

SUPER HEALTHCARE INSURANCE
POLICY WORDING

A. SCHEDULE

B. PREAMBLE

WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UINIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED (hereinafter called the COMPANY and/or INSURER) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED MEMBER) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person contracts any disease or suffers from any illness or sustains any bodily injury through accident (hereinafter called INJURY) and if such illness or injury requires any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the *Company will* pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses specified under Covered Expenses, as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person subject to Basis of Payment Clause but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

C. DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth: Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

C.1. Standard Definitions:

- 1. Accident:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. Any one illness:** continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
- 3. Aggregate Deductible:** Aggregate deductible is a cost sharing requirement under this policy that provides the *company will* not be liable for a specified rupee amount of the

covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses (admissible under policy) incurred during the policy period by insured (individual policy) or insured family (in case of family floater).

- 4. AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para- surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
- a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified *AYUSH Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 5. AYUSH Day Care Centre:** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 6. AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
- 7. Base Annual Sum Insured:** means the amount specified in the Policy Schedule which is Company's maximum, total and cumulative liability for any and all Claims during the

Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.

8. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
9. **Cashless facility:** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
10. **Claim:** A claim shall mean a formal request to an insurer by the insured for coverage or compensation for a covered loss or policy event which the policy shall cover.
11. **Condition Precedent:** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
12. **Congenital Anomaly:** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body
 - b) **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body
13. **Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
14. **Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under—
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out; iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
15. **Day Care Treatment:** Day care treatment refers to medical treatment, and/or surgical procedure which is:

- i. Undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

- 16. Deductibles:** Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 17. Dental Treatment:** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 18. Dependent Child:** Dependent Child refers to refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income. For the purpose of this policy, child up to age 30 years is considered as dependent child.
- 19. Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 20. Domiciliary Hospitalization** Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- iii. The condition of the patient is such that he/she is not in a condition to be removed to a hospital. or ii) The patient takes treatment at home on account of non-availability of room in a hospital.
- 21. Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- 22. Grace Period:** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received

- 23. Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places
 - iii. has qualified medical practitioner(s) in charge round the clock
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 24. Hospitalisation:** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive '*In-patient Care*' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 25. Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- b) Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs on-going or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur.
- 26. Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 27. Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

- 28. Intensive Care Unit:** Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 29. IRDAI:** IRDAI means Insurance Regulatory and Development Authority of India
- 30. ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 31. Law:** Law shall mean and include the applicable laws of India including IRDAI ACT, 1999, Insurance Act, 1938, Health Insurance Regulations, 2016 and other prevailing laws of India modified amended, changed from time to time.
- 32. Limit of Indemnity:** Limit of Indemnity represents our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule as sum insured during the policy period, and means the amount stated in the Schedule as sum insured.
- 33. Maternity expenses:** Maternity expenses means;
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
 - Expenses towards lawful medical termination of pregnancy during the policy period
- 34. Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 35. Medical expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 36. Medical Practitioner:** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is

thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

- 37. Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:
- i. is required for the medical management of the illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 38. Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- 39. Network Hospitals / Network Hospitals:** Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to you on request.
- 40. Network Provider:** Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- 41. Non-Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.
- 42. Notification of Claim:** Notification of claim is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 43. New Born Baby:** New born baby means baby born during the Policy Period and is aged up to 91 days.
- 44. OPD treatment:** OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 45. Pre-Existing Disease:** Pre-existing disease means any condition, ailment, injury or disease:

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

46. Pre-hospitalization Medical Expenses: Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

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

47. Post-hospitalization Medical Expenses: Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

48. Policy: Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.

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

50. Premium: The term premium shall mean a sum or consideration payable to insurer by the insured to cover the risks mentioned under the terms of this policy.

51. Policy Period: Policy Period means the period between the commencement date and the expiry date specified in the Schedule and includes both the commencement date as well as the expiry date

52. Qualified Nurse: Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

53. Reasonable and Customary Charges: Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider

and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

- 54. Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 55. Room rent:** Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 56. Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
- 57. Senior citizen:** "Senior citizen" means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
- 58. Schedule:** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
- 59. Insured Member(s), You, Your, yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
- 60. The Company, We, Our, Ours** means **the Universal Sampo General Insurance Company Ltd.**
- 61. Unproven/Experimental treatment:** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

D. BENEFITS

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse actual expenses incurred in excess of the Deductible as specified in the Policy Schedule.

The company will pay for the Medical Expenses, in excess of deductible stated in the Policy Schedule either **on per admissible claim basis (for Top Up - Plan 1, Plan 2 and Plan 3)** or when the aggregate of covered medical expenses exceeds the deductible applicable **on policy per year basis (for Super Top Up – Gold, Diamond and Platinum)** depending upon the plan opted.

However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate/per admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

Benefit Summary							
1	Eligibility Criteria						
1.1	Who can be covered	Family Floater: Self, Spouse, 4 dependent Children under this policy.					
		Individual: Self, spouse, dependent children, brother, sister, dependent parent, grandparents, grandchildren, mother-in-law, father-in-law, son-in-law, daughter-in-law, dependent brother-in-law, dependent sister-in-law, Niece and Nephew.					
1.2	Entry Age	Minimum : Proposer/Adult 18 yrs					
		Maximum : Proposer/Adult 80 yrs					
		Dependent Children Maximum Entry Age : 30 years under Family Floater Plan					
		Entry age for children-3 months					
1.3	Renewal Age	Lifetime					
1.4	Pre- Medical Test	Under certain circumstances such as declaration(s) in the proposal form or if insured member/s are/is above 65 years and SI is greater than 20 lakhs, we may ask you to undergo mentioned medical check-ups to help us understand your health condition in a better way.					
1.5	Policy Tenure	The Policy can be taken for 1 year/ 2 Years/ 3 Years.					
2	Coverage's and SI options						
	Plan	Top Up			Super Top Up		
	Options	Plan 1	Plan 2	Plan 3	Gold	Diamond	Platinum
	Sum Insured	1, 1.5, 2, 3, 5 Lakhs	2, 3, 5, 7, 10 Lakhs	5, 7, 10, 15, 20 Lakhs	2, 3, 5, 7, 10 Lakhs	3, 5, 7, 10, 15, 20 Lakhs	10, 15, 20, 30, 50, 100 Lakhs
	Deductible	50K, 1 Lakh	2, 3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	1, 2, 3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	10, 15, 20, 30, 40 Lakhs
	Deductible Applicable	Per admissible claim basis	Per admissible claim basis	Per admissible claim basis	Per policy year basis	Per policy year basis	Per policy year basis

