

Smart Super Health Insurance Policy - Customer Information Sheet

Description is illustrative and not exhaustive

S No	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Smart Super Health Insurance Policy	Page 1
2	What am I covered for:	<p>A. Basic cover upto the sum insured limit applicable to all plans</p> <p>1. In-patient treatment - Covers hospitalisation expenses for period more than 24 hrs.</p> <p>2. Pre-hospitalization - Medical Expenses incurred in 60 days before the hospitalisation.</p> <p>3. Post-hospitalization - Medical Expenses incurred in 90 days after the hospitalisation.</p> <p>4. Organ Donor - Medical Expenses on harvesting the organ from the donor for organ transplantation</p> <p>5. Day care Treatment - Medical Expenses of 130 Day care procedures</p> <p>6. Ayush Treatment - Medical Expenses for in-patient treatment taken under Ayurveda, Yogic, Unani, Sidha and Homeopathysystems in a government Hospital or in any institute recognized by government and/ or accredited by Quality Council of India/ National Accreditation Board on Health.</p> <p>Ayush Treatment is also covered provided the treatment has been undergone in</p> <p>i. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)</p> <p>ii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:</p> <p>a. has at least fifteen in-patient beds;</p> <p>b. has minimum five qualified and registered AYUSH doctors;</p> <p>c. has qualified paramedical staff under its employment round the clock;</p> <p>d. has dedicated AYUSH therapy sections;</p> <p>e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel</p> <p>7. Domiciliary Hospitalization- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.</p> <p>B. Additional Benefits available on the basis the selected plan.</p> <p>1. Restoration of Sum Insured - Re-instatement of hundred percent of the Sum Insured in casewhere the Sum Insured and No claim bonus are exhausted due to claims made and paid during the Policy Year.</p> <p>2. Emergency Surface Ambulance charges – Covers expenses incurred for surface transport by ambulance to hospital or between hospitals and/or diagnostic centre for treatment of disease, Illness or Injury in a Hospital as an in-patient.</p> <p>3. Convalescence Benefit - Provides for payment of a fixed allowance in case of hospitalization for a continuous period of 10 days or more for treatment for any disease / illness / injury.</p> <p>4. Outpatient emergency treatment (Accident only) - Provides for reimbursement of medical expenses incurred towards emergency treatment by a Medical Practitioner for the Insured / Insured Person following an accidental Injury and only if such Emergency Treatment is administered within 24 hours following the accident.</p> <p>5. Animal bite (Vaccination) - Covers medical expenses of OPD Treatment for vaccinations or immunizations for treatment post an animal bite. This benefit is available only on reimbursement basis.</p> <p>6. Domestic Air Ambulance - Covers expenses of transportation in an airplane or helicopter which is certified to use as an ambulance for Emergency care which require immediate and rapid transportation from the site of first occurrence of the illness / accident to the nearest hospital within a reasonable timeframe.</p>	<p>Section 2.1</p> <p>Section 2.2</p> <p>Section 2.3</p> <p>Section 2.4</p> <p>Section 2.5</p> <p>Section 2.6</p> <p>Section 2.7</p> <p>Section 3.1</p> <p>Section 3.2</p> <p>Section 3.3</p> <p>Section 3.4</p> <p>Section 3.5</p> <p>Section 3.6</p>

	<p>The Company shall not pay for air ambulance for the transfer on insured/ insured person within the same city of first occurrence. Return transportation is excluded.</p> <p>6. Outpatient Dental emergency (arising out of accident only) - Provides for reimbursement of medical expenses incurred towards emergency treatment given by a Dentist following an accident where the Insured / Insured Person suffer injuries or damage to his/her natural teeth and/or gums. Also covers for medical expenses incurred for follow up treatment up to a maximum of 15 days.</p> <p>C. Optional Add-on benefits available to all plans on payment of extra premium</p> <p>1. Hospital cash allowance – Daily cash amount upto to a maximum of 30 days if the hospitalization exceeds for more than 24 hours. First continuous and completed period of 24 hours will act as deductible.</p> <p>2. Maternity Benefit and New Born Baby – Maternity Benefit - Covers the medical expenses including (after a waiting period of 9 months with the company) for the delivery of a baby and / or expenses related to medically recommended lawful termination of pregnancy but only in life threatening situation under the advice of Medical Practitioner, limited to maximum of two deliveries or terminations during the lifetime of an Insured Person between the ages of 18 years to 45 years (being the age of eldest member in the policy).</p> <p>This is available only with 3 yr. policy term</p> <p>New Born Baby - Covers medical expenses for any medically necessary treatment described in in-patient care section for the the Newborn baby) the Policy Period within first 90 days of birth</p> <p>3. Lump sum benefit for critical illnesses (over and above base S.I) Lumpsum benefit for listed Critical Illness, subject to first diagnosed during the policy period and the Insured Person survives 30 days after such diagnosis. Critical illness benefit will lapse after reporting of and payment of one claim for the claiming Insured/Insured person. Critical Illness limit opted cannot be more than sum insured opted for Section 2.1</p>	<p>Section 3.7</p> <p>Section 4.1</p> <p>Section 4.2</p> <p>Section 4.3</p>
3	<p>What are the major exclusions in the policy:</p> <ol style="list-style-type: none"> War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with criminal intent. Disease/ Illness/ Injury whilst performing duties as a serving member of a military or a police force. Any loss, Injury/Illness, directly or indirectly caused due to an act of terrorism or terrorist incident, regardless of any contributory causes (if the Company alleges that by reason of this exclusion any loss is not covered by this insurance, the burden of proving the contrary shall be upon the Insured / Insured Person). Expenses following Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. Medical Treatment in respect of the Illness / Injury / Disease caused whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports. Medical treatment in respect of the Injury caused whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled commercial airline Circumcision unless necessary for treatment of a Disease, Illness or Injury not excluded hereunder, or, as may be necessitated due to an Accident. Dental treatment or surgery of any kind unless requiring hospitalization or in case of out-patient Dental Emergency Treatment (unless arising out of Accident only as specified under the scope of the Policy). Birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner. Any treatment arising from or traceable to any fertility, infertility, sub-fertility or assisted conception procedure or sterilization. Charges incurred in connection with cost of spectacles and/or contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and or all other similar external appliances and/or devices whether for diagnosis or treatment, Issue of medical certificates and examinations as to suitability for employment or travel. 	Section 6.2

