



## ACKO GROUP HEALTH OPD WALLET

### PROSPECTUS

#### I. Introduction

“Acko Group Health OPD Wallet” can protect the policy holder from economic concerns arising from the events such as illness, accident or any contingencies that may occur during the coverage period. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle-free manner.

#### II. Health Wallet

Health Wallet is a digital wallet extended by Us to the Insured Person(s) only to avail any of the Benefits specified to be available to the Insured Person under the Policy on a Cashless Facility or reimbursement basis. The Insured Persons will be provided with access to the Health Wallet on the Service Provider Platform, in which the Sum Insured will be loaded at the time of Policy issuance as mentioned in the Policy Schedule / Certificate of Insurance, and adjusted through the course of the Coverage Period to display the remaining Sum Insured available under the Policy.

##### Health Wallet Utilization Rules

The following rules are applicable for the utilization of the Health Wallet under the Policy:

The currency of issue of the Health Wallet will be Indian Rupees only.

The Health Wallet can only be used by the Insured Person(s) covered under the Policy, for the Coverage Period specified in the Policy Schedule / Certificate of Insurance.

Any unutilized amount in the Health Wallet will not be carried forward to any subsequent Policy Year.

The amount in the Health Wallet is non-transferable to any bank account or any other wallet or to any other person.

In case a covered Benefit is availed on the Service Provider Platform on a Cashless Facility basis, an amount as specified in the Schedule of Cost in the Policy Schedule / Certificate of Insurance for the Benefit (indicating the value of such services availed), will be deducted from the Health Wallet.

In case an Insured Person is unable to avail the Cashless Facility, the expenses towards availing the covered Benefits will be reimbursed up to the applicable limit and an equal amount will be deducted from the Health Wallet.

The balance Sum Insured remaining in the Health Wallet after availing a Benefit or receiving a reimbursement for expenses for a covered Benefit will be calculated based on the above rules after each valid and applicable claim is approved under the Policy.

Claims made in respect of an Insured Person for any of the Benefits applicable to the Insured Person shall be subject to the applicable Sub-Limits/ Co-Payment /Deductibles/other conditions specified for the Benefits, applicable Waiting Periods (if any), as specified in Policy Schedule / Certificate of Insurance and the terms, conditions and exclusions of this Policy.

We will pay only those costs that are Reasonable and Customary Charges.

All claims must be made in accordance with the procedure set out in Section 5.

### III. Benefits

The Policy Schedule / Certificate of Insurance will specify which Benefits/Cover Options are in force for the Insured Person under the Policy.

#### **Basis of Coverage**

The Sum Insured available for the Benefits applicable to the Insured Person in this Section may be either on an Individual or Floater basis as specified in the Policy Schedule / Certificate of Insurance.

When the Insured Person's cover under the Policy is on an Individual basis, Our maximum, total, and cumulative liability for any and all claims made with respect to the Insured Person will be up to the Sum Insured for the Benefits specified to be in force for the Insured Person.

When the Insured Person's cover under the Policy is on a Floater basis, Our maximum, total, and cumulative liability for any and all claims made with respect to all the Insured Persons of the Floater unit will be up to the Sum Insured specified for each Benefit. The details of all Insured Persons constituting the Floater unit, if applicable, and other conditions applicable for the Sum Insured on a Floater basis will be as specified in the Policy Schedule / Certificate of Insurance.

#### **Online Consultation**

If an Insured Person avails an Online Consultation during the Coverage Period, We will pay for or reimburse the reasonable and necessary cost incurred for such consultation, and any allied costs specified to be covered in the Certificate of Insurance.

We shall not be liable to pay:

- a. Any charges incurred towards the recommendations provided through the Online Consultation other than those specified to be covered in the Certificate of Insurance.
- b. Any discrepancy in the information provided under this Benefit, and the Medical Advice shall be relied upon by the Insured Person purely upon his/her own discretion.

#### **Physical Consultation**

If an Insured Person avails a Physical Consultation during the Coverage Period, We will pay for or reimburse the reasonable and necessary cost incurred for such consultation, and any allied costs specified to be covered in the Certificate of Insurance.

We shall not be liable to pay:

- a. Any charges incurred towards the recommendations provided through the Physical Consultation other than those specified to be covered in the Certificate of Insurance.
- b. Any discrepancy in the information provided under this Benefit, and the Medical Advice shall be relied upon by the Insured Person purely upon his/her own discretion.

