

CORONA KAVACH POLICY, KOTAK MAHINDRA GENERAL INSURANCE COMPANY LTD.

PROSPECTUS

COVERAGE

1. Covid Hospitalization Cover - Expenses incurred on hospitalization for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days. Hospitalization should be for a minimum period of 24 consecutive hours.
2. Road Ambulance - Expenses incurred on road ambulance.
3. Home Care Treatment Expenses - Expenses incurred on treatment availed at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre maximum up to 14 days per incident
4. AYUSH Coverage - Expenses incurred on hospitalization under AYUSH Treatment.
5. Optional Cover - Hospital Daily Cash: 0.5% of sum insured will be paid per day for each 24 hours of continuous hospitalization for treatment of Covid following an admissible hospitalization claim. The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

TABLE OF BENEFITS

Product Type	Individual/ Floater
Category of Cover	Indemnity/Benefit
Sum insured	INR 50,000 – 5 lacs (in multiples of INR 50,000) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3 ½ months), Six and Half Months (6 ½ months), Nine and Half Months (9 ½ months) including waiting period.
Eligibility	Policy can be availed by persons between the age of 18 years up to 65 years as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse ii. Parents and Parents-in-law iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.
Hospitalisation Expenses	Medical Expenses of Hospitalization for Covid for a minimum period of 24 consecutive hours only shall be admissible
Pre Hospitalisation	For 15 days prior to the date of hospitalization/home care treatment
Post Hospitalisation	For 30 days from the date of discharge from the hospital/completion of home care treatment
Sub-limits	<ul style="list-style-type: none">• Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member• Home care treatment: Maximum up to 14 days per incident

AYUSH	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured during the Policy period as specified in the policy schedule.
Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.
Waiting period	Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded
Discounts under the Policy	<ul style="list-style-type: none"> • Kotak Group Employees – 5% • Health care workers – 5%

Major exclusions in the policy

Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:

- Admission primarily for investigation & evaluation
- Admission primarily for rest Cure, rehabilitation and respite care
- Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
- Day Care treatment and OPD treatment

Cancellation

The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts fraud by the Insured Person by giving 7 days' written notice.

Renewal, Portability and Migration

Lifelong renewability, migration and portability are not applicable.

Claims Process

Procedure for Cashless claims:

- (i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- (iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- (v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

For detailed claim process, please refer to the policy wordings

Statutory Warning - Prohibition Of Rebates (Under Section 41 of Insurance Act 1938)

- 1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.