

CUSTOMER INFORMATION SHEET

MY INFINITE CARE

This document provides key information about your policy. You are also advised to go through your policy document.

Sr No	Title	Description	Policy Clause Number
1	Name of Insurance Product	MY INFINITE CARE	
2	Policy Number	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	Type of Insurance	Indemnity and Benefit	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule/Certificate of Insurance	
5	Policy Coverage (What the Policy Covers)	Coverages: 1. In-patient Hospitalization Treatment: Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours. 2. Pre-Hospitalization Medical Expense: Up to 90 days as per the option specified on the Policy Schedule prior to date of admission in hospital. 3. Post-Hospitalization Medical Expense: Up to 180 days as per the option specified on the Policy Schedule from date of discharge from the hospital. 4. Modern Treatment Methods and Advancement in Technologies: Covers expenses incurred during admissible hospitalization, towards following procedures maximum up to Inpatient Hospitalization Treatment Sum Insured. 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. Bronchial Thermoplasty. j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment). k. IONM-(Intra Operative Neuro Monitoring). l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. 5. AYUSH Hospitalization Cover: Hospital admission longer than 24 consecutive hours in a recognised AYUSH Hospital maximum up to In-patient Hospitalization Treatment Sum Insured. 6. Day Care Treatment: 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 covered up to Inpatient Hospitalization Treatment Sum Insured. 7. Organ Donor Expenses: Medical expenses incurred towards the organ donor's screening, harvesting of the donated organ, complications arising out of this procedure.	Section C Coverage: 1-13

	8. Road Ambulance: Maximum up to In-patient Hospitalization Treatment Sum Insured. 9. Domiciliary Hospitalization: Medical expenses for an illness/ disease/ injury up to In-patient Hospitalization Treatment Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst confined at home. 10. Home Care Treatment: Medical Expenses incurred by the Insured Person on availing treatment at Home during the Policy Year, if prescribed in writing by the treating Medical Practitioner, 11. Cumulative Bonus: Cumulative Bonus ("CB") will be increased by 50% of In-patient Hospitalisation Treatment (Base) Sum Insured per annum subject to maximum upto 100% at the end of each Policy Year, as specified in the Policy Schedule irrespective of claim, provided the Policy is renewed with the company without a break. 12. Sum Insured Reinstatement: The In-patient Hospitalisation Treatment Sum Insured would be "reinstated" unlimited times as specified in the Policy Schedule. 13. Discount on services The Insured Person may have access/ special rates on services such as OPD, Diagnostics, Managed Care, FitPass, Dental and Vision Care, Pharmacy and other wellness services through Network as available on the Company's website/ app.	
	Optional covers	
	1. Surrogate Care We will indemnify against Surrogate mother's reasonable and customary medical expenses incurred towards inpatient hospitalization expenses covering complications arising during Surrogacy pregnancy and post-partum. 2. Oocyte Donor cover We will indemnify against Oocyte Donor's reasonable and customary medical expenses incurred towards inpatient hospitalization expenses covering complications arising during the process of oocyte retrieval. 3. Baby Care Coverage for new born baby with a separate sum insured over and above the Inpatient Hospitalization Sum Insured subject to Maternity claim being accepted by Us. 4. Maternity Package We will indemnify against below covers up to the limits specified a. Maternity Expense (24 months waiting period) b. Maternity Expense (9 months waiting period) c. Maternity Expenses and Assisted Reproductive Technology Expenses 5. Chronic Care We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person under the Base Policy, including In-patient Hospitalization Treatment, Pre-Hospitalisation Medical Expense and Post-Hospitalisation Medical Expense due to the chronic condition(s) listed below and their complications from the 31st day of Policy inception date after serving initial waiting period of 30 days.	Section C Optional Cover: 1-32

