

PROSPECTUS AND SALES LITERATURE

HEALTHCARE PLUS ADDON

1. ELIGIBILITY CRITERIA

Entry Age –Minimum	As per Base Policy
Entry Age-Maximum	
Exit Age	
Cover Type	Individual / Floater
Tenure in Years	as per Base Policy
Eligibility Criteria	Proposer must have a Retail Policy bought for self/family from Universal Sampo General Insurance Company in order to buy this Add on.

2. SCHEDULE OF DISCOUNTS & LOADINGS

Discounts & Loadings in this Add on Policy shall be same as mentioned in the Base Policy.

3. BENEFITS COVERED UNDER THE ADD ON POLICY:

A. GENERAL CONDITIONS

- The Add on policy can only be bought along with the Base Policy either on Policy Issuance or on Renewal and cannot be bought in isolation or as a separate product or mid-term.
- The Add on policy is subject to the terms and conditions and applicable endorsements stated herein and in the Base Policy.
- All Claims shall be payable subject to the terms, conditions, wait periods and exclusions of the Add on Policy, Base policy and subject to availability of the amount against each and every Benefit of Add-on Policy.
- The maximum, total and cumulative liability of the Company towards an insured for any and all Claims arising under this Add on Policy during the Add on Policy Year, on occurrence of an insured event in relation to that insured, shall not exceed the amount/limit of that insured which is specified against every Benefit mentioned in the Add on Policy Schedule.
- If any benefit or coverage is opted in the Base Policy or its Optional Benefits, then same or similar coverage/benefit cannot be opted in Add on Policy.
- Value added services such as HRA, Discount on pharmacy, consultations, diagnostics etc at our network as provided by the Service Provider.
- This Add on shall be available for those insured covered under Base Policy and Proposer has an option to cover all Insured(s)/specific Insured under this Add on.
- This Add-on Policy Sum Insured/coverage is over and above the coverage of Base Policy except under Claim Shield one, Claim Shield+, Sub-limit on Specified Diseases.

9. Coverage under this Add-on Policy is available only for Allopathic line of treatment unless alternate line of treatment is specifically covered that includes following benefits
 Claim Shield+
 Claim Shield One
 Palliative Care
 Home Modification Plus
 Plus Benefit
10. Benefits under this Add-on policy can be opted in any combination.
11. Surrogacy and Oocyte donation should be carried out in recognized centers registered with the National ART and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>, under the supervision of a registered Medical Practitioner as per the applicable law.
12. The surrogacy/ART procedures and treatment must be carried out in accordance with the Surrogacy (Regulation) Act 2021, Surrogacy (Regulation) Rules 2022, Assisted Reproductive Technology Act 2021, Assisted Reproductive Technology (Regulation) Rules 2022, and its amendments; as may be applicable.
13. Linear interpolation methodology will be applied to calculate the premium rates if an intermittent value of Sum Insured/sub-limit/benefit amount is chosen by the Policyholder.
14. Coverage under Physical Consultations with General Physicians, Physical Consultations with Specialist Doctors, Unlimited E-Consultation, Online Fitness Classes, OPD Physiotherapy, Annual Health Check Up Plus, Surrogacy Care, Oocyte Care, Disease Management Program shall be available only on Individual Basis.

3.1 **BASE BENEFITS**

3.1.1 **Benefit: Physical Consultations with General Physicians**

The Company will indemnify the Insured, for availing Physical Consultations with General Physicians on out-patient basis up to the amount/limit as specified against this Benefit in the Add on Policy Schedule, during the Add on Policy Year.

The above benefit is subject to the following conditions:

1. Co-payment of 10% per claim is applicable if per consultation limit opted is greater than Rs.500.

3.1.2 **Benefit: Physical Consultations with Specialist Doctors**

The Company will indemnify the Insured, for availing physical Consultations with below specified specialist doctors on out-patient basis up to the amount/limit as specified against this Benefit in the Add on Policy Schedule, during the Add on Policy Year.

