25-26/V1

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
1	Name of Insurance Product/ Policy	MediShield		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)		
4	Sum Insured (Basis)	**Individual Sum Insured -** Where each member has a separate sum insured under the policy **Sum Insured – INR XXXX**		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		Inpatient Care	Covers expenses incurred on hospitalization for minimum period of 24 hours **Other Expenses** • Dental treatment, necessitated due to disease or injury • Plastic surgery necessitated due to disease or injury • All day care treatments (Time limit of 24 hrs shall not apply in respect of Day Care Treatment)	Policy Wordings 4. Base Cover Hospitalization Cover – 4.1
		AYUSH Treatment	Covers medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy up to 50% of Sum Insured	Policy Wordings 4. Base Cover Hospitalization Cover – 4.2
		Pre-Hospitalization Medical Expenses	Covers medical expenses for a fixed period of 30 days prior to the date of admissible hospitalization	Policy Wordings 4. Base Cover Hospitalization Cover – 4.3
		Post-Hospitalization Medical Expenses	Covers medical expenses or a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization	Policy Wordings 4. Base Cover Hospitalization Cover – 4.4

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		Emergency Ground Ambulance	Covers expenses upto 2000 INR per hospitalization incurred towards ambulance charges	Policy Wordings 4. Base Cover Hospitalization Cover – 4.5
		Cataract Treatment	Covers expenses incurred for treatment of cataract up to INR 40,000, per each eye in one policy year	Policy Wordings 4. Base Cover Hospitalization Cover – 4.6
		Modern Treatment	Covers expenses incurred on hospitalization for Modern Treatment listed procedures up to 50% of sum insured	Policy Wordings 4. Base Cover Hospitalization Cover – 4.7
6.	Exclusions (What the policy does not cover)	**Standard Exclusions** 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code – Excl05) 3. Obesity/ Weight Control (Code – Excl06) 4. Change-of- Gender treatments (Code – Excl07) 5. Cosmetic or plastic Surgery (Code – Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law (Code – Excl10) 8. Excluded Providers: (Code- Excl11) 9. Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof 10. Code- Excl13 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. 11. Code- Excl14 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. 12. Refractive Error (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. 13. Unproven Treatments (Code – Excl16)		Policy Wordings – 8 Exclusions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		14. Sterility and Infertility (Code- Excl17) 15. Maternity (Code- Excl18) **Specific Exclusions** 1. Any medical treatment taken outside India. 2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. 3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from: a. any nuclear fuel or from any nuclear waste; or b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); c. nuclear weapons material. d. nuclear equipment or any part of that equipment. 4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority. 5. Injury or Disease caused by or contributed to by nuclear weapons/materials. 6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident. 7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy. 8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent. 9. Vaccination or inoculation except as post bite treatment for animal bite. 10. Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect. 11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. 13. Venereal/ Sexually Transmitted disease. 14. Stem cell storage. 15. Any kind of service charge, surcharge levied by the hospital. 16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. 17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II. 18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.	
7.	Waiting period • Time period during which specified diseases/ treatments are not covered • It is counted from the beginning of the policy coverage	• **Initial Waiting Period:** 30 days for all illnesses not applicable in case of renewal or accidents	Policy Wordings – 5 Waiting Period A 2
		• **Specific Waiting Periods** (not applicable for claims arising due to an accident): Specific Waiting Periods (not applicable for claims arising due to an accident): 24 months for below list of specific diseases/procedures 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 8. Benign prostate hypertrophy 9. Cataract and age-related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele	Policy Wordings – 5 Waiting Period A 3

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		14. Non-Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers		
		Pre-existing diseases – Covered after 48 months for all pre-existing conditions other than pre-existing HIV/AIDS and Disability (as mentioned in Policy Schedule)		Policy Wordings – 5 Waiting Period A 1
		Specific Conditions applicable for Persons With Disability - Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.		Policy Wordings – 6.i
8	Financial limits of coverage I. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:		
		Room Rent, Boarding, Nursing Expenses	Up to maximum of 1% of the sum insured per day	Policy Wordings - 4.1 i
		Intensive Intensive Cardiac (ICCU) Care Unit expenses	Up to maximum of 2% of sum insured per day.	Policy Wordings - 4.1 ii
		AYUSH Treatment	Up to 50% of the Sum insured	Policy Wordings – 4.2
		Emergency Ground Ambulance	Up to INR 2000/- per hospitalisation	Policy Wordings – 4.5
		Cataract Treatment	Up to INR 40,000/-, per each eye in one policy year	Policy Wordings – 4.6
		Modern treatment	Up to 50% of the Sum insured	Policy Wordings – 4.7
	ii. Co-payment It is a specified | amount / percentage of the admissible claim amount to be paid by policy holder/ insured)	Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. This co-payment can be waived off by paying an additional premium.		Policy Wordings 10. Claims Procedure – 10.5

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
9	Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. **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. **Sl No / Type of Claim / Prescribed Time limit** 1 / Reimbursement of hospitalization, day care 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 **Turn Around Time (TAT) for claims Settlement** i. TAT for preauthorization of cashless facility - within 6 hours from receipt of complete documents ii. TAT for cashless final bill authorization - within 6 hours from receipt of complete documents' Please find the details/ web link for following - i. Network Hospital details – www.kotakgeneral.com ii. Helpline Number – 1800 266 4545	Policy Wordings 10. Claims Procedure - 10.1 and 10.2

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		iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer - https://www.kotakgeneral.com/docs/default-source/footer-docs/delisted-hopital-list.pdf Downloading/ getting Claim form - https://www.kotakgeneral.com/customer-support/downloads	
10	Policy Servicing	Call centre number – 1800 266 4545 Details of Company officials- E-mail: care@kotak.com Link: https://www.kotakgeneral.com/customer-support/grievance-redressal-process For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@kotak.com.	Policy Wordings - 9. General Terms and Conditions 9.1.15
11	Grievances/ Complaints	Details of - Grievance redressal officer: Contact details: Toll free number: 1800 266 4545 Email: grievanceofficer@kotak.com - Insurance company grievance portal/ Department: Contact details: Toll free number: 1800 266 4545 Email: grievanceofficer@kotak.com - Ombudsman: The details of the Insurance Ombudsman is available at: - https://www.kotakgeneral.com/customersupport/grievance-redressal-process - www.cioins.co.in/ombudsman The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings	Policy Wordings - 9. General Terms and Conditions 9.1.15
12	Things to Remember	**Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@kotak.com	Policy Wordings - 9. General Terms and Conditions 9.1.14
		Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Policy Wordings - 9. General Terms and Conditions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@kotak.com	Policy Wordings - 9. General Terms and Conditions 9.1.8 and 9.1.9
		Change in Sum Insured: Sum Insured can be changed (increased / decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh **only for enhanced portion of the sum insured**	Policy Wordings - 9. General Terms and Conditions 9.2.b
		Moratorium Period: Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. The period of eight years is called as moratorium period. The moratorium would be applicable for sum insured of first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusion specified in policy contract.	Policy Wordings - 9. General Terms and Conditions 9.1.12
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period - The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	Policy Wordings - 9. General Terms and Conditions 9.1.1 - Disclosure of Information

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date **Signature of the Policy Holder**