

HEALTH GUARD CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Guard	
2	What am I covered for?	1. Hospitalization expenses: As an in-patient in a Hospital for accommodation, Boarding Expenses including patients diet as provided by the hospital / nursing home, nursing care, the attention of medically qualified staff, undergoing medically necessary procedures, and medical consumables.	Section A.1
		2. Pre Hospitalisation Expenses: In respect of the medical treatment of an Illness during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness, provided that the aforesaid 60 day period commences and ends within the Policy Period	Section A. 1.b
		3. Post Hospitalisation Expenses: In respect of medical treatment and essential investigations for a period of upto 90 days after discharge from a Hospital for medical treatment related to the Illness or Accidental Bodily Injury	Section A.1.c
		4. Ambulance Expenses: If a claim under Cover 1) is accepted, We will also pay the reasonable cost to a maximum of Rs 1000/- per valid hospitalization claim for transferring You to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider	Section A.2
3	What are the major exclusions?	1. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials.	Section C.5 and C.17
		2. Circumcision, cosmetic or aesthetic treatments, surgery for change of life/ gender.	Section C.6
		3. Plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury	Section C.7
		4. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices	Section C.8 and C.9
		5. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.	Section C.10
		6. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.	Section C.11
		7. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.	Section C.12 and C 13
		8. Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease .	Section C.14 and C 25
		9. Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.	Section C.15
		10. Medical expenses where hospitalisation is not warranted.	Section C.16
		11. Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)	Section C.18

		12. Vaccination or inoculation unless forming a part of post bite treatment.	Section C.19
		13. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.	Section C.20
		14. Vitamins, tonics, nutritional supplements unless forming part of the treatment	Section C.21
		15. Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.	Section C.22 and C.23
		16. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.	Section C.24
		17. Weight management services and treatment related to weight reduction programmes including treatment of obesity.	Section C. 26
		18. Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease	Section C.27
4	Waiting periods	1. Benefits will not be available for any pre existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Health Guard Individual policy	Section C.1
		2. First 2 years waiting period applicable for below diseases: any types of gastric or duodenal ulcers, cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, haemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, stones in the urinary and biliary systems, surgery on ears/tonsils/adenoids/paranasal sinuses, Surgery for any skin ailment, Surgery on all internal or external tumours/ cysts/nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth"	Section C.2
		3. 4 years waiting period applicable for below ailments: joint replacement surgery, surgery for prolapsed inter vertebral disc (unless necessitated due to accident), Surgery to correct deviated nasal septum and hypertrophied turbinate, congenital internal diseases or anomalies and laser treatment for correction of eye sight due to refractive error	Section C.3
		4. 30 days waiting period is applicable from date of first policy inception for any illness/ disease except for Accidental Bodily Injury.	Section C. 4
5	Payout basis	1. Inpatient Hospitalisation benefit on indemnity payment basis. 2. In case of Cataract claims would be payable after a waiting period of 2 yrs , and restricted to 10 % of SI subject to min of Rs 12000/- and maximum of Rs 35000/-	Section D.7.vii
6	Cost sharing	1. 10% co-payment of applicable for all claims from a non network hospital. Waiver of the co-payment clause is available on payment of 10% of loading on standard premium.	Section D7.ii
		2. 20% Co-payment applicable, If the policy is opted for the first time for insured person aged 56 years and above. This loading would continue to apply for subsequent renewals also.	Section D.7.iii
		3. If you are hospitalized and have opted for a voluntary deductible , our liability would be over and above the deductible amount in each and every claim.	Section D.7.iv
7	Renewal Conditions	a) Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard b) In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of Two year waiting period / Four year waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.	Section D 11

8	Special Condition	<p>Free Look Period You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,</p> <ul style="list-style-type: none"> • a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced, • a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced • a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced 	Section D 10								
9	Renewal Benefits	<ol style="list-style-type: none"> 1. Cumulative Bonus – For every claim free year you are eligible for Cumulative Bonus (CB) of 10% of sum insured. Maximum cumulative bonus would be 50% of sum insured up to 5 claim free years. In the event of a claim, Cumulative Bonus will be reduced by 10% of the sum insured on the next renewal 2. Medical Check-up: At the end of block of every continuous 4 claim free years, free medical checkup at our paneled Diagnostic Centre, List of tests given for reference: Physician Consultation, ECG, Complete Blood Count, Fasting Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT and Urine Routine 	Section D 6 & A.3								
10	Cancellation	<p>We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim</p>	Section D.11.vi								
		<p>You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below</p>	Section D.11.vii								
		<table border="0"> <thead> <tr> <th>PERIOD ON RISK</th> <th>% OF PREMIUM REFUNDED</th> </tr> </thead> <tbody> <tr> <td>Upto one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Upto three months</td> <td>50%of annual rate</td> </tr> <tr> <td>Upto six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table>	PERIOD ON RISK	% OF PREMIUM REFUNDED	Upto one month	75% of annual rate	Upto three months	50%of annual rate	Upto six months	25% of annual rate	Exceeding six months
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<p>(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict etween the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.</p>											