#### **Prescribed Diagnostic Tests**

If an Insured Person undergoes Diagnostic Test(s) prescribed by a Medical Practitioner during the Coverage Period, We will pay for or reimburse the reasonable and necessary cost incurred for such test(s).

#### **Prescribed Pharmacy**

If an Insured Person purchases medicines or drugs prescribed by a Medical Practitioner during the Coverage Period, We will pay for or reimburse the cost of such purchase.

### Preventive Health Check-Up

If an Insured Person undergoes preventive Diagnostic Test(s) / medical examination specified in the Schedule / Certificate of Insurance during the Coverage Period, We will pay for or reimburse the reasonable and necessary cost incurred for such test(s) / examination.

### Outpatient Treatment

If an Insured Person avails a Medically Necessary Treatment in an OPD facility of a Hospital or Clinic for any of the treatments covered under the Policy as specified in the Schedule / Certificate of Insurance, We will pay for or reimburse the reasonable and necessary cost incurred for such treatment.

### Vaccination

If an Insured Person takes a medically necessary Vaccination as specified in the Schedule / Certificate of Insurance during the Coverage Period, We will pay for or reimburse the reasonable and necessary cost incurred for such Vaccination.

### Outpatient Dental Treatment

We will pay for or reimburse the reasonable and necessary cost incurred for any of the benefits specified below, if specified to be applicable and in-force in the Certificate of Insurance.

Sr No.	Name of Benefit	What is covered
1	Emergency Dental Services Benefit	Treatment to relieve or stabilize severe pain, swelling or uncontrollable bleeding.
2	Preventive Dental Services	Oral examination, teeth cleaning and fluoride treatment
3	Dental Radiology Benefit	Bitewing intraoral x-ray, posterior/anterior or lateral skull, and facial bone survey x-ray and panoramic x-ray
4	OPD Dental Consultation	Cost of consultations for a Dental Treatment
5	Conservative Benefits (Filings)	Filing of following type: <ul style="list-style-type: none"> <li>• amalgam, 1-2 surfaces, permanent or</li> <li>• composite/resin, 1-2 surfaces, permanent</li> </ul>
6	Extraction Benefit (non-surgical)	Simple extraction or complicated extraction
7	Endodontic Benefit (Root Canal Treatment)	Root canal or therapeutic pulpotomy (excluding final restoration)

### Eye Care

We will pay for or reimburse the reasonable and necessary cost incurred for any of the benefits specified below, if specified to be applicable and in-force in the Certificate of Insurance.

Sr No.	Name of Benefit	What is covered
1	Eye Care Consultation	Cost of eye examination/consultations
2	Eye Care (change in eye power)	Cost of contact lenses or spectacles (due to a change in eye power)
3	Eye Care OPD	Cost of contact lenses or spectacles (due to any damage or crack)

### Medical Equipment Cover

If an Insured Person purchases a medically necessary Medical Equipment specified to be covered in the Schedule / Certificate of Insurance during the Coverage Period, We will pay for or reimburse the reasonable and necessary cost incurred for such purchase, provided that the same is recommended in writing to the Insured Person by a Medical Practitioner.



### Limit of Reimbursement

If this Benefit is in force for the Insured Person, the Insured Person can claim under a Benefit for reimbursement of any costs and expenses incurred, only up to the limits as specified in the Policy Schedule or Certificate of Insurance on reimbursement basis.

## Cover Options

### Additional Buffer Sum Insured for the Group

If this Cover Option is opted for under the Policy and specified to be applicable in the Policy Schedule / Certificate of Insurance, We will provide a separate amount specified in the Policy Schedule / Certificate of Insurance as additional Sum Insured available to the Insured Members of the Policy who have exhausted their Sum Insured in the current Policy Year. This Sum Insured is at the Group level on a Floater basis as per the conditions specified in the Policy Schedule / Certificate of Insurance, provided that:

- a. Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period.
- b. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.

### Group Deductible

If this Cover Option is opted for under the Policy and specified to be applicable in the Policy Schedule / Certificate of Insurance, any claim under the Benefits available to the Insured Person under the Policy will be payable to the Insured Person(s) only when the total admissible claim amount for all members of the Group during the Policy Year exceeds the amount specified as 'Group Deductible' in the Policy Schedule / Certificate of Insurance, and subject to other conditions under this Cover Option in the Policy Schedule / Certificate of Insurance, provided that:

- a. For the purpose of calculating the Group Deductible amount, and assessment of admissibility, all claims must be submitted in accordance with the claims process in Section 5 and Section 6 of the Policy, as applicable.

The consumption of the Group Deductible amount will be on the basis of the admissible claim amount after applying the Sub-Limits as per of the Policy Schedule / Certificate of Insurance.

