

HEALTH CARE SUPREME

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	Health Care Supreme	
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)	Part I - Medical Expenses Section (Mandatory/Base Cover) 1. Hospitalization Expenses- Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. 2. Pre-Hospitalization - up to 60 days prior to date of admission in hospital 3. Post-Hospitalization- up to 90 days from date of discharge from the hospital 4. Road Ambulance – At Actuals 5. Air Ambulance - Ambulance transportation in an airplane or helicopter for rapid transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions, subject to a maximum limit as specified 6. Day Care Procedures - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings 7. Out Patient Expenses - Medical expenses incurred on Outpatient basis for the Illness/ Injury contracted during the Policy Period up to the limits specified in the Policy Schedule for o Specialist Consultations o Investigations related to the illness / injury as prescribed by the specialist o Medicines related to the illness / injury as prescribed by the specialist o Dental Procedures – Root Canal Treatment, Extractions o Consultations for Psychiatric disorders 8. Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ 9. Recovery benefit - In the event of insured member Hospitalized for a disease/illness/injury for a continuous period exceeding 7 days, We will pay a onetime lump sum amount per policy period, as specified under the Recovery benefit in the policy schedule. 10. Physiotherapy Expenses - expenses incurred on prescribed Physiotherapy taken on Out-patient basis for Illness/Injury contracted during the Policy Period. Initially restricted to 10 sessions per condition, after which treatment must be reviewed by the Doctor who referred You 11. Sum Insured Reinstatement Benefit –On exhaustion of Sum Insured and Cumulative Bonus (if any) during the Policy Year, then the base Sum Insured will be restored one time	Section C.I.1 Section C.I.2 Section C.I.3 Section C.I.4 Section C.I.5 Section C.I.6 Section C.I.7 Section C.I.8 Section C.I.9 Section C.I.10 Section C.I.11

	12. Ayurvedic / Homeopathic Hospitalization Expenses - Hospital admission longer than 24 consecutive hours in a recognized Ayurvedic / Homeopathic Hospital	Section C.I.12
	13. Maternity Expenses - Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s)	Section C.I.13
	14. New Born Baby Cover - Coverage for new born baby hospitalization /vaccination up to 90 days from date of birth within the limit of the Sum Insured available under the Maternity Expenses section will be considered subject to a claim being accepted within the limit of the Sum Insured available under the Maternity Expenses section, subject to Maternity claim being accepted by Us.	Section C.I.14
	15. Free Annual Preventive Health Check Up - Free Preventive Health check up after each renewal of Health Care Supreme Policy with Us as per limits specified in policy wordings	Section C.I.15
	16. Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures: 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 lasertreatment) k) IONM -(Intra Operative Neuro Monitoring) l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered	Section C.I.16
	17. Cumulative Bonus applicable only for Hospitalization (Section C Part I-1) We will increase the Limit of Indemnity by 10% per claim free year, maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and/ or 50% of Sum Insured.	Section E 22
	Part II. Addon Covers	
	1. Ancillary Expenses Benefit - Daily Allowance as specified under the policy, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Illness, subject to a maximum of 30 days during the Policy Period for Individual SI policy & 60 days during the Policy Period for Floater SI policy. Two times the Daily Allowance for each continuous and completed period of 24 hours Hospitalization in the Intensive Care Unit, subject to a maximum of 15 days during the Policy Period for Individual SI policy & 30 days during the Policy Period for Floater SI policy	Section C.II.1
	2. Critical Illness Benefit - If you are diagnosed as suffering from any of the Critical Illness, as listed under the policy, which first occurs or manifests itself during the Policy Period, and fulfills the criteria as defined under the policy, we will pay you the lump sum amount as specified under Critical Illness section in the Policy Schedule	Section C.II.2
	3. Personal Accident Cover – Lumpsum payout up to the sum insured specified in policy schedule to Insured or Nominee in case of accidental injury during the policy period resulting in 1) Death, 2) Permanent Total Disability, 3) Permanent Partial Disability, 4) Temporary Total Disability or 5) Additional Insurance.	Section C.II.3

