

Kotak MediShield

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.

Important Features

- Sum insured – 4 lacs and 5 lacs - On Individual basis — SI shall apply to each individual member
- Policy Period - 1 Year
- Age Eligibility
 - Adults: 18 years to 65 years
 - Children: Newborn to 17 years
- Pre-Existing Disease Coverage - Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered
- Co-pay - 20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same

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.

Sublimit for Room/ Doctors fee

- 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.
 - 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.
2. AYUSH Treatment - Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 50% of sum insured, during each Policy year as specified in the policy schedule
 3. Pre-Hospitalization Medical Expenses – For 30 days prior to the date of hospitalization
 4. Post-Hospitalization Medical Expenses - For 60 days from the date of discharge from the hospital
 5. Emergency Ground Ambulance - Expenses covered up to Rs. 2000 per hospitalisation.
 6. Cataract Treatment - Up to Rs.40,000/-, per each eye in one policy year
 7. Modern Treatment - Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care.

Waiting Period in the policy

- Initial Waiting period - 30 days for all claims except resulting from Accident
- PED waiting period - 48 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
 - Initial waiting period of 30 days will be applicable for Indemnity basis cover
 - Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy
- Waiting Period and specific Sublimit for Disability Cover
 - 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy

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 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 in the policy terms and conditions.
- b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, and fraud by the Insured Person by giving 15 days' written notice.

Disclaimer

Kotak Mahindra Bank Ltd. Registered Address: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai – 400 051. Composite Corporate Agent IRDAI CoR No. CA0250. The information displayed above contains only an indication of the cover offered. For more details on risk factors, terms, conditions, coverages and exclusions, please read the sales brochures carefully before concluding a sale. Insurance is offered and underwritten by Kotak Mahindra General Insurance Company Ltd.

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Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra (E), Mumbai – 400051. Maharashtra, India. Toll Free: 1800 266 4545, Email: care@kotak.com. CIN: U66000MH2014PLC260291. IRDAI Regn. No 152.

Kotak MediShield UIN - KOTHLIP23195V012223