

## CORONA KAVACH POLICY, LIBERTY GENERAL INSURANCE LTD.

### PROSPECTUS

#### INTRODUCTION

This policy is designed as per the ‘Guidelines on COVID Standard Health Policy’ with Ref: IRDAI/HLT/REG/CIR/163 /06/2020 mandated by the authority- The Insurance Regulatory and Development Authority of India (IRDAI)

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

#### ELIGIBILITY

- Minimum Entry Age : 18 Years for Adults and 1 day for children
- Maximum Entry Age : 65 Years for Adults and 25 Years for children
- Policy Tenure: 3 ½ months, 6 ½ months and 9 ½ months
- Relationships covered:
- **Individual** - Self, legally wedded spouse. Dependent Children, Parents, Parents-in-laws.
- **Family floater**- Self, legally wedded spouse. Parents and Parents-in-law, Dependent Children (i.e. natural or legally adopted) between the age 1 day to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage.
- Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.
- Maximum 2 Adults & 2 Children can be insured under a Family floater policy.

#### KEY FEATURES

Key features enlisted below are available as per your selected plan and optional covers

1. **Flexi Sum Insured Option** - Option to choose Sum Insured from INR 50,000 to INR 5,00,000 in multiples of INR 50,000
2. Option to select Hospital Daily Cash Cover
3. **Tax Benefit** – Avail tax benefits under section 80D of Income Tax Act 1961

#### SCOPE OF COVER

The features and benefits available are as mentioned below.

For coverages, please refer the Benefit Schedule in the later part of the Prospectus.

### **1. Covid Hospitalization Cover**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule.

**Note:**

Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

### **2. Home Care Treatment Expenses:**

Home Care Treatment availed by the Insured Person at home for Covid, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
- e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

### **3. AYUSH Treatment**

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses

4. **Pre-Hospitalisation** – Covers medical expenses incurred for the number of days immediately before the hospitalization/ home care treatment for a fixed period of 15 days.
5. **Post-Hospitalisation** – Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital or post completion of home care treatment for a fixed period of 30 days.
6. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.
7. **Optional cover:**

**7.1 Hospital Daily Cash:** The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

## EXCLUSIONS

### 1. **Waiting Period:**

We shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

#### **First Fifteen Days Waiting Period**

Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

### 2. **EXCLUSIONS**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

#### **1. Investigation & Evaluation(Code- Excl04)**

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

**2. Rest Cure, rehabilitation and respite care (Code- Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**3. 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 Home care treatment.**

**4. Unproven Treatments:**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.

**5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.**

**6. Any expenses incurred on Day Care treatment and OPD treatment**

**7. Diagnosis /Treatment outside the geographical limits of India**

**8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy**

**9. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.**

## DISCOUNTS AND LOADINGS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought:

**Discounts:** 5% discount in premium shall be provided to health care workers.

**Loadings:** We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person.

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

### CANCELLATION/ TERMINATION

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

### Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

### PRE-POLICY HEALTH CHECK UP (PPC)

The Pre-policy check up is required as per the PPC grid mentioned below, based on the Sum Insured, Age band. The result of these tests will be valid for a period of 3 months from the date of tests. The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website. The grid may be subject to change based on the company policy in future.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, as per the board approved underwriting policy of the Company to determine the acceptance of a Proposal.

If the proposal is accepted the Company to refund 50% of the health check-up cost.

<b>Age(Yrs)/ Basic Sum Insured</b>	50,000 till 3 Lakhs	3 Lakhs till 5 lakhs	Cost borne
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18 – 45	Nil	Nil	Nil
46-60	ME, CBC, HbA1c, ECG, Sr. Cholesterol, Triglycerides	ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	50% borne by Us for accepted cases.
>61	ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd(females)		50% Borne by Us for accepted cases
<p>ME= Medical Examination (report), CBC=Complete Blood Count, ECG=Electro Cardio Gram, FBS=Fasting Blood Sugar, RUA=Routine Urine Analysis, Sr. Cholesterol= Serum Cholesterol, Sr. Creat=Serum Creatinine, HbA1c= Glycosated Haemoglobin, TMT=Tread Mill Test, PSA=Prostate Specific Antigen, USG=Ultra Sono Gram</p> <p>Wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.</p>			

