

Mahabank Swasthya Yojana



Having health insurance is important for several reasons. Uninsured people receive less medical care and less timely care, they have worse health outcomes, and lack of insurance is a fiscal burden for them and their families.

Our Bank has introduced a Health Insurance Product in tie-up arrangement with United India Insurance Co. Ltd, namely **Mahabank Swasthya Yojana**



Two Plans

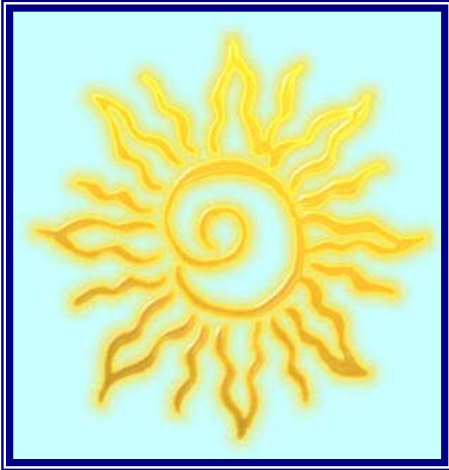
- Plan A - Account holder, Spouse and 2 dependent children (1+3)
- Plan B - Account holder, Spouse, 2 dependent children and parents (1+5)



Sum Assured

- Minimum Rs. 50,000/-
- Maximum Rs. 5,00,000/-
- Can be selected in multiple of Rs.50,000/-
- Policy issued for a family of 1+3 or 1+5 with single sum insured
- One member or all the members put together can avail hospitalisation benefit

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Age

- 5 years to 65 years without medical examination
- Children between 3 months and 5 years can be covered provided the both parents are covered concurrently
- Upper age limit can be relax upto 80 years

Eligibility

- Primary Account Holder, Spouse, 2 Dependent Children, Dependent Parents
- Dependent children: Male upto 21 years. Female upto 25 years or marriage whichever is earlier
- Policy period -12 months
- Risk commence from the date of the Banker's cheque/ DD of the bank



Covers

- Hospitalisation expenses for medical/surgical treatment arising out of any disease/illness/accident
- Pre hospitalization exp. - 30 days
- Post hospitalisation exp. - 60 days



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ADDITIONAL BENEFITS



- Reasonable ambulance charges not exceeding Rs 1,000/-
- Hospital cash upto Rs 1,000/- to parents in case of hospitalisation of children upto 12 years of age
- Cost of Health Check-up: 1% of average sum insured after completion of three claim free years without break
- Funeral expenses for a maximum amount of Rs 1,000/- in case of insured donating eye(s) subject to illness/accident admitted under the policy
- Maternity benefits and baby care -5% of sum insured if opted by the insured under the scheme
- Reimbursement of admitted claims for all medical/surgical treatments undertaken in Nepal/Bhutan in Indian currency
- Mediclaim cover available to parents
- Cash less facility through Third Party Administrator (TPA). In case services of TPA network hospital is not utilised, claims to be submitted to selected TPA for reimbursement
- Income tax benefit under Section 80 D of Income Tax Act is available
- Distinctive Features : Sum Insured is on Floater basis
 - Flat premium irrespective of age
 - No medical examination is required even after 45 years of age

SUM INSURED (Personal Accident-Death)

- Account Holder-100% of mediclaim Sum Insured
- Spouse -50% of mediclaim S.I.
- Children above 12 yrs & below 21 yrs- 20% of mediclaim S.I.
- Children below 12 yrs - 10% of mediclaim S.I.
- Nomination facility is available
- Personal Accident does not extend to cover parents.



PREMIUM PAYABLE:

The premium payable is same whether size of family is either 1+1 or 1+2 or 1+3 or 1+4 or 1+5 or even one. See Premium chart for Plan A & B.

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POLICY PERIOD: 12 months

- Risk to commence from date of banker's cheque/DD of the bank
- Risk covered under this policy is in addition to any other policy held by the Account Holder with United India within or outside this scheme or any other insurance company. However, claim payable on ratable proportion of sum insured of all the policies to total claim amount subject to a maximum of actual expenses incurred.

CLAIM PROCEDURE for Personal Accident

- Claim intimation letter in writing to be given within 7 days from the date of accident
- Claim form duly completed
- Medical reports
- Copy of FIR from the police authorities
- Post mortem report
- Death certificate



PREMIUM RATES

Plan A (1+3)

Sum Insured	0.50 lakh	1.00 lakh	1.50 lakh	2.00 lakh	2.50 lakh	3.00 lakh	3.50 lakh	4.00 lakh	4.50 lakh	5.00 lakh
Premium	956	1848	2709	3488	4181	4875	5484	6094	6706	7316

Plan B (1+5)

Sum Insured	0.50 lakh	1.00 lakh	1.50 lakh	2.00 lakh	2.50 lakh	3.00 lakh	3.50 lakh	4.00 lakh	4.50 lakh	5.00 lakh
Premium	1597	3085	4519	5816	6967	8120	9131	10143	11156	12167



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EXCLUSIONS:

1. All diseases/injuries which are pre-existing when cover incepts for the first time. For this purpose, the date of inception of the initial mediclaim policy taken from any of the Indian insurance companies shall be taken, provided the renewals have been continuous and without any break. However, this exclusion will be deleted after three consecutive continuous claim free policy years provided there was no hospitalisation for the pre-existing ailment during these three years of insurance.
2. Any disease other than those stated in 3 herein contracted by the insured person during the first 30 days from the commencement date of the policy. This condition shall not, however, apply in case of the insured person having been covered under this scheme or group insurance scheme with any of the Indian insurance companies for a continuous period of preceding 12 months without any break. This shall also not apply if (a) in the opinion of a panel of medical practitioners constituted by the Company, the insured person could not have known of the existence of the disease or any symptoms or complaints thereof at the time of making the proposal for insurance (b) the insured had not taken any consultation, treatment or medication in respect of the hospitalisation for which claim has been lodged under the policy prior to taking the insurance.
3. During the first year of the operation of the policy with any of the public sector insurance companies, the expenses on treatment of diseases such as cataract, benign, prostatic, hypertrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocele, congenital internal disease, fistula in anus, piles, sinusitis and related disorders are not payable. If these diseases (other than congenital internal disease) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal. If the insured is aware of the existence of congenital internal disease before inception of the policy, the same will be treated as pre-existing, however, subject to exclusion 1.
4. Injury/disease directly or indirectly caused by or arising from or attributed to invasion, act of foreign enemy, war like operations (whether war be declared or not).
5. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or aesthetic treatment of any description, plastic surgery other than that as may be necessitated due to an accident or as a part of any illness.
6. Cost of spectacles and contact lenses, hearing aids;
7. Dental treatment or surgery of any kind unless requiring hospitalisation;
Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
8. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type-III(HTLB-III) or LAV or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
9. Charges incurred at hospital or nursing home primarily for diagnosis, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury for which confinement is required at a hospital/nursing home.
10. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
11. Treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy) and child birth(including cesarean section.
12. Injury or disease directly of indirectly caused by or contributed by nuclear weapon/materials.
13. Naturopathy treatment.
14. Domiciliary hospitalisation benefits are not covered under the policy.

EXCLUSIONS(Personal Accident)- death due to:

1. Intentional self injury/suicide/attempted suicide
2. whilst under the influence of intoxicating liquor or drugs
3. whilst engaged in aviation or ballooning
4. due to venereal diseases or insanity
5. due to the insured committing any breach of law with criminal intent
6. from service in the armed forces
7. directly or indirectly from child birth or pregnancy

