PROSPECTUS - Covid -19 Group Health Policy

A. SCOPE AND ELIGIBILITY OF THE COVER

SCOPE AND ELIGIBILITY	
Age Group	Minimum Age at Entry (Adult) - 18 Years
	Maximum Age at Entry (Adult) - 65 Years
Renewal	Life Long
Tenure	1 year
Premium Frequency	Yearly, Half-Yearly, Quarterly
Option	Individual Sum Insured basis
Sum Insured Options	50K, 1 Lac, 2 Lac, 3 Lac, 4 Lac, 5 Lac

B.1. PREAMBLE

B.1.1 – Preamble

This policy is a contract of insurance between You and Universal Sompo General Insurance Company (hereinafter called the `Company') and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

B.1.2 – Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in EmployerEmployee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14-July-2005 as amended from time to time. "Group" shall mean a group of Members who assemble together with a purpose of engaging in a common economic activity and not formed with the main purpose of availing insurance cover.

B.1.3 – Policy Period

The policy period shall normally be a period of 12 months starting from the date of commencement of policy. The policy-holder shall have the option of choosing a shorter period than annual in which case premium shall be charged at our short period scales.

B.1.4 – Payment of Premium

i. Premium for the policy has to be paid in full in advance. We will assume risk and the cover will incept not earlier than the date of payment of full premium.

ii. The policyholder will have the option of premium payment in quarterly and half-yearly installments in which case the chargeable premium will be loaded as per our installment premium payment rules basis the frequency chosen by the policy-holder.

iii. Installment premium facility will be available only in case of 12-month annual policies.

B.2. POLICY WORDING

B.2.A. - OPERATIVE CLAUSE

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of Covid-19 at a Hospital or Home care Treatment following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify medically necessary expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein.

Maximum liability of the Company under all such Claims during the Policy Period shall be the Sum Insured opted and specified in the Schedule.

C. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

C.1. Standard Definitions:

a) An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

   a. Central or State Government AYUSH Hospital or

   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central
   Council of Indian Medicine/Central Council for Homeopathy; or

   c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

      i. Having at least 5 in-patient beds;

      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

b) **AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

c) **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

d) **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

e) **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

f) **Day Care Treatment** means medical treatment, and/or surgical procedure which is:

i. undertaken under general or local anesthesia in a hospital/day care centre in less than twenty four hours because of technological advancement, and

ii. which would have otherwise required a hospitalization of more than twenty-four hours. iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

g) **Disclosure to information norm:** The policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact..

h) **Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

i) **Grace Period** means the specified period of time immediately following the premium due date during which premium payment can be made to renew or continue a Policy in force without loss of continuity benefit pertaining to waiting period and coverage of pre-existing disease. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

j) **Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;

ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;

iii. has qualified medical practitioner (s) in charge round the clock;

iv. has a fully equipped operation theatre of its own where surgical procedures are carried out

v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

For the purpose of this policy any other set-up designated by the Government as hospital for the treatment of Covid 19 shall also be considered as hospital.

k) **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) hours consecutive 'In-patient care' provided it will not include procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

l) **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

m) **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

n) **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

o) **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

p) **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

q) **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

r) **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i. is required for the medical management of illness or injury suffered by the insured;
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
iii. must have been prescribed by a medical practitioner
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

s) **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

t) **Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

u) **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

v) **Out-Patient (OPD) Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment of Covid 19 based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient

w) **Pre-hospitalization Medical Expenses** means medical expenses incurred during the period of 15 days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

x) **Post-hospitalization Medical Expenses** means medical expenses incurred during the period of 30 days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

y) **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

z) **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

aa) **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting period.

bb) **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

cc) **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.2. Specific Definitions:

a) **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

b) **COVID-19**: For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2.

c) **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

i. Legally wedded spouse.

ii. Parents and Parents-in-law.

iii. Dependent Children (i.e. natural or legally adopted) between the ages 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

d) **Home Care Treatment** means treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre , which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a) The Medical practitioner advices 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.

Insured Person means person(s) named in the schedule of the Policy.

e) **Non- Network Provider** means any hospital that is not part of the network.

f) **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

g) **Policy period** means period of three months/ six months/ One year as mentioned in the schedule for which the Policy is issued.

h) **Policy Schedule** means the Policy Schedule attached to and forming part of Policy

i) **Policy year means** a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule

j) **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

k) **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

l) **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

m) **Waiting Period** means a specified period in the Policy during which Covid-19 is not covered.

