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BAJAJ | Allianz

## Policy Benefit Chart

## CLOUDFY ECOMMERCE INDIA PRIVATE LIMITED

| | | | | | |
|---|---|---|---|---|---|
| **Policy Number** | OG-23-1101-8402-00000024 | **HAT Reference Number** | 119047 | | |
| **Risk Inception Date** | 07-AUG-22 | **Policy Active With other Insured** | 0 | **Pre Hospitalization Period[Days]** | 30 |
| **Risk Expiry Date** | 06-AUG-23 | **Policy Active With Bajaj Allianz** | 1 | **Post Hospitalization Period[Days]** | 60 |
| **Floater Details** | GMC Standard Policy | **Beneficiary Name** | EMPLOYEE | **Corporate A/C No** | |

**Outpatient details** No

| Relation | Coverage | Limit on Number of children | Entry age for child coverage | Beneficiary Name | Pre-Existing Diseases | % OF SI | 30 Days waiting | 1 Year waiting | 02 Year waiting | 04 Year waiting | Maximum Liability | Liability Limit | Co-Payment clause[%] | Percentage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EMPLOYEES | Covered | | 0 | Not Applicable | Covered | | Not Applicable | Not Applicable | Not Applicable | Not Applicable | No | | No | |

| | | | | | |
|---|---|---|---|---|---|
| **Maternity Benifit** | Not Covered | **Max liability on maternity exp** | | **9 Months waiting period** | Not Applicable |
| **Limit for no of children** | 0 | **Co-payment for maternity** | | **Max for normal delivery** | |
| **Max for LSCS** | | **Corporate buffer** | | **Per Family Maximum** | |

**Corporate Buffer Amount**

**Room Restrictions**
No

**Claim Conditions**

Pre and Post Hospitalization covered for 30 days and 60 days respectively.

* Previous Policy Number: OG-22-1104-8402-00000021

* Family Definition : Employee Only

* Room Rent Restriction : No Room Rent Capping

* Emergency Ambulance : Ambulance charges covered upto 1% of the SI or max INR 1000 whichever is less per case in case of emergency only. Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospital#s ambulance or in an ambulance provided by any ambulance service provider only.

* Maternity Condition : Not Covered

* Pre and Post Natal Expenses : Pre and Post Hospitalization covered for 30 days and 60 days respectively.

* Other Conditions 1 : Modern Treatment Methods and Advancement in Technologies (as per below list) shall be restricted to 50% of Sum insured.- List - Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Oral chemotherapy, Immunotherapy- Monoclonal Antibody to be given as injection, Intra vitreal injections, Robotic surgeries, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the prostrate (Green laser treatment or holmium laser treatment), IONM -(Intra Operative Neuro Monitoring), Stem cell therapy -Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

* Other Conditions 2 : Covid Hospitalization expenses - The company shall indemnify Medical Expenses incurred for Hospitalization (Minimum 24 hrs hospitalization is mandatory) of the Insured Beneficiary during the Cover Period for the treatment of Covid on positive diagnosis of Covid in government laboratories or ICMR approved private laboratories including the expenses incurred on treatment of any comorbidity along with the

treatment for Covid up to the Sum Insured specified in the policy. This also includes expenses incurred under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy systems of medicines. The company shall also indemnify Pre and Post Hospitalization expenses incurred related to an admissible hospitalization for the period as specified in the policy t and c.

* Other Conditions 3 : Covid Exclusions a)Expenses related to any admission primarily for diagnostics and evaluation purposes only. B)Any diagnostic expenses which are not related or not incidental to the Covid 19 diagnosis and treatment. C)Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes (i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. (ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. C) Dietary supplements and substances that can be purchased w/o prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Network Provider as part of Hospitalization claim or Home care treatment. d) Unproven Treatments: Expenses related to any unproven treatment, Contd.