For the purpose of this Base Benefit, list of specialist doctors as follows:

S. No	Specialist Doctors
1	Paediatrician
2	Obstetrics and Gynecologist
3	Homeopathic Physician
4	Dietician
5	Diabetologist
6	Dermatologist
7	Pulmonologist
8	Psychiatrist
9	Cardiologist

10	Neurologist
11	Orthopedic Surgeon
12	Nephrologist
13	ENT Specialist
14	Gastroenterologist

The above base benefit is subject to the following conditions:

1. Co-payment of 5% per claim is applicable if per consultation limit opted is greater than or equal to Rs.1000.

3.1.3 Benefit: Unlimited E-Consultation

The Company shall offer unlimited e-consultations with qualified General Physicians and Specialist Doctor at its network during the Add on Policy Year through any mode of digital communication.

3.1.4 Benefit: Online Fitness Classes

If this Benefit is opted, then the Insured will have an access to the unlimited live interactive classes broadcasted online by Fitness experts on Yoga, Zumba, MMA, Kickboxing, Functional fitness etc. at our network.

3.1.5 Benefit: OPD Physiotherapy

If this Benefit is opted, then the Company will indemnify the Insured, for medical expenses incurred by the Insured for Physiotherapy sessions with a qualified physiotherapist to treat Illness, injury or deformity suffered as prescribed by Medical Practitioner, up to the amount specified against this Benefit in the Add on Policy Schedule, during the Add on Policy Year.

Note: The Insured can avail this benefit in any Hospitals and/or Clinics subject to submission of valid tax invoice at the time of claim

3.1.6 Benefit: Claim Shield+

If a hospitalization claim has been accepted under the Base policy, then the items which are not payable under the Base policy as per Annexure I (List I, II, III, IV) related to the particular claim, will be payable. The maximum claim payout under this benefit shall be limited to applicable Sum Insured under Base policy.

Waiting periods mentioned under Clause 4.1 (a) (i), (ii) will be applicable for this benefit

Note: Coverage for any items as per List – I, II, III and IV under Annexure I shall be available only if the same is not covered under any Base Benefit or Optional Benefit of Base Policy.

3.1.7 Benefit: Claim Shield One

If a hospitalization claim has been accepted under the Base policy, then the items which are not payable under the Base policy as per Annexure I (List I) related to the particular claim, will be payable. The maximum claim payout under this benefit shall be limited to applicable Sum Insured under Base policy. Waiting periods mentioned under Clause 4.1 (a) (i), (ii) will be applicable for this benefit.

Note: Coverage for any items as per List – I under Annexure I shall be available only if the same is not covered under any Base Benefit or Optional Benefit of Base Policy.

3.1.8 **Benefit: Plus Benefit**

An additional amount as specified in the add-on Policy Schedule will be available to the Insured person for all claims (admissible under base plan of Base Policy) during the Add-on Policy Year, subject to the following conditions:

- a. This Plus Benefit would be applied on the base Sum Insured only.
- b. Any unutilized amount will not be carried forward to the subsequent Add-on Policy Year.
- c. The Plus Benefit can be utilized for any number of claims admissible under the Base Policy during the Add-on Policy Year.
- d. The Plus Benefit will be applicable only after the exhaustion of Base Sum Insured.
- e. Coverage as applicable for Base Policy Sum Insured shall hold good for this benefit as well.

Waiting periods mentioned under Clause 4.1 (a) (i), (ii) will be applicable for this benefit.

