

IOB 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 Indian Overseas Bank, we have designed the “IOB Health Care Plus Policy” in association with Indian Overseas Bank.

The IOB Health Care Plus Policy is a complete health Insurance Plan that covers you, your spouse and two dependent children and dependent parents, under this unique family floater gives you the flexibility of taking one policy that covers the entire family under a single sum insured.

1. Who can take the Policy?

The scheme provides for Mediclaim Insurance cover, which is available to all the customers of IOB 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 Indian Overseas Bank within the age band of 18 to 65 years are eligible to take the Policy.

- The enrollment age under the policy is from 1 day to 65 years.
- The minimum age for the proposer should be 18 years.
- 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.

3. Sum Insured:

- **Hospitalisation cover:**
Choice of Sum Insured ranges from Rs 50,000 to Rs 5,00,000 in multiples of Rs 50,000 . High range sum insured is available under the policy is 7,50,000 , 10,00,000 , 12,50,000 & 15,00,000.

- **Optional Extension:** Capital Sum Insured for Optional Extension of Personal Accident (Accidental Death only) ranges from Rs 50,000/- to Rs 500,000 in multiples of 50,000. High range sum insured is available under the policy is 7,50,000 , 10,00,000 , 12,50,000 & 15,00,000.

4. Policy Tenure:

- **Long Term Policy:** The Policy term from one year to three years is available under individual policies.
- The policy can be renewed lifetime

5. What is covered under the Policy?

The Hospitalization expenses of the insured when Insured sustains any injury or contracts any disease and is advised hospitalization by a Medical Practitioner

We will pay Reasonable and Customary charges of the following Hospitalization expenses:

1. The Medical Expenses incurred on Room, Boarding and Nursing Expense as provided in the Hospital/ Nursing Home
2. The Medical Expenses incurred on Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses
3. The Medical Expenses incurred on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.
4. The medical expenses on treatment arising from or traceable to pregnancy, childbirth and expenses on the treatment of the newly born child up to 5% of the sum insured, subject to such treatment not being carried out before the completion of 9 months from the commencement of the policy
5. The Medical Expenses incurred in the 30 days immediately prior before the date You were Hospitalized, provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
6. The Medical Expenses incurred in the 60 days immediately after Your date of discharge from Hospital provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
7. Cost of Health Checkup: Insured Person shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every three claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies.

Additional benefits

8. In case of hospitalization of children below 12 years, a lump sum amount of Rs.1000/- as Out of Expenses to any of the parents during the policy period.

9. Ambulance charges in connection with any admissible claim limited to Rupees 1000/- per policy period.
10. In case of death in hospital, funeral expenses are reimbursed up to Rs.1000/ over and above the sum insured subject to the original illness/accident claim admitted under the policy.

NB:

Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.

- a) The Hospitalization expenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the Sum Insured.
- b) Cashless facility for the medical treatment carried out in Network Hospital/ Nursing home is available through our nominated Third Party Administrator (TPA)
- c) A co-payment of 20% shall be applicable on each and every claim of Insured Person who is above 55 years of age under the Policy
- d) If medical expenses are incurred under two Policy Periods, the total liability shall not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only
- e) 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.

Extensions under the Policy

Personal Accident Death cover

In case you have opted for additional cover against Personal Accident- Death only benefit and have paid additional premium, We will pay a lump sum amount as mentioned in the table below in the event of Accidental Death of the Insured whose name is appearing in the Schedule forming part of this Policy.

The Sum Insured as under shall be applicable as below.

Insured Person	% of Sum Insured
In case of Death of Account Holder	100% of the Sum Insured

In case of Death of Spouse	50% of the Sum Insured
In case of Death of Children above 12 years of age	20% of the Sum Insured
In case of Death of Children up to 12 years of age	10% of the Sum Insured

Discount, Loading and Co-pay (if any)

- **Co-payment:** 20% co-pay shall be applicable on each and every claim of Insured above 55 years of age
- **Long Term Policy:** The Policy can be taken for a period of two/ three years and discount as under would be provided

Duration of policy	Premium to be charged
2 years	2 year premium in advance less 5% discount
3 years	3 year premium in advance less 10% discount

Premiums under the Policy shall be payable in a single installment.

6. Pre Policy Medical Checkup:

- 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 with sum insured options INR 7,50,000 and above and, when the Sum Insured is enhanced for INR 7,50,000 and above at the time of renewal.
- 50% of such medical examination costs shall be reimbursed by us, if the proposal is accepted.

7. Additional Benefits under the Policy

i. **Tax benefit:** Only the Medical Premium Component (excluding Service Tax thereon) is eligible for rebate under Section 80D of the Income Tax Act.

ii. **Portability:**

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

iii. Free Look Period: (Not applicable on renewals)

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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

- i 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
- ii where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

9. Conditions under the Policy

Cancellation:

- i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period.

Period of cancellation	Retain %
Up to 1 month	25% of annual premium
Above 1 month and up to 3 months	50% of annual premium
Above 3 months and up to 6 months	75% of annual premium
Above 6 months	100% of annual premium

Notwithstanding anything contained herein or otherwise, 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 by the insured person under the policy.

- ii. 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. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Renewal of the Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience.

