

Saksham Bima, USGI - Prospectus

Saksham Bima, USGI is a unique indemnity health insurance product which covers expenses incurred on hospitalization due to Illness or Accident to Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act, 2017 and/or Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

1. Eligibility

This policy is specially designed for.

- A. Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act, 2017. The cover under this policy is available for persons with the following disability/ disabilities as defined under the Rights of Persons with Disabilities Act, 2016 and any subsequent additions/ modifications to the list in the Act.

1. Blindness	2. Muscular Dystrophy
3. Low vision	4. Chronic Neurological conditions
5. Leprosy Cured persons	6. Specific Learning Disabilities
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis
9. Locomotor Disability	10. Speech and Language disability
11. Dwarfism	12. Thalassemia
13. Intellectual Disability	14. Haemophilia
15. Mental Illness	16. Sickle Cell disease
17. Autism spectrum disorder	18. Multiple Disabilities including deaf/ blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	

- a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.
- b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

Or/ and

- B. Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

Age Eligibility

- This Policy covers Insured Persons in the age group 91 days to 65 years.
- This Policy can be availed only on Individual basis
- The minimum entry age for an adult is 18 years and maximum entry age is 65 years.

- The minimum entry age children is 1 day and maximum entry age is 17 years.
- There is no maximum cover ceasing age on renewals.

2. Sum Insured (Rs.)

- Saksham Bima, USGI offers two Sum Insured options (in INR) as mentioned below

4,00,000	5,00,000
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- The Policy will be issued for a period of 1 year only.

3. Base Coverage

Hospitalization Cover

3.1 Inpatient Care:

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.
- Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

- Expenses incurred on treatment of cataract subject to the sub limits.
- Dental treatment necessitated due to disease or injury (for inpatient care only).
- Plastic surgery necessitated due to disease or injury.
- All day care treatments

Note:

- Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
- The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company

3.2 AYUSH Treatment:

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to Base of sum insured as specified in the policy schedule in any AYUSH Hospital.

3.3 Pre-Hospitalization Medical Expenses:

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an

admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 3.1 (Inpatient Care) or Section 3.2 (AYUSH Treatment) or Section 3.7 (Modern Treatments) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

3.4 Post-Hospitalization Medical Expenses:

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 3.1 (Inpatient Care) or Section 3.2 (AYUSH Treatment) or Section 3.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

3.5 Emergency Ground Ambulance:

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that.

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 3.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 3.2 (AYUSH Treatment) or Section 3.7 (Modern Treatments).
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only

3.6 Cataract Treatment:

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.

3.7 Modern Treatment:

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

- a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection.
- f. Intra Vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio Surgeries
- i. Bronchial Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM- (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be

4. Pre Policy Check up:

- Pre-Policy Check-up at our network may be required based upon the age and sum insured.
- We will reimburse 100% of the expenses incurred per Insured Person on the acceptance of the proposal.
- If Proposal is declined post PPC, 100% of Medical test charges will be borne by the customer.
- In case of any adverse medical declaration on the proposal form, we may request for additional medical tests cost for which will be borne by the insured.

5. Tax Benefit:

Premium amount paid under this Policy qualifies for deduction under Section 80D of the Income Tax Act

6. Waiting Periods:

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

1. Pre-Existing Diseases (Code- Excl 01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24months for pre-existing disability/ 36 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

- c) 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 number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us

2. First 30 days waiting period- Code- Excl 03

- 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 within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Specified disease/procedure waiting period- Code- Excl 02

- 1. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- 2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 3. 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.
- 4. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- 5. 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.

24 Months waiting period.

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
- 8. Benign prostate hypertrophy
- 9. Cataract and age-related eye ailments
- 10. Gastric/ Duodenal Ulcer
- 11. Gout and Rheumatism
- 12. Hernia of all types

13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

7. Specific Conditions Applicable for Persons with Disability

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalization arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below.

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy

8. Specific Conditions Applicable for Persons with HIV -AIDS

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

Condition

- i. This cover will exclude cost for any Anti-Retroviral Treatment.

9. Exclusions

The Company shall not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy:

9.1. Standard Exclusions

a. Investigation & Evaluation: Code Excl04

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

b. 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,

c. Obesity/Weight control: Code – Excl06:

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI)
 - A. greater than or equal to 40 or
 - B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1) Obesity-related cardiomyopathy
 - 2) Coronary heart disease
 - 3) Severe sleep apnea
 - 4) Uncontrolled type2 diabetes

d. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

e. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

f. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

g. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

h. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

i. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.

j. 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.

k. 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.

l. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight

due to refractive error less than 7.5 dioptries.