		a. Asthma b. Blood pressure (Hypertension) c. Cholesterol (Hyperlipidemia) d. Diabetes mellitus e. Obesity f. Thyroid disorders g. Chronic Obstructive Pulmonary Disease (COPD) h. Coronary Artery Disease with PTCA done prior to 1 year 6. Air Ambulance: Cost incurred on ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest Hospital. 7. Cost Of Prescribed External Medical Aid Expenses incurred for External Medical Aids prescribed by a treating Medical Practitioner for the specific illness or injury against which the claim is accepted under "In-patient Hospitalisation Treatment". 8. Super Cumulative Bonus We will provide a Super Cumulative Bonus of 100% of the expiring or renewed Sum Insured (whichever is lower) at the end of each Policy Year which is credited to the Sum Insured for the next Policy Year without any increase in premium and regardless of whether a claim has been made, provided that the Policy is continuously renewed with Us. 9. Age Shield Under this benefit, the Insured would continue to pay the same premium applicable at the time of opting the Policy (for the respective Sum Insured opted) till a claim is registered and paid against the policy. 10. Consumables Plus We will indemnify Reasonable and Customary Expenses against the Non-Medical Expenses/ consumables (mentioned in List i, ii, iii, iv of Annexure II) incurred during treatment of the Insured Beneficiary during the Policy Period up to Inpatient hospitalisation treatment Sum Insured, provided that the claim is admissible and payable under "In-patient Hospitalization Treatment" cover. 11. Genesis Add your Future Spouse to the plan, and all waiting periods (Initial Waiting Period, Pre-Existing Disease, specified disease/ procedure, Maternity Waiting Periods) completed by you will be passed on to your Future Spouse. 12. Smart Tenure We shall allow the Insured Person to combine the annual Sum Insured of Base Policy across the entire Policy tenure in case of a	
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multi-year Policy. This cover shall however be subject to the conditions mentioned in the policy schedule.

13. Health Limitless

We will indemnify the Medical Expenses incurred in respect of Hospitalization of the Insured Person under in-Patient Treatment / Day Care Procedures / Treatment / AYUSH Hospitalization / of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Annual Sum Insured subject to the conditions mentioned in the policy schedule.

14. Global Cover

Medical Expenses incurred outside India and anywhere across the World for Planned and Emergency Treatment, for inpatient hospitalization.

15. Inflation Protector

The Sum Insured will increase on a cumulative basis at each renewal on the basis of the inflation rate for previous year.

16. Home Nursing Benefit

Fixed weekly benefit amount as specified for a Registered Nurse engaged for post-hospitalization care subject to claim paid for In-patient hospitalization Treatment.

17. Accidental Shield

The company shall offer a personal accident death or permanent total disability cover or permanent partial disability to Insured Person.

18. High End Diagnostics

Diagnostics tests are payable on OPD basis if required as a part of a treatment up to Rs.25,000 in a Policy Year.

19. Annual Preventive Health Check-up

The Insured Person can avail the Preventive health check-up once in every Policy Year on cashless basis only in the network centres of our Service Provider.

20. Preferred Provider Network Discount

The Insured person is entitled for a discount on the premium payable under the base policy, provided that he/she avails treatment in PPN hospital as per list available on the digital platform of Insurer or website.

21. Compassionate Visit

If you are hospitalized for more than 5 consecutive days, we will pay for the economy class air ticket/ railway return ticket for your immediate family member.

22. Convalescence Benefit

We will pay a fixed amount, if you are hospitalized continuously for more than 10 days.