3.1.9 **Benefit: Annual Health Check Up Plus**

- (i) On the Insured Person's request, through Cashless Facility, the Company will arrange for the Insured Person's Annual Health Check-up for the list of medical tests specified below at its Network to provide the services, in India, subject to the conditions specified below:
 - a) This Benefit shall be available only once during a Policy Year per Insured Person; and
 - b) This benefit does not reduce the Sum Insured.
- (ii) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date

List of Medical Tests covered as a part of Annual Health Check-up
Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

- (iii) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows: -

List of Medical Tests covered as a part of Annual Health Check-up	Set No.	Sum Insured
COMPLETE BLOOD COUNT(CBC), URINE ROUTINE, ESR, ABO GROUP & RH TYPE, BLOOD SUGAR FASTING, CHOLESTEROL, CHOLESTEROL DIRECT LDL, CHOLESTEROL-HDL, TRIGLYCERIDES,	1	5Lakhs-10Lakhs

TOTAL CHOLESTEROL/HDL RATIO, CREATININE, BLOOD UREA NITROGEN, BUN/ CREATININE RATIO, URIC ACID		
COMPLETE BLOOD COUNT(CBC), URINE ROUTINE, ESR, ABO GROUP & RH TYPE, BLOOD SUGAR FASTING, CHOLESTEROL, CHOLESTEROL DIRECT LDL, CHOLESTEROL-HDL, TRIGLYCERIDES, TOTAL CHOLESTEROL/HDL RATIO, CREATININE, BLOOD UREA NITROGEN, BUN/ CREATININE RATIO, URIC ACID, TREADMILL TEST	2	Above 10 Lakhs

3.1.10 **Benefit: Room Rent Modification Plus**

Notwithstanding anything to the contrary in the Policy, if this benefit is opted, the Company agrees to modify the Room Category/ Room Rent of Base Policy to General Ward maximum up to Rs. 3000 per day/ General Ward as specified in Add – on Policy Schedule. If the insured person is admitted in a Hospital room where the Room Category opted or Room Category incurred is higher than the eligible Room Category/ Room Rent as specified in the Policy Schedule, then, the Policyholder/Insured Person shall bear the ratable proportion of the total Associate Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Add-on Policy Schedule or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

- i. General Ward maximum up to Rs. 3000 per day If Policy Schedule states 'General ward maximum up to Rs. 3000 per day' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited for stay in a General ward with maximum up to Rs. 3000 per day.

Note:

- i. The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.
- ii. No limit on ICU charges under this Benefit.

3.1.11 **Maternity Cover**

- a. The Company shall indemnify up to the amount specified against this Benefit in the Add-on Policy Schedule for the Maternity Expenses including Pre-natal & Post-natal Medical Expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child during the Add-on Policy Period.
- b. It is agreed and understood that:
 - i. The Company shall be liable under this Benefit only if the Primary Insured Person for whom the Claim is made under this Benefit is covered for a continuous period as specified in the Add-on Policy Schedule.
 - ii. Medical Expenses for ectopic pregnancy are not covered under this Benefit.

- iii. The Company shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per MTP Act, 1971 (amended) and other applicable laws and rules.
- c. Claims under this Benefit shall be admissible only if the age of the Insured Person and/or Primary Insured Person's spouse is 18 to 45 years.
- d. Wait Period shall be applicable as specified against this benefit in the Add-on policy schedule.
- e. Medical Expenses incurred on assisted reproductive treatment shall also be covered.
- f. Newborn Baby shall be covered within Maternity Expenses Sum Insured limit. Insured can opt for anyone one out of "New Born cover" from base cover or above 3.1.11 "Maternity Cover"

3.1.12 Surrogacy Care

If an Insured Person requires to be admitted in a Hospital in India only for complication arising during Surrogacy pregnancy & Post- partum delivery in respect of the Surrogate Mother then the Company shall indemnify the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, maximum up to the amount, as specified in the Add-on Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

Conditions applicable to this Benefit are:

