

Kotak Health Premier



Coverage Details



In-patient Treatment

Medical expenses like room rent, ICU charges, operation theatre charges, doctor's fees, etc. arising out of minimum 24 hours of hospitalization will be covered.



Day Care Treatment

Medical expenses incurred for listed 405 day care procedures will be covered which require less than 24 hours hospitalization. The complete list is available on our website www.kotakgeneral.com.



Pre and Post-Hospitalization Medical Expenses

Pre & post hospitalization medical expenses upto specified number of days prior to and after discharge based on the plan opted will be covered.



Restoration Benefit

There will be a 100% restoration of the Base Sum Insured once in a policy year in case the Base Sum Insured and Cumulative bonus is insufficient due to previous claims. In case of accident related claims, restoration will be applicable from first claim onwards. This restored amount can be used for all future claims not related to the same illness for which a claim has been made for the same Insured Person.

Illustration: (Policy Base Sum Insured - 5 lacs)

Claim Type	Claimed amount	Paid amount	Remarks
Claim 1: Accident	₹4 lacs	₹4 lacs	Base Sum Insured is paid
Claim 2: Cancer	₹3 lacs	₹3 lacs (1 Lac - Base Sum Insured 2 Lac - Restoration Benefit)	Restoration Benefit will trigger as it's the 2nd claim and is unrelated and the balance Base Sum Insured is insufficient.
Claim 3: Dengue	₹1 lac	₹1 lac	Restoration Benefit will trigger for unrelated illness.
Claim 4: Heart Attack	₹3 lacs	₹2 lacs	Balance Sum Insured under Restoration Benefit will be paid and the remaining claim amount will be borne by the Insured.

Note: All the claims mentioned in the illustration fall in the same policy year.



Coverage Details



Cumulative Bonus

Cumulative Bonus can be earned upto 50% / 100% of the Sum Insured as per plan opted in case of a claim free year at 10% per year. There will be no reduction in Cumulative Bonus in case of a claim.



Annual Health Check-up

The policy includes one free health check-up for each Insured Person above 18 years of age for specified tests. Availing the health check-up will not impact the Base Sum Insured or the Cumulative Bonus. This will be offered regardless of any claim in the Policy.



Second E-opinion Cover

Policy will facilitate to avail Second E-Opinion on medical condition occurring during policy period. The opinion can be availed multiple times during the policy period



Ambulance Cover

Policy will cover ambulance expenses for transportation to the hospital in case of an emergency.



Organ Donor Cover

In-patient hospitalization expenses of the donor in case of an organ transplant will be covered.



Alternative Treatment

Policy covers in-patient medical expenses related to Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.



Domiciliary Hospitalization

Policy covers medical expenses for treatment taken at home on the advice of the medical practitioner.



Other Covers

The policy comes with a host of other covers which are either inbuilt or available as an optional cover (on payment of additional premium) depending on the plan chosen.



Hospital Daily Cash

It will pay a specified daily cash amount from day one in case the hospitalization extends for at least 3 consecutive days.



Convalescence Benefit

This benefit pays a lumpsum specified amount in case the hospitalization exceeds for a minimum period of 10 consecutive days.



Home Nursing Benefit

This cover pays for the services of a qualified nurse at the residence of the Insured after discharge from hospital.



Daily Cash for Accompanying an Insured Child

It will pay a specified daily cash amount from day one in case the hospitalization of an Insured child extends for at least 3 consecutive days.



Compassionate Visit

This benefit pays for the cost of return journey of Insured's immediate relative from place of residence to hospital.



Air Ambulance Cover

It will cover expenses for ambulance transportation in an airplane or helicopter for emergency life threatening situations.



Other Covers



Maternity Benefit

It covers medical expenses for the delivery of Insured's child or lawful termination of pregnancy. Cover is available for 2 deliveries across all policy years. Pre and post-natal expenses are covered.



New Born Baby Cover

It covers medical expenses incurred on the Insured's new born baby.



Vaccination Expenses

It will cover the vaccination expenses incurred on the new born baby. The expenses will be covered from the birth till the baby completes 2 years.

Note: All the above 3 covers need to be taken together.



Critical Illness Cover

This is a benefit cover which provides lumpsum benefit in the event of happening of 18 listed critical illnesses. Benefit is available over and above the Base Sum Insured.



