

EXTRA CARE

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Extra Care	
2	What am I covered for?	1. Medical Expenses If You/Your family member(s) named in the schedule are hospitalised 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 charges Medical Expenses incurred , in excess of the deductible stated in the schedule. a. Hospitalization expenses:- As an in-patient in a Hospital for accommodation; Boarding Expenses including patients diet as provided by the hospital / nursing home ; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables;	Section B.1 a.
		b. Pre-hospitalization expenses In respect of the medical treatment of an Illness during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness	Section B.1.b.
		c. Post-hospitalization expenses In respect of medical treatment and essential investigations for a period of upto 90 days after discharge from a Hospital for medical treatment related to the Illness or Accidental Bodily Injury	Section B.1.c
		2. Ambulance Expenses If a claim under Cover 1) is accepted, We will also pay the ambulance expenses to a maximum of Rs 3000 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.	Section B.2
		3. Modern Treatment: Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum Insured or 5 Lacs whichever is lower, subject to policy terms, conditions, coverage, waiting periods and exclusions. A. Uterine Artery Embolization and HIFU 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. Bronchical 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 B.3
3	What are the major exclusions in the policy?	1. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.	Section D.II.1
		2. Circumcision unless required for the treatment of Illness or Accidental bodily injury,	Section D.II.2
		3. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.	Section D.II.3
		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.	Section D.II.4
		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.	Section D.II.5

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	<p>6. Obesity/Weight Control (Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> 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); <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 	Section D.II.6
	<p>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.</p>	Section D.II.7
	<p>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.</p>	Section D.II.8
	<p>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.</p>	Section D.II.9
	<p>10. Breach of law (Excl10) Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.</p>	Section D.II.10
	<p>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</p>	Section D.II.11
	<p>12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)</p>	Section D.II.12
	<p>13. Treatments received in health spas, 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. (Excl13)</p>	Section D.II.13
	<p>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)</p>	Section D.II.14
	<p>15. Refractive Error (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	Section D.II.15
	<p>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.</p>	Section D.II.16
	<p>17. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes:</p> <ol style="list-style-type: none"> a) Any type of contraception, sterilization b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c) Gestational Surrogacy d) Reversal of sterilization 	Section D.II.17
	<p>18. Maternity (Excl 18)</p> <ol style="list-style-type: none"> a) Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 	Section D.II.18
	<p>19. External medical equipment of any kind used at home as post hospitalisation 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</p>	Section D.II.19
	<p>20. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</p>	Section D.II.20

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		21. 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 doctor.	Section D.II.21
		22. Treatment for any other system other than modern medicine (also known as Allopathy).	Section D.II.22
		23. All non-medical Items as per Annexure I provided in Policy Wordings	Section D.II.23
		24. Any treatment received outside India is not covered under this policy.	Section D.II.24
		25. Venereal disease or any sexually transmitted disease or sickness.	Section D.II.25
		26. Surgery to correct deviated septum and hypertrophied turbinate.	Section D.II.26
		27. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.	Section D.II.27
		28. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.	Section D.II.28
4	Waiting Period	1. Pre-existing Diseases waiting period (Excl01) a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first Extra Care 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 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.	Section D.I.1.
		2. Any Medical Expenses incurred during the first 48 months during which You/your family member(s) named in the schedule have the benefit of an Extra Care policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury. In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Policy without break in cover.	Section D.I.2.
		3. 30-day waiting period (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 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.	Section D.I.3.
5	Payout basis	1. Inpatient Hospitalisation benefit on indemnity payment basis.	Section B
6	Cost sharing	Deductible amount stated in the schedule shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period.	Section B.1
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience	Section E. CONDITIONS
8	Insured's Rights	Free Look Period a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception b. Lifelong renewability (except on certain specific grounds) c. Right to migrate from one product to another product of the company d. Right to port from one company to another company e. Change in SI during the policy term or at the time of renewal f. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate	Section E. CONDITIONS

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9	Cancellation	<p>i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below. Cancellation grid for premium received on annual & long term basis and refund is as under</p> <table border="1"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td colspan="3">As per Free Look up period Condition</td> </tr> <tr> <td>Exceeding 15 days but less than or equal to 1 month</td> <td>75.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 1 month but less than or equal to 3 months</td> <td>50.00</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 3 months but less than or equal to 6 months</td> <td>25.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than or equal to 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than or equal to 15 months</td> <td>0.00%</td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 15 months but less than or equal to 18 months</td> <td>0.00%</td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than or equal to 24 months</td> <td>0.00%</td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than or equal to 27 months</td> <td>0.00%</td> <td>0.00%</td> <td>20.00%</td> </tr> <tr> <td>Exceeding 27 months but less than or equal to 30 months</td> <td>0.00%</td> <td>0.00%</td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than or equal to 36 months</td> <td>0.00%</td> <td>0.00%</td> <td>0.00%</td> </tr> </tbody> </table> <p>Cancellation grid for premium received on instalment basis and refund is as under The premium will be refunded as per the below table:</p> <table border="1"> <thead> <tr> <th rowspan="2">Period in Risk (from latest instalment date)</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>% of Monthly Premium</th> <th>% of Quarterly Premium</th> <th>% of Half Yearly Premium</th> </tr> </thead> <tbody> <tr> <td>Uptp 15 days from 1st Instalment Date</td> <td colspan="3">As per Free Look Period Condition</td> </tr> <tr> <td>Exceeding 15 days but less than or equal to 3 months</td> <td colspan="2"></td> <td>30%</td> </tr> <tr> <td>Exceeding 3 months but less than or equal to 6 months</td> <td colspan="2">No Refund</td> <td>0%</td> </tr> </tbody> </table> <p>Note:</p> <ul style="list-style-type: none"> 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". Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy. <p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	Period in Risk	Premium Refund			Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	Within 15 Days	As per Free Look up period Condition			Exceeding 15 days but less than or equal to 1 month	75.00%	75.00%	80.00%	Exceeding 1 month but less than or equal to 3 months	50.00	75.00%	80.00%	Exceeding 3 months but less than or equal to 6 months	25.00%	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	0.00%	30.00%	50.00%	Exceeding 15 months but less than or equal to 18 months	0.00%	20.00%	45.00%	Exceeding 18 months but less than or equal to 24 months	0.00%	0.00%	30.00%	Exceeding 24 months but less than or equal to 27 months	0.00%	0.00%	20.00%	Exceeding 27 months but less than or equal to 30 months	0.00%	0.00%	15.00%	Exceeding 30 months but less than or equal to 36 months	0.00%	0.00%	0.00%	Period in Risk (from latest instalment date)	Premium Refund			% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium	Uptp 15 days from 1st Instalment Date	As per Free Look Period Condition			Exceeding 15 days but less than or equal to 3 months			30%	Exceeding 3 months but less than or equal to 6 months	No Refund		0%	Section E. CONDITIONS
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10	Claims	<p>"a. For Cashless Service: List of Network Hospitals available on our website www.bajajallianz.com b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified in the Policy wordings"</p>	Section E																																																																						
11	"Policy Servicing, Grievances/ Complaints"	<p>"a. If Insured person is not satisfied with the redressal of grievance through one of the methods, insured person may contact the grievance officer at ggro@bajajallianz.co.in For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided in Policy document."</p>	Section E																																																																						
12	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	Section E																																																																						

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.