



IOB HEALTH CARE PLUS POLICY **PROSPECTUS**

We, at USGI always endeavor to bring the best of Insurance products and services to our esteemed customers. In order to cater to the needs of the customers of Indian Overseas Bank, we have designed the “IOB Health Care Plus Policy” in association with Indian Overseas Bank.

The IOB Health Care Plus Policy is a complete health Insurance Plan that covers you, your spouse and two dependent children and dependent parents, under this unique family floater gives you the flexibility of taking one policy that covers the entire family under a single sum insured.

1. Who can take the Policy?

The scheme provides for Mediclaim Insurance cover, which is available to all the customers of IOB maintaining a S.B. or C.D account with them including NRI customers. However, the cover is available for treatment in hospitals in India only.

2. Eligibility

All account holders of Indian Overseas Bank within the age band of 18 to 65 years are eligible to take the Policy.

- The enrollment age under the policy is from 1 day to 65 years.
- The minimum age for the proposer should be 18 years.
- An individual may cover himself/ herself and his/ her spouse, dependent children under **Plan A** of the Policy and himself/herself, his/her spouse, dependent children and dependent parents under **Plan B** of the policy.
- The maximum age under till which dependent male child can be covered is 21 years of age and dependent female child can be covered is 25 years or till she marries, whichever is earlier. Dependent children below 3 months can be covered with at least one parent under the Policy.

3. Sum Insured:

- **Hospitalisation cover:**
Choice of Sum Insured ranges from Rs 50,000 to Rs 5,00,000 in multiples of Rs 50,000 .
High range sum insured is available under the policy is 7,50,000 , 10,00,000 , 12,50,000 & 15,00,000.
- **Optional Extension:** Capital Sum Insured for Optional Extension of Personal Accident (Accidental Death only) ranges from Rs 50,000/- to Rs 500,000 in multiples of 50,000.
High range sum insured is available under the policy is 7,50,000 , 10,00,000 , 12,50,000 & 15,00,000.

4. Policy Tenure:



- **Long Term Policy:** The Policy term from one year to three years is available under individual policies.
- The policy can be renewed lifetime

5. What is covered under the Policy?

The Hospitalization expenses of the insured when Insured sustains any injury or contracts any disease and is advised hospitalization by a Medical Practitioner

We will pay Reasonable and Customary charges of the following Hospitalization expenses:

1. The Medical Expenses incurred on Room, Boarding and Nursing Expense as provided in the Hospital/ Nursing Home
2. The Medical Expenses incurred on Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses
3. The Medical Expenses incurred on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.
4. The medical expenses on treatment arising from or traceable to pregnancy, childbirth and expenses on the treatment of the newly born child up to 5% of the sum insured, subject to such treatment not being carried out before the completion of 9 months from the commencement of the policy
5. The Medical Expenses incurred in the 30 days immediately prior before the date You were Hospitalized, provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
6. The Medical Expenses incurred in the 60 days immediately after Your date of discharge from Hospital provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
7. Cost of Health Checkup: Insured Person shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every three claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies.

Additional benefits

8. In case of hospitalization of children below 12 years, a lump sum amount of Rs.1000/- as Out of Expenses to any of the parents during the policy period.
9. Ambulance charges in connection with any admissible claim limited to Rupees 1000/- per policy period.
10. In case of death in hospital, funeral expenses are reimbursed up to Rs.1000/ over and above the sum insured subject to the original illness/accident claim admitted under the policy.

NB:

Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.



- a) The Hospitalization expenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the Sum Insured.
- b) Cashless facility for the medical treatment carried out in Network Hospital/ Nursing home is available through our nominated Third Party Administrator (TPA)
- c) A co-payment of 20% shall be applicable on each and every claim of Insured Person who is above 55 years of age under the Policy
- d) If medical expenses are incurred under two Policy Periods, the total liability shall not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only
- e) Expenses on hospitalization for a minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney stone removal), D&C, Tonsillectomy taken in the Hospital / Nursing Home and where in the insured is discharged on the same day, such treatment will be considered to have been taken under hospitalization benefit. This condition will also not apply in case of stay in Hospital for less than 24 hours provided (a) the treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals (b) due to technological advances hospitalization is required for less than 24 hours only.

