

NIDAAN SWASTHYA BIMA POLICY

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	Nidaan Swasthya Bima Policy	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5	Policy Coverage (What the Policy Covers)	Coverages Covering Persons with Disability as per the Rights of Persons with Disabilities Act, 2016 ("Act").	
		Inpatient Care – Medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Base Sum Insured.	Section C.1
		AYUSH Treatment -Medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year	Section C.2
		Pre-Hospitalization Medical Expenses - up to 30 days prior to date of admission in hospital	Section C.3
		Post-Hospitalization Medical Expenses- up to 60 days from date of discharge from the hospital	Section C.4
		Emergency Ground Ambulance - max. up to ₹ 2,000/- per Policy Year.	Section C.5
		Cataract Treatment - Medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one Policy Year.	Section C.6
		Modern Treatment - Modern Treatment procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured. a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) b. Balloon Sinuplasty c. Deep Brain stimulation d. Oral chemotherapy e. Immunotherapy- Monoclonal Antibody to be given as injection. f. Intra Vitreal injections g. Robotic surgeries h. Stereotactic radio Surgeries i. Bronchial Thermoplasty j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) k. IONM- (Intra Operative Neuro Monitoring) l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Section C.7
Co-payment	20% on all claims made under the policy unless "Waiver of Co-payment" is opted and premium is paid for the same.		
6	Exclusions (What the policy does not cover)	General Exclusions Standard Exclusions	Section D II Section D

		<ol style="list-style-type: none"> 1. Any hospital admission primarily for investigation diagnostic purpose (Excl04) 2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) 3. Obesity/Weight Control (Excl06) 4. Change-of-gender treatments (Excl07) 5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 6. Hazardous or Adventure sports (Excl09) 7. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) 8. Excluded Providers (Excl11) 9. Treatment for Alcoholism, drug or substance abuse. (Excl12) 10. Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) 11. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) 12. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) 13. Expenses related to any unproven treatment, services and supplies. (Excl16) 14. Expenses related to sterility and infertility. (Excl17) 15. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Any medical treatment taken outside India. 2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. 3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by 4. Radioactivity from: <ol style="list-style-type: none"> a) any nuclear fuel or from any nuclear waste; or b) from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); c) Nuclear weapons material. d) Nuclear equipment or any part of that equipment. 5. War, invasion, acts of foreign enemies, etc 6. Injury or Disease caused by or contributed to by nuclear weapons/materials. 7. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident. 8. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy. 9. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) etc. 10. Vaccination or inoculation except as post bite treatment for animal bite. 11. Convalescence, general debility, "Run-down" condition, rest cure, congenital external illness/disease/defect. 12. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered. 13. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. 	
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7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/treatment are not covered • It is counted from beginning of the policy coverage 	<p>Initial Waiting period: 30days for all illnesses (Not applicable in case of accidents)</p> <p>Specific Waiting period: 24 months Waiting period</p> <ol style="list-style-type: none"> 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps. 8. Benign prostate hypertrophy 9. Cataract and age-related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele 14. Non-Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident. 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 20. Internal Congenital Anomalies <p>Pre-existing diseases: 24/48 months</p>	Section D- I.											
8	<p>Financial Limits of Coverage</p> <p>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Deductible (it is a</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits</p> <table border="1"> <thead> <tr> <th>Covers</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Room Rent Limit**</td> <td>Room - up to 1% of the Sum Insured subject to maximum of Rs.5000 / per day.</td> </tr> <tr> <td>ICU - up to 2% of Sum Insured subject to maximum of Rs.10,000/- per day.</td> </tr> <tr> <td>Road Ambulance</td> <td>maximum of Rs.2000/- per hospitalisation</td> </tr> <tr> <td>Cataract Limit (per eye)</td> <td>25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one Policy Year</td> </tr> <tr> <td>Disability Cover</td> <td>a. Life-threatening emergency - pre-existing disability covered- 25% of Sum insured will</td> </tr> </tbody> </table>	Covers	Limit	Room Rent Limit**	Room - up to 1% of the Sum Insured subject to maximum of Rs.5000 / per day.	ICU - up to 2% of Sum Insured subject to maximum of Rs.10,000/- per day.	Road Ambulance	maximum of Rs.2000/- per hospitalisation	Cataract Limit (per eye)	25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one Policy Year	Disability Cover	a. Life-threatening emergency - pre-existing disability covered- 25% of Sum insured will	Section C.1 Section C.2 Section C.5 Section C.6 Section C.7
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	<p>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>	<table border="1"> <tr> <td data-bbox="407 207 748 422"></td> <td data-bbox="748 207 1312 422"> <p>be available for the treatment of same from 3rd year onwards. b. Life-threatening emergency- pre-existing disability covered, 50% of Sum insured will be available for the treatment of same from 4th year onwards or any subsequent continuously renewed policy year.</p> </td> </tr> <tr> <td data-bbox="407 422 748 575"> <p>HIV AIDS Cover</p> </td> <td data-bbox="748 422 1312 575"> <p>In case the CD4 count of insured is/goes below 150, then we will pay 50% of Sum insured or the balance sum insured available under the policy, whichever is lower, as lumpsum amount to the insured</p> </td> </tr> </table> <p>** Proportionate deduction shall be applicable on all expenses other than cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics in case of admission to a room at rates exceeding the limit specified as per Sum insured</p> <p>Modern Treatment - up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period for the following procedures :</p> <p>Deductible – Not applicable</p>		<p>be available for the treatment of same from 3rd year onwards. b. Life-threatening emergency- pre-existing disability covered, 50% of Sum insured will be available for the treatment of same from 4th year onwards or any subsequent continuously renewed policy year.</p>	<p>HIV AIDS Cover</p>	<p>In case the CD4 count of insured is/goes below 150, then we will pay 50% of Sum insured or the balance sum insured available under the policy, whichever is lower, as lumpsum amount to the insured</p>	
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<p>9</p>	<p>Claims/claims procedure</p>	<p>Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization 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 The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <p>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 listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <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 numbers Tollfree: 1800-103-2529</p>	<p>Section E A</p>				

		<p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
10	Policy Servicing	<p>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</p>	
11	Grievances /Complaints	<p>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</p>	Section E.I.15
12	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 Beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p>	Section E

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:



		<p>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</p> <p>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</p>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p>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.</p>			

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>