- a. This Benefit shall be available for Insured Person who has opted for Policy with minimum 3 years Policy tenure.
- b. Maximum coverage available for a surrogate mother under this Benefit is for period of thirty-six month (36) continuous months from the date of initiation of the treatment/procedure
- c. Waiting periods mentioned under Clause 4.1 (a) (i), (ii) are not applicable for this benefit
- d. Medical Expenses that are not payable under this Benefit are:
 - i. Delivery Expenses (Normal Delivery or Caesarean section)
 - ii. Newborn baby through Surrogacy to the Surrogate Mother
 - iii. Miscarriage (including miscarriage due to accident) except in case of life-threatening medical condition due to the Surrogate Mother, during the policy period of the Surrogate Mother.
 - iv. Surrogacy Treatment Procedure cost (Injection, tests, Ultra Sound, Embryo transfer, Ovum Pickup)
 - v. Surrogacy which is for commercial purposes
 - vi. Costs associated with cryopreservation and storage of sperm, eggs and embryos
 - vii. Services done at unrecognized center

- viii. Surgery / procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / Procedures
- ix. Reversal of voluntary sterilization
- x. Selective termination of an embryo
- xi. Pre and Post Hospitalization expenses

3.1.13 Oocyte Care

If an Insured Person requires to be admitted in a Hospital in India only for complications arising due to Oocyte retrieval in respect of the Oocyte Donor then the company shall indemnify the Insured Person for Medical Expenses incurred towards Hospitalization, maximum up to the amount, as specified in the Add-on Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

Conditions applicable to this Benefit are:

- a. This Benefit shall be available for Policy Period of 1 Year
- b. Maximum coverage available for a Oocyte donor under this benefit is for a period of 12 continuous months from the date of initiation of treatment/procedure
- c. Waiting periods mentioned under Clause 4.1 (a)(i), (ii) are not applicable for this Benefit
- d. Medical Expenses that are not payable under this Benefit are:
 - i. Delivery expenses (Normal Delivery or Caesarean section)
 - ii. Costs associated with cryopreservation and storage of sperm, eggs and embryos
 - iii. Reversal of voluntary sterilization
 - iv. Selective termination of an embryo
- v. Services done at unrecognized center
- vi. Surgery / procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / Procedures
- vii. Pre and Post Hospitalization expenses

Conditions applicable for Benefit – Surrogacy Care and Benefit – Oocyte Care:

1. The Proposal for insurance has to be made 30 days before the embryo transfer for the surrogate mother and/or 30 days before ovarian stimulation for oocyte donor.
2. Proposer has to be one of the Intending Couple/ Intending Women.

3.1.14 Disease Management Program (DMP)

Insured Person can opt any of the following listed Disease Management Program:

- i. **Asthma:** The Company will indemnify the Insured Person for expenses incurred related to Asthma for consultation, pharmacy up to the amount/limit specified in the Policy Schedule and for diagnostic tests as specified below:
 - i. Chest X-ray
 - ii. Spirometry test
 - iii. Physiotherapy
- ii. **Diabetes Mellitus:** The Company will indemnify the Insured Person for expenses incurred related to Diabetes for consultation, pharmacy up to the amount/limit specified in the policy schedule and for diagnostic tests as specified below:
 - i. HBA1c
 - ii. Urine proteins – microalbuminuria
 - iii. Electrolytes
- iii. **Hypertension:** The Company will indemnify the Insured Person for expenses incurred related to Hypertension for consultation, pharmacy up to the amount/limit specified in the policy schedule and for diagnostic tests as specified below:
 - i. Electrolytes
 - ii. Urine proteins – microalbuminuria
 - iii. 2D-Echo
- iv. **Hyperlipidemia:** The Company will indemnify the Insured Person for expenses incurred related to Hyperlipidemia for consultation, pharmacy up to the amount/limit specified in the policy schedule and for diagnostic tests as specified below:
 - i. SGOT
 - ii. SGPT

Note:

- i. This Benefit shall be available only to those Insured Persons who are of Age 18 years or above on the Policy Period Start Date of this Add-on Policy.
- ii. All the Diagnostic tests under Disease Management Program can be availed only at the Company's network.
- iii. The Insured Person can avail maximum 4 consultations in a year under each Disease Management Program.
- iv. Coverage under this Benefit is over and above Health check-up /Out-patient coverage available under Base Policy.