- m. 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.
- n. Sterility and Infertility: Code – Excl17:** Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization.
- o. Maternity: Code – Excl18**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

9.2. Specific Exclusions:

In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - 3.1 any nuclear fuel or from any nuclear waste; or
 - 3.2 from the combustion of nuclear fuel (including any self- sustaining process of nuclear fission);
 - 3.3 nuclear weapons material.
 - 3.4 nuclear equipment or any part of that equipment.
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event / activity

that is against law with a criminal intent.

9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner

10. Claims Procedure

A) For benefit product:

Claim Intimation

Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.

- i Within 24 hours from the date of emergency hospitalization required
- ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Reimbursement Process

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

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 Floor C-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will be processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim

Document submission check list

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- i. Claim form duly filled and signed by the Insured
- ii. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- iii. All treatment papers of current ailment including previous treatment papers if any.
- iv. Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.
- v. Discharge Card from the hospital, Indoor Case Papers.
- vi. All medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- vii. Hospital bill and receipts.
- viii. Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- ix. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- x. Valid Photo ID Proof of the patient.
- xi. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- xii. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, Our Health Serve team will contact you on receipt of your claim documents by us.

B) For Indemnity Product

Claim Intimation

Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.

- i Within 24 hours from the date of emergency hospitalization required
- ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Cashless Process

Follow below steps to avail Cashless facility through our In house Health Claims Management:

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

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

Cashless Anywhere

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 healthserve@universalsampo.com

Reimbursement Process

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsampo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sompo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

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.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim

Claim Documents submission checklist:

- i. Claim form duly filled and signed by the Insured
- ii. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- iii. All treatment papers of current ailment including previous treatment papers if any.
- iv. Original Discharge Card from the hospital, Indoor Case Papers.
- v. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- vi. Original hospital bill and receipts.
- vii. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- viii. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- ix. Valid Photo ID Proof of the patient.
- x. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- xi. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

10.5. Co-payment

Each and every claim under the Policy shall be subject to a Co- payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

This co-payment can be waived off by paying an additional premium (optional).

10.6. Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- i. Claim settlement and claim rejection.
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

10.7. Payment of Claim

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

11. Standard General Terms and Clauses

11.1. 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.

11.2. 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.

11.3. Claim Settlement (provision for Penal Interest)

- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of intimation to till the date of payment.
- 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.
- 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.

11.4. Complete Discharge

Any payment to the Policyholder, 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.

11.5. Multiple Policies

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- c. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- d. Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

11.6. 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 and the premium paid shall be forfeited.

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

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 acting on behalf of the Insured Person, 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 claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement 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.

11.7. Cancellation

- a. The Policyholder 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
 - 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

Refund%

11.8. 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. 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.

11.9. 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 proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability

11.10. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- 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. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- v. No loading shall apply on renewals based on individual claims experience.

11.11. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalments basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following

Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium
- ii. If the premium is paid in installments during the policy period, coverage will be available during such Grace period.
- iii. The Benefits provided under- "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.

- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

11.12. Moratorium Period

After completion of sixty continuous months under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co- payments, deductibles as per the policy contract.

11.13. Possibility of Revision of terms of the Policy including the Premium Rates

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 (3) months before the changes are affected.

11.14. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of 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 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
- ii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

11.15. Withdrawal of Policy

- a. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- b. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

11.16. 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 follows:

Step 1: Contact us

Write us at:

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

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 Sampo 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

Please refer the steps from our USGI Official website

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 Sampo General

Insurance Co. Ltd.

Unit No. 601 & 602, 6th Floor, Reliable

Tech Park, Thane- Belapur Road, Airoli,

Navi Mumbai, Maharashtra – 400708

E- mail Address:

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/>.

11.17. Nomination

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy

12. Specific Conditions

I. Condition Precedent to the contract

a. Arbitration clause

- i. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one t be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996) as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- iii. It is here by expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained

b. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

c. Material Change

The Insured Person shall notify the Company in writing of any material change in the risk

in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

d. Notice and 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/certificate of insurance.

e. 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 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.

f. 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.

