

EXTRA 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	EXTRA CARE	
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)	<p>Coverages</p> <p>Medical Expenses</p> <p>a) Hospitalisation expenses in excess of the per claim deductible, incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.</p> <p>b) Pre-Hospitalization - up to 60 days prior to date of admission in hospital</p> <p>c) Post-Hospitalization- up to 90 days from date of discharge from the hospital</p> <p>Ambulance Expense - max. up to ₹ 3,000/- per Hospitalization</p> <p>Modern Treatment and Advancement in Technologies - Medical expenses incurred during admissible hospitalization ,towards following procedures:</p> <p>a) Uterine Artery Embolization and HIFU</p> <p>b) Balloon Sinuplasty</p> <p>c) Deep Brain stimulation</p> <p>d) Oral chemotherapy</p> <p>e) Immunotherapy- Monoclonal Antibody to be given as injection</p> <p>f) Intra vitreal injections</p> <p>g) Robotic surgeries</p> <p>h) Stereotactic radio surgeries</p> <p>i) Bronchical Thermoplasty</p> <p>j) Vaporisation of the prostate (Green laser treatment or holmium lasertreatment)</p> <p>k) IONM -(Intra Operative Neuro Monitoring)</p> <p>l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered</p>	<p>Section C.1.a</p> <p>Section C.1.b.</p> <p>Section C.1.c.</p> <p>Section C.2.</p> <p>Section C3</p>
6	Exclusions (What the policy does not cover)	<p>General Exclusions</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> 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 related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09) Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Excluded Providers (Excl11) 	Section D II

		<p>9. Treatment for Alcoholism, drug or substance abuse. (Excl12)</p> <p>10. Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)</p> <p>11. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)</p> <p>12. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15)</p> <p>13. Expenses related to any unproven treatment, services and supplies. (Excl16)</p> <p>14. Expenses related to sterility and infertility. (Excl17)</p> <p>15. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</p> <p>Specific Exclusions</p> <p>1. War, invasion, acts of foreign enemies</p> <p>2. Circumcision unless required for the treatment of Illness or Accidental bodily injury</p> <p>3. The cost of spectacles, contact lenses, hearing aids, crutches etc.</p> <p>4. External medical equipment of any kind used at home as post-hospitalization</p> <p>5. Intentional self-injury</p> <p>6. Vaccination or inoculation</p> <p>7. Treatment for any other system other than modern medicine (also known as Allopathy)</p> <p>8. All non-medical items as per Annexure II in policy wordings</p> <p>9. Any treatment received outside India</p> <p>10. Venereal disease or any sexually transmitted disease or sickness.</p> <p>11. Surgery to correct deviated septum and hypertrophied turbinate.</p> <p>12. Venereal disease or any sexually transmitted disease or sickness.</p> <p>13. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery</p> <p>14. Cosmetic dental procedures unless due to Accidental Injury.</p> <p>15. 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 hematological conditions.</p>	
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 continuous renewal or accidents)</p> <p>Specific Waiting period: 48 months waiting period Joint Replacement Surgery unless necessitated by accidental bodily injury</p> <p>Pre-existing diseases: 48 months</p>	Section D- I.
8	<p>Financial Limits of Coverage</p> <p>i. Sublimit (it is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount /percentage of the</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits - Road Ambulance - max. up to ₹ 3,000/- per Hospitalization</p> <p>Co-payment – Not Applicable</p> <p>Deductible – 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</p> <p>Other Limits – Not Applicable</p>	<p>Section C.2</p> <p>Section C 1</p>

	<p>admissible claim amount to be paid by policy holder/ insured)</p> <p>ii.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>v.Any other limit (as applicable)</p>		Section E 22
9	Claims/claims procedure	<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. 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>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>Downloading /getting claim forms</p>	Section E 27 A & B

		Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)	
10	Policy Servicing	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p> <p>https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858 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 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 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
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: bajichelp@bajajallianz.co.in or

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

Issuing Office:



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

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Benefit Illustration in respect of Policies offered on Individual & Family Floater basis

Age of the members to be insured	Coverage opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under as single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (for zone A)	Sum Insured	Premium (for zone A)	Discount	Premium after discount	Sum Insured	Premium or consolidated premium for all members of family (for Zone A)	Floater discount if any	Premium after discount	Sum Insured
55	NA	NA	NA	NA	NA	NA	6975	NA		1,000,000 / 300,000
50	NA	NA	NA	NA	NA	NA				
20	NA	NA	NA	NA	NA	NA				
18	NA	NA	NA	NA	NA	NA				
NA			NA				Total premium (for Zone A) when policy is opted on floater basis is Rs 6975 (no discount)			
NA			NA				Sum Insured of 1,000,000 / 300,000 is available for the entire family			
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										