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.)

HEALTH GUARD (GROUP)

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 Guard (Group)**	
2	**Policy Number**	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	**Type of Insurance**	Kindly refer to Your Policy schedule/Certificate of Insurance	
4	**Sum Insured (Basis)**	Kindly refer to Your Policy schedule /Certificate of Insurance	
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
		Wellness Benefits - wellness discount subject to Insured fulfilling the mentioned criteria during the preceding Policy Year	Section C15
		Cover Applicable for Gold Plan only	
		AYUSH Treatment- Hospital admission longer than 24 consecutive hours in a recognised Ayush Hospital	Section C11
		Maternity Expenses - Medical expenses towards pregnancy (delivery/termination) subject to the specified sub-limit, limited to maximum 2 deliveries or termination(s)	Section C12
		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 C13
		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 C14
6	**Exclusions (What the policy does not cover)**	**EXCLUSIONS** Standard Exclusions • 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) –	Standard Exclusions Section D, B &

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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, 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 (Excl09)
Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)
Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer (Excl11)
Treatment for Alcoholism, drug or substance abuse. (Excl12)
Treatments received in heath hydros, 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. Treatments received in heath hydros etc., arranged wholly or partly for domestic reasons. (Excl14)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. (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 for Silver Plan only)

Specific Exclusions
1. Cosmetic dental procedures unless due to Accidental Injury.
2. Medical expenses where Inpatient care and medical supervision is not required
3. War, invasion, acts of foreign enemies
4. 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.
5. External medical equipment of any kind used at home as post Hospitalization
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.
7. Intentional self-injury
8. Vaccination or inoculation
9. All non-medical Items as per Annexure II in policy wordings
10. Any treatment received outside India
11. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
12. Treatment for any other system other than modern medicine (allopathy)and AYUSH therapies
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<td>Specific Exclusion D II</td>
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<td>7</td>
<td>Waiting period Time period during which specified diseases / treatments are not covered

It is counted from the beginning of the policy coverage.</td>
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Initial Waiting period: 30 days for any illnesses as mentioned in the Policy Schedule/Certificate of Insurance

Specific disease/procedure Waiting period - 24 months, applicable to expenses related to the treatment of the listed Conditions, surgeries/treatments
<table>
<tr><td>1. Any type gastrointestinal ulcers</td><td>2. Cataracts,</td></tr>
<tr><td>3. Any type of fistula</td><td>4. Macular Degeneration</td></tr>
<tr><td>5. Benign prostatic hypertrophy</td><td>6. Hernia of all types</td></tr>
<tr><td>7. All types of sinuses</td><td>8. Fissure in ano</td></tr>
<tr><td>9. Haemorrhoids, piles</td><td>10. Hydrocele</td></tr>
<tr><td>11. Dysfunctional uterine bleeding</td><td>12. Fibromyoma</td></tr>
<tr><td>13. Endometriosis</td><td>14. Hysterectomy</td></tr>
<tr><td>15. Uterine Prolapse</td><td>16. Stones in the urinary and biliary</td></tr>
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<td>Standard Exclusions Section D- I.</td>
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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.	
19. Mental Illness*		20. Diseases of gall bladder including cholecystitis	
21. Pancreatitis		22. All forms of Cirrhosis	
23. Gout and rheumatism		24. Tonsilitis	
25. Surgery for varicose veins and varicose ulcers		26. Chronic Kidney Disease	
27. Alzheimer's Disease			

36 months – for below listed procedures
1. Joint replacement surgery,
2. Surgery for vertebral column disorders (unless necessitated due to an accident)
3. Surgery to correct deviated nasal septum
4. Hypertrophied turbinate
5. Congenital internal diseases or anomalies
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
7. Bariatric Surgery
8. Parkinson's Disease
9. Genetic disorders

Pre-existing diseases waiting period: 36 months, applicable to expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications

Waiting Period for Maternity Expenses (Applicable only for Gold Plan) 72 months is applicable for Maternity claims since the inception of the first Health Guard Policy with Us.

8 Financial Limits of Coverage

Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)

Sub-limits

Plan/Cover	**Limit**
Room Rent	
Silver Plan	1% of SI per Day
Gold Plan	No sublimit
Cataract	
Silver Plan	20% of the Sum insured for each eye
Gold Plan	20% of the Sum insured for each eye, subject to maximum of Rs 1,00,000/-. Whichever is lower
Mental Illness	25% of Sum Insured or 2 Lac whichever is lower
Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III)	50% of Sum Insured or 5 Lacs whichever is lower
Bariatric	50% of the Sum insured, subject to maximum of Rs 5lac. Whichever is lower

** 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.

Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)

Co-payments

Co-payment	**Limit**
Voluntary co-payment	10%/ 20% of admissible claim amount
Zone Co-payment	20% on admissible claim amount, in case Zone B premiums paid but treatment taken at Zone A city

Deductible (it is a specified amount:

Deductible – Not applicable

Section E 23

<table>
<tr><td></td><td>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)

Any other limit (as applicable)</td><td>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured
<table><tr><td>Name of Limit</td><td>Limit</td></tr><tr><td>Convalescence Benefit (per Policy Year)</td><td>₹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>Silver Plan - 1% of the Sum Insured maximum up to 2000
Gold Plan - 1% of the Sum Insured max up to ₹5000</td></tr><tr><td>Maternity (Applicable under Gold 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></td><td></td></tr>
<tr><td>9</td><td>Claims/claims procedure</td><td>Cashless Claim process
• Cashless treatment is only available at Network Hospitals
• 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.

Reimbursement claim process
• 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

Turnaround time(TAT) for claim settlement:
1. Turnaround time (TAT) for claim settlement: 15 Working Days
2. TAT for preauthorization of cashless facility: Within 60 Mins
3. TAT for cashless final bill authorization: Within 180 Mins

Weblinks
Network hospital and Black listed hospital list
https://www.bajajallianz.com/branch-locator.htmll

Helpline Number
Tollfree: 1800-103-2529

Downloading /getting claim forms Downloading /getting claim forms
Health Insurance Claim Process | Accident Insurance Claim (bajajallianz.com)</td><td>Section E 33 A & B</td></tr>
<tr><td>10</td><td>Policy Servicing</td><td>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</td><td></td></tr>
<tr><td>11</td><td>Grievances /Complaints</td><td>Grievance Redressal Procedure:
a) Toll-free number 1-800-209- 5858 or 020-30305858,
Say “Hi” on WhatsApp on +91 7507245858</td><td>Section E 16</td></tr>
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		b) 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 c) E-mail • 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 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**	**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. **Policy Renewal:** Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied **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 least45days before, butnotearlierthan60days 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 **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 **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	Section D
13	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	

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