* Other Conditions 4 : services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of Covid 19 shall be covered. e)Any claim in relation to Covid 19 where it has been diagnosed prior to Group Policy Start Date. f)Any expenses incurred on Day Care treatment and OPD treatment.g)Testing done at a Diagnostic centre which is not authorized by the Government/ICMR shall not be recognized under this Group Policy.h)All covers under this Group Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.i)Home Quarantine Treatment Expenses or treatment availed by the Insured Beneficiary at home for Covid-19.Other terms and conditions as per the agre

d policy level benefits of the group medi-claim programme and standard policy wordings

*Other Conditions 5 : Upon mutual agreement between the Insurer and the Group manager the claim settlement can be done by the Insurer either in favour of the Group Manager or the Insured Member. However, wherever it has been agreed to settle the claim in favour of the Group Manager , the Insurer must seek an undertaking from the Group Manager that confirms that the final claim settlement will be done to the Insured Member within 15 days of claim settlement to the Group Manager as per policy t&c. The employer may utilize the insurance amount as part of the overall service benefit and pass on the balance , if any to the Insured Member.

*Other Conditions 6 : Sterility and Infertility related treatment is not covered. Internal Congenital diseases or defects or anomalies are covered, external covered in case of life threating sitaution only. Expenses related to the treatment for correction of eye sight due to refractive error greater than +/- 7 dioptres covered.

**Maternity Conditions**

Not Covered

**Disclaimer :**

1. No Individual (Employee or Dependent) can be Covered more than once in a policy.

2. Additional premium to be collected for each additional member.

3. The list of members submitted at the inception of the policy will be considered as final.

4. Incase of room rent restriction specified in the policy, all other hospitalization expenses (for e.g. OT Charges, Doctor Charges, Nursing charges etc.) shall be as per entitled room rent.

**Quote Disclaimer :**

1.Continuity Guideline / Portability : Group to retail portability benefit can be availed at the time of retirement or resignation from the services ( provided these events are falling within the policy period) Portability option is available under the existing retail health products, std coverage#s, terms, conditions, & guidelines of retail product would apply. .

2.Claim Intimation and Submission of Documents : All reimbursement claims have to be intimated to Bajaj Allianz within 7 days of discharge and have to be submitted for reimbursement within 30 days of date of discharge of the patient. .

3.Guideline for Addition Endorsements : Midterm additions allowed only for natural additions subject to intimation received within 45 days. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining marriage / birth respectively. Backdation of 45 days from date of intimation shall not be allowed. Any endorsements will be from the date of addition and not from the inception of the policy. .

4.Guideline for Deletion Endorsements : In case of refund endorsements on account of deletion, pro-rata refund for entire family should be done subject to nil claims, whereas refund should be nil if the premium is charged on per family basis. Deletion to be intimated immediately on finalization of last working day of employee. In case employee avails the claim after his LWD for which intimation is received after DOA, insurer would recover paid amount from available float balance. Pro-rata refund will be calculated as from DOL if intimation is within 7days else intimation date will be consider for calculation subject to nil claim. .

5.Other Conditions : 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment and Stem Cell Transplantation, Robotic Surgery, Femto laser treatment for eye. It will be applicable for each eye each event.

## Policy Benefit Chart

Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer Cochlear Implant treatment shall be restricted to 50% of the SI. Weight management services and treatment related to weight program's including treatment of obesity will not be payable. Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining, marriage / birth respectively. Additional premium for each additional member. Per person premium would be provided by HO once the quote is finalized. No Individual(Employee / Dependent) can be covered more than once in a policy. The list of members submitted at the inception of the policy will be considered as final. As employer/group manager, by obtaining our Group Medical Policy [subject to standard terms and conditions of Group Policy to be issued by us] to cover your employees, you would, inter alia, will get additional advantage of online web integration [subject to accepting terms and conditions, disclaimers,] with our website thereby you can online access for the purpose of enabling you to service, provide claim help and support etc., to your employees covered under GMC. Claims servicing and processing will be done by In-house Health Administration Team, Bajaj Allianz General Insurance Company. Rest all as per attached Standard Group Health policy wording. .

**Health Administration Team , Bajaj Allianz General Insurance Company Ltd :**

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