

Key Feature Document

Bajaj Allianz General Insurance : Extra Care Plus

UIN NO- BAJHLIP23069V032223

- This Key Features Document has been prepared to assist You in understanding this Insurance product. It should be read in concurrence with the Policy documents that is received by you after the policy is issued.
- **The IRDAI licensed sales staff of The Hong Kong and Shanghai Banking Corporation Limited, India (“Bank”) must go through this document with You once You have decided to purchase this insurance product from Bajaj Allianz General Insurance Company Limited.**
- **We recommend that You keep this Key Features Document and sales illustrations for future reference.**

What is Extra Care Plus product?

Bajaj Allianz’s Extra Care Plus Policy is an **Aggregate Deductible** product which is an affordable alternative to buying a large health insurance cover. It acts as an additional shield to insured’s existing health insurance cover and provides wider health protection for higher expenses due to illness or accidents.

This is a comprehensive plan with a wide range of coverage to fulfil all healthcare needs, at every stage of life, protecting insured and his/her family, if they are hospitalized during policy period and thereby reducing the financial stress.

Key things you should know:

- ✓ Comprehensive floater policy for proposer/ spouse/ dependent children/dependent parents (dependent parents under same policy).
- ✓ Wide range of sum insured and aggregate deductible options to choose from.
- ✓ Long term Policy options are available up to 3 years.
- ✓ Pre-existing illnesses and injuries are covered after a period of 12 months from the inception of the policy.
- ✓ Pre-existing illnesses and injuries if not disclosed at the time of buying the policy will not be covered even after the waiting period.
- ✓ In patient Hospitalization cover along with day care procedures as defined under the policy, are available.
- ✓ Maternity expenses including complications of maternity covered.
- ✓ There is a 30 day free look period under the policy which means that the policy can be returned within 30 days of the receipt of the policy document. However, refund on cancellation of policy will be made only if no claim has occurred up to the date of cancellation of this Policy.
- ✓ Optional cover to opt for Air Ambulance cover available.
- ✓ Free medical check up available for every 3 claim free years.
- ✓ Pre 60 days and post 90 days hospitalization expenses covered.
- ✓ Long term discount available.
- ✓ This policy also provides for cashless servicing across India. Kindly refer to Bajaj Allianz General Insurance Company Limited website - www.bajajallianz.com, for the list of empaneled hospitals for cashless servicing.
- ✓ Purchase of the insurance product is purely voluntary and is not linked to avilment of any other facility from the Bank.
- ✓ Kindly refer to the following sections in this document for a better understanding:
 - a. “What are the plan benefits” section to understand details.
 - b. “Key Exclusions” section of understanding what is not covered by this policy.
 - c. What are the “cancellation terms” under the Policy.

Who can be covered under this Policy

- Policy is offered on both Individual and Floater sum insured basis.
- Single policy can cover Self, Spouse, Dependent Parents and Dependent Children

What is the entry and renewal age ?

- 3 months to 80 years.
- Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of your moral hazard, misrepresentation, non- cooperation or fraud.

What is Covered under this policy?**1. Medical Expenses**

If You are hospitalized on the advice of a doctor because of Illness or accidental bodily injury sustained or contracted during the policy period, then the insurance company will pay You, reasonable and customary medical expenses incurred as below:-

a. In patient Hospitalization expenses:-

- i. Room Rent/Boarding and Nursing Expenses
- ii. ICU Rent/ Boarding and Nursing Expenses
- iii. Fees of medical practitioner, surgeon, anesthetist, nurses and specialist doctor
- iv. Operation theatre charges, anesthesia, surgical appliances, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process

b. Pre-hospitalisation expenses

The medical expenses incurred in the 60 days immediately before You were hospitalized, provided that:

- i. Such medical expenses were incurred for the same condition requiring subsequent hospitalization, and;
- ii. The insurance company has accepted the claim under In-Patient Hospitalization expenses.

c. Post-hospitalization expenses

The medical expenses incurred in the 90 days immediately after You were discharged, provided that:

- i. Such medical expenses were in fact incurred for the same condition requiring earlier hospitalization, and;
- ii. The insurance company has accepted the claim under In-Patient Hospitalization expenses.

d. Day care treatment

The insurance company will pay you the medical expenses as listed above under In-patient Hospitalization Expenses for day care procedures / surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department. List of Day Care procedures is given in the annexure I of policy wordings.

e. Modern Treatment Methods and Advancement in Technologies

- i. Uterine Artery Embolization and HIFU
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM -(Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

2. Maternity Expenses:

The insurance company will pay the medical expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-

- i. The insurance company will cover the medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule
- ii. The insurance company will also cover expenses towards lawful medical termination of pregnancy during the Policy period.
- iii. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization
- iv. Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with the insurance company. However, this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus policy without break in cover.

3. Ambulance Expenses

If a claim under medical expenses is accepted, the insurance company will also pay the ambulance expenses to a maximum of Rs3000/-per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between hospitals in the hospital's ambulance or in an ambulance provided by any ambulance service provider.