Sr.No.	Benefits	Coverage						
1	Inpatient Hospitalization	Minimum 24 Hrs. hospitalisation as an In-patient	Covered	Covered	Covered	Covered	Covered	Covered
2	Day Care Treatment	Medical Expenses for day care treatment/ surgical procedures, taken as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department(399+)	Covered	Covered	Covered	Covered	Covered	Covered
3	Pre-Hospitalisation	Medical expenses incurred prior to the covered Hospitalization	30	30	60	60	90	120
4	Post-Hospitalisation	Medical expenses incurred after the covered Hospitalization	60	60	90	90	120	150
5	Room Rent	Amount charged by a Hospital towards Room and Boarding expenses and includes the associated medical expenses.	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured

6	Domiciliary Hospitalization	The <i>Company</i> will pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required Hospitalization	up to Sum Insured					
7	Organ Donor	Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ, up to Sl.	NA	Covered	Covered	NA	Covered	Covered
8	Ambulance Expenses	–	Actuals or maximum up to RS 2000	Actuals or maximum up to RS 2000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3500	Actuals or maximum up to RS 4000

9	AYUSH Benefit	–	NA	Covered :Up to SI	Covered : Up to SI	NA	Covered: Up to SI	Covered: Up to SI
10	Maternity Expenses Including Born Baby New	Maternity Expenses incurred after 9 months from the policy inception. From 1st Day till expiry of Policy or the child is 91 days old whichever is earlier within Maternity limit.	NA	Covered Limit Rs.50000	Covered - Limit Rs. 75,000	NA	Covered - Limit Rs.50,000	Covered - Limit Rs. 75,000

11	Automatic Restoration	100% of Base Annual Sum Insured	NA	Available	Available	NA	Available	Available
12	Bariatric Surgery Cover	coverage for reasonable and customary expenses for Bariatric Surgery	NA	NA	NA	NA	Covered - Limit 3 Lakhs	Covered - Limit 5 Lakhs
13	Emergency Assistance Services	–	NA	Available	Available	NA	Available	Available

Value Added Benefits

	Wellness Program (to be utilized through mobile application)	1) Everyday Care	Available	Available	Available	Available	Available	Available	
		2) Complete Wellness & HealthCare	Available	Available	Available	Available	Available	Available	
		3) Health Coach (up to 5 calls per year)	NA	Available	Available	NA	Available	Available	
		On Payment of additional premium							
		4) Disease Management Program (up to 5 calls per year)	Rs 415						

Renewal Benefits

1	Cumulative Bonus	a) Enhancement in Sum Insured 20% increase in SI for every claims free year subject to maximum of 100%.The	Covered	Covered	Covered	Covered	Covered	Covered
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		<p>increased SI shall be decreased by 20% in event of claim. Or</p> <p>b) Discount In premium No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 5 years. If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.</p>						
2	Health Check- up	For every renewal, we will provide free health check-up for insured member in our empanelled hospitals/diagnostic centre, irrespective of the claims.	Covered	Covered	Covered	Covered	Covered	Covered
Optional Extension								

	Global Care	The <i>Company</i> will reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days upto the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner and the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization.	NA	NA	Available	NA	Available	Available
Waiting Period								
1	Pre-existing	Benefits will not be available for Any Pre-existing condition, ailment or injury.	36 months	24 months	24 months	36 months	24 months	12 months
2	30 days waiting period	Any Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
3	Specific Waiting period	claims arising out of or howsoever connected to the specific disease for the first 2 years.	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable

Discounts under the Policy				
1	Family Discount :	Discount for covering more than one Family Member under the Policy on individual sum insured basis: Applicable to all type of plan	Number of Members	Discounts
			More than 2 member	10%
2	Long Term Discount	Applicable to all type of plan	Duration of Policy	Discount
			2 years	2 year annual premium in advance less 7.5% discount
			3 years	3 year annual premium in advance less 10% discount
3	Loyalty Discount	5%		
4	Employee Discount	15%		

Discounts under the Policy				
1	Family Discount :	Discount for covering more than one Family Member under the Policy on individual sum insured basis: Applicable to all type of plan	Number of Members	Discounts
			More than 2 member	10%
2	Long Term Discount	Applicable to all type of plan	Duration of Policy	Discount
			2 years	2 year annual premium in advance less 7.5% discount
			3 years	3 year annual premium in advance less 10% discount
3	Loyalty Discount	5%		
4	Employee Discount	15%		

D.1. BASE COVERAGES

1) Medical Expenses

The company will pay Insured the Reasonable charges of Medical Expenses incurred in excess of the deductible stated in the schedule provided that the Insured members are hospitalised on the advice of a Doctor due to the Illness or accidental Bodily Injury sustained or contracted during the Policy Period.

1.1 In Patient Hospitalisation Expenses

In-patient Hospitalisation Medical Expenses as stated below:

- Room Rent boarding expenses
- Nursing Charges
- Intensive Care Unit
- Medical Practitioner(s)
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables
- Intravenous fluids, blood transfusion, injection administration charges
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

1.2 Day Care Treatment

The *Company will* pay for the Medical Expenses for day care treatment/ surgical procedures, taken by the Insured as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department of a Hospital or day care centre as enlisted in the list of Day care Treatment/Procedures annexed to this Policy and also available on company's website.

1.3 Pre-Hospitalization Expenses:

The *Company will* pay for the Medical Expenses incurred during the policy period ,for the period as stated in Policy Schedule immediately before Insured were hospitalized , provided that:

- Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and
- We have accepted an inpatient Hospitalisation claim under Medical expenses.

