



K BANK 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 Karnataka Bank, we have designed the “K Bank Health Care Plus” in association with Karnataka Bank.

The K Bank Health Care Plus is a complete health Insurance Plan that covers you, your spouse and two dependent children and dependent parents and unlike any other regular policy, wherein a family has to take individual policies for each member, this unique family floater gives you the flexibility of taking one policy that covers the entire family under a single sum insured.

The Policy takes care of the hospitalization expenses, subject to maximum Sum Insured, in respect of the following eventualities:

- a. Sudden illness
- b. An accident
- c. Any surgery that is required in respect of any disease.

1. Who can take the Policy?

The scheme provides for Mediclaim Insurance cover, which is available to all the customers of K Bank 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 Karnataka Bank within the age band of 18 to 65 years are eligible to take the Policy.

- The enrollment age under the policy is from 5 years to 65 years. Persons above 65 years of age, can be covered, if there has been a continuous cover under any Health Insurance Policy taken from any Indian Insurance Company without any break in insurance
- 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.
- 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, when the Sum Insured is enhanced at the time of renewal or when there is break in insurance for more than 15 days. 50% of such medical examination costs shall be reimbursed by us, if the proposal is accepted.
- The maximum renewal age under the Policy is 80 years. We shall, however, provide you with an option to migrate to a substitute product if you have reached maximum renewable age under the policy. The same option of migrating to substitute health product shall be available to your children when they reach their maximum renewal age under the Policy. All due credits for the continuous number of years for which you/your children have been covered under the Policy without break shall provide under the substitute product.



3. What is covered under the Policy?

1. Basic Coverage

The Policy covers reimbursement of Hospitalization expenses for illness/ diseases contracted or injury sustained by the Insured Person. In the event of any claim becoming admissible under Policy, the company will pay to the Hospital/ Nursing Home/ Insured person but not exceeding Sum Insured selected for the family as stated in the Schedule and subject to terms and conditions of the Policy, during the Period of Insurance for the following expenses:

- A. Room, Boarding expenses as charged by the Hospital/ Nursing Home
- B. Nursing expenses
- C. Fees paid to Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists
- D. Anaesthetist, Blood, Oxygen, Operation Theatre charges, Surgical appliances, Medicines & Drugs, Diagnostic Material and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs. Expenses on hospitalization incurred anywhere in India are covered.

Expenses on hospitalization in Bhutan and Nepal are also covered but Cashless service is not available. Claim settlement will be only in Indian Currency.

2. Duration of Hospitalization

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.

3. Pre Hospitalization

Medical expenses incurred during period up to 30 days prior to hospitalization on disease/ illness/ injury sustained which forms part of illness for which there is valid claim under the Policy will be considered as part of the claim subject to availability of Sum Insured.

4. Post Hospitalization

Relevant medical expenses incurred during period up to 60 days after hospitalization on disease/ illness/ injury sustained which forms part of illness for which there is valid claim under the Policy will be considered as part of the claim subject to availability of Sum Insured.

5. Other Benefits under the Policy

A. Maternity Expenses

- This Benefit is admissible only if the expenses are incurred in a Hospital / Nursing Home as an in-patient in India, arising from or traceable to pregnancy, childbirth including normal caesarean section.
- A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency. Baby Care Expenses are payable, for treatment given to the new born child in the



hospital as an inpatient for a maximum period of 90 days from the date of its birth and forms the part of Sum Insured.

- Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy except natural or accidental termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Pre-natal and post natal expenses incurred only as an inpatient in a Hospital/ Nursing Home only are covered.
- Expenses payable under Maternity Expenses benefit shall form part of Sum Insured under the Policy.
- The reimbursement under Maternity benefit is limited to actual expenses subject to a maximum of 5% of the Sum Insured.

B. Ambulance Charges

The charges incurred for emergency transport of the patient from place of accident/ illness to the hospital where treatment is taken or incurred for transport of the patient by the hospital where the patient is taken to another hospital for treatment/ diagnostic tests etc. The overall limit under the Policy shall be Rs.1000/- per Policy Period. This forms part of Sum Insured under the Policy.

C. Hospital Cash to Parents

In case of Hospitalization of Children up to Age 12 years Cash allowance of Rs.100/- per day subject to a maximum of Rs.1000/- will be given to account holder, in respect of valid claim is there under the Policy. The overall limit under the Policy shall be Rs.1000/- per Policy period and forms part of Sum Insured under the Policy.