#### IV. General Exclusions

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following. All the waiting period shall be applicable individually for each Insured Person except if you suffer an accident and claims shall be assessed accordingly.

##### Pre-Existing Disease Waiting Period

Any Pre-Existing Disease or any Injury or condition arising out of a Pre-Existing Disease shall not be covered until the Waiting Period specified in the Policy Schedule in this regard has elapsed since the inception of the first Policy with Us.

##### General Exclusions

We shall not be liable to make any payment for any claim in respect of any Insured Person arising from or caused by any of the following unless expressly stated to the contrary in this Policy:

Sr No.	Name of Exclusion	Discription
1	Hospitalization cover	In-patient care and day care treatments will not be covered
2	Alternative Treatment	Naturopathy treatment(s) will not be covered
3	Cosmetic Treatment / Nutrition	Consultations with respect to any nutrition, obesity or cosmetic treatments, or any other treatments which are not medically necessary
4	Breach of Law with Criminal Intent, Suicide and Self-Injury	Treatment directly or indirectly arising from or contributed or aggravated or accelerated by any of the following: a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent b. Intentional self-injury c. Participation in any illegal or unlawful or criminal act d. Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)
5	External Congenital Anomaly	External Congenital Anomalies or in consequence thereof
6	Hazardous Activities / Professional Sports	Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities
7	Maternity Expenses	Any claim resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident
8	Medical Practitioner Related	Any certification provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family



## V. Policy Cancellation

- a. **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 and You will be refunded the premium paid by You after adjusting the amount spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy.
- b. **Cancellation/Termination of the Policy (other than cancellation in the Free Look Period):**
- i. You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

CANCELLATION PERIOD	% OF PREMIUM
Within 25% of the Coverage Period	60%
25%-50% of the Coverage Period	40%
50%-75% of the Coverage Period	20%
Exceeding 75% of the Coverage Period	0%

- ii. We may at any time terminate this Policy on grounds of misrepresentation, fraud or non-disclosure of material facts by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

**Details of Cover, its benefit type, its minimum and maximum Sum Insured and what is covered**

S. NO.	NAME OF THE BENEFIT	BENEFIT TYPE (FIXED / INDEMNITY)	WHAT IS COVERED	SUM INSURED (INR)	
				MINIMUM	MAXIMUM
<b>Base Covers:</b>					
1	Online Consultation	Both	We will pay for or reimburse the cost incurred for online consultation	₹ 50	None
2	Physical Consultation	Both	We will pay for or reimburse the cost incurred for physical consultation	₹ 50	None
3	Prescribed Diagnostic Tests	Both	We will pay for or reimburse the cost incurred for prescribed diagnostic tests	₹ 50	None
4	Prescribed Pharmacy	Both	We will pay for or reimburse the cost of medicines or drugs	₹ 50	None
5	Preventive Health Check-up	Both	We will pay for or reimburse the cost incurred for preventive diagnostic tests	₹ 50	None
6	Outpatient Treatment	Both	We will pay for or reimburse the cost of medically necessary treatment in an OPD facility of a Hospital	₹ 50	None
7	Vaccination	Both	We will pay for or reimburse the cost of medically necessary vaccination	₹ 50	None
8	Outpatient Dental Treatment	Both	We will pay for or reimburse the cost for dental treatment including Emergency dental services, consultation, preventive dental services, filing, extraction etc.	₹ 50	None
9	Eye Care	Both	We will pay for or reimburse the cost for eye examination / consultation and cost of lenses or spectacles.	₹ 50	None
10	Medical Equipment Cover	Both	We will pay for or reimburse the cost for medically necessary medical equipment.	₹ 50	None
11	Limit of Reimbursement	Both	If this Benefit is in force for the Insured Person, Insured person can claim only up to the limits as specified in Certificate of Insurance on reimbursement basis.	Not Applicable	Not Applicable
<b>Cover Options</b>					
1	Additional Buffer Sum Insured for the Group	Both	If this Cover Option is opted for under the Policy, We will provide a separate amount as additional Sum Insured available to the Insured Members of the Policy who have exhausted their Sum Insured in the current Policy Year	Not Applicable	Not Applicable
2	Group Deductible	Both	If this Cover Option is opted for under the Policy, the claim will be payable to the Insured Person(s) only when the total admissible claim amount for all members of the Group during the Policy Year exceeds the Group Deductible amount specified in the Schedule/ Certificate of Insurance.	Not Applicable	Not Applicable

## VI. Claim procedure:

Upon the discovery or occurrence of an Illness / Injury or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person must notify Us either at the call centre or in writing or by way of any claims intimation process extended by Us, such as the Servicer Provider Platform, and duly undertake the following.