Personal Accident Cover

This is a Benefit cover which provides lumpsum benefit in the event of Accidental Death/ Permanent Total Disablement. Benefit is available over and above the Base Sum Insured.



Cap on Room Rent

Policy holder can opt for a capping of room rent and will be entitled for a discount in premium. Claim will be paid based on a rateable proportion based on the actual and eligible room rent.



Other Covers



Health & Rewards (Basis plan opted)

Now get rewarded for taking care of your health/fitness through regular preventative and fitness habits. You can earn reward points for the activities mentioned below. These points can be redeemed in accordance with the redemption terms and conditions.

List of Wellness Activities			
Sr. No.	Activities	Points per Insured	Points per Floater Policy
1	Health Risk Assessment(HRA)	250/policy year	500/policy year
2	Health Check-Up	500/policy year	1500/policy year
3	Preventive Health Check-Up	250/test	1500/policy year

List of Fitness Activities		
Sr.No.	Fitness Activities	Reward Points
a	Participation in professional sporting events like Marathon/Swimathon/Triathlon, etc.	500/Event and 1000 Points/Policy Year
b	Gym/Yoga Membership for 1 Year	1000/Policy Year
c	Sports Activity Membership (Swimming/Tennis/Badminton) for 1 Year	1000/Policy Year
d	Share your Fitness story	250/Policy Year
e	Winning Health Quiz/Contests organized by the company	250/Event and 500/Policy Year

Note

1. Health Risk Assessment(HRA): Insured person should be above 18 Years of age.
2. Health Check-up: The Insured needs to undergo the check up as per Annual Health Check Up cover. If the results are within normal limit, additional 500/ 1500 points will be awarded.
3. Preventive Health Check-up: If the results are within normal limit, additional 250 points per test and a maximum of 1500 points per family will be awarded

Redemption of Reward Points:

- a) Each Reward Point will be equivalent to ₹ 0.25.
- b) These reward points can be redeemed against any of the following options:
 - i) Outpatient medical expenses like consultation charges, medicine & drugs, dental expenses, wellness & preventive care.
 - ii) Diagnostic expenses and health check-ups through our Network providers.
 - iii) In-patient Treatment and Day Care Treatment claims
 - iv) Payment of Co-payment
 - v) List of Non-medical expenses

For more details on wellness / fitness activities and terms of redemption please refer to the policy wordings.



Illustration

Health and Rewards (Individual Policy)

Reward point accumulation table			
Activities	Points	Bonus #	Total
HRA	250	NA	250
Annual Health check up	500	500	1000
Preventive Health check up-Test 1	250	250	500
Preventive Health check up-Test 2	250	NA	250
Fitness Activities *	3000	NA	3000
Total points			5000
Total conversion (₹) @ .25/point			1250

- Note:** 1) # Awarded if all medical test parameters are within normal limit.
2) Please refer policy wordings for list of eligible preventive health check up tests

Break up for Fitness Activities*			
Activities	Reward Points	Maximum Eligible	Total
Marathon 8 runs	4000	1000	1000
Gym Membership	1000	1000	1000
Yoga Membership	1000		
Swimming	1000	1000	1000
Tennis	1000		
Total	8000	3000	3000

Note: Maximum 5,000 reward points per Insured Person in case of Individual Policy and a maximum of 10,000 reward points per family in case of Floater Policy in a Policy Year can be earned.

Value Added Benefits

The Benefits listed below will be applicable as per the plan opted for.

- Online customer profile
- Doctor directory
- Doctor appointment
- Online Pharmacy/Online Diagnostics tests booking
- Health tips/articles
- Home Health
- E-consultation
- Dietician/Nutritionist opinion

Note: The activities may attract additional charges payable directly to the vendor.

Avoiding the said value added benefits will not affect the Sum Insured or the eligibility for Cumulative Bonus.