D. Benefits:

D.A. – Base Covers

The covers listed below shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

The Company's overall limit of liability in respect of sections 3.A.1 to 3.A.6 shall be the sum insured for the Insured Person.

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 i] room charges, ii] procedure charges and iii] costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

D.A.1 - Covid-19 Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year for the treatment of Covid 19 on Positive diagnosis of Covid 19 through a government approved diagnostic test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid 19 up to the Sum Insured specified in the policy schedule, for,

I. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With an upper limit of 1% of Sum Insured
II. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses – With an upper limit of 2% of Sum Insured
III. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
IV. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.

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

D.A.2 - AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid19on Positive diagnosis of COVID-19 through a government approved diagnostic test in a government authorized diagnostic center including the expenses incurred on treatment of any comorbidity along with the treatment for Covid-19under Ayurveda,Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

D.A.3 - Pre Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 15 days prior to the date of admissible hospitalization covered under the policy.

D.A.4 - Post Hospitalization

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

D.A.5 - Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre , which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

a) The Medical practitioner advices 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) Insured shall be permitted to avail the services as prescribed by the medical practitioner on cashless basis which shall be arranged by the Insurer through designated network provider. However, in case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID -19,

d) Diagnostic tests undergone at home or at diagnostics centre

e) Medicines prescribed in writing

f) Consultation charges of the medical practitioner

g) Nursing charges related to medical staff

h) Medical procedures limited to parenteral administration of medicines

i) Cost of Oximeter, Oxygen cylinder and nebulizer

D.A.6 - Ambulance Charges

Subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid-19 Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

D.B – Add-on Covers

The covers listed below are optional and add-ons to the base cover. They shall be available to Insured Persons in accordance with the terms set out in the Policy if the listed covers are specifically opted for at inception.

i Out-Patient Treatment:

The Company shall pay the Insured Person up to INR ….. [as stated in the Schedule and not exceeding 2% of the Sum Insured on the Insured Person] for medical expenses (for Consultations, Prescribed Diagnostics and Prescribed Pharmacy) incurred by the Insured as an Outpatient. The payout under this section will be within the limit of liability as per the basis sum insured on the Insured Person.

For the purpose of this cover Exclusion Serial No 5.6 stands deleted.
Outpatient treatment means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day-care or in-patient.

ii Hospital Cash Cover:

The Company shall pay the Insured Person INR ….. [the amount stated in the Schedule and not exceeding 0.5% of the SI on the Insured Person] per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section-3.A.1 or 3.A.2 [Hospitalization Cover and AYUSH Cover respectively]

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

The payout under this section will be within the limit of liability as per the basis sum insured on the Insured Person.

iii Restricted Contingency Cover

Notwithstanding anything herein to the contrary, the Company, under this add-on, allows the Group Administrator the flexible option of choosing/deleting any of the base covers 3.A.2 to 3.A.6 at inception. Base cover 3.A.1 has to be compulsorily chosen and cannot be deleted.

Subject otherwise to terms and conditions of the policy.

E. Exclusions

E.1. Standard 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:

a) Exclusions:

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 day care treatment.

Code- Excl14 4. Unproven Treatments: Code- Excl16

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-19 shall be covered).

E.2. Specific Exclusions:

a) Waiting Period:

The Company 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:

1. First Fourteen Days Waiting Period

Expenses related to the treatment of Covid-19 within 14 days from the first policy commencement date shall be excluded. Each Insured Person shall be separately subject to the waiting period provision from his/her respective date of enrolment in the policy.

2. Waiting Period for Insured Persons Undertaking International Travel

In addition to the above, in case of persons undertaking international travel, expenses related to the treatment of Covid-19 within 14 days from of their date of return to India shall be excluded.

b) Exclusions:

3. Diagnosis /Treatment outside the geographical limits of India
4. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
5. Any expenses incurred in respect of inoculations, vaccinations or other preventive treatment.
6. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.

7. Biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
   Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
8. Any expenses incurred on Day Care treatment and OPD treatment.