1.4 Post-Hospitalization Expenses:

The *Company will* pay for the Medical Expenses incurred during the policy period for the period as stated in Policy Schedule immediately after Insured were discharged post Hospitalisation provided that:

- Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and
- We have accepted an inpatient Hospitalisation claim under Medical expenses

1.5 Organ Donor Expenses:

The *Company will* pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule, provided that:

- i. The organ donor is any person whose organ has been made available in compliance with The Transplantation of Human Organ Act 1994, The Transplantation of Human Organs Act (Amendment) 2011 (or any amendments thereafter); and other applicable Central / State Rules / Regulations, as applicable, in respect of transplantation of human organs.
- ii. The organ donated is for the use of the Insured Person who has been medically advised to undergo organ transplant, and
- iii. The Company has accepted an In-patient Hospitalization claim for the Insured member under medical expenses.
- iv. The policy will not cover expenses towards the donor in respect of:
 - (a) Any Pre Hospitalisation Medical Expenses or Post Hospitalisation Medical Expenses other than pre-transplant medical test for legitimate organ donor and cost of organ harvesting;
 - (b) Costs directly or indirectly associated to the acquisition of the organ/ or cost of organ.
 - (c) Any other medical treatment or complication in respect of the donor, consequent to harvesting.
 - (d) Claims which have NOT been admitted under in-patient Hospitalization Medical Expenses for the insured.

1.6. In Patient AYUSH Hospitalization: The *Company will* pay for the medical expenses incurred as per guidelines for reimbursement/settlement of AYUSH treatment expenditure claims under insurance coverage attached as **Annexure III** as an **in-patient treatment** taken under AYUSH in any of the following:

- i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers excluding centre for spas, massage and health rejuvenation procedures.
- ii. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH).
- iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - a) has at least fifteen in-patient beds;
 - b) has minimum five qualified and registered AYUSH doctors;
 - c) has qualified paramedical staff under its employment round the clock;
 - d) has dedicated AYUSH therapy sections;
 - e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

1.7. Domiciliary Hospitalization

The Company will pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required In-Patient Hospitalization, provided that:

- The condition for which the medical treatment is required continues for at least 3 days, in such a case the *Company will* pay the reasonable charge of any necessary medical treatment for the entire period, and
- If the Company accept a claim under this Cover then the *Company will* not make any payment for Post- Hospitalization Expenses but the *company will* pay Pre-Hospitalization expenses for up to the maximum days as mentioned in benefit structure for number of days under Pre- hospitalization benefit, and
- No payment will be made if the condition for which You require medical treatment is:
 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
 2. Arthritis, Gout and Rheumatism
 3. Chronic Nephritis and Nephritic Syndrome
 4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
 5. Epilepsy,
 6. Pyrexia of unknown Origin.

2) Ambulance Expenses

The *company will* pay the ambulance expenses incurred for Road Ambulance Expenses, Special Cardiac Ambulance expenses, Air Ambulance up to the maximum amount as specified in Policy Schedule, per valid hospitalization claim for transferring the Insured member(s) to the nearest Hospital with adequate facilities, If a claim is accepted under In-patient hospitalization,

3) Maternity& New Born Care Cover:

The *Company will* pay for

i. **Maternity Cover:**

The Company shall pay the Medical Expenses incurred as an inpatient for a delivery (including caesarean section) or lawful medical termination of pregnancy during the policy period limited to two deliveries or terminations or either, during the lifetime of the Insured Person.

ii. **Pre and Post natal expenses:**

The cost of pre-natal and post-natal expenses per delivery limited up to the amount stated in the Schedule under maternity coverage.

iii. **New Born Care**

Medical Expenses incurred by Insured member(s)'s New Born Baby as an In-Patient from the first day till expiry of the Policy or the child is 91 days old whichever is earlier. The maximum liability for new born care will be subject to the amount specified in the schedule to cover Maternity & new Born Care, Provided that,

When the New Born Baby is older than 91 days, then Insured member(s) will have a take an individual policy for the New Born or wait till your next renewal to cover the baby under a regular family floater plan.

Provided that,

- Maximum liability per delivery will be subject to the amount specified in the Schedule.
- This benefit is available only to the Insured or his spouse provided that this policy has been in force for a continuous period of minimum 9 months in respect of both the Insured and his/her spouse.
- Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there. Prenatal is the medical care given to a pregnant woman and for the purpose of this policy it starts from the date of conception up-to the childbirth. Post natal is the medical care given to a woman after her baby is born and coverage is for a period of six weeks from the date of childbirth.
- Subject to the terms & conditions, the policy covers New Born Baby beyond 90 days only on payment of requisite premium.

4) Automatic Restoration (this benefit is available for the plans with deductible limit 2 Lakh and above)

The *Company will* provide a 100% restoration of Base Annual Sum Insured opted by the Insured once in a policy year, if the opted Base Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous claims in that policy year, provided that:

- a) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.
- b) The restored Base Annual Sum Insured can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)
- c) The claim will be admissible under the restored Base Annual Sum Insured only if the claim is admissible under “Medical Expenses section”
- d) Restore will not trigger for the first claim
- e) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;
- f) For individual policies, restore Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- g) Any unutilized restored Base Annual Sum Insured will not be carried forward to subsequent policy year
- h) Automatic restoration of Base Annual Sum Insured will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.
- i) For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of Base Sum Insured as mentioned in schedule, and Cumulative Bonus
- j) During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of: The Base Sum Insured, Cumulative bonus and Restored Sum Insured (100% of Base Sum Insured)

5) Bariatric Surgery Cover

The *Company will* pay for reasonable and customary expenses for Bariatric Surgery if the insured fulfils the following conditions:

- Surgery to be conducted is upon the advice of the Doctor
- The member has to be 18 years of age or older and
- Body Mass Index (BMI) greater than or equal to 40
- BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - a) Obesity-related cardiomyopathy
 - b) Coronary heart disease
 - c) Severe sleep apnea
 - d) Uncontrolled Type 2 Diabetes

6) Emergency Assistance Services:

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company /through our appointed Service provider, with prior intimation and acceptance by the Company.

- i. Medical Consultation, Evaluation and Referral-** In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- ii. Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- iii. Emergency Medical Evacuation -** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.
- iv. Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.
- v. Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

D.2.- VALUE ADDED BENEFIT

The policyholder can avail the benefits through Mobile application or web portal without any additional cost, subject to terms and conditions of the policy.

The Wellness Services and Activities Are Categorized As Below:

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.

1. Everyday Care

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empaneled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. *The Company* will assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as the client wishes to avail.

- i. **OPD Consultation:** The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.
- ii. **Diagnostic Services:** The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.
- iii. **Pharmacies:** If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2. Complete Wellness & HealthCare

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

- i. **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle.

The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.