		<ol style="list-style-type: none"> 13. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all Diseases / Illness / Injury caused by and/or related to HIV. Any condition directly or indirectly caused by or associated with venereal Disease, sexually transmitted Disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind. 14. Vitamins and tonics unless forming part of treatment for Disease, Illness or Injury as certified by the Medical Practitioner. 15. Weight management services and or treatment, services and supplies including treatment of obesity(including morbid obesity), 16. Any treatments related to sleep disorder, sleep apnoea syndrome, general debility, treatment received in convalescent homes, cure, rundown condition or rest cure, congenital external Diseases / Illness or defects or anomalies, sterility, venereal Disease or intentional self-Injury 17. Any treatment received in convalescent homes, convalescent Hospitals, health hydros, nature cure clinics or similar establishments. 18. Medical Treatment following use/abuse of intoxicating drugs or alcohol or drug abuse, solvent abuse or any addiction or medical condition resulting from or relating to such abuse or addiction. 19. Sex change or treatment, which results from, or is in any way related to, sex change. 20. All preventive care vaccination including inoculation or immunization of any kind unless forming a part of post animal bite treatment. 21. Treatment by a family member (Father, Mother, Father-in-law, Mother-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Brother or Sister) and or self-medication or any treatment except AYUSH that is not scientifically recognized. 22. Medical treatment required following involvement in any criminal act of the Insured / Insured Person. 23. Prostheses, corrective devices and medical appliances, which are not, required intra-operatively. 24. Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner. 25. Treatment of mental Disease / Illness, stress, psychiatric or psychological disorders. 26. Aesthetic treatment, cosmetic surgery or plastic surgery unless necessitated due to Accident 27. Experimental and unproven treatment. 28. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Disease, Illness or Injury. 29. Cost incurred for medicines which are not under the advice of the Medical Practitioner. 30. Any treatment which is taken as an out-patient without any admission as an in-patient at the Hospital except those that are specifically mentioned as covered specifically in the this Policy. 31. Costs of donor screening or treatment, unless specifically covered and specified in the this Policy. 32. Any treatment received outside India. 33. Treatment taken from persons not registered as Medical Practitioners under respective medical councils. 34. Genetic disorders and stem cell implantation / Surgery or Growth Hormone Therapy. 35. Acupressure, acupuncture, magnetic therapies. 36. Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and Robotic surgery. 37. Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. (other than government taxes). 38. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition. 	
4	Waiting period	<ol style="list-style-type: none"> 1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) 2. 24 months for the following diseases or illness or procedures/surgeries <ol style="list-style-type: none"> 1. Any types of gastric or duodenal ulcers 2. Benign prostatic hypertrophy 3. All types of sinuses 4. Hemorrhoids 5. Dysfunctional uterine bleeding 6. Endometriosis 7. Stones in the urinary and biliary systems 8. Surgery on ears/tonsils/adenoids/ paranasal sinuses 9. Cataracts, 10. Hernia of all types and Hydrocele 	Section 6.1

		<p>11. Fistulae in anus 12. Fissure in anus 13. Fibromyoma 14. Hysterectomy 15. Surgery for any skin ailment 16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy 17. Dialysis required for Chronic Renal Failure. 18. Joint Replacement Surgeries Unless necessitated by accident happening after the Policy risk inception date. 19. Dilatation and curettage 20. Varicose Veins and Varicose Ulcers 21. Non Infective Arthritis and other form arthritis 22) Gout and Rheumatism 23) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident</p> <p>3. Pre-existing diseases: Covered after 48 Months.</p> <p>4. Maternity expenses: where maternity cover is opted, waiting period until 9 months since inception of the first Policy with the Company.</p> <p>5. Critical Illness – 60 days waiting period and 30 days survival period.</p> <p>6. Internal Congenital Anomalies are covered after a waiting period of 48 months</p>	
5	Payout basis	Inpatient Hospitalisation benefit on indemnity payment basis. Critical Illness and Daily Cash benefit on benefit payment basis.	Section 2,3 and 4
6	Cost sharing	Not Applicable	Not Applicable
7	Renewal Conditions	Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium <ul style="list-style-type: none"> Other terms and conditions of renewal 	Section 7.23 – Terms of Renewal Section 7.23 – Terms of Renewal
8	Renewal Benefits	<ul style="list-style-type: none"> Cost of Health Check-up at the time of renewal (annually). No Claim Bonus 	Section – 5.1 Section – 5.2
9	Cancellation	The Company may cancel this Policy, by giving 15 days' notice in writing by registered post acknowledgment due to the Insured at his / their last known address. The Company shall exercise its right to cancel only on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, in which case the Company shall be liable to repay on demand a ratable proportion of the premium for the unexpired term from the date of the cancellation. The Insured may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice, cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided that, refund on cancellation of Policy by the Insured shall be made only if no claim has/is occurred/reported up to the date of cancellation of this Policy / Policy riders	Section – 7.19

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.

The benefits mentioned above in point 2 are exhaustive. The coverages are subject to plan opted by the insured.