3.1.15 Palliative Care

The Company shall indemnify medical expenses up to the amount per day maximum up to limit as specified against this Benefit in Add-on Policy Schedule, if the Insured Person has been diagnosed with terminal illness during Add-on Policy Year and treating Medical Practitioner certifies that Insured Person requires Palliative Care.

For this Benefit purpose:

Palliative Care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than the treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

Exclusion:

- 1) Any services, equipment used or treatment provided to cure Terminal Illness
- 2) Any nursing services availed under this Benefit

3.1.16 Home Modification Plus

The Company shall indemnify the relevant expenses incurred during the Add-on Policy Year, as specified in the Add-on Policy Schedule, for the reasonable and necessary modification of the Insured Person's place of residence, if Insured Person is hospitalized for a medically necessary treatment and post discharge from the hospital requires mobility support to facilitate the Insured Person's movement at his/her place of residence, subject to admissible Hospitalization, provided that such modification is carried out within 30 days from the date of discharge from the hospital.

3.1.17 Sublimit on Specified Diseases

If this Benefit is opted then sub-limits shall be applicable on listed treatments and procedures up to the amount specified against each treatment and procedures on Base Policy Sum Insured and Company's liability shall be limited to such extent.

Listed Treatments and Procedures are as follows:

- (i) Treatment of Cataract
- (ii) Treatment of Total Knee Replacement
- (iii) Cerebrovascular Accident and Cardiovascular Diseases
- (iv) Cancer (Including Chemotherapy / Radiotherapy)
- (v) Medical Renal Diseases (Including Dialysis)
- (vi) Treatment of Breakage of Long Bones
- (vii) Surgery for treatment of all types of Hernia
- (viii) Hysterectomy
- (ix) Surgeries for Benign Prostate Hypertrophy (BPH)
- (x) Surgical treatment of stones of renal system

Treatments	Sub-Limit
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Cataract (Per Eye)	(SI < Rs.10L) - up to Rs.30,000
	(SI=Rs.10L- Rs.20L) – up to Rs.40,000
	(SI > Rs.20L) – up to Rs.50,000
Knee Replacement (Per Knee)	(SI < Rs.10L) - up to Rs.1,25,000
	(SI=Rs.10L- Rs.20L) – up to Rs.1,50,000
	(SI > Rs.20L) – up to Rs.2,00,000
Treatment for each and every Ailment / Procedure mentioned below: -	
i. Cerebrovascular Accident and Cardiovascular Diseases	(SI < Rs.10L) - up to Rs.3,00,000
ii. Cancer (Including Chemotherapy / Radiotherapy)	(SI=Rs.10L- Rs.20L) - up to Rs.4,00,000
iii. Medical Renal Diseases (Including Dialysis)	(SI > Rs.20L) - up to Rs.5,00,000
iv. Treatment of Breakage of Long Bones	
Treatment for each and every Ailment / Procedure mentioned below: -	
i. Surgery for treatment of all types of Hernia	(SI < Rs.10L) - up to Rs.1,00,000
ii. Hysterectomy	(SI=Rs.10L- Rs.20L) – up to Rs.1,50,000
iii. Surgeries for Benign Prostate Hypertrophy (BPH)	(SI > Rs.20L) – up to Rs.2,00,000
iv. Surgical treatment of stones of renal system	

Note:

a) Sub-limits shall apply to total claim amount payable under all Hospitalization related Benefits listed in Base Policy.