		23. Dependent Accommodation Benefit If you are continuously hospitalized for more than 3 days, we will pay a per day benefit for the Immediate family member who is you get better at the hospital. This will be paid maximum up to 10 days. 24. Critical Illness If you are diagnosed as suffering from any of the Critical Illness, as listed under the policy wordings, which first occurs or manifests itself during the Policy Period. 25. Chronic Disease Management Program If You have disclosed any of the following Illnesses and the same have been accepted by Us, then You shall be enrolled under Our Chronic Disease Management Program, which can be availed from our Service Provider on cashless basis: 1. Asthma 2. Diabetes 3. Hypertension 4. Thyroid Disorders 5. Obesity 6. Coronary Artery Disease (PTCA done prior to 1 year) 26. Disease wise- sublimit- The Insured Person shall be eligible for a discount on the premium payable under the base Policy, provided that the sub limits would be applicable for the claims made under the respective diseases. 27. Renewal Premium Waiver In event of Insured Person diagnosed with critical illness or suffers an Accidental Death (who is also an Insured Beneficiary during the Policy Period due to Accidental Injury or Illness, we will pay the renewal premium of My Infinite Care for the dependant Insured Beneficiary/ies covered under the Policy for same coverages. 28. NRI Discount Insured Person is entitled for a discount of 25%/35% of the premium payable under the base policy for Insured Person(s). 29. Teleconsultations The Company shall offer unlimited e-consultations with qualified General and/or Specialist Physicians at our network during the Policy Year through any available mode of communication (Voice/Video Call/Chat/Email Chat/etc.) provided by the Company. 30. NRI Package The Company shall provide following services. • Online Consultation • OPD • Physiotherapy • Dental and Vision Services • Dermatologist Consultations and Minor Dermatology Treatments • Annual Health Check-Up • Discounted Emergency Services (Up to 10%)	
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		- Wellness trackers, Podcasts and Videos - HRA - Home Care - Discounted Health care Devices (Up to 30%) - Discounted Supplements - Discounted Diagnostics and Pharmacy - Elder concierge services - Assistance in International air evacuation and repatriation 31. OPD Care Plus The Insured Person, may avail OPD services in a Policy year at the Company's network. 32. GYM and Wellness The Insured Person, who is above 12 years of age, may avail unlimited visits to the Fitness Centers in a Policy year at the Company's network.	
6	Cumulative Bonus	Cumulative Bonus: 50% upto 100% Super Cumulative Bonus: 100% upto unlimited	Section C 11 Section C Optional Cover- 8
7	Exclusions (What the policy does not cover)	General 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)- 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) - Hazardous or Adventure sports. (Code-Excl09) 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. - 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 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. (Excl14) Excluded Providers (Excl11) - 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)	Standard Exclusions Section D-II. General and III. Specific Exclusions

