



# Bajaj Allianz

# Flexi Health Protect Plan (Group) For HSBC Salaried Account Holder (Super Top Up Cover)



# Introduction

In the times of rising medical costs a basic health insurance cover may not be adequate, Bajaj Allianz's Flexi Health Protect Plan (Group), Super Top Up cover acts as an additional protection.

This policy is a perfect fit for a wider health insurance cover to take care of the rising health care expenses for you and your family.

# Eligibility Criteria

- Entry age: Adults 18-60 years, Dependent Child Day 3months to 25 years provided he/she is financially dependent, on the primary insured member/proposer
- Sum Insured and Deductible options

Deductible (Rs.)	3,00,000	5,00,000
SI(Rs.)	30,00,000	50,00,000

- Family definition: Self, Spouse and up to 2 Dependent Children
- **Pre-policy check-up** above 50 years of age, Proposals with adverse health declaration will be referred for underwriting review.

# What is covered under Flexi Health Protect Plan (Group), Super Top Up Cover Policy?

Under this cover We hereby agree to reimburse medical expenses for an admissible hospitalization claim exceeding the annual aggregate deductible, chosen by the insured beneficiary, subject to the sum insured, limits, terms, conditions, definitions, and exclusion applicable to the policy

Benefits included



## **In-patient Hospitalization Treatment:**

We will indemnify Medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, longer than 24 consecutive hours, as below.

- i. Room and Boarding expenses as provided by the Hospital/Nursing Home ,up to Single Pvt.
- ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy

- vii. Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
- viii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year



## **Pre-Hospitalization:**

We will indemnify Medical expenses incurred up to 30 days prior to date of admission in hospital



## **Post-Hospitalization:**

We will indemnify Medical expenses incurred up to 60 days from date of discharge from the hospital



#### **Medical Advancement Surgery Cover**

We will indemnify medical expenses incurred during admissible hospitalization, towards below listed procedures shall be covered maximum up to Inpatient Hospitalization Treatment Sum Insured

- **Uterine Artery Embolization and HIFU**
- **Balloon Sinuplasty** ii.
- **Deep Brain stimulation** iii.
- Oral chemotherapy iv.
- Immunotherapy- Monoclonal Antibody to be given as injection ٧.
- Intra vitreal injections vi.
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- **Bronchical Thermoplasty** ix.
- Vaporisation of the prostrate (Green laser treatment or holmium laser treatment) х.
- IONM -(Intra Operative Neuro Monitoring) xi.
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.



#### **Day Care Treatment:**

We will indemnify medical Expenses incurred due to admission to a Hospital for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours. Day care procedures covered shall be as listed in Annexure I in Policy wordings



#### **Organ donor expenses:**

We will indemnify medical expenses incurred towards organ donor's treatment for harvesting of the donated organ maximum up to Inpatient Hospitalization Treatment Sum Insured



#### **Domiciliary hospitalisation:**

We will indemnify medical expenses incurred on treatment for Illness or Injury sustained or contracted during the Cover Period, 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 under any of the following circumstances

- i. The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
- ii. The patient takes treatment at home on account of non-availability of room in a Hospital



#### **Road Ambulance:**

We will pay Reasonable and Customary expenses up to Rs.1000 per hospitalisation on a Road ambulance offered by a healthcare or ambulance service provider for:

- a. Transferring the Insured Beneficiary to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency or
- b. Transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another Hospital with higher medical facilities.



#### **Cataract:**

Medical expenses incurred in respect of surgeries for cataracts (after the expiry of the 24 months waiting period, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.



