

GLOBAL HEALTH CARE

3. Post-Hospitalization

The Medical Expenses incurred during the 180 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

4. Local (Road) Ambulance

We will pay the reasonable cost, specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency or out of medical necessity.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening Emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

5. Day Care Procedures

We will pay You the medical expenses as listed under Section C, Part A I-1- In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the Annexure I of Policy wordings.

6. Living Donor Medical Costs

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

1. 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 and the organ donated is for the use of the Insured, and
2. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment (Section C, Part A I-1).

7. Annual Preventive Health Check-up

After each renewal of Global Health Care Policy with Us, You will be entitled for an Annual Preventive Health Check-up. We will reimburse the amount as per the limits specified in the Policy Schedule.

You may approach Us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Contact Email id- healthcheck@bajajallianz.co.in.

Note: Payment under this benefit will not reduce the base sum Insured mentioned in Policy Schedule.

8. Ayurvedic / Homeopathic Hospitalization Expenses

If You are Hospitalized for not less than 24 hrs, in an Ayurvedic / Homeopathic Hospital which is a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- Ayurvedic and Homeopathic treatment procedures

Our maximum liability is up to In-patient Hospitalization Sum Insured.

The claim will be admissible under the Policy provided that, the Illness/Injury requires Inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis.

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9. Air Ambulance

We will pay for 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. The claim would be reimbursed up to the limits specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.

Return transportation to the client's home by air ambulance is excluded.

10. Mental Illness Treatment

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- a. Mental Illness treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- b. The Hospitalization is for Medically Necessary Treatment.
- c. All day-care or Inpatient admissions must include prescription medication related to the condition.
- d. The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental Illness, where persons with mental Illness are admitted for treatment.

Exclusions: Mental Illness Treatment does not cover:

- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions
- c. Alternate treatment other than Allopathic treatment are not covered.
- d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
- e. Out-patient Treatment for Mental Illness

11. Rehabilitation

Rehabilitation is defined as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It aims to restore original form or function after an acute Illness, Injury or surgery.

Rehabilitation is a treatment that combines therapies such as physical, occupational and speech therapy.

We will pay You up to the limits specified in the Policy Schedule for the cost of In-patient Rehabilitation provided

- a. it is carried out by a Medical Practitioner specializing in rehabilitation; and
- b. it is carried out in a licensed rehabilitation Hospital or unit;
- c. We have accepted an Inpatient Hospitalization claim for the Insured under In Patient Hospitalization Treatment and rehabilitation starts within 14 days of discharge from Hospital following acute medical and/or surgical treatment
- d. the treatment could not be carried out on an out-patient basis.

12. Modern Treatment Methods and Advancement in Technologies

We will pay the Customary and Reasonable expenses for the Modern Treatment Methods as mentioned in Annexure III subject to the Sum Insured, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

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TABLE OF BENEFITS FOR DOMESTIC COVER

COVER	IMPERIAL PLAN			IMPERIAL PLUS PLAN		
In-patient Hospitalization Treatment Limits	INR 3,750,000	INR 5,600,000	INR 7,500,000	INR 11,200,000	INR 18,750,000	INR 37,500,000
In-patient Hospitalization Treatment	Up to Sum Insured					
Hospital accommodation (Room rent and ICU)	At Actual					
Pre-hospitalisation	60 days					
Post-hospitalisation	180 days					
Local (Road) Ambulance	Up to Sum Insured					
Day Care Procedures	Up to Sum Insured					
Living Donor Medical Costs	INR 500,000					
Annual Preventive Health Check-up (only offered at renewal)	INR 5,000					
Ayurvedic / Homeopathic Hospitalization Expenses	Up to Sum Insured					
Air Ambulance	INR 500,000	INR 675,000	INR 750,000	INR 750,000	INR 750,000	INR 750,000
Mental Illness Treatment	Up to Sum Insured					
Rehabilitation	INR 50,000					
Modern Treatment Methods and Advancement in Technologies	Up to Sum Insured					

Note: The total Sum Insured payable under all the above covers will not exceed the In-patient Hospitalization Treatment Limits

PART B- COVERAGE- International

I. IN-PATIENT BENEFITS FOR INTERNATIONAL COVER

1. In-patient Hospitalization Treatment

If You are advised Hospitalization by a Medical Practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- Room rent and Boarding expenses up to a Single Private Air Conditioned Room
- If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- Nursing Expenses as provided by the Hospital
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Therapist, Specialists Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- Dialysis, Chemotherapy, Radiotherapy, Physiotherapy
- Prescription drugs and materials
- Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents.
- Relevant laboratory diagnostic tests, X-ray, and other Radiology tests and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.
- Emergency Inpatient Hospitalization for Dental Treatment arising from an Accident

This cover is subject to the Sum Insured, sub-limits, Deductibles, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

The Deductible is Optional and the amount will apply as specified in the Policy Schedule, if opted.

