

EXTRA CARE PLUS

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 PLUS	
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. In patient Hospitalization expenses in excess of the aggregate 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>d. Day Care Treatment - Medical Expenses in excess of the aggregate deductible, 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</p> <p>e. Modern Treatment Methods and Advancement in Technologies – Medical expenses incurred during admissible hospitalization, towards following procedures:</p> <ol style="list-style-type: none"> 1. Uterine Artery Embolization and HIFU 2. Balloon Sinuplasty 3. Deep Brain stimulation 4. Oral chemotherapy 5. Immunotherapy- Monoclonal Antibody to be given as injection 6. Intra vitreal injections 7. Robotic surgeries 8. Stereotactic radio surgeries 9. Bronchical Thermoplasty 10. Vaporisation of the prostate (Green laser treatment or holmium lasertreatment) 11. IONM -(Intra Operative Neuro Monitoring) 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered 	Section C I
		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.2
		Ambulance Expense - max. up to ₹ 3,000/- per Hospitalization	Section C.I.3
		Organ Donor Expenses - Medical expenses incurred towards organ donor's treatment for harvesting of the donated organ	Section C.I.4
		Free Medical Check Up – Free Preventive Health check up at the end of every 3 continuous policy years as per limits specified in policy wordings	Section C.I.5
		Optional Coverages	Section C. II
		Air Ambulance Cover - 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	Section C. II.1

		and independently of all other causes results in emergency life threatening health conditions, subject to a maximum limit as specified	
6	Exclusions (What the policy does not cover)	<p>General Exclusions</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> 1. Any hospital admission primarily for investigation diagnostic purpose (Excl04) 2. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05) 3. Obesity/Weight Control (Excl06) 4. Change-of-gender treatments (Excl07) 5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) 6. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports (Excl 09) 7. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) 8. Excluded Providers (Excl11) 9. Treatment for Alcoholism, drug or substance abuse. (Excl12) 10. Treatments received in health spas, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13) 11. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) 12. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. (Excl15) 13. Expenses related to any unproven treatment, services and supplies. (Excl16) 14. Expenses related to sterility and infertility. (Excl17) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule 2. Any Medical Expenses of the new born baby 3. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth. 4. The cost of spectacles, contact lenses, hearing aids, crutches etc 5. War, invasion, acts of foreign enemies 6. Circumcision unless required for the treatment of Illness or Accidental bodily injury 7. External medical equipment of any kind used at home as post-hospitalization 8. Intentional self-injury 9. Vaccination or inoculation 10. All non-medical Items as per Annexure II in policy wordings 11. Any treatment received outside India 12. Treatment for any other system other than modern medicine (also known as Allopathy) 13. Venereal disease or any sexually transmitted disease or sickness. 14. 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. 	Section D. II, IV
7	Waiting Period • Time period during which specified	<p>Initial Waiting period: 30days for all illnesses (Not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting period: 12 months waiting period</p>	Section D- I.

	<p>disease/treatment are not covered</p> <ul style="list-style-type: none"> It is counted from beginning of the policy coverage 	<table border="1"> <tr> <td>1. Any types of gastric or duodenal ulcers</td> <td>2. Benign prostatic hypertrophy</td> </tr> <tr> <td>3. All types of sinuses</td> <td>4. Haemorrhoids</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>6. Endometriosis</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>8. Surgery on ears / tonsils / adenoids /paranasal sinuses</td> </tr> <tr> <td>9. Surgery for intervertebral disc disorders</td> <td>10.Cataracts</td> </tr> <tr> <td>11.Hernia of all types</td> <td>12.Fistulae, Fissure in ano</td> </tr> <tr> <td>13.Hydrocele</td> <td>14.Fibromyoma</td> </tr> <tr> <td>15.Hysterectomy</td> <td>16.Surgery for any skin ailment</td> </tr> <tr> <td>17.Surgery on all internal or external tumours / cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> <td>18.All Joint Replacement surgeries</td> </tr> <tr> <td>19.Internal Congenital</td> <td></td> </tr> </table> <p>Pre-existing diseases: 12 months</p> <p>Waiting Period for Maternity Expenses - 12 months continuous period has elapsed since the inception of the first Extra Care Plus with Us</p>	1. Any types of gastric or duodenal ulcers	2. Benign prostatic hypertrophy	3. All types of sinuses	4. Haemorrhoids	5. Dysfunctional uterine bleeding	6. Endometriosis	7. Stones in the urinary and biliary systems	8. Surgery on ears / tonsils / adenoids /paranasal sinuses	9. Surgery for intervertebral disc disorders	10.Cataracts	11.Hernia of all types	12.Fistulae, Fissure in ano	13.Hydrocele	14.Fibromyoma	15.Hysterectomy	16.Surgery for any skin ailment	17.Surgery on all internal or external tumours / cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.	18.All Joint Replacement surgeries	19.Internal Congenital		
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<p>8 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 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>		<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 – Any claim under this policy shall be payable by the Company only if the aggregate of covered Reasonable Medical Expenses during the policy period exceeds the aggregate deductible limit provided in the Policy Schedule, subject to a maximum of Sum Insured.</p> <p>Other Limits – Not Applicable</p>	<p>Section C.1.3</p> <p>Section C</p>																				

<p>9</p>	<p>Claims/claims procedure</p>	<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 72 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 <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 15 Working Days TAT for preauthorization of cashless facility: Within 60 Mins TAT for cashless final bill authorization: Within 180 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>	<p>Section E 30 a. b.</p>
<p>10</p>	<p>Policy Servicing</p>	<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>	
<p>11</p>	<p>Grievances /Complaints</p>	<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 <p>Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html</p> <ol style="list-style-type: none"> 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 	<p>Section E.17</p>

		<ul style="list-style-type: none"> 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 d) 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 	
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> <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 E
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

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:



<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>

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

0	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/Deductible
55	NA	NA	NA	NA	NA	NA	7,525	NA		1,000,000/500,000
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 when policy is opted on floater basis is Rs 7,525 (No discount applicable)			
NA			NA				Sum Insured/Deductible of Rs 1,000,000/500,000 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.										