- ii. **Electronic Health Records:** the Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.
- iii. **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a “Health Goal” which is identified post identification of risk factors for improving insured person’s overall well-being. “Health Goal”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3. Health Coach

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

4. Disease Management Program (On payment of additional Premium)

Those insured person(s) who get detected or assessed as high risk in the HRA or are already suffering from chronic diseases, the Company offers a variety of Disease Management Programs (DMP). This service aims to help the insured person cope with their disease and show them ways of dealing with them in everyday life. The DMP aims to improve the Insured Person/s quality of life. The DMP is provided for diseases or conditions like Asthma, Diabetes, Hypertension, Thyroid, Heart related, Maternity, Obesity, Tropical diseases etc.

Based on the identified DMP, the Company will assign a Health Coach for online diet Consultation & tracking mechanism, indulging the insured person into physical activities, encouraging for meditation and breathing techniques at home or online counselling through Company’s Health Portal and/or Mobile Application. The insured person(s) will also be provided with services like exercise reminders, medicine and diagnostic test reminders, training videos, health blogs, digitization of health records etc.

Wellness Reward Program:

The Wellness Reward Program (WRP) aims to encourage the insured person to perform certain activities to stay active and medically fit. WRP is an award program wherein the Insured Person can earn the reward points termed as “USGI Coins” by performing the activities as mentioned in the below Table. The points can be redeemed against array of options provided as mentioned hereunder which would help the Insured to improve his/her overall Health Status.

- (i) For an individual as well as Family Floater policy, the earning of USGI coins shall be considered on individual member basis up to the maximum limit as specified under every category per policy year.
- (ii) The Company shall specify the Wellness Rewards – Earning and Redemption categories as well as Earned but not utilized USGI coins in the policy schedule. The details of USGI coins would also be available at the Company’s Health Portal and/or Mobile Application.
- (iii) USGI coins earned in this section of the policy are valid up to 4 years from the date of renewal of this policy (including any grace period applicable) and would not be carried forward thereafter.
- (iv) Each USGI coin shall have the value equivalent to Rs.0.25.
- (v) The USGI coins can be earned in the following ways as mentioned in the given Table:

Table: Earn Rewards (in form of USGI coins)

Activities for Earning Wellness Rewards		Rewards/ USGI Coins earned by Individual	Max USGI Coins earned by Individual Per Policy Year
On completion of HRA on Health Portal/Mobile application	HRA Completion within 90 days from Policy Inception Date	500	500
HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000
Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to -	150/month	500
	SBP:120-140 mm/Hg		
	DBP: 80-90 mm/Hg		
	SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarter	500
Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarter	500
Body Mass Index (BMI) for a known case of High BMI Insured Person /s ≥ 30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
	BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarter	300

	BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarter	500
Health Tests for Heart Related, Blood Sugar, Thyroid/Lipid etc. Monitoring	on Submission of Reports	150/quarter	300
Annual membership for Dance/Zumba/Aerobic/Gymnastic / Yoga/Gym/Swimming	Provide attendance Register/letter/medal/trophies/ BIB number (as applicable) from the respective facility provider.	150/quarter	400

Participate in professional sports events like Marathon/Cyclothon/Swimathon	Provide attendance Register/letter/medal/trophies/ BIB number (as applicable) from the respective facility provider.	100 /event	500
Competitive Sports: School Level	Participation Certificate from School	20/sport	50
Competitive Sports: National/State Level	Participation Certificate from relevant sports authority	75/sport	150
Download the Wellness Application		150	150
Refer a Friend to buy USGI policy		100/referral	300
Sum Insured Enhancement		100	100
Pledge to Quit Smoking		150	150
Water Intake	3-4 litres per day, to be updated on App	50/month	200

Redemption of USGI coins:

Sr. No	Categories to Redeem the USGI Coins	Limit on Redemption
1	Facilities as mentioned under ' Health & Wellness Program: Everyday Healthcare'	20% of USGI coins upto Rs.200
2	Dental Care except cosmetic treatment	30% of USGI coins upto Rs.300
3	Cost of Vaccinations	30% of USGI coins upto Rs.300
4	Cost of Spectacle Lenses	30% of USGI coins upto Rs.300
5	Laser surgery for correction of refractory errors	30% of USGI coins upto Rs.300
6	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under ' In-patient Hospitalization'	50% of USGI coins upto Rs.500
7	You can also redeem your Rewards against Claim of yours/your family member/s who are insured with Us under retail Health Indemnity product	20% of USGI coins upto Rs.200
8	Discount on premium while renewing your Policy	30% of USGI coins upto Rs.300

D.3.OPTIONAL COVER

Global Care

In consideration of payment of additional premium by the Insured Member(s). The *Company will* reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days up to the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only basic sum insured along with Cumulative Bonus can be used for this and not the restored sum insured.

Subject to terms and conditions of the policy.

Condition:

- Prior written approval of the Company will be required before leaving the country for treatment purpose.
- The Company shall require the following additional documents supporting the claim under this benefit:

- a) Proof of diagnosis in India
- b) Insured's Passport and Visa
- c) Medical Practitioner's Advice/Prescription

D.4. RENEWAL BENEFIT

The Insured will have an option to opt from:

a) Enhancement in Sum Insured:

1. Cumulative Bonus

The company will increase the Base Annual Sum Insured by 20% at the end of the Policy Year if the Policy is renewed with Us provided that:

- No claim has been made under the Policy, including for the optional benefits, and the Policy is renewed with the Company without any break. The maximum Cumulative Bonus shall not exceed 100% of the Base Annual Sum Insured under the Policy.
- In case of a Family floater the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Member(s) who were Insured Member(s) in the immediate preceding claim free Policy Year and continue to be Insured Member(s) in the subsequent Policy Year.
- If a Cumulative Bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the Cumulative Bonus by 20% of the Base Annual Sum Insured in that following Policy Year. There will be no impact on the Base Annual Sum Insured.
- If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

b) Discount in Premium:

No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 5 years. If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.

2. Free Health Check-Ups

The company will provide free medical check-ups to the insured on every renewal, through the empanelled Service Provider. This free health check-up is offered irrespective of the claim history of policyholder.

Provided that, the Insured Member(s) have to renew the Policy with the company without any break.