4. Organ donor expenses

The insurance company will pay for medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs (Amendment) Bill, 2011
- ii. The organ donated is for the use of the insured person, and
- iii. The insurance company has accepted an inpatient hospitalization claim for the insured member under medical expenses section.

Specific exclusions:

1. Claims which have Not been admitted under medical expenses section
2. Claims not in compliance with The Transplantation of Human Organs (Amendment) bill, 2011
3. The organ donors Pre and Post-Hospitalization expenses.

Specific exclusions applicable to Organ Donor Expenses :

1. Claims which have Not been admitted under medical expenses section
2. Claims not in compliance with The Transplantation of Human Organs (Amendment) Bill, 2011
3. The organ donors Pre and Post-Hospitalisation expenses.

Additional benefits (additional benefits for which aggregate deductible is not applicable)

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Free Medical Check-up :At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with the insurance company, it will reimburse the free medical checkup expenses as below

- The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member.
- The actual amount of medical checkup expenses up to Rs. 2000/-for policies covering more than 1 member under the same policy.

For the avoidance of doubt, the insurance company shall only be liable for medical check up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by the insurance company.

Optional Cover:

Air Ambulance Cover :

In consideration of payment of additional premium by the insured to the insurance company and realization thereof by the insurance company, the Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance 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 provided such hospitalization claim is admissible under the Extra Care Policy. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the policy schedule, subject otherwise to all other terms, conditions and exclusions of the policy.

Specific Conditions Applicable to Air Ambulance Cover:

1. Return transportation to the insured's home by air ambulance is excluded.
2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s.
3. Deductible will not be applied on the claim admissible under Air Ambulance cover

What are the Sum Insured and Deductible options available?

Sum Insured - 3/5/10/15/20/25/50 Lacs

Aggregate Deductible - 2/3/5/10 Lacs

What are the plan benefits?

Cover	Description
In-Patient Hospitalization Expenses	Up to Sum Insured
Room and ICU	At Actuals
Pre-hospitalization Medical Expenses	60 days
Post-hospitalization Medical Expenses	90 days
Day Care Treatment	Up to Sum Insured
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured
Maternity Expenses	for max 2 deliveries/termination with 1 year waiting, Cover is available for expenses over and above the aggregate deductible limit and as specified under the policy schedule
Road Ambulance	Up to Rs. 3000/- per hospitalization
Organ Donor Expenses	Up to Sum Insured
Free Medical Check-up	Available every 3 claim free years <ul style="list-style-type: none"> • The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member. • The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy.
Air Ambulance (optional)	from 2Lacs to 10Lacs basis the base SI opted

What is the premium applicable?

1. Premium:

Premium would depend on the Sum Insured opted under various sections and same needs to be derived basis the premium calculator.

Premium are exclusive of taxes*, as applicable and amended from time to time, which will be borne by the insured. Kindly collect a copy of the premium calculation for your records.

* Please note that basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable would apply on the fees and charges

2. Discount applicable on premium

Long Term Discount

- a. 4% discount is applicable if Policy is opted for 2 years
- b. 8% discount is applicable if Policy is opted for 3 years

Terms and Conditions;

Pre Policy-Medical Check-up: Medical tests are applicable to all insured person(s), as per plan, sum insured chosen and age of insured person. also, in case of any adverse disclosure by insured member, underwriters may ask for additional medical test as suitable to take prudent underwriting decision.

What are the Waiting Periods & key exclusion under the Policy?

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with the insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by the insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases,, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures

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
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	

3. 30 day waiting period - Excl03

a. 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.

b. This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher sum insured subsequently.

What are the key exclusion under the Policy?

Standard Exclusions

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 hydros, 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)

Specific Exclusions

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 hospitalization 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.

What are the terms of renewal under the Policy?

The policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the insured person.

- i. The insurance company shall endeavor to give notice for renewal. However, the insurance company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the grounds that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the insurance company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

What are the cancellation terms under the Policy?

- a) The insured may cancel the Policy Schedule by giving 30days' written notice, and in such an event, the insurance company shall refund premium on short term rates for the unexpired Cover Period as per the rates detailed below.

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free Look up period Condition		
Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months		20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months		0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months			20.00%
Exceeding 27 months but less than or equal to 30 months			15.00%
Exceeding 30 months but less than or equal to 36 months			0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured under the Policy Schedule.

The insurance company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Note:

- The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.
- In case of Renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

Claim submission clause

In case of any claim, the list of documents as mentioned in the policy wording shall be provided by the policy holder/ insured to insurance company within 30 days of date of discharge from hospital.

Grievance Redressal:

You can approach your Bank RM or the nearest Bank branch to share the same.

You can approach the Grievance Redressal Officer of Bajaj Allianz General Insurance by sending an email to bagichelp@bajajallianz.co.in (email address) or a letter to Bajaj Allianz General Insurance Co. Ltd Bajaj Allianz House, Airport Road, Yerawada, Pune 411 006 (address). You can also lodge the grievance through IRDAI's Integrated Grievance Management System (IGMS).

