

HEALTH GUARD**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	Health Guard	
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)	In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours.	Section C1
		Pre-Hospitalization - up to 60 days prior to date of admission in hospital	Section C2
		Post-Hospitalization- up to 90 days from date of discharge from the hospital	Section C3
		Road Ambulance - max. up to ₹ 20,000/- per Policy Year	Section C4
		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	Section C5
		Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ	Section C6
		Convalescence Benefit – Lumpsum pay-out in case Insured's admissible Hospitalization exceeding 10 consecutive days	Section C7
		Daily Cash Benefit for Accompanying an Insured Child - Daily Cash Benefit of ₹ 500/day max up to 10 days per Policy Year for hospitalization of minor (under age of 12 years)	Section C8
		Sum Insured Reinstatement Benefit – in case Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted during the Policy Year, then the base Sum Insured will be restored one time	Section C9
		Preventive Health Check Up – Free Preventive Health check up at the end of every 3 continuous policy years as per limits specified in policy wordings	Section C10
		Bariatric Surgery Cover - In patient Hospitalization medical expenses for undergoing bariatric surgery Eligibility (age 18 years and older): 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 Apnea iv. Uncontrolled Type 2 Diabetes	Section C11
		Wellness Benefits - wellness discount subject to Insured fulfilling the mentioned criteria during the preceding Policy Year.	Section C12
		Ayurvedic / Homeopathic Hospitalization Expenses - Hospital admission longer than 24 consecutive hours in a recognised Ayurvedic / Homeopathic Hospital	Section C13

		Covers Applicable for Gold and Platinum Plan only	
		Maternity Expenses - Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s)	Section C14
		New Born Baby Cover - Coverage for new born baby 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 C15
		Covers Applicable for Platinum Plan only	
		Recharge Benefit – 20% increase in Base Sum insured max up to ₹ 5 Lacs SI, In event of claim amount exceeding the limit of indemnity	Section C17
6	Cumulative Bonus	Silver and Gold Plans - 10% increase in base sum insured per claim free policy Year limited to 10 years and 100% of base Sum Insured of first "Health Guard" policy with Us	Section E 24
		Platinum Plan Super Cumulative Bonus – 50% increase in base sum insured per claim free policy Year for first 2 years and later 10% of base Sum Insured per claim free policy year for next 5 years, Max up to 150% base Sum insured	Section C16
7	Exclusions (What the policy does not cover)	EXCLUSIONS Standard Exclusions <ul 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) Treatment for Alcoholism, drug or substance abuse. (Excl12) Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) Excluded Providers (Excl11) (Treatments received in health spas etc., arranged wholly or partly for domestic reasons. (Excl13) 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) Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) (applicable to Silver plan only) Specific Exclusions <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 War, invasion, acts of foreign enemies The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopaedic implants, etc. External medical equipment of any kind used at home as post Hospitalization 	Standard Exclusions Section D II & Specific Exclusion DII

		<div>6. 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.</div> <div>7. Intentional self-injury</div> <div>8. Vaccination or inoculation</div> <div>9. All non-medical Items as per Annexure II in policy wordings</div> <div>10. Any treatment received outside India</div> <div>11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.</div>	
8	<div>Waiting Period</div> <div>Time period during which specified disease/treatment are not covered</div> <div>It is counted from beginning of the policy coverage</div>	<div>Initial Waiting period: 30 days for all illnesses</div> <div>Specific Waiting period: 24 months for below listed procedures</div> <div><div><div>1. Any type gastrointestinal ulcers</div><div>2. Cataracts,</div><div>3. Any type of fistula</div><div>4. Macular Degeneration</div><div>5. Benign prostatic hypertrophy</div><div>6. Hernia of all types</div><div>7. All types of sinuses</div><div>8. Fissure in Ano</div><div>9. Hemorrhoids, piles</div><div>10. Hydrocele</div><div>11. Dysfunctional uterine bleeding</div><div>12. Fibromyoma</div><div>13. Endometriosis</div><div>14. Hysterectomy</div><div>15. Uterine Prolapse</div><div>16. Stones in the urinary and biliary systems</div><div>17. Surgery on ears/tonsils/adenoids/ paranasal sinuses</div><div>18. Surgery on all Non-malignant internal or external tumours /cysts/ nodules/ polyps of any kind including breast lumps.</div><div>19. Mental Illness</div><div>20. Diseases of gall bladder including cholecystitis</div><div>21. Pancreatitis</div><div>22. All forms of Cirrhosis</div><div>23. Gout and rheumatism</div><div>24. Tonsillitis</div><div>25. Surgery for varicose veins and varicose ulcers</div><div>26. Chronic Kidney Disease</div><div>27. Alzheimer's Disease</div></div><div>36 months – for below listed procedures</div><div><div>1. Joint replacement surgery,</div><div>2. Surgery for vertebral column disorders (unless necessitated due to an accident)</div><div>3. Surgery to correct deviated nasal septum</div><div>4. Hypertrophied turbinate</div><div>5. Congenital internal diseases or anomalies</div><div>6. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5</div><div>7. Bariatric Surgery</div><div>8. Parkinson's Disease</div><div>9. Genetic disorders</div></div><div>Pre-existing diseases waiting period: 36 months</div><div>Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)</div><div>72 months is applicable for Maternity claims since the inception of the first Health Guard Policy with Us.</div></div>	<div>Standard Exclusions</div> <div>Section D- I.</div>
9	<div>Financial Limits of Coverage</div>	<div>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</div>	<div>Section E 23</div>