E- EXCLUSIONS

E.1. Standard Exclusions:

a. Waiting Period:

1. Pre-Existing Diseases (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36/24/12 months of continuous coverage after the date

of inception of the first policy with us.
- 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 36/24/12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following 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 us. 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 under the policy, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures:

S.No.	Organ/Organ System	Illness	Treatment/Procedure
1.	ENT	<ul style="list-style-type: none"> • Sinusitis • Deviated Nasal Septum 	Treatment for conditions

			related to Tonsils, adenoids, sinuses
2	Gynaecological	<ul style="list-style-type: none"> • Fibroids(fibromyoma) • Endometriosis • Prolapsed uterus • Polycystic ovarian disorder (PCOD) 	<ul style="list-style-type: none"> • Dilatation and (D&C) • Myomectomy • Hysterectomy
3	Orthopaedic	<ul style="list-style-type: none"> • Arthritis • Gout and Rheumatism • Osteoarthritis • Osteoporosis • Spinal or Vertebral Disorders 	<ul style="list-style-type: none"> • Surgery for inter vertebral disc • Joint replacement surgeries
4	Gastrointestinal	<ul style="list-style-type: none"> • Calculus Diseases Of Gall • Bladder Including Cholecystitis • Esophageal varices • Pancreatitis • Fissure/fistula In Anus, Hemorrhoids, pilonidal sinus, Piles • Ulcer and erosion • Gastro Esophageal Reflux Disorder (GERD) • Perianal abscesses 	<ul style="list-style-type: none"> • Cholecystectomy • Procedures for Biliary stones

5	Uro-genital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone etc. • Benign enlargement of Prostate • Chronic Kidney Disease 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele • Dialysis
6	Eye	<ul style="list-style-type: none"> • Cataract 	<ul style="list-style-type: none"> • PHACO emulcification • Any other cataract surgery
7	Other General conditions(Applicable to all organ	<ul style="list-style-type: none"> • Internal tumours, cysts, Nodules, polyps, skin tumours, Lumps, All types of Internal Congenital 	<ul style="list-style-type: none"> • Surgery and varicose ulcers • Varicocele

	systems/organs/ disciplines	Anomalies/illnesses/defects	<ul style="list-style-type: none"> • Surgery for any Hernia
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In case the above illnesses are Pre-existing disease at the commencement of this Policy, then the Illnesses shall be covered after the specified period mentioned in summary of benefit of continuous coverage, since Period of Insurance Start Date. This waiting period will be reduced by number of continuous preceding years of coverage of the Insured person under previous health insurance policy in case of portability.

3. First Thirty Days Waiting Period (Code- Excl03)

1. 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.

2. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Maternity (and Childcare Benefit) Waiting Period (Code Excl18):

(Applicable for Top up: Plan 2, Plan 3, Super Top-up: Diamond, Platinum Plan)

(Excluded until the expiry of 9 months after the date of inception of the first policy with us) 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.

b. Exclusions:

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation(Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code- Excl06) (Not Applicable for Super Top-up: Diamond & Platinum)

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

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) 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:

i. Obesity-related cardiomyopathy

- ii. Coronary heart disease
- iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

12. Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. 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.

14. Birth Control, 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

15. Maternity (Code – Excl 18): (Applicable only for Top- up : Plan 1 Super Top-up : Gold Plan)

- 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.

E.2. Specific Exclusions:

a. Exclusions:

1. Treatment taken outside the geographical limits of India (Not applicable if 'Global Cover' is opted.)
2. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.
3. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
4. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

5. Deductible:

The Company shall not be liable for the deductible amount as specifically defined in the Schedule. The Company is not liable for any payment unless the medical expenses exceed the deductible.

F. GENERAL TERMS AND CLAUSES

F.1. Standard General Terms and Clauses:

i. 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.

ii. 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.

iii. Claim Settlement (provision for Penal Interest) i The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

iv. 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.

v. Multiple Policies

- i.** 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.
- ii.** 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.
- iii.** 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.
- iv.** Where an 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.

vi. 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 has 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 misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such

misstatement of or suppression of material fact are within the knowledge of the insurer. **vii. VII**

vii. Cancellation

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

- 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

viii. 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.

ix. 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.

x. Renewal of Policy

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

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

xi. Withdrawal of Policy

- i. 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.
- ii. 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 such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

xii. Moratorium Period

After completion of Sixty continuous months under this policy no look back would 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 claim under this policy 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 as per the policy contract.

xiii. 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 months before the changes are effected.

xiv. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

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

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

xv. 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

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/>.

xvi. Nomination:

The policyholder 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 policyholder. 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 policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

G - DISCOUNTS & LOADINGS

Discount:

1. Family Discount:

A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available for each member under the policy

2. Long Term Policy Discount:

A discount will be applicable on purchase of long term policy as per below table

Duration of Policy	Discount
2 years	2 year annual premium in advance less 7.5% discount
3 years	3 year annual premium in advance less 10% discount

3. Loyalty Discount:

5% discount if the client already has our on-going retail health insurance policy.

4. Employee Discount:

15% discount if the client is an employee of the Company. The discount will be given to each member insured under the Policy.

Loading:

We may apply a risk loading up to a maximum 100% of normal slab premium per diagnosis/medical condition and not over 200% of normal slab premium per person, on the premium payable based on declarations on proposal form, on the basis of your health status.

Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s).

There will be no loadings based on individual claims experience.

H – CLAIMS PROCEDURE

H.1 Procedure for Cashless claims:

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 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.

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

H.2 Procedure for reimbursement of claims:

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 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.

G.3 Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- 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.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

1. Method of Assessment and Payment of claim

Any claim under this policy shall be payable by the Company only if:

- i. It is in respect of Covered Expenses specified in this Policy
- ii. The Company's liability to make payment shall commence once the claim amount exceed the Deductible under the policy. This means that all the claims, including those falling within the Deductible, will be assessed based on the terms and conditions of this policy for working out the admissible expenses. Expenses related to pre-hospitalisation and post-hospitalisation in respect of all previous claims would also be taken into consideration.
- iii. **For Top Up - Plan 1, Plan 2 and Plan 3**, the Deductible (as mentioned in the Policy Schedule) shall be applicable per claim basis, incepting during each policy year under the policy. In case of more than one claim during the Policy period, each claim shall be separately assessed except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy.
- iv. **For Super Top Up – Gold, Diamond and Platinum**, the Deductible (as mentioned in the Policy Schedule) shall be applied to aggregate of amount of all eligible claims as per policy terms and conditions that are related to hospitalisation/s of insured person in case of Individual Policy or all insured persons in case of Floater Policy, within the same policy year. For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year.