		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, orthopedic 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 medical treatment received outside India is not covered under this Policy except in case of optional cover/rider- International Cover-emergency care only or Global Cover is opted. 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. 13. NRInsure Rider- The Company shall not be liable to pay any Pre-Hospitalization and Post Hospitalisation Medical expenses incurred outside India. 14. Chronic Care- the exclusion of Pre-Existing Diseases (Code-Excl01) under the Base Policy shall not apply only to the extent of coverage expressly provided for those chronic conditions/diseases that have been declared by the insured person, have been accepted by the Company, and are specifically listed in the Policy Schedule.																											
8	Waiting Period •Time period during which specified disease/treatment is not covered • It is counted from beginning of the policy coverage	Waiting Period Details: <table><tr><th colspan="2">Waiting Period</th></tr><tr><td>Pre-existing disease</td><td>36 months</td></tr><tr><td>Specific waiting period</td><td>24 months</td></tr><tr><td>Initial waiting period</td><td>30 days</td></tr></table> Specific Waiting period: 24 months for below listed procedures, <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><tr><td>17. Surgery on ears/tonsils/adenoids/ paranasal sinuses</td><td>18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps</td></tr></table>	Waiting Period		Pre-existing disease	36 months	Specific waiting period	24 months	Initial waiting period	30 days	1. Any type gastrointestinal ulcers	2. Cataracts	3. Any type of fistula	4. Macular Degeneration	5. Benign prostatic hypertrophy	6. Hernia of all types	7. All types of sinuses	8. Fissure in ano	9. Haemorrhoids, piles	10. Hydrocele	11. Dysfunctional uterine bleeding	12. Fibromyoma	13. Endometriosis	14. Hysterectomy	15. Uterine Prolapse	16. Stones in the urinary and biliary	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	Section D- I. Waiting Period
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9	Financial Limits of Coverage i. Sublimit (it is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured) 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 policy will pay only up to the limits specified hereunder for the following diseases/procedures: Co-payments: <table><tr><th>Co-payment</th><th>Limit</th></tr><tr><td>Voluntary co-payment</td><td>10%, 20%, 30%, 40%, 50% of admissible claim amount</td></tr><tr><td>Global Cover</td><td>Mandatory co-payment options of 0%,10%, 20%, 30%, 40%, 50%</td></tr></table> Deductible: <table><tr><th>Deductible</th><th>Options</th></tr><tr><td>Voluntary Aggregate Deductible</td><td>10K /20K / 30K / 40K /50K</td></tr></table> Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalization sum insured. <table><tr><th>Name of Limit</th><th>Limit</th></tr><tr><td>Cost of Prescribed External Medical Aid</td><td>Upto 10 lakhs</td></tr><tr><td>Air Ambulance</td><td>10 lakhs</td></tr><tr><td>Cumulative Bonus</td><td>50% upto 100%</td></tr><tr><td>Super Cumulative Bonus</td><td>100% upto Unlimited</td></tr><tr><td>Sum Insured Reinstatement</td><td>Unlimited</td></tr><tr><td>Maternity/ ART</td><td>50K, 1 lakh, 2 lakhs</td></tr><tr><td>Baby Care</td><td>For SI 5 lakh & 10 lakh- 2 Lakhs For Unlimited SI- 5 Lakhs</td></tr><tr><td>Global Cover</td><td>For SI 5 lakh & 10 lakh -Up to Sum Insured, For Unlimited SI- 5 Cr</td></tr><tr><td>Home Nursing Benefit</td><td>2,000/ 5,000 per day</td></tr><tr><td>Compassionate Visit</td><td>10 K/ 20 K</td></tr><tr><td>Convalescence Benefit</td><td>50 k / 1 Lakh</td></tr><tr><td>Critical Illness Cover</td><td>For SI 5 lakh & 10 lakh -Up to Sum Insured, For Unlimited SI- 50 lakhs</td></tr></table>	Co-payment	Limit	Voluntary co-payment	10%, 20%, 30%, 40%, 50% of admissible claim amount	Global Cover	Mandatory co-payment options of 0%,10%, 20%, 30%, 40%, 50%	Deductible	Options	Voluntary Aggregate Deductible	10K /20K / 30K / 40K /50K	Name of Limit	Limit	Cost of Prescribed External Medical Aid	Upto 10 lakhs	Air Ambulance	10 lakhs	Cumulative Bonus	50% upto 100%	Super Cumulative Bonus	100% upto Unlimited	Sum Insured Reinstatement	Unlimited	Maternity/ ART	50K, 1 lakh, 2 lakhs	Baby Care	For SI 5 lakh & 10 lakh- 2 Lakhs For Unlimited SI- 5 Lakhs	Global Cover	For SI 5 lakh & 10 lakh -Up to Sum Insured, For Unlimited SI- 5 Cr	Home Nursing Benefit	2,000/ 5,000 per day	Compassionate Visit	10 K/ 20 K	Convalescence Benefit	50 k / 1 Lakh	Critical Illness Cover	For SI 5 lakh & 10 lakh -Up to Sum Insured, For Unlimited SI- 50 lakhs	Section F-16 Section C
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9	Claims/claims procedure	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 authorization letter either to You or the Network Hospital. Reimbursement claim process (Applicable for all sections): • 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. 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.bajajgeneralinsurance.com/branch-locator.html Helpline numbers Tollfree: 1800-103-2529 Downloading /getting claim forms https://www.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-claim-process.html	Section G: General Terms and Conditions- other terms and conditions: 18						
10	Policy Servicing	Call center number (Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajgeneralinsurance.com/download-documents/other-information/GRO-List.pdf							

11	Grievances/ Complaints	Grievance Redressal Procedure: - 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.bajajgeneralinsurance.com/branch-locator.html Register your grievances / complaints on our website: www.bajajgeneralinsurance.com - E-mail - Level 1: careforyou@bajajgeneral.com and for senior citizens to seniorcitizen@bajajgeneral.com - 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@bajajgeneral.com - Level 3: If in case, your grievance is still not resolved, and you wish to talk to your 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	Section E- General Terms and Conditions- Standard General Terms and Conditions:16
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 misrepresentation 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 least 30 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. Insurer is free to consider proposal for portability even if the policyholder has approached within 15 days from the renewal date of the existing policy, but in all such cases acquiring insurer shall ensure that there is no break in policy. 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	Section E

Bajaj General Insurance Limited

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Bajaj Insurance House, Airport Road, Yerawada, Pune - 411006. IRDAI Reg No.: 113.

CIN: U66010PN2000PLC015329 | UIN: : BAJHLIP27082V012627

Email: careforyou@bajajgeneral.com | Website: www.bajajgeneralinsurance.com

Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)



		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.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.	
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.bajajgeneralinsurance.com/health-insurance-plans/health-insurance-documents.html>