#### **Compassionate Visit:**

In the event of an Accidental Injury or Sickness during the Cover Period requiring insured's hospitalisation in an outstation location 200 kms away from his/her place of residence, We will reimburse the to and fro economy class transportation expenses of most direct route via Common Carrier for one family member or friend of the Insured up to max of Rs. 10000 per policy period provided no family member or relative or friend is there to attend the Insured Beneficiary

# What are the waiting periods applicable for Flexi Health Protect Plan (Group), Super Top Up cover Policy?

- Initial Waiting period 30 days for any illnesses as mentioned in the Policy Schedule/Certificate of Insurance
- **Specified disease/procedure Waiting Period** 24 months, applicable to expenses related to the treatment of the listed Conditions, surgeries/treatments

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 systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinus-	18. Surgery on all internal or external tumours/cysts/
es	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	28. Joint replacement surgery,
29. Surgery for vertebral column disorders (unless	30. Surgery to correct deviated nasal septum
necessitated due to an Accident)	
31. Hypertrophied turbinate	32. Congenital internal diseases or anomalies
33. Treatment for correction of eye sight due to refrac-	34. Bariatric Surgery
tive error recommended by Ophthalmologist for	
medical reasons with refractive error greater or	
equal to 7.5	
35. Parkinson's Disease	36. Genetic disorders

• **Pre-existing diseases waiting period:** 24 months, applicable to expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications

# What are the exclusions applicable for Flexi Health Protect Plan (Group), Super Top Up cover Policy?

#### **Standard Exclusions**

- a. Any hospital admission primarily for investigation diagnostic purpose (Excl04)
- b. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. (Excl05)
- c. Treatment for Obesity/Weight Control unless specific criteria are met (Excl06)
- d. Change-of-gender treatments (Excl07)
- e. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)
- f. 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)
- g. Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)
- h. Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer (Excl11)
- i. Treatment for Alcoholism, drug or substance abuse. (Excl12)
- j. Treatments received in heath hydros, nature cure clinics, etc. where admission is arranged wholly or partly for domestic reasons. (Excl 13)
- k. Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14)
- I. Treatments received in heath hydros etc., arranged wholly or partly for domestic reasons. (Excl13)
- $m. \quad \text{Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. (Excl15)}\\$
- n. Expenses related to any unproven treatment, services and supplies. (Excl16)
- o. Expenses related to sterility and infertility. (Excl17)
- p. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)

## **Specific Exclusions**

- a. Cosmetic dental procedures unless due to Accidental Injury.
- b. Medical expenses where Inpatient care and medical supervision is not required
- c. War, invasion, acts of foreign enemies

- d. 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.
- e. External medical equipment of any kind used at home as post Hospitalization
- f. 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.
- g. Intentional self-injury
- h. Vaccination or inoculation
- i. All non-medical Items as per Annexure II in policy wordings
- j. Any treatment received outside India
- k. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
- I. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies

**Note:** This document is summary of the covers opted under this policy, all other terms, conditions and exclusion will be as per standard Flexi Health Protect Plan (Group) Policy Wordings. 1) Renewal is subject to master policy is live and the client is having relationship with HSBC Bank.

# Premium rates

	1A		
Deductible	3,00,000	5,00,000	
SI	30,00,000	50,00,000	
18-60 Years	1,099	1,299	
2A			
Deductible	3,00,000	5,00,000	
SI	30,00,000	50,00,000	
18-60 Years	1,699	1,999	
2A1C			
Deductible	3,00,000	5,00,000	
SI	30,00,000	50,00,000	
18-60 Years	2,099	2,399	
2A2C			
Deductible	3,00,000	5,00,000	
SI	30,00,000	50,00,000	
18-60 Years	2,499	2,999	





## Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006. IRDIA Reg No.: 113.



FOR ANY QUERY (TOLL FREE)

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Note: It is mandatory to keep updated your policy with your correct contact details and bank account details, to process any of your service requests faster and hassle-free. To update your contact details i.e., Mobile No., Email ID, PAN Card, and Bank Account details, please use chatbot, visit our website, contact your agent or nearest branch.

Disclaimer: The above mentioned information is only indicative in nature. For details of the coverage and exclusions, please refer to the Policy Wordings and Prospectus before concluding a sale. CIN: U66010PN2000PLC015329 | UIN: BAJHLGP22165V012122

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