F. GENERAL TERMS &CONDITIONS

F.1. Standard Terms and Conditions:

1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Complete Discharge

Any payment to the insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

(a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

(b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

(c) any other act fitted to deceive; and

(d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

5. Free Look Period

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.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

6. Cancellation

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

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a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage

b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

7. 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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. lf 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

8. 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. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

9. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

i. The Company will endeavour to give notice for renewal.

ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years

iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

IV. No loading shall apply on renewals based on individual claims experience.

10. Redressal Of Grievance:

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as

Step 1: Contact us

Write us at:

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address
contactus@universalsompo.com
For more details:
www.universalsompo.com
Toll Free Numbers: 1800-22-4030 or 1800-200-4030
Senior Citizen toll free number: 1800-267-4030

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address:
grievance@universalsompo.com

For more details:
www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sompo General

E- mail Address:

Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

gro@universalsompo.com

For more details:
www.universalsompo.com

For updated details of grievance officer, kindly refer the link
https://www.universalsompo.com/resourse-grievance-redressal

Step 4: Insurance Ombudsman
Bima Bharosa Portal link: https://bimabharosa.irdai.gov.in/
You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.
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 Our Offices.
The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.cioins.co.in/Ombudsman.
Note: Grievance may also be lodged at IRDAI- https://bimabharosa.irdai.gov.in/.
Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.

F.2. Specific Terms and Clauses:

1. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

2. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

3. Notice & Communication

i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.

ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule. iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

4. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

5. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

6. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

7. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

8. Possibility of Revision of Terms of the Policy Including the Premium Rates

i The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected. This condition is only for policies with a policy period of one year,

ii In case of revision in rates for shorter duration policies (less than a year) the same will be done prospectively with prior approval of IRDAI.

G. CLAIM PROCEDURE

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.

S. 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 Within24hours from the date of emergency hospitalization.

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-19 Hospitalization Cover	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up vi. Payment receipts vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's Test Reports from Authorized COVID-19 testing centre ix. OT notes or Surgeon's certificate giving details of the operation performed , wherever applicable x. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xi. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xii. Legal heir/succession certificate, wherever applicable xiii. Any other relevant document required by Company for assessment of the claim.
2. Home Care Expenses	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Doctor's prescription advising hospitalization v. A certificate from hospital regarding non-unavailability of bed in the hospital and advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. viii. Original bills with itemized break-up Payment receipts ix. Investigation reports including Insured Person's Test Reports from Authorized COVID-19 testing centre. x. NEFT Details (to enable direct crediting of claim amount in bank account) and cancelled cheque xi. KYC (Identity proof with Address) of the proposer where claim liability is above Rs 1 Lakh as per AML Guidelines xii. Legal heir/succession certificate, wherever applicable xiii. Any other relevant document required by Company for assessment of the claim.

Note:

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

II. 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

III. 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 15 days from the date of submission of the claim.

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 date of receipt of intimation to till the date of payment.

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 15 days from the date of submission of claim.

iv) In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment

6. Payment of Claim

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

Insurance Ombudsman –If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.

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	SLING
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.	SLIPPERS
7.	TISSUE PAPER
8.	TOOTH PASTE
9.	TOOTH BRUSH
10.	BED PAN
11.	HAND HOLDER
12.	SPUTUM CUP
13.	DISINFECTANT LOTIONS
14.	LUXURY TAX
15.	HVAC
16.	HOUSE KEEPING CHARGES
17.	AIR CONDITIONER CHARGES
18.	IM IV INJECTION CHARGES
19.	CLEAN SHEET
20.	BLANKET/WARMER BLANKET
21.	ADMISSION KIT
22.	DIABETIC CHART CHARGES
23.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
24.	DISCHARGE PROCEDURE CHARGES
25.	DAILY CHART CHARGES
26.	ENTRANCE PASS / VISITORS PASS CHARGES

27.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
28.	FILE OPENING CHARGES
29.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
30.	PATIENT IDENTIFICATION BAND / NAME TAG
31.	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

