Arogya Sanjeevani Policy,
Kotak Mahindra General Insurance Company Ltd.

Secure yourself and your family
at an affordable premium.

Arogya
Sanjeevani Policy

Now a days buying a health insurance policy is important as medical care has become expensive. Hospitalisation expenses can burn a hole in your pocket and derail your finances. You can lessen your burden during medical emergencies by buying Arogya Sanjeevani Policy from Kotak General Insurance.

What are the
Coverages?

Coverage	Sum Insured
Hospitalisation & Day Care Treatments	₹1,00,000 - ₹5,00,000 (Sum Insured can be availed in multiples of ₹50,000)
Ambulance Charges	Max. ₹2000 per hospitalization
AYUSH Benefit	Upto the opted Sum Insured
Pre & Post Hospitalisation Expenses	Upto the opted Sum Insured

FAMILY is not an important thing, **it's everything**.

What are the
Important Conditions?

- Room Rent, Boarding, Nursing Expenses up to 2% of the Sum Insured or a maximum of ₹5,000/day. Associated Medical Expenses like operation theatre charges, Medical Practitioner charges etc shall also be deducted proportionately as per the room charges.

- Intensive Care Unit (ICU)/Intensive Cardiac Care Unit (ICCU) 5% of Sum Insured or a maximum of ₹10,000/day.

- Cataract Treatment 25% of Sum Insured or ₹40,000 whichever is lower, per eye during one policy year.

- Modern Treatment Methods Up to 50% of the Sum Insured (Please refer to Policy Wording for the list of treatments).

- Pre & Post Hospitalisation 30 days/60 days.

- Cumulative Bonus 5% of the Sum Insured, up to a max. of 50% each claim free year and it will get reduced in case of claim at the same rate.

- A fixed co-payment of 5% on the claim. It is applicable for all claims and ages in this policy.

Who can
Buy the Policy?

- Anyone between the age group of 18-65 years.

- Family includes Self, Spouse, Dependent Children (natural or legally adopted), Parents and Parents-in-law only.

Note: If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

The **FAMILY** is one of nature's **masterpieces**.

What is the
Waiting Period?

Description	Waiting Period
Pre-Existing Diseases	48 Months
First Thirty Days Waiting Period	30 days, except for accidents
Specific Waiting Period	48 Months/24 Months for specified surgeries/treatments/diseases

What are the major
Exclusions in the Policy?

➕ 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.

How long can you
Renew your Policy?

Lifetime renewability is available in this policy.

HEALTHY society is made by healthy **families**.

What is the
Free Look Period?

Fifteen days from date of receipt of the policy.

What are the
Tax Benefits?

Avail tax benefits u/s 80D of the Income Tax Act, 1961.

How to
cancel the Policy?

The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %

Timing of Cancellation	1 Year
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

Note: No refunds of premium shall be made in case, any claim has been admitted or has been lodged or any benefit has been availed under the Policy.

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days written notice. There would be no refund of premium in this case.

Family is the heart of a **home**.

How to **Claim?**

➕ Cashless Claim

- ➕ Take a pre-authorization in case of a planned hospitalization by informing us 48 hours prior to admission.

- ➕ In case of unplanned hospitalization intimate us about your claim by calling 1800 266 4545 within 24 hours of admission.

- ➕ Visit any of our network hospitals & use Policy Certificate to avail cash less facility, subject to fulfilling cashless claims criteria.

➕ Reimbursement Claim

- ➕ Intimate us by calling 1800 266 4545 immediately on hospitalization.

- ➕ Settle bills directly in the hospital & collect all relevent documents.

- ➕ Submit all original documents to us within 30 days of discharge. List of applicable documents is available on our website: www.kotakgeneralinsurance.com

1800 266 4545 I care@kotak.com I www.kotakgeneralinsurance.com