If Your grievance is not resolved, You can approach the Insurance Ombudsman, depending on the nature of the grievance and the financial implication, if any. You can find more details about Insurance Ombudsmen at www.ecoi.co.in or www.irdai.gov.in.

Disclaimer: In the event of any question relating to interpretation of the insurance coverage, the policy document will prevail.

Important notice:

1. The purchase of this insurance policy is voluntary and is not linked to the availment of any other facility from The Hongkong and Shanghai Banking Corporation Limited, India, ("the Bank" or "HSBC") or its affiliates.
2. Bajaj Allianz General Insurance Company Limited is the name of the Insurance Company registered with IRDAI with Registration No 113, having its registered office at , Bajaj Allianz House, Airport Road , Yerwada , Pune - 411006. The coverage on the plan is effective subject to acceptance by Bajaj Allianz General Insurance Company, who reserves the right to accept or reject any application without assigning any reason.
3. HSBC (IRDAI Regn.no. CA0016) is a corporate agent of Bajaj Allianz General Insurance Company Limited having its India corporate office at 52/60, MG Road, Fort, Mumbai - 400 001. HSBC does not act as an insurer or underwrite the risks and does not accept any responsibility for any decision made by Bajaj Allianz General Insurance Company. Settlement of claims is not the obligation of HSBC. The contract of insurance is between the Insurance Company and the insured and not between the Bank and the insured.
4. All claims would solely be settled by Bajaj Allianz General Insurance Company Limited. If any claim or dispute is received by HSBC, it will forward the same to Bajaj Allianz General Insurance Company Limited and would assist the policy holder/ claimant in trying towards earliest settlement of claim/ dispute by Bajaj Allianz General Insurance Company Limited.
5. You authorize HSBC to provide information concerning your HSBC bank account to Bajaj Allianz General Insurance Company in connection with your application for insurance products of Bajaj Allianz General Insurance Company. You acknowledge that HSBC remains entitled to assign any activities to third party agencies/service providers at its sole discretion. You further acknowledge the right of HSBC to provide details of your account and sharing or transfer of information, which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas, including but not limited for the purpose of availing of support services of any nature by HSBC, and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from You.
6. Please note that this document is for reference only and is not to be construed as a contract of insurance and/or professional advice. For more details on risk factors, terms and conditions please read sale brochure & policy wording carefully before concluding a sale and to the policy document once the policy is issued.
7. HSBC will receive 30% of the premium paid as commission from Bajaj Allianz General Insurance Company for this policy.

8. IRDA regulations do not permit HSBC or its employees to pay commission, whether in part or whole, as an inducement to any person to take out or renew or continue an insurance policy of any kind. (Sec 41 of the Insurance Act, 1938 as amended from time to time).
9. Insurance is a subject matter of solicitation.
10. Tax benefits are as per the Income Tax Act, 1961 and are subject to amendments made therein from time to time and therefore there is no assurance that the given tax information will remain valid post any amendment. Before using the tax information, we suggest that professional advice may be sought from your independent tax consultant / chartered accountant. No obligation or liability of any nature whatsoever is assumed by the Bank or its affiliates by quoting information on taxation provided herein.
11. This product is underwritten by: Bajaj Allianz General Insurance Company Limited.
12. All premiums are subject to applicable taxes and cesses, which are subject to change from time to time. Basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable, would apply on the fees and charges

I/We have been briefed on the benefits, features, coverage, limitation, premium and terms and conditions of the insurance plan mentioned above. I/We understand this information and the risks associated with this plan.

I/We confirm my/our understanding of:

- Premium payment and discounts, if applicable
- Product features, coverage and exclusions under the policy
- Policy conditions and terms of cancellation of this policy

I/We also confirm that the Bank Staff has provided me with a copy of this Key Feature Document for my/our records and future reference. I/We confirm that towards this policy cover, the premium to be paid is INR _____,

INR _____ (in words)

I/ We are aware that role of HSBC is limited towards processing of the policy application and any dispute/claim / concerns arising out from issuance/ non-issuance of this policy would be taken up by me/us directly against Bajaj Allianz General Insurance Company Limited

I/We hereby authorise HSBC to provide information concerning my HSBC bank account to Bajaj Allianz General Insurance Company in connection with my application for insurance products of Bajaj Allianz General Insurance Company. I/We also authorise HSBC to disclose information held (contained in the application or otherwise provided) to enable HSBC, its associated and group entities or independent third parties, within or outside the country, to provide information concerning products and services that HSBC believes may be of interest to me/us.

I/We further acknowledge that, subject to advance notice, HSBC India remains entitled to assign any activities to a third party agencies/service providers at its sole discretion. I/We further acknowledge the right of HSBC India to provide details of my/our account and sharing or transfer of information which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas for the purpose of availing of support services of any nature by HSBC India and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me/us.

Signature:

Customer's Name:

Customer ID:

Date:

I have briefed the customer/s on the benefits, features coverage, premium and terms and conditions of this insurance plan.

Signature of staff:

Staff Name:

Designation:

Date:

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