



EXCLUSIONS

For a smooth and hassle-free claims experience, it is important to understand the exclusions in your policy. These exclusions are classified as permanent exclusions, 30 day exclusions, 2 year exclusions & 4 year exclusions.

Permanent Exclusions

Certain specified illnesses, procedures or treatments like routine health check-ups, dental treatments, aesthetic or cosmetic surgeries, injury or illness due to abuse of intoxicating substances etc. are permanently excluded from the scope of coverage. For a complete list of permanent exclusions, please refer to the policy wordings on our website.

30 Day Exclusions

This includes any illness contracted or medical expenses incurred within 30 days of commencement of the policy unless due to an accident. This exclusion also doesn't apply to the renewal of policy with us or to anyone whose policy has been accepted under the portability benefit.

2 year Exclusions

This exclusion 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. For a complete list of such exclusions, please refer to the policy wordings on our website.



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

Re-imbusement 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



Insurance is the subject matter of solicitation. The advertisement contains only an indication of cover offered. For more details on risk factors, terms, conditions and exclusions, please read the policy document and sales brochure carefully before concluding a sale. Taxes will be charged extra as per the applicable rates. Trade logo displayed above belongs to Kotak Mahindra Bank Ltd. and is used by Kotak General Insurance Company Ltd. under license. Kotak Health Care UIN: IRDAI/HLT/KMGI/P-H/VI/28/2015-16. Reference No. KGI/15-16/II/P-BC/9.

Kotak Mahindra General Insurance Company Ltd. (Formerly Kotak Mahindra General Insurance Ltd.) CIN: U66000MH2014PLC260291. Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India. IRDAI Reg. No. 152.

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 ten lakh rupees.

Kotak Health Care



HEALTHIER TOMORROW
STARTS TODAY



CONTACT US



1800 266 4545



care@kotak.com



www.kotakgeneralinsurance.com

PLAN BENEFITS



Multi Plan Variants – Excel & Premium

Kotak Health Care comes with multiple plan variants to choose from depending on your requirements. You can choose between Excel, and Premium based on the extent of coverage required.



In-patient Treatment

Medical expenses incurred in the event of in-patient hospitalization of the insured person resulting out of an illness or an Injury for a minimum and continuous period of 24 hours will be covered.



Day Care Treatments

Medical expenses incurred for specified day care procedures shall be covered under the policy. The complete list of Day Care Treatments covered is available on our website www.kotakgeneralinsurance.com.



Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

Medical expenses incurred immediately 30 days before hospitalization & 60 days after hospitalization will be covered under the policy.



Ambulance Cover

The cost of transportation of the Insured Person by a registered healthcare or ambulance service provider to a Hospital for treatment of an illness or Injury following an emergency will be covered as per specified limits of the policy.



Free Health Check-up

The policy also includes one free health check-up at our network provider for each Insured Person above 18 years of Age, each Policy Year for specified tests. Availing the Free Health Check-up will not impact the Base Annual Sum Insured or the Cumulative Bonus. This will be offered regardless of any claim admitted / registered in the Policy.



Cumulative Bonus

Avail a cumulative bonus of 10% on your Base Annual Sum Insured on renewal of this Policy, provided there has been no claim throughout the policy period up to a maximum of 50% of Base Annual Sum Insured. If any Claim is made under the Policy after a Cumulative Bonus has been applied under the Policy, then the accrued Cumulative Bonus under the Policy will reduce by 10% on the commencement of the next Policy Year or the next Renewal of the Policy (as applicable).



Cashless Settlement

Avail hassle-free cashless settlement across our preferred network of over 4000+ hospitals across the country.



Optional Covers & Extensions

Customize your policy by choosing optional covers and extensions to suit your requirements available for an additional premium. Choose from 5 add-ons based on the type of plan opted for. For details of optional covers, please refer to the policy wordings of the plans available on our website.

BENEFITS TABLE

Benefits	Excel	Premium
Base Sum Insured	₹2 Lakhs / ₹3 Lakhs / ₹4 Lakhs	₹5 Lakhs / ₹10 Lakhs / ₹15 Lakhs / ₹20 Lakhs / ₹25 Lakhs
Basic Covers	<ul style="list-style-type: none"> Inpatient Hospitalization Up to 60 days post hospitalization Ambulance Cover up to ₹1500 	<ul style="list-style-type: none"> Up to 30 days pre hospitalization 150 named day-care procedures Free Health Check-up Cumulative Bonus
Optional Covers	<ul style="list-style-type: none"> Option 1: Hospital Daily Cash + Convalescence Benefit + Donor Expenses Option 2: Critical Illness Cover + Double Sum Insured Option 3: Cap on Room Rent 	<ul style="list-style-type: none"> Option 1: Hospital Daily Cash + Convalescence Benefit + Donor Expenses Option 2: Critical Illness Cover + Double Sum Insured
Individual / Floater	Individual: Available for all Sum Insured Floater: Available for ₹3 Lakhs / ₹4 Lakhs only	Both
Mandatory Medical Check-ups	For individuals > 45 years	For individuals > 18 years
Waiting Period – Pre existing	4 years for all age groups	
Min. / Max. Entry Age	Min 5 years & Max. 65 years (Individual) Min 91 days & Max. 65 years (Floater) Max. 25 years for dependent children	
Exit Age	No exit age	
Policy Tenure	1, 2 & 3 years	
Relationships Covered	Self, Spouse, Dependent Children & Dependent Parents	
Tax Benefit	Under Sec. 80D of IT Act 1961	
Free-look Period	15 days from the date of receipt of the policy	