II. Conditions applicable during the contract

a. Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

b. Revision and Modification of the Policy Product-

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

c. Terms and conditions of the Policy

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

13. Table of Benefit

Name	Saksham Bima, USGI
Coverage Basis	Individual basis only
Category of Cover	Indemnity and Benefit
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured Available (in INR)	4lacs and 5 lacs
Policy Period	1 Year
Eligibility	Policy can be availed by availed on Individual basis. Age eligibility for adults: 18 years to 65 years Age eligibility for Children: Newborn to 17 years 40% disability as certified by the competent authority as per the Disability Act 2016.
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalization Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for Room/ Doctors fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to 1% of the sum insured per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Up to Rs.40,000/-, whichever is lower, per each eye in one policy year.
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalisation
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to Base sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident and 90 days for lumpsum benefit under HIV/AIDS
PED waiting period	36 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered)

Specific Disease/ illness waiting period	24 months
Waiting Period and specific Sublimit for HIV AIDS Cover	<p>For HIV/AIDS cover:</p> <p>a. Initial waiting period of 30 days will be applicable for Indemnity basis cover and 90 days shall be applicable for Benefit basis cover.</p> <p>b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.</p>
Waiting Period and specific Sublimit for Disability Cover	<p>For Disability Cover:</p> <p>a. 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.</p>

14. Discounts

- a. Direct Policy Discount:** 15% discount on the applicable premium for customers approaching the Company directly without any intermediary. The discount passes on the expense savings following a direct mode of policy issuance without any intermediation to customer.
- b. Employee or Promoter Companies employee discount:** 15% discount on the applicable premium for employees of the promoter companies of the company. The discount passes on the expense savings following a direct mode of policy issuance without any intermediation to customer.
- c. Donor Discount:** 2.5% discount on the applicable premium if the insured has pledged for organ donation in accordance with the Transplantation of Human Organ and Tissues Act, 1994. The discount is provided to create public awareness about and promote organ donation. The insured will be eligible for the donor discount on subsequent renewals also.

The maximum discount applicable is 17.5%.

15. Loadings

- a. The Company may apply loading on the premium, specific Waiting Period or permanent exclusions, based on the declarations made in the Proposal Form and the health status, habits and lifestyle, past medical records, and the results of the pre-Policy medical examination of the persons proposed to be insured under the Policy.
- b. The maximum medical underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person.
- c. Loadings shall be applied from Commencement Date including subsequent Renewal(s), and on increased Sum Insured.
- d. Proposer shall be informed about the proposed loading with premium, specific Waiting Period or permanent exclusion (if any) through a counteroffer letter and Policy will be issued only on specific acceptance within 15 days of the receipt of such counteroffer letter. In case the Company does not receive any response to the counteroffer letter from the proposer within

15 days, the application shall be cancelled and any premium received shall be refunded within 7 days.

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

Disclaimer: the above is descriptive only. The actual terms and conditions can be found in the policy document. Insureds are advised to read the policy document completely for a full description of the terms and conditions of coverage and the exclusions relating thereto.

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

ANNEXURE I – LIST OF OMBUDSMAN DETAILS

The updated details of Insurance Ombudsman are available on - IRDAI website: www.irdai.gov.in, on the website of Office of Executive Council of Insurers: <https://www.ecoins.co.in> and our website www.universalsompo.com or from any of our offices.

Office Details	Jurisdiction of Office
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078.	Karnataka.

<p>Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	
<p>BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh, Chhattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>

<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka- Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry</p>
<p>JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>

<p>KOLKATA – Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase- II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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.</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>

<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

ANNEXURE II – NON-MEDICAL EXPENSES

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	SLINGS
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	OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR

43	SPLINT
44	DIABETIC FOOTWEAR
45	KNEE BRACES LONG/ SHORT/ HINGED
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II— Items that are to be subsumed into Room charges

No.	Item
1	BABY CHARGES UNLESS SPECIFIED/INDICATED
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH-PASTE
13	TOOTH-BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES

29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES NOT EXPLAINED
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

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	CAUSE 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

No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION 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 III – RATE CHART

Insured age range	Group 1		Group 2		Group 3	
	4 Lakhs	5 Lakhs	4 Lakhs	5 Lakhs	4 Lakhs	5 Lakhs
91 days-17	23,480	26,340	26,360	29,510	35,830	40,120
18-25	27,100	30,960	30,350	34,600	41,270	47,060
26-30	30,600	34,770	34,200	38,780	46,510	52,770
31-35	41,350	46,540	46,020	51,730	62,630	70,420
36-40	51,430	57,940	57,110	64,270	77,760	87,520
41-45	63,460	71,540	70,350	79,230	95,810	107,920
46-50	74,520	84,040	82,510	92,980	112,390	126,670
51-55	90,270	101,840	99,830	112,560	136,010	153,370
56-60	104,070	117,440	115,010	129,720	156,710	176,770
61-65	118,570	133,840	130,970	147,760	178,480	201,370
66-70	133,790	151,040	147,710	166,680	201,300	227,170
71-75	161,570	182,440	178,260	201,220	233,690	262,540
>75	187,310	211,540	206,580	233,230	267,540	298,310

* Gross Premium (exclusive of tax)

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