limits specified in the Certificate of Insurance	
10	**Claims/claims procedure**	**Cashless Claims Procedure:** Cashless treatment is available only at Network Hospitals. To use this service: i. Request pre-authorization from us before treatment or incurring medical expenses. ii. For planned hospitalization, inform us within 48 hours of admission. iii. For emergency hospitalization, inform us within 24 hours of admission. iv. We will respond to your pre-authorization request within 2 hours with approval, rejection, or a request for more information. v. If approved, present the authorization letter, ID card, and any required documents at the Network Hospital upon admission. **vi.** If the procedure is followed, you won't need to pay the hospital directly, but pre-authorization does not guarantee all costs will be covered. We will review each claim and determine coverage according to the policy terms. **Reimbursement Claims Procedure:** If cashless pre-authorization is denied, treatment is taken at a non-network hospital, or you do not use the cashless facility: i. Inform us in writing within 48 hours of emergency hospitalization or 48 hours before planned hospitalization. ii. Consult a doctor immediately and follow their recommended treatment. iii. Take steps to minimize the claim amount. iv. Undergo examination by our medical advisors if requested. v. Submit all required documentation and information within 30 days of hospital discharge. vii. In case of death, notify us immediately and send the post-mortem report (if any) within 30 days. viii. If original documents are with another insurer, provide attested copies and a declaration from that insurer. **Turnaround time(TAT) for claim settlement:** 1. Turnaround time (TAT) for claim settlement: 30 Working Days 2. TAT for preauthorization of cashless facility: Within 120 Mins 3. TAT for cashless final bill authorization: Within 120 Mins **Web links**	Section E 29 A B.

		Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.htmll **Helpline Number** Toll free: 1800-103-2529 **Downloading /getting claim forms** Downloading /getting claim forms Health Insurance Claim Process | Accident Insurance Claim (bajajallianz.com)	
11	**Policy Servicing**	Call centre number(Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
12	**Grievances /Complaints**	Grievance Redressal Procedure: a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html c) E-mail • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in • Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html	Section E 17.
13	**Things to remember**	**Free Look Cancellation:** Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions. **Policy Renewal:** Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied **Migration and Portability:** At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 **Moratorium period:** After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limitS	Section D
14	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement .	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by policy holder

I have read the above and confirm having noted the details

Place
Date: Signature of Policy holder

Note: Web link for downloading the product related documents
https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html