Extensions under the Policy

Personal Accident Death cover

In case you have opted for additional cover against Personal Accident- Death only benefit and have paid additional premium, We will pay a lump sum amount as mentioned in the table below in the event of Accidental Death of the Insured whose name is appearing in the Schedule forming part of this Policy.

The Sum Insured as under shall be applicable as below.

Insured Person	% of Sum Insured
In case of Death of Account Holder	100% of the Sum Insured
In case of Death of Spouse	50% of the Sum Insured
In case of Death of Children above 12 years of age	20% of the Sum Insured
In case of Death of Children up to 12 years of age	10% of the Sum Insured

Discount, Loading and Co-pay (if any)

- **Co-payment:** 20% co-pay shall be applicable on each and every claim of Insured above 55 years of age
- **Long Term Policy:** The Policy can be taken for a period of two/ three years and discount as under would be provided



Duration of policy	Premium to be charged
2 years	2 year premium in advance less 5% discount
3 years	3 year premium in advance less 10% discount

Premiums under the Policy shall be payable in a single installment.

6. Pre Policy Medical Checkup:

- The Company would require submission of Medical Reports for ECG and Blood Sugar (Fasting+ PP) when the Insured Person is above 50 years.
- This requirement will only be for fresh Proposals with sum insured options INR 7,50,000 and above and, when the Sum Insured is enhanced for INR 7,50,000 and above at the time of renewal.
- 50% of such medical examination costs shall be reimbursed by us, if the proposal is accepted.

7. Additional Benefits under the Policy

i. Tax benefit: Only the Medical Premium Component (excluding Service Tax thereon) is eligible for rebate under Section 80D of the Income Tax Act.

ii. Portability:

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i** The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii** Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

iii. Free Look Period: (Not applicable on renewals)

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to



- i a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

9. Conditions under the Policy

Cancellation:

- i. The policyholder may cancel this policy by giving 15days’ written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Up to 1 month	25% of annual premium
Above 1 month and up to 3 months	50% of annual premium
Above 3 months and up to 6 months	75% of annual premium
Above 6 months	100% of annual premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. 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.

Renewal of the Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- a. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- b. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- c. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- d. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- e. No loading shall apply on renewals based on individual claims experience.

Policy premium: The premium under the Policy shall be payable in advance in a single installment.



Sum Insured Enhancement: The Sum Insured under the Policy can be enhanced only at renewal subject to Our underwriter's approval.

Withdrawal of Policy

- a) In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- b) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

10. What is not covered under the Policy? (Major Exclusions under the Policy)

- A. Investigation & Evaluation(Code- Excl04)
- B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)
- C. Obesity/ Weight Control (Code- Excl06)
- D. Change-of-Gender Treatments: (Code- Excl07)
- E. Cosmetic or plastic Surgery: (Code- Excl08)
- F. Hazardous or Adventure sports: (Code- Excl09)
- G. Breach of law: (Code- Excl10)
- H. Excluded Providers: (Code-Excl11)
- I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)
- J. Treatments received in heath 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. (Code- Excl13)
- K. 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 (Code- Excl14)
- L. Refractive Error:(Code- Excl15)
- M. Unproven Treatments:(Code- Excl16)
- N. Sterility and Infertility: (Code- Excl17)
- O. Maternity Expenses (Code – Excl 18)

(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)

Exclusions Under Personal Accident Death Only cover:

- 1. Natural Death
- 2. Payment of compensation in respect of death as a consequence of/resulting from



- A. Committing or attempting suicide, intentional self-injury.
 - B. Whilst under influence of intoxicating liquor or drugs.
 - C. due to Drug addiction or alcoholism.
 - D. Whilst engaged in any adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature and/or hazardous activities like persons working in underground mines, explosives, workers involved in electrical installations with High – tension supply, jockeys, circus personnel or activities of similar nature
 - E. Committing any breach of law with criminal intent.
 - F. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalization or requisition by or under the order of any government or public authority.
3. Any consequential or indirect loss or expenses arising out of or related to any Insured Event, unless otherwise covered in under the policy.
4. Pregnancy including child birth, miscarriage, abortion or complication arising there from except if arised out of an accident.
5. Participation in any naval, military or air force operations.