4. **EXCLUSIONS**

Waiting period mentioned below are not applicable unless specified under any benefit

4.1 **Standard Exclusions:**

(a) **Waiting Periods:**

(i) **Pre-Existing Diseases: Code- Excl01**

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

- d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Named Ailment Waiting Period: Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders, Joint Replacement Surgery, Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
 3. Benign Prostatic Hypertrophy
 4. Cataract
 5. Dilatation and Curettage
 6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
 7. Surgery of Genito-urinary system unless necessitated by malignancy
 8. All types of Hernia & Hydrocele
 9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
 10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
 11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
 12. Myomectomy for fibroids
 13. Varicose veins and varicose ulcers
 14. Parkinson's or Alzheimer's disease or Dementia

(iii) 30-day waiting period- Code- Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Notes:

- (i) The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

- (ii) If Coverage for Benefits (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above shall be applicable afresh to the newly added Benefits (if applicable), from the time of such renewal.

(b) Permanent Exclusions:

This Add-on shall follow exclusions as mentioned in the Base policy

4.2 Specific Exclusions:

This Add-on shall follow exclusions as mentioned in the Base Policy

5. GENERAL TERMS AND CLAUSES

5.1 Disclosure of Information

Conditions under this section are same as Base Policy.

5.2 Condition Precedent to Admission of Liability

Conditions under this section are same as Base Policy.

5.3 Claim Settlement (provision for Penal Interest)

Conditions under this section are same as Base Policy.

5.4 Complete Discharge

Conditions under this section are same as Base Policy.

5.5 Multiple Policies

Conditions under this section are same as Base Policy.

5.6 Fraud

Conditions under this section are same as Base Policy.

5.7 Cancellation / Termination

Conditions under this section are same as Base Policy.

5.8 Migration

Conditions under this section are same as Base Policy.

5.9 Portability

Conditions under this section are same as Base Policy.

5.10 Renewal of Policy

Conditions under this section are same as Base Policy.

5.11 Withdrawal of Policy

Conditions under this section are same as Base Policy.

5.12 Moratorium Period

Conditions under this section are same as Base Policy.

5.13 Premium payment Installment

Conditions under this section are same as Base Policy.

5.14 Possibility of Revision of Terms of the Policy Including the Premium Rates

Conditions under this section are same as Base Policy.

5.15 Free Look Period

Conditions under this section are same as Base Policy.

5.16 Grievances

Conditions under this section are same as Base Policy.

5.17 Nomination:

Conditions under this section are same as Base Policy.

5.18 Material Change

Conditions under this section are same as Base Policy.

5.19 Records to be maintained

Conditions under this section are same as Base Policy.

5.20 No constructive Notice

Conditions under this section are same as Base Policy.

5.21 Policy Disputes

Conditions under this section are same as Base Policy.

5.22 Limitation of liability

Conditions under this section are same as Base Policy.

5.23 Communication

Conditions under this section are same as Base Policy.

5.24 Alterations in the Policy

Conditions under this section are same as Base Policy.

5.25 Electronic Transactions

Conditions under this section are same as Base Policy.

6. OTHER TERMS AND CLAUSES

6.1 Claims procedure and management

Claims Procedure and Management under this Add-on Policy shall be same as in the Base Policy.
Original supportive documents to be submitted for claim admissibility under this Add-on Policy.

