

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.universalsompo.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

- Tax benefit:** Only the Medical Premium Component (excluding Service Tax thereon) is eligible for rebate under Section 80D of the Income Tax Act.
- Sum Insured:** Choice of Sum Insured ranges from Rs 50,000 to Rs 5,00,000 in multiples of Rs 50,000.
- Portability:**
The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 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.
- 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 **Thirty** 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

- 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
- 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
- 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:

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

- a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage
- b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

Renewal of the Policy

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

- i. The Company will endeavour to give notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- IV. 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:

Follow below steps to avail Cashless facility through our In house Health Claims Management:

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

➤ Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.

➤ Mail us at healthserve@universalsompo.com

Procedure for reimbursement of claims:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

G.3 Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.

- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

Claim Processing

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

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@universalsompo.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
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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:

- 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 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:

- PA cover is not available for parents
 - Rates are excluding GST as applicable
 - 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

Redressal of Grievance:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

Step 1: Contact us

Write us at:

**Customer Service Universal Sampo
General Insurance Co. Ltd.**

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address

contactus@universalsompo.com

For more details:

www.universalsompo.com

Toll Free Numbers: 1800-22-4030 or

1800-200-4030

**Senior Citizen toll free number: 1800-
267-4030**

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

**Customer Service Universal Sampo General
Insurance Co. Ltd.**

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address:

grievance@universalsompo.com

For more details:

www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed in case on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

**Customer Service Universal Sampo General
Insurance Co. Ltd.**

Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708

E- mail Address:

gro@universalsompo.com

For more details:

www.universalsompo.com

For updated details of grievance officer, kindly refer the link

<https://www.universalsompo.com/resource-grievance-redressal>

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI- <https://bimabharosa.irdai.gov.in/>.

Please Note: Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsompo.com, website link www.universalsompo.com