D. Cost of Health check up

The insured shall be entitled for reimbursement of cost of health check-up once at the end of block of every Three Policy years (under this scheme) provided there are no claims reported during the block. The cost so reimbursable shall not exceed 1% of the amount of average Sum Insured during the block of Three Claim Free years. This Provision is applicable only in respect of continuous Insurance without any break.

E. Funeral Expenses

In case of death of any of the insured persons following hospitalization with valid claim under the Policy, Funeral expenses of Rs.1000/- will be paid under the Policy. This amount will be over and above Sum Insured under the Policy.

6. Third Party Administrator (TPA).

Third Party Administrator who is duly licensed by the Insurance Regulatory and Development Authority, and is engaged for the provision of cashless Health Services at the hospitals on their network. The details of the engaged TPA, Network Providers and Diagnostic centres can be found at our website www.universalsampo.com

Extensions under the Policy:

Optional Extension Personal Accident Cover:



- On payment of additional Premium, Policy can be extended to cover the Account holder, spouse and two dependent children against Death due to Accident. This Cover is not available for Parents of account holders.
- Accident anywhere in the world is covered. However, claim settlement will be only in Indian currency
- The amount payable under the cover is as per the table below subject to maximum of Sum Insured selected for the family as stated in the Schedule during the Period of Insurance, which shall be same as Sum Insured for the Health cover.

In case of Death of account holder	100% of the SI	In case of Death of spouse	50% of SI
In case of Children above 12 years of age	20% of the SI	In case of Death of Children below 12 years of age	10% of SI

1. 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. **Sum Insured:** Choice of Sum Insured ranges from Rs 50,000 to Rs 5,00,000 in multiples of Rs 50,000.
- iii. **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 45 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.
- iv. **Free Look Period:**
The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document 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 person, 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;



2. Conditions under the Policy

Co-payment: 20% co-pay shall be applicable on each and every claim of Insured above 55 years of age

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

- ii. 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.

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.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. 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.

No loading shall apply on renewals based on individual claims experience.

Withdrawal of Policy

- i. 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.
- ii. 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.



Policy Term: The term of your policy shall be 12 months from the date of commencement of risk.

Policy premium: The premium under the Policy shall be payable in advance every year 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.

3. 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 health spas, 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)

4. 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 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

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 - Health Section Coverage for Self, Spouse, 2 dependent children

Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	914	1005	1097	1188	1371	1645	1737	1911
1,00,000	1767	1944	2120	2297	2651	3181	3357	3693
1,50,000	2587	2846	3104	3363	3881	4657	4915	5407
2,00,000	3328	3661	3994	4326	4992	5990	6323	6955
2,50,000	3985	4384	4782	5181	5978	7173	7572	8329
3,00,000	4643	5107	5572	6036	6965	8357	8822	9704
3,50,000	5217	5739	6260	6782	7826	9391	9912	10903
4,00,000	5792	6371	6950	7530	8688	10426	11005	12106
4,50,000	6369	7006	7643	8280	9554	11464	12101	13311
5,00,000	6943	7637	8332	9026	10415	12497	13192	14511

Plan B - Health Section Coverage for Self, Spouse, 2 dependent children

Sum Insured	0-25	26-35	36-45	46-55	56-65	66-70	71-80	> 80
50,000	1543	1697	1852	2006	2315	2777	2932	3225
1,00,000	2986	3285	3583	3882	4479	5375	5673	6240
1,50,000	4373	4810	5248	5685	6560	7871	8309	9140
2,00,000	5622	6184	6746	7309	8433	10120	10682	11750
2,50,000	6733	7406	8080	8753	10100	12119	12793	14072
3,00,000	7844	8628	9413	10197	11766	14119	14904	16394
3,50,000	8816	9698	10579	11461	13224	15869	16750	18425
4,00,000	9786	10765	11743	12722	14679	17615	18593	20452
4,50,000	10761	11837	12913	13989	16142	19370	20446	22491
5,00,000	11731	12904	14077	15250	17597	21116	22289	24518

Note:

- a) Above Premium is calculated on basis of age of the Proposer
- b) Rates are excluding GST as applicable
- c) 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)
- d) All premium rates are annual & rates are in Rupees

Premium for PA Death benefit Plan A and Plan B

Sum Insured	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
PA Premium	23	46	69	93	116	139	162	185	208	231

Note:

- a) PA cover is not available for parents
- b) Rates are excluding GST as applicable
- c) All premium rates are annual & are in Rupees.

**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. Universal Sompo General Insurance Co. Ltd., Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710, Toll Free Numbers: 1-800-200-5142 (For MTNL/BSNL users) or 1-800-2004030.