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nidaan

SWASTHYA BIMA POLICY

Bajaj Allianz General Insurance Company

HEALTH AND HOPE FOR ALL

CIN: U66010PN2000PLC015329, UIN: BAJHLIP23184V012223



■ Introduction

Nidaan Swasthya Bima is a tailor-made product for covering Persons with Disability and for Individuals who are HIV/AIDS positive.

This policy is specifically designed for Persons with Disability as per the Rights of Persons with Disabilities Act, 2016 ("Act").

It also covers Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017

■ Special features of Nidaan Swasthya Bima Policy



A. The cover under this Policy is available for persons with the following disability/disabilities as defined under the Act and any subsequent additions / modifications to the list in the Act.

1. Blindness	2. Muscular Dystrophy
3. Low vision	4. Chronic Neurological conditions
5. Leprosy Cured persons	6. Specific Learning Disabilities
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis
9. Locomotor Disability	10. Speech and Language disability
11. Dwarfism	12. Thalassemia
13. Intellectual Disability	14. Haemophilia
15. Mental Illness	16. Sickle Cell disease
17. Autism spectrum disorder	18. Multiple Disabilities including deaf/ blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	

- a) It is Condition Precedent that the cover under this Policy can be availed only on mandatory submission of Disability Certificate issued by the Certifying Authority.
- b) Disability for the purpose of this Policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Certifying authority.
Or / and
- B.** Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017. Individuals diagnosed as HIV/AIDs by a duly qualified Medical Practitioner with CD4 count above 400 will only be eligible for cover under this policy.

■ What are the policy types available under Nidaan Swasthya Bima Policy, Bajaj Allianz General Insurance Company?

Indemnity Basis in case of Hospitalization for all Insured members. Benefit Basis only for individual with HIV/AIDS in case the CD count goes below 150.

■ What are the Sum Insured options available under the policy?

4 lakhs and 5 lakhs

■ What is the entry age?

Age eligibility for adults: 18 years to 65 years

Age eligibility for Children: New Born to 30 years

■ What is the Policy period?

Policy period – 1 year

■ Is this a floater policy / individual policy?

Individual policy

■ Who can be covered under Nidaan Swasthya Bima Policy, Bajaj Allianz General Insurance Company ?

Self, Spouse, Father, Mother, Son, Daughter

■ What is the renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.
(Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).

■ Coverages

1. Inpatient Care:

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Base Sum Insured as specified in the Policy Schedule (other than as specified in "Specific Conditions Applicable for Persons with Disability" and "Specific Conditions Applicable for Persons with HIV-AIDS"), for,

- Room Rent, Boarding, and Nursing Expenses as provided by the Hospital / Nursing Home up to 1% of the Sum Insured subject to maximum of Rs.5000 / per day.
- Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 2% of Sum Insured subject to maximum of Rs.10,000/- per day.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury.
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. In case of admission to a Room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/ payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be affected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ ICU/ICCU charges.
3. The above-mentioned Medical Expenses shall be payable only after the first Nidaan Swasthya Bima Policy, Bajaj Allianz General Insurance Company commencement date with the Company.

2. AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to sum insured as specified in the policy Schedule in any AYUSH Hospital.

3. Pre-Hospitalization Medical Expenses:

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy.

Conditions:

- i. The claim is accepted under Section Inpatient Care or Section AYUSH Treatment or Section Modern Treatments in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4. Post-Hospitalization Medical Expenses:

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy.

Conditions:

- i. The claim is accepted under Section Inpatient Care or Section AYUSH Treatment or Section 7 Modern Treatments in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

5. Emergency Ground Ambulance

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that.

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.

- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section Inpatient Care above in respect of the same period of Hospitalization or Section AYUSH Treatment or Section Modern Treatments.
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

6. Cataract Treatment

The company shall indemnify 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.

7. Modern Treatment:

The following 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, specified in the Policy Schedule, during the Policy Period.

- 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.

■ EXCLUSIONS - STANDARD EXCLUSIONS

I. Waiting Periods - (Please refer Annexure II of the Policy Wordings)

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

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 24 / 48 months (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with Insurer.
- 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 number of months (as mentioned in Policy Schedule) 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 24 months (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first 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.

24 Months waiting period.

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

3. First 30 days 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.

■ General Exclusions

1. Investigation & Evaluation- Code- Excl04

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation, and respite care- Code- Excl05

- a) 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 physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: Code- 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 must be 18 years of age or older and Obesity/ Weight Control: Code- Excl06
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 Apnoea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: Code- 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.

6. Hazardous or Adventure sports: Code- 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.

7. Breach of law: Code- 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.

8. Excluded Providers: Code- 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.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

11. 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. Code- Excl14

12. Refractive Error: Code- Excl15

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

13. Unproven Treatments: Code- 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.

14. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- Any type of contraception, sterilization
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

15. Maternity: Code Excl18

- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Please refer Nidaan Swasthya Bima Policy Wordings for detailed list of exclusions

■ TABLE OF BENEFITS

Nidaan Swasthya Bima Policy ,Bajaj Allianz General Insurance Company	
Cover	BENEFITS
Coverage Basis	Individual basis only
Category of Cover	Indemnity and Benefit
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available(in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	Age eligibility for adults: 18 years to 65 years Age eligibility for Children: New Born to 30 years
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital

Sublimit for Room/ Doctors fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/ Nursing Home up to 1% of the sum insured subject to maximum of Rs.5000/- per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs. 10,000/-, per day.
Cataract Treatment	Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalisation
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 100% of sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident and 90 days for lumpsum benefit under "Specific Conditions Applicable for Persons with HIV-AIDS"
Specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy. b. 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. d. The claim mentioned above shall be payable once in the lifetime of the Insured Person and shall not be necessarily linked to an Inpatient Hospitalisation claim made under the policy. e. On payment of such claim (lumpsum amount), the policy shall cease for the insured person in respect of HIV/AIDS cover and may not be available for renewal in the subsequent year.
Specific Sublimit for Disability Cover	For Disability Cover: a. In case of Life-threatening emergency arising for the pre-existing disability covered, 25% of Sum insured will be available for the treatment of same from 3rd year onwards. b. In case of Life-threatening emergency arising for the 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.
Co-Payment	20% on all claims made under the policy unless "Waiver of Co-payment" is opted and premium is paid for the same.

■ WAITING PERIODS

Waiting Period	Condition
48 months	For pre-existing diseases other than the pre-existing Disability covered
24 months	For pre-existing Disability covered under the policy, irrespective of Life-threatening or otherwise
24 months	For listed Specific Diseases like Hernia, Hydrocele, Cataract, Hysterectomy etc.
90 days	For lump-sum benefit (50% of Sum insured or the balance sum insured, whichever is lower) for persons with HIV-AIDS, in case CD4 count goes below 150
30 days	For all claims except resulting from Accident and 90 days for lump-sum benefit as mentioned above



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For more details on risk factors, Terms and Conditions, please read the sales brochure before concluding a sale.

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