

## MediShield

### Prospectus

#### Introduction

This policy is specially designed for:

- A) Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act, 2017. The cover under this policy is available for persons with the following disability/disabilities as defined under the Rights of Persons with Disabilities Act, 2016 and any subsequent additions / modifications to the list in the Act.

1. Blindness	2. Muscular Dystrophy
3. Low vision	4. Chronic Neurological conditions
5. Leprosy Cured persons	6. Specific Learning Disabilities
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis
9. Locomotor Disability	10. Speech and Language disability
11. Dwarfism	12. Thalassaemia
13. Intellectual Disability	14. Haemophilia
15. Mental Illness	16. Sickle Cell disease
17. Autism spectrum disorder	18. Multiple Disabilities including deaf/blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	

- a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government of certifying Disability.
- b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by Medical Board appointed by the government for certifying Disability.

Or / and

- B) Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

## Coverage

### Hospitalization Cover

1. Inpatient Care - The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person including day care treatments during the Policy Year, up to the Sum insured subject to any sub-limits, co-pay as specified in the Policy.
2. AYUSH Treatment - Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.
3. Pre-Hospitalization Medical Expenses – Pre-Hospitalization Medical Expenses related to an admissible Hospitalization requiring Inpatient care will be covered for a fixed period of 30 days prior to the date of admissible Hospitalization.
4. Post-Hospitalization Medical Expenses - Post Hospitalization Medical Expenses related to an admissible Hospitalization requiring Inpatient Care will be covered for a fixed period of 60 days from the date of discharge from the Hospital.
5. Emergency Ground Ambulance - The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person.
6. Cataract Treatment - The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.
7. Modern Treatment - The listed Modern treatments and procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured.

### Table of Benefits

Coverage Basis	Individual basis only
Category of Cover	Indemnity
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available (in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	<ul style="list-style-type: none"> <li>• Policy can be availed by availed on Individual basis.</li> <li>• Age eligibility for adults: 18 years and above to 65 years (No restriction for upper age limit)</li> <li>• Age eligibility for Children: Newborn to 17 years</li> </ul>
Instalment	<ul style="list-style-type: none"> <li>• Monthly, Quarterly, Half-yearly</li> </ul>
Grace Period	i. Grace Period of 15 days (where premium is paid on monthly instalments) and 30 days (where premium paid in quarterly / half

	<p>yearly/ annual instalments) would be given to pay the instalment premium due for the policy.</p> <p>ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also</p>
Hospitalisation Expenses	<p>Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.</p> <p>Time limit of 24 hrs shall not apply in respect of Day Care Treatment.</p>
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for Room/ Doctors fee	<p>1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital / Nursing Home up to maximum of 1% of the sum insured per day.</p> <p>2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.</p>
Cataract Treatment	Up to Rs.40,000/-, per each eye in one policy year
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Emergency Ambulance	Expenses covered up to Rs. 2000 per hospitalisation
AYUSH	Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident
PED waiting period	36 months (For pre-existing diseases other than the pre-existing Disability and HIV /AIDS covered)
Specific Disease/ illness waiting period	24 months
Waiting Period and specific Sublimit for HIV/AIDS Cover	<p>For HIV /AIDS cover:</p> <p>a. Initial waiting period of 30 days will be applicable for Indemnity basis cover</p> <p>b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.</p>
Waiting Period and specific Sublimit for Disability Cover	<p>For Disability Cover:</p> <p>24 months initial waiting period is applicable for the pre-existing Disability covered under the policy</p>
Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same
Pre-Policy Medical check-up	<p>The customer might have to undergo Medical Tests based on the underwriting guidelines issued by the company from time to time.</p> <p>Medical tests will be facilitated by us and conducted at our network of diagnostic centers. The validity of such tests will be up to 30 days.</p>

	The details of the medical test and the centre at which such tests shall be conducted will be informed to you before the medical examination.
Underwriting Loading	Underwriting loading up to 200% based on criteria mentioned in underwriting manual.

### ***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
- Expenses related to the surgical treatment of obesity that do not fulfill certain conditions
- Change of Gender treatments
- Expenses for cosmetic or plastic surgery
- Expenses related to any treatment necessitated due to participation in hazardous or adventure sports

### ***Renewal Conditions***

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.

### ***Cancellation***

- a. The policyholder may cancel his/her policy at any time during the term, by giving 7 day's notice in writing. The Insurer shall refund proportionate premium for unexpired policy period subject to no claim(s) were made during the policy period.

Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

- b. 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

### ***Insured's Rights***

- a. Free look period of 30 days from date of receipt of policy shall be applicable at the inception
- b. Lifetime renewability (except on certain specific grounds)
- c. Right to migrate from one to other product of the company only due to withdrawal of this product
- d. Right to port from one company to another company in to the same product
- e. Change in SI during the policy term or at the time of renewal

- f. Any revision or modification will be done with the approval of the Authority and such information shall be given at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- g. Norms on TAT for Pre-auth and settlement of Reimbursement: Turn Around Time (TAT) for issue of Pre-Auth within 6 hours from receipt of complete documents and settlement of Reimbursement within 15 days from the receipt of the complete documents.

### **Sanction Exclusion Clause:**

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

### ***Insured's Obligations***

Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.

### ***Claims Process***

#### **1.1 Procedure for Cashless claims:**

- (i) Treatment may be taken in a network provider and is subject to preauthorization 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.

Turn Around Time (TAT) for issue of Pre-Authorization within 1 hours from receipt of complete documents for initial and within 3 hours from receipt of complete documents for final approval at the time of discharge.

#### **1.2 Procedure for reimbursement of claims:**

For reimbursement of claims the insured person may submit the necessary documents to 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

For detailed claim process, please refer to the policy wordings

### 1.3. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

### 1.4. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

### 1.5 . Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: [www.zurichkotak.com](http://www.zurichkotak.com)

Toll free: 18002664545

E-mail: [care@zurichkotak.com](mailto:care@zurichkotak.com)

Courier: Zurich Kotak General Insurance Company (India) Limited, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai-400063. Maharashtra, India.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods,

insured person may contact the grievance officer at [grievanceofficer@zurichkotak.com](mailto:grievanceofficer@zurichkotak.com)

For updated details of grievance officer, kindly refer the link: <https://www.zurichkotak.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@zurichkotak.com](mailto:seniorcitizen@zurichkotak.com)

Zurich Kotak General Insurance: We offer a range of general insurance plans in India, including car, bike, travel and health insurance. Visit today!

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The details of the Insurance Ombudsman is available at: <https://www.zurichkotak.com/customer-support/grievance-redressal-process>

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: [www.cioins.co.in/ombudsman](http://www.cioins.co.in/ombudsman)

The details of the Insurance Ombudsman is available at Annexure I

Grievance may also be lodged through the Bima Bharosa Portal – <https://bimabharosa.irdai.gov.in>

### **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.