Sl No.	Item
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

Annexure-B

The contact details of the **Insurance Ombudsman** offices are as below

Areas of Jurisdiction	Office of the Insurance Ombudsma
Gujarat, Dadra & Nagar Haveli, Daman and Diu	AHMEDABAD Shri Collu Vikas Insurance Ombudsm Office of the Insurance Ombudsm Jeevan Prakash Building, 6th fl Tilak Marg, Relief Ro AHMEDABAD – 380 Tel.: 079 - 25501201 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka.	BENGALURU Mr Vipin An Insurance Ombudsm Office of the Insurance Ombudsm Jeevan Soudha Building,PID No. 57-21 19 Ground Floor, 19/19, 24th Main Ro JP Nagar, Ist Phase, Bengaluru – 560 Tel.: 080 - 26652048 / 26652 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh Chattisgarh.	BHOPAL Shri R. M. Si Insurance Ombudsm Office of the Insurance Ombudsm 1st floor,"Jeevan Shik 60-B,Hoshangabad Road, Opp. Gay Mandir,Arera Bhopal – 462 Tel.: 0755 - 2769201 / 276920 2769203 Email: bimalokpal.bhopal@cioins.co.

Odisha	BHUBANESHWAR Shri Manoj Kumar Pa Insurance Ombudsı Office of the Insurance Ombudsn 62, Forest p Bhubaneswar – 751 Tel.: 0674 - 2596 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.	CHANDIGARH Mr Atul Je Insurance Ombudsı Office Of The Insurance Ombudsn Jeevan Deep Building SCO 20 Ground Floor Sector- 17 Chandigarh – 160 Tel.: 0172-2706 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).	CHENNAI Insurance Ombudsı Office of the Insurance Ombudsn Fatima Akhtar Court, 4th Floor, 4 Anna Salai, Teynam CHENNAI – 600 Tel.: 044 - 24333668 / 24333 Email: bimalokpal.chennai@cioins.co
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	DELHI Insurance Ombudsı Office of the Insurance Ombudsn 2/2 A, Universal Insurance Build Asaf Ali R New Delhi – 110 Tel.: 011 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in

Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	GUWAHATI Insurance Ombudsm Office of the Insurance Ombudsm Jeevan Nivesh, 5th Fl Near Pan Bazar , S.S. Ro Guwahati – 781001(ASSA Tel.: 0361 - 2632204 / 260220 2631307 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	HYDERABAD Insurance Ombudsm Office of the Insurance Ombudsm 6-2-46, 1st floor, "Moin Cou Lane Opp.Hyundai Showroom A. C. Guards, Lakdi-Ka-Pool, Hyderab 500 Tel.: 040 - 23312122 / 2337699 23376599 / 23328709 / 23325 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan.	JAIPUR Insurance Ombudsm Office of the Insurance Ombudsm Jeevan Nidhi – II Bldg., Gr. Fl Bhawani Singh M Jaipur - 302 Tel.: 0141- 2740 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	KOCHI Insurance Ombudsm Office of the Insurance Ombudsm 10th Floor, Jeevan Prakash,LIC Build Opp to Maharaja's Col Ground,M.G.Road, Kochi - 682 Tel.: 0484 - 2358

	Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	KOLKATA Insurance Ombudsm Office of the Insurance Ombudsm Hindustan Bldg. Annexe, 7th Fl 4, C.R. Aven KOLKATA - 700 Tel.: 033 - 22124339 / 22124 Email: bimalokpal.kolkata@cioins.co.
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	LUCKNOW Insurance Ombudsm Office of the Insurance Ombudsm 6th Floor, Jeevan Bhawan, Phas Nawal Kishore Road, Hazratg Lucknow - 226 Tel.: 0522 - 4002082 / 3500 Email: bimalokpal.lucknow@cioins.co
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	MUMBAI Insurance Ombudsm Office of the Insurance Ombudsm 3rd Floor, Jeevan Seva Ann S. V. Road, Santacruz Mumbai - 400 Tel.: 022 - 69038800/27/29/31/32 Email: bimalokpal.mumbai@cioins.co
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad,	NOIDA Insurance Ombudsm Office of the Insurance Ombudsm Bhagwan Sahai Pa 4th Floor, Main Road, Naya Bans, Se

Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	15, Distt: Gautam Buddh Nagar, U.P-201 Tel.: 0120-2514252 / 2514 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	PATNA Insurance Ombudsm Office of the Insurance Ombudsm 2nd Floor, Lalit Bhav Bailey R Patna 800 Tel.: 0612-2547 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	PUNE Insurance Ombudsm Office of the Insurance Ombudsm Jeevan Darshan Bldg., 3rd Fl C.T.S. No.s. 195 to 198, N.C. Kelkar R Narayan Peth, Pune – 411 Tel.: 020-24471 Email: bimalokpal.pune@cioins.co.in