

FAQs: Bajaj Allianz General Insurance

Q 1: What is Family Health Care policy?

A: Family Health Care policy is designed to suit your health care needs. A comprehensive range of benefits, ensuring you are covered for the larger expenses related to Illness/surgery.

Q 2: What are Sum Insured options in Family Health Care policy?

A: There are two plans Silver & Gold in Family Health Care policy & the sum insured are as per the plan opted.

Gold Plan - 1/2/3/4/5 lacs

Q3: What is the Policy Period in Family Health Care?

A: Policy can be taken for 1 year

Q 4: What is the age criteria under the policy?

A: The age criteria are as follows:

- ☐ 18 years to 65 years for Self & Spouse
- ☐ 3 months to 25 years for children

Q 5: Is Family Health Care an Individual or Floater policy?

A: This is an annual floater policy

Q 6: Which family members can be covered in Family Health Care?

A: Self, Spouse & Children can be covered under the policy

Q 7: Is there any Room Rent Capping in Family Health Care policy?

A: No capping under Gold plan.

Q 8: Is there any capping for ICU charges as well?

A: No there is no capping for ICU, the ICU charges will be paid as per the actual.

Q 9: What is the period for Pre & post hospitalization?

A: Under Gold Plan- Pre hospitalization is covered for 60 days & post is covered for 90 days.

Q 10: What is the Road Ambulance coverage in Family Health Care policy? Answer: under Gold Plan it will be paid a maximum of Rs 3000/- per valid hospitalization claim.

Q 11: What is the limit of Day Care procedures?

A: There is no limit for Day Care procedures, any procedure according to the definition of Day Care Center & Day Care Treatment can be covered.

Q 12: Is Preventive health checkup available in Family Health Care?

A: Yes, at the block of 3 years (irrespective of claims) Preventive health checkup is given 1% of the sum insured max up to Rs. 2000/- for each member

Q 13: What is an Organ Donor expense?

A: It means that we will be covering the charges borne by insured person towards the admission of the person who will be donating the organ to the insured person. The only condition is that the main claim of the insured person for which the organ is being donated is accept under the policy. It will be paid up to the sum insured

Q 14: Is Hospital Cash Benefit covered under Family Health Care Policy?

A: If You are Hospitalized on the advice of a Doctor as defined under the policy, because of Illness or Accidental Bodily Injury during the Policy Period, then Hospital Cash Benefit will be payable

Under Gold Plan: The Daily Allowance of Rs. 500/- per day, for each continuous period of 24 hours of Hospitalization subject to a maximum of 30 days during the Policy Period.

Q 15: What is Sum Insured Reinstatement Benefit?

A: In case if the sum insured along with the Cumulative Bonus, is exhausted due to claims made under the policy then up to 100% of the sum insured is reinstated for future claims. This benefit is available under the Gold Plan.

Q 16: Is Ayurvedic / Homeopathic Hospitalization Expenses covered under the policy?

A: This benefit is available if the insured is hospitalized due to an illness/injury in an Ayurvedic / Homeopathic Hospital (Government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board).

Q 17: Is there any change in Cumulative Bonus in Family Health Care Policy?

A: Yes, Cumulative bonus is 10% of base sum insured per claim free year maximum 50%

Q 18: Is medical test applicable in Family Health Care Policy?

A: No Medical tests up to 65 years, subject to no adverse health conditions. Medical tests (pre-policy checkup) are mandatory for members above 65 years.

Q 19: What is maximum Renewal age under the policy?

A: Renewal is for Lifetime under the policy

Q 20: What is Modern Treatment Method?

A: With the advancement in Technology there are certain treatments that can be done through modern treatments methods. These are as follows:

1. Uterine Artery Embolization and HIFU (High Intensity focused ultrasound)
2. Balloon Sinuplasty
3. Deep Brain Stimulation
4. Oral Chemotherapy
5. Immunotherapy – Monoclonal Antibody to be given as injection
6. Intra vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchical Thermoplasty

10. Vaporization of the prostate (Green laser treatment or holmium laser treatment)
11. IONM – (Intra Operative Neuro Monitoring)
12. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Q 21: What are the sub-limits applicable under the policy?

A: The sub-limits applicable under the policy are as follows:

Coverages	Sub Limit
Cataract	20% of the sum assured for each eye, subject to maximum of Rs. 50,000/- for each 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 PW Annexure III)	50% of Sum Insured or 5 Lacs whichever is lower

Q 22: Is there any difference in waiting periods under Family Health Care?

A: Yes, there is difference in waiting periods-

1. Initial 30 days waiting period applicable under the policy except for hospitalization in case of accidental hospitalization (accident date post risk inception date)
2. Pre-existing conditions will be covered after 36 months
3. Specific disease like- Cataracts, Hernia of all types, Fistulae, Fissure in ano, Hysterectomy etc will be covered after 24 months
4. Joint replacement surgery, Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident, Surgery to correct deviated nasal septum, Hypertrophied turbinate, Congenital internal diseases or anomalies & Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons, Bariatric Surgery, Parkinson's Disease and covered after 36 months.