In the event that a claim becomes payable under the terms of the Policy, Company shall make such payment as incurred by You and accepted by Us by way of electronic fund transfer.

2. The steps for lodging the claim shall be as under:

Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause.

Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation

4. Paying a Claim

- a. You agree that Company liable to make payment when You or someone claiming on Your behalf has provided Us with all necessary documentation and information and such claim is admitted by us for payment as per the Policy terms. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- b. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall settle the claim within a period of 30 days. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the case of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- c. If for any reason the claim is rejected under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated herewith.

5. Basis of payment:

- a) Any claim under this Policy shall be payable by Us only if It is in respect of Expense specified, cover this Policy and
- b) In no case Company shall be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this Policy.
- c) We shall make payment in Indian Rupees only.

6. Fraudulent claims

If any claim 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 You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a claim is made and rejected for aforesaid reasons and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

7. Claim Administration:

For assisting you during claims related services, we have in-house Claim Administration Team and we have also tied-up with 4500+ hospitals all over India for securing you a cashless claims processing. The detailed list of network hospitals empanelled by us (the Network Providers) can be found at our website: www.universalsompo.com

8. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

○ **Address: Universal Sampo General Insurance Co. Ltd.**

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus;
Thane- Belapur Road, Airoli, Navi Mumbai- 400708

○ **Toll Free Numbers: 1-800-5142**

➤ **Landline Numbers: (022)- 41659800**

➤ **E-mail Address: contactus@universalsampo.com** Note: Please include Your Policy number for any communication with us.

9. Claims Intimation

In the unfortunate event of any loss resulting into a claim on this policy, please intimate the mishap

IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-00-5132 or on chargeable numbers at +91-22-39635200. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

10. Claim Settlement (provision for Penal Interest)

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

Annexure I

LIST OF DAY CARE TREATMENTS

ENT

- 1 Stapedotomy
- 2 Myringoplasty(Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo

- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 Tympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna - Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess
- 33 Uvulo Palato Pharyngo Plasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure
- 39 Incision & Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess
- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty
- Ophthalmology**
- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids
- 46 Excision and destruction of the diseased tissue of the eyelid
- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis
- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.

- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy
- 68 CCRT-Concurrent Chemo + RT
- 69 2D Radiotherapy
- 70 3D Conformal Radiotherapy
- 71 IGRT- Image Guided Radiotherapy
- 72 IMRT- Step & Shoot
- 73 Infusional Bisphosphonates
- 74 IMRT- DMLC
- 75 Rotational Arc Therapy
- 76 Tele gamma therapy
- 77 FSRT-Fractionated SRT
- 78 VMAT-Volumetric Modulated Arc Therapy
- 79 SBRT-Stereotactic Body Radiotherapy
- 80 Helical Tomotherapy
- 81 SRS-Stereotactic Radiosurgery
- 82 X-Knife SRS
- 83 Gammaknife SRS
- 84 TBI- Total Body Radiotherapy
- 85 intraluminal Brachytherapy
- 86 Electron Therapy
- 87 TSET-Total Electron Skin Therapy
- 88 Extracorporeal Irradiation of Blood Products
- 89 Telecobalt Therapy
- 90 Telecesium Therapy
- 91 External mould Brachytherapy
- 92 Interstitial Brachytherapy
- 93 Intracavity Brachytherapy
- 94 3D Brachytherapy
- 95 Implant Brachytherapy
- 96 Intravesical Brachytherapy
- 97 Adjuvant Radiotherapy
- 98 Afterloading Catheter Brachytherapy
- 99 Conditioning Radiotherapy for BMT
- 100 Extracorporeal Irradiation to the Homologous Bone grafts
- 101 Radical chemotherapy
- 102 Neoadjuvant radiotherapy
- 103 LDR Brachytherapy
- 104 Palliative Radiotherapy
- 105 Radical Radiotherapy
- 106 Palliative chemotherapy
- 107 Template Brachytherapy
- 108 Neoadjuvant chemotherapy
- 109 Adjuvant chemotherapy
- 110 Induction chemotherapy

111 Consolidation chemotherapy

112 Maintenance chemotherapy

113 HDR Brachytherapy

Plastic Surgery

114 Construction skin pedicle flap

115 Gluteal pressure ulcer-Excision

116 Muscle-skin graft, leg

117 Removal of bone for graft

118 Muscle-skin graft duct fistula

119 Removal cartilage graft

120 Myocutaneous flap

121 Fibro myocutaneous flap

122 Breast reconstruction surgery after mastectomy

123 Sling operation for facial palsy

124 Split Skin Grafting under RA

125 Wolfe skin graft

126 Plastic surgery to the floor of the mouth under GA

Urology

127 AV fistula - wrist

128 URSL with stenting

129 URSL with lithotripsy

130 Cystoscopic Litholapaxy

131 ESWL

132 Haemodialysis

133 Bladder Neck Incision

134 Cystoscopy & Biopsy

135 Cystoscopy and removal of polyp

136 Suprapubic cystostomy

137 percutaneous nephrostomy

139 Cystoscopy and "SLING" procedure.

140 TUNA- prostate

141 Excision of urethral diverticulum

142 Removal of urethral Stone

143 Excision of urethral prolapse

144 Mega-ureter reconstruction

145 Kidney renoscopy and biopsy

146 Ureter endoscopy and treatment

147 Vesico ureteric reflux correction

148 Surgery for pelvi ureteric junction obstruction

149 Anderson hynes operation

150 Kidney endoscopy and biopsy

151 Paraphimosis surgery

152 injury prepuce- circumcision

153 Frenular tear repair

154 Meatotomy for meatal stenosis

155 surgery for fournier's gangrene scrotum

156 surgery filarial scrotum

157 surgery for watering can perineum

158 Repair of penile torsion

159 Drainage of prostate abscess

160 Orchiectomy

161 Cystoscopy and removal of FB

Neurology

162 Facial nerve physiotherapy

- 163 Nerve biopsy
- 164 Muscle biopsy
- 165 Epidural steroid injection
- 166 Glycerol rhizotomy
- 167 Spinal cord stimulation
- 168 Motor cortex stimulation
- 169 Stereotactic Radiosurgery
- 170 Percutaneous Cordotomy
- 171 Intrathecal Baclofen therapy
- 172 Entrapment neuropathy Release
- 173 Diagnostic cerebral angiography
- 174 VP shunt
- 175 Ventriculoatrial shunt
- Thoracic surgery
- 176 Thoracoscopy and Lung Biopsy
- 177 Excision of cervical sympathetic Chain Thoracoscopic
- 178 Laser Ablation of Barrett's oesophagus
- 179 Pleurodesis
- 180 Thoracoscopy and pleural biopsy
- 181 EBUS + Biopsy
- 182 Thoracoscopy ligation thoracic duct
- 183 Thoracoscopy assisted empyema drainage

