

M-CARE GROUP

CUSTOMER INFORMATION SHEET

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

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product	M-Care Group	
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)	Coverage	
		If the Insured is diagnosed as suffering from a Vector Borne disease listed below which first occurs or manifests itself during the Policy Period, the Company shall pay a Lump Sum Benefit.	Section C
		Dengue Fever – Immunoglobulins /Polymerase Chain Reaction (PCR) test showing positive results for Dengue.	Section C 1.
		Malaria - presence of Plasmodium falciparum/ vivax/ malaria in the his/her blood by laboratory examination	Section C 2.
		Filariasis (Payable only once in lifetime) - presence of microfilariae in a blood smear 1. lymphedema, 2. Elephantiasis and 3. Scrotal swelling 4. Concurrently final diagnosis should be confirmed as Filariasis	Section C 3.
		Note: 1. If the Insured Person is already infected with Filariasis prior to first Policy inception then this benefit will not be extended for lifetime 2. Once the Sum Assured is paid for any Insured Person, no other claim for this particular condition shall be paid to the Insured Person in his/her entire lifetime.	
		Kala Azar - diagnosis of Visceral Leishmaniosis by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for kala azar	Section C 4.
		Chikungunya - Diagnosis of Chikungunya with Immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.	Section C 5.
Japanese Encephalitis - positive serological test for Japanese Encephalitis by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).	Section C 6.		
Zika Virus - PRNT is performed by CDC or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results	Section C 7.		
7	Exclusions (What the policy does not cover)	General Exclusions:	Section D II.
		1. Any Treatment taken for any illness other than for vector borne diseases as listed in Section C	
		2. Admission to hospital for less than 24 hours	
		3. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the below listed countries	
		New Zealand	Japan
		Singapore	Canada
		Switzerland	Dubai
USA	Hong Kong		
Malaysia	Countries of the European Union		

<p>8</p>	<p>Waiting Period Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p>	<p>Initial Waiting period: 30 days for all illnesses</p> <p>Policy opted after occurrence of any of the listed vector borne diseases, a 60 days waiting period shall be applicable for the specific ailment from date of previous admission.</p> <p>Once a benefit is paid and if insured renews the Policy, in such scenario for renewal Policy, 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid.</p> <p>Policy renewed within 60 days from the date of admission of the previously paid claim for the named Insured/Insured Persons, 60 days cooling off period shall apply for the same ailment in the renewed policy opted, however there would be no waiting period for other listed vector borne diseases.</p> <p>Policy renewed post 60 days from the date of admission of the previously paid claim for the named Insured/Insured Persons, then a fresh waiting period of 15 days shall apply for all listed vector borne diseases</p>	<p>Section D I.</p>
<p>9</p>	<p>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)</p> <p>.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>.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)</p> <p>.Any other limit (as applicable)</p>	<p>Not Applicable</p>	
<p>10</p>	<p>Claims/claims procedure</p>	<p>Cashless Claim process 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.</p> <p>Reimbursement claim process</p>	<p>Section E19.</p>

		<ul style="list-style-type: none"> You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed vector borne ailments You must immediately consult a Doctor and follow the advice and treatment that he recommends. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost. You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed vector borne ailment /discharge from the Hospital (if admitted) give Us the documentation as per the claims documents list specified below. <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline Number Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
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 <ul style="list-style-type: none"> 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 d) 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 9.
13	Things to remember	<p>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.</p> <p>Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>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</p>	Section E
14	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	

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Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office:



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>