Policy premium: The premium under the Policy shall be payable in advance in a single instalment.

1. Base Cover

Plan A – Health Section Coverage for Self, Spouse, 2 dependent children

Age Band	50 K	1 Lac	1.5 Lacs	2 Lacs	2.5 Lacs	3 Lacs	3.5 Lacs	4 Lacs	4.5 Lacs	5 Lacs	7.5 Lacs	10 Lacs	12.5 Lacs	15 Lacs
0-25	1,160	2,240	3,360	4,160	4,960	5,840	6,640	7,040	7,840	8,310	9,970	10,380	11,220	12,050
26-35	1,400	2,690	3,990	4,980	5,970	6,960	7,950	8,470	9,460	9,970	11,960	12,460	13,460	14,460
36-45	1,720	3,320	4,920	6,150	7,380	8,610	9,840	10,460	11,690	12,310	14,770	15,380	16,620	17,850
46-55	2,130	4,110	6,090	7,620	9,150	10,680	12,210	12,950	14,690	15,230	18,280	19,040	20,560	22,080
56-65	2,840	5,480	8,120	10,150	12,180	14,210	16,240	17,260	19,290	20,310	24,370	25,380	27,420	29,450
66-70	5,170	9,970	14,770	18,460	22,150	25,840	29,530	31,380	35,080	36,920	44,310	46,150	49,850	53,540

71-80	6,750	13,020	19,290	24,120	28,940	33,760	38,580	41,000	45,820	48,230	57,880	60,290	65,110	69,930
>80	7,540	14,540	21,540	26,920	32,310	37,690	43,080	45,770	51,150	53,850	64,620	67,310	72,690	78,080

Plan B – Health Section Coverage for Self, Spouse, 2 dependent children and 2 dependent parents

Age Band	50K	1 Lac	1.5 Lacs	2 Lacs	2.5 Lacs	3 Lacs	3.5 Lacs	4 Lacs	4.5 Lacs	5 Lacs	7.5 Lacs	10 Lacs	12.5 Lacs	15 Lacs
0-25	1,980	3,810	5,650	7,060	8,470	9,890	11,300	12,000	13,420	14,120	16,950	17,650	19,070	20,480
26-35	2,370	4,580	6,780	8,470	10,170	11,860	13,560	14,410	16,100	16,950	20,340	21,180	22,880	24,570
36-45	2,930	5,650	8,370	10,460	12,550	14,650	16,740	17,780	19,880	20,920	25,110	26,150	28,250	30,340
46-55	3,620	6,990	10,360	12,950	15,540	18,120	20,710	22,010	24,600	25,890	31,070	32,370	34,950	37,540
56-65	4,830	9,320	13,810	17,260	20,710	24,170	27,620	29,340	32,800	34,520	41,430	43,150	46,610	50,060
66-70	8,790	16,950	25,110	31,380	37,660	43,940	50,220	53,350	59,630	62,770	75,320	78,460	84,740	91,020
71-80	11,480	22,140	32,800	41,000	49,200	57,390	65,590	69,690	77,890	81,990	98,390	1,02,490	1,10,690	1,18,890
>80	12,820	24,720	36,620	45,770	54,920	64,080	73,230	77,810	86,960	91,540	1,09,850	1,14,420	1,23,580	1,32,730

Premium for PA Death Benefits under Plan A and Plan B

2. Optional Cover

Office Premium is 0.46 Per Mille

Note:

- PA cover is not available for parents
 - Rates are excluding GST as applicable
 - All premium rates are annual rates in Rs.
- **Tax Benefits are subject to change as per change in Tax Laws.

Sum Insured Enhancement: The Sum Insured under the Policy can be enhanced only at renewal subject to Our underwriter’s approval.

Withdrawal of Policy

- a) 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.

- b) 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.

10. 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 hydros, 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)

Exclusions Under Personal Accident Death Only cover:

1. Natural Death
2. Payment of compensation in respect of death as a consequence of/resulting from
 - A. Committing or attempting suicide, intentional self-injury.
 - B. Whilst under influence of intoxicating liquor or drugs.
 - C. due to Drug addiction or alcoholism.
 - D. Whilst engaged in any adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature and/or hazardous activities like persons working in underground mines, explosives, workers involved in electrical installations with High – tension supply, jockeys, circus personnel or activities of similar nature

- E. Committing any breach of law with criminal intent.
- F. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detention, confiscation, or nationalization or requisition by or under the order of any government or public authority.
- 3. Any consequential or indirect loss or expenses arising out of or related to any Insured Event, unless otherwise covered in under the policy.
- 4. Pregnancy including child birth, miscarriage, abortion or complication arising there from except if arised out of an accident.
- 5. Participation in any naval, military or air force operations.

11. Claims Procedure

Procedure for Cashless claims:

- i** Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. **ii** Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. **iii** The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv** At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v** The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. **vi** In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

Claim Processing

- 1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document

2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control.

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 email at contactclaims@universalsompo.com.

12. Insurance Act 1938, Section 41- Prohibition of Rebates

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or 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 prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

- 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 in Rs.

For all your service requests e-mail us at contactus@universalsompo.com

Please Note: The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation.

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