### For Cashless Claims

The Insured Person can avail Cashless Facility through the Service Provider Platform or by visiting Our Network Provider.

For all Cashless Facility authorisations, the Insured Person will, in any event, be required to settle all non-admissible expenses, any expenses above the specified Sub Limit (if applicable), Co-Payment and / or opted Deductible (Per claim / Aggregate / Group) (if applicable), directly with Our Network Provider.

#### (a) Claim through Service Provider Platform:

The Insured Person may visit the Service Provider Platform, as extended to the Insured Person by Us, and utilise or schedule an appointment for utilizing the services provided in relation to the Benefits under the Policy (such as consultation, diagnostic tests, health check-up and pharmacy). If such services under a Benefit(s) are utilised or an appointment is scheduled through Us for utilising the services on the Service Provider Platform, then the claim under the respective Benefit shall be deemed to be pre-authorized by Us, and such services will be provided on a Cashless Facility basis, up to the amount specified in the Policy Schedule / Certificate of Insurance against such Benefit. For Benefits utilized or booked through the Service Provider Platform, the Insured Person is not required to intimate or file the claim separately.

#### (b) Claims in our Network Provider:

The Insured Person can directly avail Cashless Facility from Our Network Provider with the help of various intimation mechanism including call centres/ mails.

The Insured Person may get a pre-authorization from Us before visiting the Network Provider or directly walk-in to the facility. The Insured Person will need to present the Policy details as provided by Us with this Policy or a pre-authorization for the claim received from Us, along with a photo identification proof (voter ID card / driving license / passport / PAN card / any other identity proof as approved by Us) to Our Network Provider to initiate the Cashless Facility.

If the claim is not pre-authorized, the Network Provider shall forward the request for authorisation to Us. Once We approve the request, the Insured Person can avail of Cashless Facility at our Network Provider.

The Network Provider will send the claim documents along with the invoice and discharge voucher, duly signed by the Insured Person directly to Us. The following claim documents should be submitted to Us within 15 days from the date of availing the services under the Benefit from the Network Provider—

- i. The claim form duly completed and signed;
- ii. Original pre-authorization request (if required);
- iii. Copy of pre-authorization approval letter (if required);
- iv. Copies of valid KYC documents of the Nominee/ claimant (such as Passport/ PAN Card/ Aadhar number etc);
- v. Copy of FIR/ MLC, in case of accident (if applicable);
- vi. Name and address of the attending Medical Practitioner;
- vii. Medical reports, case histories, investigation reports, treatment papers, Bills as applicable;
- viii. Additional documents required with respect to other coverages will be requested as and when required (if applicable).





### For Reimbursement claim:

If the Insured Person is not able to obtain a pre-authorization of any Claim for utilising or scheduling an appointment for utilizing the services under the Service Provider Platform, the Insured Person can avail the services available under a Benefit(s) from any of Our Network Providers. We will consider such claims on a reimbursement basis, and the Insured Person may file a reimbursement claim directly with Us by sharing the applicable claim documents as specified below:

- i. The claim form duly completed and signed;
- ii. Copies of valid KYC documents of the Nominee/ claimant (such as Passport/ PAN Card/ Aadhar number etc);
- iii. Copy of FIR/ MLC, in case of accident (if applicable);
- iv. Name and address of the attending Medical Practitioner;
- v. Medical reports, case histories, investigation reports, treatment papers, Bills as applicable;
- vi. Additional documents required with respect to other coverages will be requested as and when required (if applicable).

## VII. Contact Us

1. You can reach Us through any of the following methods:
  - **Call Us on Our toll free number: 9029060000**
  - **Write to us On at: [hello@acko.com](mailto:hello@acko.com)**
  - **Visit Our website: [www.acko.com](http://www.acko.com)**
2. If you have a grievance that You want Us to redress, You may contact Us with details of Your grievance through:
  - **Website: [www.acko.com](http://www.acko.com)**
  - **Email: [grievance@acko.com](mailto:grievance@acko.com)**
  - **Toll Free No: 9029060000**

## VIII. SECTION 41 OF INSURANCE ACT, 1938 (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 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 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 insurers.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to 10 lakh rupees.

## IX. DISCLAIMER:

- This is only a summary of the product features. The actual benefits available are as described in the policy and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarifications.

**Note:** *Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.*