Gastroenterology

- 184 Pancreatic pseudocyst EUS & drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture
- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage
- 197 ERCP and choledochoscopy
- 198 Proctosigmoidoscopy volvulus detorsion
- 199 ERCP and sphincterotomy
- 200 Esophageal stent placement
- 201 ERCP + placement of biliary stents
- 202 Sigmoidoscopy w / stent
- 203 EUS + coeliac node biopsy

General Surgery

- 204 infected keloid excision
- 205 Incision of a pilonidal sinus / abscess
- 206 Axillary lymphadenectomy
- 207 Wound debridement and Cover
- 208 Abscess-Decompression
- 209 Cervical lymphadenectomy
- 210 infected sebaceous cyst
- 211 Inguinal lymphadenectomy
- 212 Incision and drainage of Abscess
- 213 Suturing of lacerations

- 214 Scalp Suturing
- 215 infected lipoma excision
- 216 Maximal anal dilatation
- 217 Piles
 - A)Injection Sclerotherapy
 - B)Piles banding
- 218 liver Abscess- catheter drainage
- 219 Fissure in Ano- fissurectomy
- 220 Fibroadenoma breast excision
- 221 Oesophageal varices Sclerotherapy
- 222 ERCP - pancreatic duct stone removal
- 223 Perianal abscess I&D
- 224 Perianal hematoma Evacuation
- 225 Fissure in ano sphincterotomy
- 226 UGI scopy and Polypectomy oesophagus
- 227 Breast abscess I& D
- 228 Feeding Gastrostomy
- 229 Oesophagoscopy and biopsy of growth oesophagus
- 230 UGI scopy and injection of adrenaline, sclerosants- bleeding ulcers
- 231 ERCP - Bile duct stone removal
- 232 Ileostomy closure
- 233 Colonoscopy
- 234 Polypectomy colon
- 235 Splenic abscesses Laparoscopic Drainage
- 236 UGI SCOPY and Polypectomy stomach
- 237 Rigid Oesophagoscopy for FB removal
- 238 Feeding Jejunostomy
- 239 Colostomy
- 240 Ileostomy
- 241 colostomy closure
- 242 Submandibular salivary duct stone removal
- 243 Pneumatic reduction of intussusception
- 244 Varicose veins legs - Injection sclerotherapy
- 245 Rigid Oesophagoscopy for Plummer vinson syndrome
- 246 Pancreatic Pseudocysts Endoscopic Drainage
- 247 ZADEK's Nail bed excision
- 248 Subcutaneous mastectomy
- 249 Excision of Ranula under GA
- 250 Rigid Oesophagoscopy for dilation of benign Strictures
- 251 Eversion of Sac
 - a) Unilateral
 - b)Bilateral
- 252 Lord's plication
- 253 Jaboulay's Procedure
- 254 Scrotoplasty
- 255 Surgical treatment of varicocele
- 256 Epididymectomy
- 257 Circumcision for Trauma
- 258 Meatoplasty
- 259 Intersphincteric abscess incision and drainage
- 260 Psoas Abscess Incision and Drainage
- 261 Thyroid abscess Incision and Drainage
- 262 TIPS procedure for portal hypertension
- 263 Esophageal Growth stent

- 264 PAIR Procedure of Hydatid Cyst liver
- 265 Tru cut liver biopsy
- 266 Photodynamic therapy or esophageal tumour and Lung tumour
- 267 Excision of Cervical RIB
- 268 laparoscopic reduction of intussusception
- 269 Microdocheotomy breast
- 270 Surgery for fracture Penis
- 271 Sentinel node biopsy
- 272 Parastomal hernia
- 273 Revision colostomy
- 274 Prolapsed colostomy- Correction
- 275 Testicular biopsy
- 276 laparoscopic cardiomyotomy(Hellers)
- 277 Sentinel node biopsy malignant melanoma
- 278 laparoscopic pyloromyotomy(Ramstedt)

Orthopedics

- 279 Arthroscopic Repair of ACL tear knee
- 280 Closed reduction of minor Fractures
- 281 Arthroscopic repair of PCL tear knee
- 282 Tendon shortening
- 283 Arthroscopic Meniscectomy - Knee
- 284 Treatment of clavicle dislocation
- 285 Arthroscopic meniscus repair
- 286 Haemarthrosis knee- lavage
- 287 Abscess knee joint drainage
- 288 Carpal tunnel release
- 289 Closed reduction of minor dislocation
- 290 Repair of knee cap tendon
- 291 ORIF with K wire fixation- small bones
- 292 Release of midfoot joint
- 293 ORIF with plating- Small long bones
- 294 Implant removal minor
- 295 K wire removal
- 296 POP application
- 297 Closed reduction and external fixation
- 298 Arthrotomy Hip joint
- 299 Syme's amputation
- 300 Arthroplasty
- 301 Partial removal of rib
- 302 Treatment of sesamoid bone fracture
- 303 Shoulder arthroscopy / surgery
- 304 Elbow arthroscopy
- 305 Amputation of metacarpal bone
- 306 Release of thumb contracture
- 307 Incision of foot fascia
- 308 calcaneum spur hydrocort injection
- 309 Ganglion wrist hyalase injection
- 310 Partial removal of metatarsal
- 311 Repair / graft of foot tendon
- 312 Revision/Removal of Knee cap
- 313 Amputation follow-up surgery
- 314 Exploration of ankle joint
- 315 Remove/graft leg bone lesion
- 316 Repair/graft achilles tendon