11. Claims Procedure

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, day care	Within thirty days of date of discharge



	and pre hospitalization expenses	from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

Claim Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control.

Claim Intimation

In the event of claim please intimate IMMEDIATELY to our Customer Care at Toll Free Numbers on 1800-200-5142 (other users) or on chargeable numbers at (022)-39635200.or email at contactclaims@universalsampo.com.

Premium

Plan A: - Self, Spouse, 2 Dependent Children

Sum Insured	Premium Rate Chart							
	0 - 25	26 - 35	36 - 45	46 - 55	56 - 65	66 - 70	71 - 80	80 and above
50000	900	1,000	1,200	1,400	2,000	3,700	4,900	5,300
100000	1,800	1,900	2,200	2,800	3,800	7,200	9,400	10,300
150000	2,600	2,800	3,300	4,000	5,600	10,500	13,700	15,100
200000	3,300	3,700	4,200	5,200	7,200	13,500	17,700	19,400
250000	4,000	4,400	5,000	6,200	8,700	16,100	21,200	23,300
300000	4,600	5,100	5,900	7,200	10,100	18,800	24,700	27,100
350000	5,200	5,700	6,600	8,100	11,300	21,100	27,700	30,500
400000	5,800	6,400	7,300	9,000	12,600	23,500	30,800	33,800
450000	6,400	7,000	8,000	9,900	13,900	25,800	33,800	37,200
500000	6,900	7,600	8,700	10,800	15,100	28,100	36,900	40,600
750000	8,300	9,200	10,500	13,000	18,100	33,700	44,200	48,700
1000000	9,200	10,200	11,700	14,400	20,100	37,500	49,100	54,000
1250000	9,900	10,900	12,500	15,400	21,500	40,100	52,600	57,800
1500000	10,500	11,500	13,200	16,400	22,800	42,500	55,700	61,300



Plan B: - Self, Spouse, 2 Dependent Children & 2 Dependent Parents

Sum Insured	Premium Rate Chart							
	0 - 25	26 - 35	36 - 45	46 - 55	56 - 65	66 - 70	71 - 80	80 and above
50000	1,500	1,700	1,900	2,400	3,400	6,200	8,200	9,000
100000	3,000	3,300	3,800	4,700	6,500	12,100	15,900	17,400
150000	4,400	4,800	5,500	6,800	9,500	17,700	23,200	25,500
200000	5,600	6,200	7,100	8,800	12,200	22,800	29,900	32,800
250000	6,700	7,400	8,500	10,500	14,600	27,300	35,800	39,300
300000	7,800	8,600	9,900	12,200	17,100	31,800	41,700	45,800
350000	8,800	9,700	11,100	13,800	19,200	35,700	46,800	51,500
400000	9,800	10,800	12,300	15,300	21,300	39,600	52,000	57,200
450000	10,800	11,800	13,600	16,800	23,400	43,600	57,100	62,900
500000	11,700	12,900	14,800	18,300	25,500	47,500	62,300	68,500
750000	14,100	15,500	17,700	22,000	30,600	57,000	74,800	82,200
1000000	15,600	17,200	19,700	24,400	34,000	63,300	83,000	91,300
1250000	16,700	18,400	21,100	26,100	36,400	67,700	88,800	97,700
1500000	17,700	19,500	22,300	27,600	38,500	71,800	94,100	103,500

Note:

- Above Premium is calculated on basis of age of the proposer
- Rates are excluding GST as applicable
- Premium paid is eligible for Tax deduction under 80 D of IT Tax Act, 1961 (Tax benefits are subject to change as per tax laws)
- All premium rates are annual rates in Rs.

Premium for PA Death Benefits under Plan A and Plan B

Personal Accident Cover: **INR 0.46 Per Mille.**

Note:

- PA cover is not available for parents
 - Rates are excluding GST as applicable
 - All premium rates are annual rates in Rs.
- **Tax Benefits are subject to change as per change in Tax Laws.

For all your service requests e-mail us at contactus@universalsompo.com

Please Note: The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation.

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