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2. Pre-Hospitalization

The Medical Expenses incurred during the 45 days immediately before *You* were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment.).

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after *You* were discharged post Hospitalization provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. .

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

4. Local (Road) Ambulance

We will pay the reasonable cost, specified in the Policy Schedule, incurred on an ambulance offered by a healthcare or ambulance service provider for transferring *You* to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency or out of medical necessity.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring *You* from the Hospital where *You* were admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening Emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted *Your* Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

5. Day Care Procedures

We will pay *You* the medical expenses as listed under Section C, Part B,I-1 - In-patient Hospitalization Treatment for Day Care Procedures / Surgeries taken as an Inpatient in a Hospital or Day Care Centre but not in the outpatient department. List of Day Care Procedures is as given in the annexure I of Policy wordings.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

6. Living Donor Medical Costs

We will pay expenses up to the limits specified in the Policy Schedule, towards organ donor's treatment for harvesting of the donated organ, provided that,

- a) The organ donor is any person whose organ has been made available in accordance and in compliance with the local regulation and the organ donated is for the use of the Insured, and
- b) We have accepted an Inpatient Hospitalization claim for the Insured under In-patient Hospitalization treatment.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

7. Air Ambulance (Applicable to Imperial Plan only)

We will pay for 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. The claim would be reimbursed up to the limits as specified in the Policy Schedule provided that We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C, Part B, I-1).

Return transportation to the client's home by any mode of transport is excluded.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

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NOTE: This cover is on cashless basis only. To avail this service, You must contact Us on +353 1 630 1301. From this point onwards, We will organize and coordinate for the Air Ambulance until You arrive safely at Your destination of care. If ambulance services are not organized by Us, We reserve the right to decline all costs incurred.

8. Air Ambulance + Medical Evacuation (Applicable to Imperial Plus Plan only)

If You contract any Illness/ sustain any Injury which necessitates Emergency Hospitalization, We will pay reasonable and customary expenses up to the limits specified in the Policy Schedule, for Your Medical Evacuation to the nearest appropriate medical centre (which may or may not be in Your home country) by ambulance, helicopter or airplane provided that:

- The medical evacuation should be requested by Your Doctor, and will be carried out in the most economical way that is appropriate to Your medical condition
- We have accepted an Inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C, Part B ,I-1).
- adequately screened blood is unavailable in an Emergency
- necessary treatment is not available locally

If You can't travel for medical reasons following discharge from an Inpatient episode of care, We will cover the reasonable cost of hotel accommodation in a private en-suite room for up to seven days.

If You are evacuated to the nearest appropriate medical centre for ongoing treatment, We will cover the reasonable cost of hotel accommodation in a private en-suite room. This cost must be more economical than the cost of a series of journeys between the nearest appropriate medical centre and Your principal country of residence.

Following completion of treatment, We will also cover the cost of Your return trip (i.e. one way ticket) at economy rates to Your principal country of residence.

Exclusions (Applicable to Medical Evacuation):

- costs for hotel suites, four or five-star hotel accommodation or hotel accommodation for an accompanying person
- travel costs for accompanying person
- travel costs of Insured family members in the event of an evacuation

Where adequately screened blood is not available locally, We will, where appropriate, try to locate and transport screened blood and sterile transfusion equipment, if this is advised by the treating Doctor and Our own medical experts. We and Our agents accept no liability if We are unsuccessful or if contaminated blood or equipment is used by the treating authority.

This cover is subject to the Sum Insured, sub-limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

NOTE: This cover is on cashless basis only. You must contact Us on +353 1 630 1301 at the first indication that You need an evacuation. From this point onwards, We will organize and coordinate the evacuation until You arrive safely at Your destination of care. If evacuation services are not organized by Us, We reserve the right to decline all costs incurred.

9. Mental Illness Treatment

We will pay the Customary and Reasonable expenses for In-patient treatment of Mental Illness (as specified under Annexure IV), provided this treatment is availed in a recognized psychiatric unit of a Hospital, up to Sum Insured as specified in the Policy Schedule.

The above coverage is subject to fulfilment of following conditions:

- Mental Illness treatment is only covered where patient is diagnosed and treated by a psychiatrist, clinical psychologist or licensed psychotherapist.
- The Hospitalization is for Medically Necessary Treatment.
- All day-care or Inpatient admissions must include prescription medication related to the condition.
- The treatment should be taken in Mental Health Establishment either wholly or partly meant for the care of persons with mental Illness, where persons with mental Illness are admitted for treatment.

Exclusions: Mental Illness Treatment does not cover:

- Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. .