6	Exclusions (What the policy does not cover)	<p>Standard Exclusions applicable to all covers</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 for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Excluded Providers (Excl11) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in health hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) Expenses related to any unproven treatment, services and supplies. (Excl16) Expenses related to sterility and infertility. (Excl17) <p>General exclusions</p> <ol style="list-style-type: none"> Cosmetic dental procedures unless due to Accidental Injury. Medical expenses where Inpatient care and medical supervision is not required <p>Exclusions applicable for Out Patient Expenses Section C Part I-7 Any expenses for investigations/ treatment taken without existence of any disease/ illness, signs /symptoms</p> <ol style="list-style-type: none"> Any expenses for diagnostic tests, investigations / treatment taken without the Specialist Consultant advising the same and which is not duly supported by his prescriptions Cost of Annual Health Check up Any expenses in excess of the maximum payable amount under the Outpatient medical expenses limit. Any expense for Treatments which is not specified under Section C Part I-7 (Out-patient expenses). <p>Common Exclusions applicable to all the covers under Section C, Part I- (Medical expenses)</p> <ol style="list-style-type: none"> War, invasion, acts of foreign enemies Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery. This exclusion is not applicable for Donor Expenses under Section C Part I-8 (Organ Donor Expenses) Circumcision unless required for the treatment of Illness or Accidental bodily injury The cost of spectacles, contact lenses, hearing aids, crutches etc. The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc. 	Section D
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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 continuous renewal or accidents)</p> <p>Specific Waiting period: Applicable to Part I Medical Expenses Section (Mandatory/Base Cover)</p> <p>12 Months Waiting period:</p> <ol style="list-style-type: none"> Any type gastrointestinal ulcers Cataracts, Any type of fistula Macular Degeneration Benign prostatic hypertrophy Hernia of all types All types of sinuses Fissure in ano Haemorrhoids, piles Hydrocele Dysfunctional uterine bleeding 	Section D- I.

		<ol style="list-style-type: none"> 12. Fibromyoma 13. Endometriosis 14. Hysterectomy 15. Uterine Prolapse 16. Stones in the urinary and biliary systems 17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses 18. Surgery on all internal or external tumours/ cysts/nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth 19. Mental Illness 20. Diseases of gall bladder including cholecystitis 21. Pancreatitis 22. All forms of Cirrhosis 23. Gout and rheumatism 24. Tonsillitis 25. Surgery for varicose veins and varicose ulcers 26. Chronic Kidney Disease 27. Alzheimer's Disease <p>24 months waiting period</p> <ol style="list-style-type: none"> 1. Joint replacement surgery 2. Surgery for prolapsed inter vertebral disc(unless necessitated due to an accident) 3. Surgery to correct Deviated Nasal Septum and Hypertrophied Turbinates 4. Congenital internal diseases or anomalies 5. Laser treatment for correction of eye sight due to refractive error 6. Parkinson's Disease 7. Genetic disorders <p>Pre-existing diseases: 24 months</p> <p>Waiting period applicable to Out Patient Expenses 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.</p> <p>Waiting period applicable to Maternity Expenses Any treatment arising from or traceable to pregnancy, child birth including cesarean section until 24 months continuous period has elapsed since the inception of the first Health Care Supreme Policy with US</p> <p>Waiting period applicable to Critical Illness Cover Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy with US</p>	
8	Financial Limits of Coverage <ol style="list-style-type: none"> i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount 	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits - Not applicable</p> <p>Co-payment - Not applicable</p> <p>Deductible – Not applicable</p> <p>Other Limits – Not applicable</p>	

	<p>in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. 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>iv. Any other limit (as applicable)</p>		
9	Claims/claims procedure	<p>Cashless Claim process (applicable only for Hospitalization Expenses Section)</p> <p>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 (Applicable for all sections)</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 	Section E 33. A & B

		<ul style="list-style-type: none"> 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 In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days. The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <p>Turnaround time(TAT) for claim settlement (Applicable only for Hospitalization Expenses Section)</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 Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
10	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	
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 15 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>	Section E

		<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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3 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> <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 The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 8 continuous years 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>

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:

**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
	45	14,880	500,000	14,880	NA	14,136	500,000	29,775	NA	500,000
	40	12,090	500,000	12,090	NA	11,486	500,000			
	21	9,495	500,000	9,495	NA	9,020	500,000			
18	7,160	500,000	7,160	NA	6,802	500,000				
Total Premium (for Zone A) for all members of the family is Rs 43,625 when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is Rs 41,444 , when they are covered under a single policy. (Family Discount Applicable).				Total premium (for Zone A) when policy is opted on floater basis is Rs 29,775 (no discount applicable).			
Sum Insured available for each individual is Rs 500,000			Sum Insured available for each family member is Rs 500,000				Sum Insured of Rs 500,000 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.										