<p>Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>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>Any other limit (as applicable)</p>	<p>Sub limits</p> <table><tr><th>Plan/Covers</th><th>Limit/Category</th></tr><tr><td colspan="2">Room Rent Limit **</td></tr><tr><td>Silver Plan</td><td>1% of SI per Day</td></tr><tr><td>Gold & Platinum Plans (SI ₹ 3 - ₹7.5L)</td><td>Single Private AC room</td></tr><tr><td>Gold & Platinum Plans (SI ₹10 Lacs & Above)</td><td>At Actuals</td></tr><tr><td>Cataract Limit</td><td>20% of SI for each eye, max up to ₹1,00,000/-</td></tr><tr><td rowspan="2">Bariatric Surgery</td><td>Silver Plan 25%</td></tr><tr><td>Gold and Platinum Plans - 50% of SI max up to ₹5 lac</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 and Plan opted.</p> <p>Co payments</p> <table><tr><th>Co-payment</th><th>Limit</th></tr><tr><td>Voluntary co-payment</td><td>10%/ 20% of admissible claim amount</td></tr><tr><td rowspan="2">Zone Co-payment</td><td>20% on admissible claim amount, in case Zone C premiums paid but treatment taken at Zone A city</td></tr><tr><td>5% on admissible claim amount, in case Zone C premiums paid but treatment taken is at Zone B city</td></tr></table> <p>If opted under the Inpatient Hospitalization Treatment section</p> <p>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured</p> <table><tr><th>Name of Limit</th><th>Limit</th></tr><tr><td>Convalescence Benefit (per PolicyYear)</td><td><ul style="list-style-type: none">Silver Plan - Rs.5,000Gold and Platinum Plan - ₹5,000 for Sum Insured up to ₹5 lacs₹7,500 for Sum Insured ₹7.5lacs and above</td></tr><tr><td>Daily Cash Benefit for Accompanying an Insured Child under 12 years</td><td>₹500 per day maximum up to 10 days</td></tr><tr><td>Preventive Health Check Up</td><td>Available at the end of every 3 continuous policy years<ul style="list-style-type: none">Silver Plan - 1% of the Sum Insured maximum up to ₹2000/-Gold Plan - 1% of the Sum Insured max up to ₹5000/-Platinum Plan - 1% of the Sum Insured max up to ₹5000/-. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.</td></tr><tr><td>Maternity (Applicable under Gold & Platinum plans only)</td><td>SI ₹3 lacs to ₹7.5 lacs Normal delivery - ₹15000, C-section - ₹ 25000 SI above ₹7.5 lacs Normal delivery - ₹25000, C-section - ₹ 35000</td></tr></table>	Plan/Covers	Limit/Category	Room Rent Limit **		Silver Plan	1% of SI per Day	Gold & Platinum Plans (SI ₹ 3 - ₹7.5L)	Single Private AC room	Gold & Platinum Plans (SI ₹10 Lacs & Above)	At Actuals	Cataract Limit	20% of SI for each eye, max up to ₹1,00,000/-	Bariatric Surgery	Silver Plan 25%	Gold and Platinum Plans - 50% of SI max up to ₹5 lac	Co-payment	Limit	Voluntary co-payment	10%/ 20% of admissible claim amount	Zone Co-payment	20% on admissible claim amount, in case Zone C premiums paid but treatment taken at Zone A city	5% on admissible claim amount, in case Zone C premiums paid but treatment taken is at Zone B city	Name of Limit	Limit	Convalescence Benefit (per PolicyYear)	<ul style="list-style-type: none">Silver Plan - Rs.5,000Gold and Platinum Plan - ₹5,000 for Sum Insured up to ₹5 lacs₹7,500 for Sum Insured ₹7.5lacs and above	Daily Cash Benefit for Accompanying an Insured Child under 12 years	₹500 per day maximum up to 10 days	Preventive Health Check Up	Available at the end of every 3 continuous policy years <ul style="list-style-type: none">Silver Plan - 1% of the Sum Insured maximum up to ₹2000/-Gold Plan - 1% of the Sum Insured max up to ₹5000/-Platinum Plan - 1% of the Sum Insured max up to ₹5000/-. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.	Maternity (Applicable under Gold & Platinum plans only)	SI ₹3 lacs to ₹7.5 lacs Normal delivery - ₹15000, C-section - ₹ 25000 SI above ₹7.5 lacs Normal delivery - ₹25000, C-section - ₹ 35000	
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10	Claims/claims procedure	Cashless Claim processCashless treatment is only available at Network Hospitals	Section E 33 A & B																															

		<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 authorisation 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 Number Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	
11	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>	
12	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 	Section E 16

		Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html	
13	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> <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 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section D
14	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
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>

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	10,900	300,000	10,900	15%	9,265	300,000	19,600	NA	300,000
	40	9,150	300,000	9,150	15%	7,778	300,000			
	21	6,950	300,000	6,950	15%	5,908	300,000			
18	5,050	300,000	5,050	15%	4,293	300,000				
Total Premium (for Zone A) for all members of the family is Rs 32,050 , when each member is covered separately (no discount applicable).			Total Premium (for Zone A) for all members of the family is Rs 27,243 , 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 19,600 (no discount applicable).			
Sum Insured available for each individual is Rs 300,000			Sum Insured available for each family member is Rs 300,000				Sum Insured of Rs 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.										