Features

Eligibility	
Entry age	91 Days for Child and 18 Years for Adult
Maximum Entry age	65 Years for Adult
Maximum Entry age for children	25 Years, after which the Child will be considered as an Adult
Exit age/Renewal	The Policy provides for life-long renewal
Policy Period	1/2/3 Years
Policy Type	Individual/Family Floater
Relationship covered	Self, Spouse, Your natural or adopted dependent children, Your parents, Your parents-in-law and Your siblings, Employer-Employee, Natural/Appointed Guardian can also take insurance for minor under their guardianship. A family floater policy can cover a maximum of 2 adults and 3 dependent children under a single policy.
Waiting period for Pre-existing Diseases	As per Plan opted
Key Discounts	<ul style="list-style-type: none"> • Long Term Discount <ul style="list-style-type: none"> • 2 year policy - 2.5% • 3 year policy - 5% • Family Discount (Not applicable for Floater Policies) <ul style="list-style-type: none"> • 2 eligible members - 2.5% • More than 2 members - 5% • Cross Sell Discount (Applicable if the policyholder has one live policy) – 10%
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> <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.</p>



Features

Zone Classification	Now the premium you pay and co-pay option is determined based on the city where you reside.		
	Applicable Zone	Treatment Taken at	Co-payment applicable
	Zone II	Zone I	10%
	Zone III	Zone I	20%
	Zone III	Zone II	10%

• **Zone Classification:**

- Zone I : Mumbai (including Thane and Navi Mumbai) and Delhi (including NCR areas).
- Zone II : Kolkata, Hyderabad, Chennai, Pune, Bangalore and Gujarat.
- Zone III : Rest of India excluding the locations mentioned under Zone I & Zone II.
- Identification of Zone will be based on the city of the Proposer.
- A single Zone shall be applicable to all members covered under the Policy.
- Customer can also select a Zone higher than that of the actual Zone on payment of relevant premium at the time of buying the Policy or at the time of Renewal.

Note:

- Dependent Child under family floater policies after completion of 25 Years shall be considered as adult for premium computation.
- Avail tax benefit up to ₹25,000 for people below 60 years & ₹50,000 for senior citizens u/s 80D* .
- In case of multi-year health insurance policies, i.e. policies having tenure of more than one year, the deduction u/s 80 D shall be allowed on proportionate basis for the number of years for which health insurance cover is provided, subject to the specified limits.
- In case of Individual Policy, if any member other than self, spouse, dependent children, parents are covered then 80D benefit will not be available to these members.

Waiting Period/ Exclusions

For a smooth and hassle-free claims experience, it is important to understand the exclusions/waiting period in your policy.

30 Day Waiting Period

Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.

This exclusion doesn't apply if the Insured Person has Continuous Coverage for more than twelve months.

Specified disease / procedure waiting period

This includes medical expenses incurred for certain specified illnesses or conditions like Hernia, Fissures/Fistula, Arthritis, Gout etc. during the first 2 consecutive years of the commencement of the policy.

Pre-existing Disease Waiting Period

Any Pre-Existing Disease will not be covered until waiting period as per Plan opted for as elapsed.

Permanent Exclusions

Treatment for Alcoholism, drug or substance abuse, Intentional self-injury, cosmetic surgery, Expenses related to any unproven treatment, Expenses related to sterility and infertility, Claims related to breach of law with criminal intent.

For a complete list of permanent exclusions, please refer to the policy wordings.

Terms of Cancellation



- (a) The policyholder may cancel this policy by giving 15 days' written notice. For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium. This would further be deducted by 25% of computed refundable premium.

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 under the policy.

- (b) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person. 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. and there would be no refund of premium.

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 our Policy Certificate to avail cashless facility, subject to fulfilling cashless claims criteria.

Re-imburement Claim

- Intimate us by calling **1800 266 4545** immediately on hospitalization.
- Settle bills directly in the hospital & collect all relevant documents.
- Submit all original documents to us within 30 days of discharge. List of applicable documents is available on our website: **www.kotakgeneral.com**

Note: All claims will be processed subject to Policy terms & conditions available in the Policy wordings.

Reward Points Accumulation

- Collect the relevant reports/bills/certificates after undergoing the tests or undertaking the activity.
- Send us the relevant reports for the tests and/or receipts/bills for the specific activities which you have undergone.
- To track your reward points, call us on **1800 266 4545** or email us at **care@kotak.com**.

Reward Points Redemption

- Send the original bills, test reports if any along with the duly completed redemption form to Health Claims, Kotak Mahindra General Insurance Company Ltd., 8th Floor, Zone IV, Kotak Infinity, Bldg. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad (E), Mumbai – 400097. India.
- To track the redemption status, call us on **1800 266 4545** or email us at **care@kotak.com**.

Health & Rewards





1800 266 4545



care@kotak.com



www.kotakgeneral.com

Kotak Mahindra General Insurance Company Ltd.

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Statutory warning: Section 41 of the Insurance Act, 1938 states.

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 ₹1,000,000/-.