## CLAIM PROCESS AND MANAGEMENT

### 1 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.

### 2. 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.

Sl No	Type of Claim	Prescribed Time limit

1.	Reimbursement of hospitalization 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
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

### 3. Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization/cashless home care treatment.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

### 4. Documents to be submitted:

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

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	<ol style="list-style-type: none"> <li>i. Duly filled and signed Claim Form</li> <li>ii. Copy of Insured Person's passport, if available (All pages)</li> <li>iii. Photo Identity proof of the patient (if insured person does not own a passport)</li> <li>iv. Medical practitioner's prescription advising admission</li> <li>v. Original bills with itemized break-up</li> <li>vi. Payment receipts</li> <li>vii. Discharge summary including complete medical history of the patient along with other details.</li> <li>viii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID</li> <li>ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable</li> <li>x. Sticker/Invoice of the Implants, wherever applicable.</li> <li>xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque</li> <li>xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines</li> </ol>



	<p>xiii. Legal heir/succession certificate, wherever applicable</p> <p>xiv. Any other relevant document required by Company/TPA for assessment of the claim.</p>
<p>2. Home Care treatment expenses</p>	<p>i. Duly filled and signed Claim Form</p> <p>ii. Copy of Insured Person's passport, if available (All pages)</p> <p>iii. Photo Identity proof of the patient (if insured person does not own a passport)</p> <p>iv. Medical practitioners' prescription advising hospitalization</p> <p>v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit.</p> <p>vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment.</p> <p>vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.</p>

**Note:**

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. 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
3. 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

**5. Claim Settlement (provision for Penal Interest)**

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- 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 of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- 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 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.



## 6. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

**Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938)** 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 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 prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

### BENEFIT SCHEDULE

CORONA KAVACH POLICY, LIBERTY GENERAL INSURANCE LTD.			
Age Group	Minimum Age at Entry (Adult) - 18 Years		
	Maximum Age at Entry (Adult) - 65 Years		
	Children between 1 day of age and 25 years can be insured provided either parent is getting insured under the Policy		
Renewal	Not allowed		
Tenure	3 ½, 6 ½ and 9 ½ Months		
Option	Individual/ Family Floater Sum Insured basis		
Discount	5% discount will be applicable to Health Care Workers		
Relationship Covered	Policy can be availed by persons between the age of 18 years and up to 65 years as Proposer. Proposer with higher age can obtain policy for family, without covering self.		
	Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.		
Sum Insured-50,000 to 5lakhs (in multiple of 50 thousand)			
Sr.no	Benefits	Description	Plan

1	COVID Hospitalisation Expenses	Medical Expenses of Hospitalization for Covid for a minimum period of 24 consecutive hours only shall be admissible	✓
2	Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident , which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.	✓
3	AYUSH Treatment	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured during the Policy period as specified in the policy schedule.	✓
4	Pre-hospitalisation Expenses	For 15days prior to the date of hospitalization/home care treatment	15 Days
5	Post-hospitalisation Expenses	For 30days from the date of discharge from the hospital/completion of home care treatment	30 Days
<b>Optional Covers</b>			
1	Hospital Daily Cash	0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member	✓
<b>Waiting Period</b>			
1	15 days	Waiting period of 15 days from the inception Date of the Policy	✓
<b>Sub-Limit</b>			
1	Sub-limits	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member  Home care treatment: Maximum up to 14 days per incident	✓

## PREMIUM RATE CHART

As annexed.

**Annexure-A**

List I – Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES

34	WALKING AIDS CHARGES
35	SPIROMETRE
36	STEAM INHALER
37	ARMSLING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB
5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH

11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES
28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE

16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

<b>Sl No.</b>	<b>Item</b>
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG