

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	A PLUS HEALTH INSURANCE	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<p>Both Indemnity and Benefit</p> <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured - Where each member has a separate sum insured under the policy), and • Floater Sum Insured- Where all members under the policy have a single sum insured limit which may be utilized by any or all members. <p><<Individual / Floater>> Sum Insured is available under the Policy. Sum Insured Options: << As Opted >></p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Benefits</p> <p>In-patient Treatment– Covers hospitalization expenses for period more than 24 hrs. Modern Treatment capped at 25%/50% (as per plan opted) of SI for each treatment within In patient Treatment.</p> <p>Pre-Hospitalization- Medical Expenses incurred in <<30/60/90 days>> (Applicable as per the plan opted) before the Hospitalization.</p> <p>Post-Hospitalization- Medical Expenses incurred in <<60/120/180>> days (Applicable as per the plan opted) after the hospitalization.</p> <p>Day-Care procedures– Medical Expenses for 547 Day care procedures enlisted in the Policy Document- Annexure 1 are covered.</p> <p>AYUSH Treatment - Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to Inpatient care sum insured.</p>	C 1-15

		<p>Domiciliary Treatment- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization.</p> <p>Second Opinion- We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period and not be valid for any medico legal purposes. The expert opinion would be directly sent to the Insured Person.</p> <ol style="list-style-type: none"> a. Cancer b. Kidney Failure c. Myocardial Infarction d. Angina e. Coronary bypass surgery f. Stroke/Cerebral hemorrhage g. Organ failure requiring transplant h. Heart Valve replacement i. Brain tumors <p>This benefit can be availed by an Insured Person once during a Policy Year.</p> <p>Ambulance Cover – We will cover expenses incurred on transportation of an Insured Person in a registered Ambulance in case of an emergency to a Hospital for admission or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization.</p> <p>Auto Restore Benefits: We will restore the Sum insured up to 100% of Base Sum Insured, in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year irrespective of the utilization of the Cumulative Bonus.</p> <p>OPD Expenses (Available for Diamond Plan only)- We will reimburse expenses incurred on Outpatient Treatment for the Insured Persons as mentioned in the Policy Schedule.</p> <p>Global Cover (Available for Diamond Plan only)- We will cover Your Medical Expenses incurred outside India, up to the sum insured and earned cumulative bonus, provided that payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI)</p> <p>Psychiatric Illness- We will cover the medical expenses incurred if an insured person requires hospitalization for in-patient treatment related to any Psychiatric illness in accordance with prior approval from Us, except in cases of emergencies.</p> <p>Organ Donor- We will cover medical and surgical expenses on harvesting the organ from the donor for organ transplantation where an Insured Person is the recipient.</p> <p>Assistance Services- We will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kms away from their residential address</p>	
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		<p>Hospital Cash Benefit (Applicable only for Basic Plan) A daily cash amount will be payable under the basic plan as an optional benefit, with Option 1 offering a per day limit of Rs 500, up to a maximum of 10 days, and Option 2 offering a per day limit of Rs 1,000, up to a maximum of 10 days, if you receive treatment as an inpatient for an eligible medical condition</p> <p>Room Rent Modification For opting Twin sharing room, the insured person shall be eligible for the daily hospital cash benefit of Rs 500 per day maximum up to 5 days along with your Silver, Gold or Diamond Plan</p> <p>Aggregate Deductible An option to choose a deductible of Rs 25,000 or Rs 50,000 along with your Silver, Gold or Diamond Plan</p>	
6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender Treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) 11. 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 day care procedure (Code- Excl14) 12. Refractive Error:(Code- Excl15) 	F.i. Excl 4 to Excl 17

		<p>13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility:(Code- Excl17) 15. Maternity: (Code Excl18)</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<p>1. Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (Waiting Period not applicable in case of continuous renewal or accidents)</p> <p>2. Pre-existing disease- 36 Months</p> <p>3. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02)</p> <ul style="list-style-type: none"> • 24 months for following diseases/procedures- <ol style="list-style-type: none"> 1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 2. Benign ear, nose, throat disorders 3. Benign prostate hypertrophy 4. Cataract and age-related eye ailments 5. Gastric/ Duodenal Ulcer 6. Gout and Rheumatism 7. Hernia of all types 8. Hydrocele 9. Non-Infective Arthritis 10. Piles, Fissures and Fistula in anus 11. Pilonidal sinus, Sinusitis and related disorders 12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 13. Skin Disorders 14. Stone in Gall Bladder and Bile duct, excluding malignancy 15. Stones in Urinary system 16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus 17. Varicose Veins and Varicose Ulcers 18. Renal Failure 19. Puberty and Menopause related Disorders 20. Behavioural and Neuro-Develop HIV Disorders: <ol style="list-style-type: none"> a. Disorders of adult personality b. Disorders of speech and language including stammering, dyslexia • 36 months for following diseases/procedures <ol style="list-style-type: none"> 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders. 4. Age Related Macular Degeneration (ARMD) 5. Genetic diseases or disorders 	<p>G.3. Excl 1- Excl 3, Excl 18, 5</p>

		<p>3. Pre-existing diseases Covered after 36 months</p> <p>4. Maternity Expenses (Code-Excl18) [Thirty-six months waiting period] Expenses related to the Maternity are excluded until the expiry of 36 months after the date of inception of the first policy with us</p> <p>5. Out-patient Treatment Waiting Period of 3 years Expenses covered under benefit Out – Patient treatment shall be excluded for a period of 3 years.</p>	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: There are no sub-limits under the Policy.</p> <p>No Co-pay applicable under the Policy</p> <p>Aggregate Deductible – If opted</p> <p><u>Deductible</u> - Global Cover - 10% of Sum Insured applicable per year.</p>	
9	<p>Claims/Claims Procedures</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <ul style="list-style-type: none"> Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - 1 hr ii. TAT for cashless final bill authorization - 3 hrs <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p>	--

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

Provide the details/web link for following:

- i. Network Hospital details: Available on website: www.universalsompo.com.
- ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)
- iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.
- iv. Downloading/getting claim form: Available on website: www.universalsompo.com
 - Anywhere Cashless Facility (Non Network Cashless):
You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at Contactus@universalsompo.com
- Reimbursement facility:

		<p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p> <p>Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at Contactus@universalsompo.com and inform about your claim.</p> <p>Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.</p> <p>Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement. Universal Sampo General Insurance Company Limited, Health Claims Management Office, 1st FloorC-56- A/13, Block- C Sector- 62, Noida, Uttar Pradesh, Pincode: 201309</p> <p>Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.</p>	
10	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>For more details: www.universalsompo.com</p>	H.1.18
11	Grievances/ Complaints	<p>Grievance Resolving Issue</p> <p>Write to : Customer Service Universal Sampo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email: grievance@universalsompo.com For More details, visit - www.universalsompo.com Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO.</p>	H.1.18

Grievance Redressal Officer
In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to:
Customer Service
Universal Sampo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID:
GRO@universalsampo.com

Insurance Ombudsman
Bima Bharosa Portal link : <https://bimabharosa.irdai.gov.in/> The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.ciains.co.in/Ombudsman>. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/> the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in> or from any of Offices of the Company.

<p>12</p>	<p>Things to remember</p>	<p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period <p>2. Policy renewal: The policy is ordinarily renewable, except on grounds of established fraud, moral hazard, non-disclosure, misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</p> <p>Portability: The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the</p>	<p>H.1.15, H.1.10, H.1.8, H.1.9, H.2.1, H.1.12.</p>
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		<p>proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <p>4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>5. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.</p> <p>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalization History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out at us for disclosure of Material Information-</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p>	

		For more details: www.universalsompo.com	
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Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

- i. For Product related documents including Customer Information Sheet, kindly refer to the below link: :
<https://www.universalsompo.com/resources-downloads>
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.