7. SCHEDULE OF BENEFITS:

1	Physical Consultations with General Physicians	<p>Max. 4 physical consultations per Insured per Add on Policy Year with General Physicians.</p> <p>Subject to Maximum Rs.300/500-1000 (in multiples of 100) per consultation in an Add on Policy Year.</p> <p>Co-payment of 10% per claim is applicable if per consultation limit opted is greater than Rs.500</p>
2	Physical Consultations with Specialist Doctors	<p>Max. 4 physical consultations per Insured per Add on Policy Year with any specialist doctors as defined in Appendix-I.</p> <p>Subject to Maximum Rs.500-2000 (in multiples of 100) per consultation in an Add on Policy Year.</p> <p>Co-payment of 5% per claim is applicable if per consultation limit opted is greater than or equal to Rs.1000.</p>
3	Unlimited E-consultation	Unlimited E-Consultation with General physician and Specialist Doctors at its network.
4	Online Fitness Classes	Unlimited Live interactive classes broadcasted online by Fitness experts on Yoga, Zumba, MMA, Kickboxing, Functional fitness etc.
5	OPD Physiotherapy	Up to Rs.100/300/500/1K-20K (in multiples of 1000).
6	Claim Shield+	<p>List of items (Non-medical) as per annexure I (list I, II, III and IV) that are non-payable as per Base Policy shall be covered up to applicable base policy Sum Insured.</p> <p>The maximum Claim pay-out under this benefit shall be limited to applicable Sum Insured under Base Policy.</p> <p>(Please refer the list of Non-Medical items given below)</p>
7	Claim Shield One	List of items as per annexure I (list I) that are non-payable as per Base Policy shall be covered up to applicable base policy Sum Insured.
8	Plus Benefit	<p>Additional 30%, 40%, 50%, 100%, 200%, 300%, 400%, 500% SI from day 1 subject to the following conditions:</p> <p>Plus Benefit would be applied on the base sum insured only</p> <p>Any unutilized amount will not be carried forward to the subsequent Add-on policy year</p>
9	Annual Health check up Plus	Once for all Insured every policy year
10	Room Rent Modification Plus	Room category of Base Policy gets modified to General Ward max. up to Rs. 3000 per day/ General ward
11	Maternity Cover	<p>Maternity Expenses incurred for delivery of child covered up to Rs. 15k/25k/50k/ 1 lac /2 lac in a Policy Period.</p> <ul style="list-style-type: none"> 9 months/2/4 year wait period shall be applicable Coverage shall be available only for Primary Insured Person and/or Primary Insured Person's spouse of age 18 to 45 years Medical expenses incurred on assisted reproductive treatment shall also be covered New Born Baby shall be covered within Maternity Expenses Sum Insured limit

		Note – Coverage is over and above the SI								
12	Surrogacy Care	<p>Covers In-patient Hospitalization Expenses related to complications arising during pregnancy & post –partum delivery for the Surrogate Mother.</p> <p>Individual Sum Insured – 50k/1 Lacs/2Lacs/5 Lacs /10 Lacs</p> <table><tr><td></td><td>For Surrogate Mother</td></tr><tr><td>Tenure</td><td>3 Years</td></tr><tr><td>Age of Proposer</td><td>Intending Couple – Male– 26 to 55 Years Female– 23 to 50 Years Intending Woman – 35 to 45 Years</td></tr><tr><td>Entry Age</td><td>25 to 35 Years</td></tr></table> <p>Note – Coverage is over and above the SI</p>		For Surrogate Mother	Tenure	3 Years	Age of Proposer	Intending Couple – Male– 26 to 55 Years Female– 23 to 50 Years Intending Woman – 35 to 45 Years	Entry Age	25 to 35 Years
	For Surrogate Mother									
Tenure	3 Years									
Age of Proposer	Intending Couple – Male– 26 to 55 Years Female– 23 to 50 Years Intending Woman – 35 to 45 Years									
Entry Age	25 to 35 Years									
13	Oocyte Care	<p>Covers In-patient Hospitalization Expenses related to complications arising due to Oocyte retrieval of Oocyte donor.</p> <p>Individual Sum Insured – 50k/1 Lacs/2Lacs/5 Lacs /10 Lacs</p> <table><tr><td></td><td>For Oocyte donor</td></tr><tr><td>Tenure</td><td>1 Year</td></tr><tr><td>Age of Proposer</td><td>Male -21 to 55 Years Female- 21 to 50 Years</td></tr><tr><td>Entry Age</td><td>23 to 35 Years</td></tr></table> <p>Note – Coverage is over and above the SI</p>		For Oocyte donor	Tenure	1 Year	Age of Proposer	Male -21 to 55 Years Female- 21 to 50 Years	Entry Age	23 to 35 Years
	For Oocyte donor									
Tenure	1 Year									
Age of Proposer	Male -21 to 55 Years Female- 21 to 50 Years									
Entry Age	23 to 35 Years									
14	<p>Disease Management Program (DMP)</p> <p>a. Asthma or b. Diabetes Mellitus or c. Hypertension or d. Hyperlipidaemia</p>	<p>The following DMP can be opted in any combination:</p> <p>Asthma:</p> <table><tr><td>Consultations</td><td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td></tr><tr><td>Pharmacy</td><td>Up to Rs. 6000 in a year</td></tr><tr><td>Diagnostic tests</td><td>Chest X-ray Spirometry test Physiotherapy</td></tr></table> <p>Diabetes:</p>	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	Chest X-ray Spirometry test Physiotherapy		
Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation									
Pharmacy	Up to Rs. 6000 in a year									
Diagnostic tests	Chest X-ray Spirometry test Physiotherapy									

		Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation
		Pharmacy	Up to Rs. 6000 in a year
		Diagnostic tests	HBA1c Urine proteins – microalbuminuria Electrolytes
		Hypertension:	
		Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation
		Pharmacy	Up to Rs. 6000 in a year
		Diagnostic tests	Electrolytes Urine proteins – microalbuminuria 2D-Echo
		Hyperlipidemia:	
		Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation
		Pharmacy	Up to Rs. 6000 in a year
		Diagnostic tests	SGOT SGPT
		Diagnostic tests under Disease Management Program can be availed only at the Company's network	
15	Palliative Care	The Company shall indemnify medical expenses up to the amount Up to Rs. 5000 per day, maximum up to 1 Lac in a Policy Year, if the Insured Person has been diagnosed with terminal illness during Add-on Policy Year and treating Medical Practitioner certifies that Insured Person requires Palliative Care.	
16	Home Modification Plus	The Company shall indemnify the relevant expenses incurred during the Add-on Policy Year up to Rs. 5000/10000 in a Policy Year for the reasonable and necessary modification of the Insured Person's place of residence, if Insured Person is hospitalized for a medically necessary treatment and post discharge from the	

		hospital requires mobility support to facilitate the Insured Person's movement at his/her place of residence, subject to admissible Hospitalization, provided that such modification is carried out within 30 days from the date of discharge from the hospital.
17	Sub-Limit on Specified Diseases	Option to Select the Sublimit as per Appendix I (Please refer to the list given below)

Treatments	Sub-Limit
Cataract (Per Eye)	(SI < Rs.10L) - up to Rs.30,000
	(SI=Rs.10L- Rs.20L) – up to Rs.40,000
	(SI > Rs.20L) – up to Rs.50,000
Knee Replacement (Per Knee)	(SI < Rs.10L) - up to Rs.1,25,000
	(SI=Rs.10L- Rs.20L) – up to Rs.1,50,000
	(SI > Rs.20L) – up to Rs.2,00,000
Treatment for each and every Ailment / Procedure mentioned below: -	
i. Cerebrovascular Accident and Cardio vascular Diseases ii. Cancer (Including Chemotherapy / Radiotherapy) iii. Medical Renal Diseases (Including Dialysis) iv. Treatment of Breakage of Long Bones	(SI < Rs.10L) - up to Rs.3,00,000 (SI=Rs.10L- Rs.20L) – up to Rs.4,00,000 (SI > Rs.20L) – up to Rs.5,00,000
Treatment for each and every Ailment / Procedure mentioned below: -	
i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system	(SI < Rs.10L) - up to Rs.1,00,000 (SI=Rs.10L- Rs.20L) – up to Rs.1,50,000 (SI > Rs.20L) – up to Rs.2,00,000

Statutory Warning : Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or

renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.universalsompo.com/resources-downloads
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.