- 317 Remove of tissue expander
- 318 Biopsy elbow joint lining
- 319 Removal of wrist prosthesis
- 320 Biopsy finger joint lining
- 321 Tendon lengthening
- 322 Treatment of shoulder dislocation
- 323 Lengthening of hand tendon
- 324 Removal of elbow bursa
- 325 Fixation of knee joint
- 326 Treatment of foot dislocation
- 327 Surgery of bunion
- 328 intra articular steroid injection
- 329 Tendon transfer procedure
- 330 Removal of knee cap bursa
- 331 Treatment of fracture of ulna
- 332 Treatment of scapula fracture
- 333 Removal of tumor of arm/ elbow under RA/GA
- 334 Repair of ruptured tendon
- 335 Decompress forearm space
- 336 Revision of neck muscle (Torticollis release)
- 337 Lengthening of thigh tendons
- 338 Treatment fracture of radius & ulna
- 339 Repair of knee joint

Paediatric surgery

- 340 Excision Juvenile polyps rectum
- 341 Vaginoplasty
- 342 Dilatation of accidental caustic stricture oesophageal
- 343 Presacral Teratomas Excision
- 344 Removal of vesical stone
- 345 Excision Sigmoid Polyp
- 346 Sternomastoid Tenotomy
- 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
- 348 Excision of soft tissue rhabdomyosarcoma
- 349 Mediastinal lymph node biopsy
- 350 High Orchiectomy for testis tumours
- 351 Excision of cervical teratoma
- 352 Rectal-Myomectomy
- 353 Rectal prolapse (Delorme's procedure)
- 354 Orchiopexy for undescended testis
- 355 Detorsion of torsion Testis
- 356 lap.Abdominal exploration in cryptorchidism
- 357 EUA + biopsy multiple fistula in ano
- 358 Cystic hygroma - Injection treatment
- 359 Excision of fistula-in-ano

Gynaecology

- 360 Hysteroscopic removal of myoma
- 361 D&C
- 362 Hysteroscopic resection of septum
- 363 thermal Cauterisation of Cervix
- 364 MIRENA insertion
- 365 Hysteroscopic adhesiolysis
- 366 LEEP
- 367 Cryocauterisation of Cervix
- 368 Polypectomy Endometrium

- 369 Hysteroscopic resection of fibroid
- 370 LLETZ
- 371 Conization
- 372 polypectomy cervix
- 373 Hysteroscopic resection of endometrial polyp
- 374 Vulval wart excision
- 375 Laparoscopic paraovarian cyst excision
- 376 uterine artery embolization
- 377 Bartholin Cyst excision
- 378 Laparoscopic cystectomy
- 379 Hymenectomy(imperforate Hymen)
- 380 Endometrial ablation
- 381 vaginal wall cyst excision
- 382 Vulval cyst Excision
- 383 Laparoscopic paratubal cyst excision
- 384 Repair of vagina (vaginal atresia)
- 385 Hysteroscopy, removal of myoma
- 386 TURBT
- 387 Uterocoele repair - congenital internal
- 388 Vaginal mesh For POP
- 389 Laparoscopic Myomectomy
- 390 Surgery for SUI
- 391 Repair recto- vagina fistula
- 392 Pelvic floor repair(excluding Fistula repair)
- 393 URS + LL
- 394 Laparoscopic oophorectomy
- Critical care**
- 395 Insert non- tunnel CV cath
- 396 Insert PICC cath (peripherally inserted central catheter)
- 397 Replace PICC cath (peripherally inserted central catheter)
- 398 Insertion catheter, intra anterior
- 399 Insertion of Portacath
- Dental
- 400 Splinting of avulsed teeth
- 401 Suturing lacerated lip
- 402 Suturing oral mucosa
- 403 Oral biopsy in case of abnormal tissue presentation
- 404 FNAC
- 405 Smear from oral cavity

Annexure -II

List I- List of Expenses Generally excluded in Hospitalisation Policy

I Toiletries/Cosmetics/Personal Comfort or Convenience Items/Similar Expenses

- | | |
|--|---|
| 1. Hair Removal Cream | 14. Beauty Services |
| 2. Baby Charges (Unless Specified/Indicated) | 15. Belts/ Braces |
| 3. Baby Food | 16. Buds |
| 4. Baby Utilites Charges | 17. Barber Charges |
| 5. Baby Set | 18. Caps |
| 6. Baby Bottles | 19. Cold Pack/Hot Pack |
| 7. Brush | 20. Carry Bags |
| 8. Cosy Towel | 21. Cradle Charges |
| 9. Hand Wash | 22. Comb |
| 10. Moisturiser Paste Brush | 23. Disposables Razors Charges (For Site Preparations) |
| 11. Powder | 24. Eau-De-Cologne / Room Freshners |
| 12. Razor | 25. Eye Pad |
| 13. Shoe Cover | |

26. Eye Sheild
27. Email / Internet Charges
28. Food Charges (Other Than Patient's Diet Provided By Hospital)
29. Foot Cover
30. Gown
31. Leggings
32. Laundry Charges
33. Mineral Water
34. Oil Charges
35. Sanitary Pad
36. Slippers
37. Telephone Charges
38. Tissue Paper
39. Tooth Paste
40. Tooth Brush
41. Guest Services
42. Bed Pan
43. Bed Under Pad Charges
44. Camera Cover
45. Cliniplast
46. Crepe Bandage
47. Curapore
48. Diaper of Any Type
49. DVD, CD Charges
50. Eyelet Collar
51. Face Mask
52. Flexi Mask
53. Gause Soft
54. Gauze
55. Hand Holder
56. Hansaplast/ Adhesive Bandages
57. Infant Food
58. Slings
59. Weight Control Programs/ Supplies/ Services
60. Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
61. Dental Treatment Expenses That Do Not Require Hospitalisation
62. Hormone Replacement Therapy
63. Home Visit Charges
64. Infertility/ Subfertility/ Assisted Conception Procedure
65. Obesity (Including Morbid Obesity) Treatment If Excluded In Policy
66. Psychiatric And Psychosomatic Disorders
67. Corrective Surgery For Refractive Error
68. Treatment of Sexually Transmitted Diseases
69. Donor Screening Charges
70. Admission/Registration Charges
71. Hospitalisation For Evaluation/ Diagnostic Purpose
72. Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted or Diagnosed
73. Any Expenses When The Patient Is Diagnosed With Retro Virus + or Suffering From /Hiv/ Aids etc. is Detected/ Directly or Indirectly
74. Stem Cell Implantation/ Surgery And Storage
75. Ward And Theatre Booking Charges
76. Arthroscopy And Endoscopy Instruments
77. Microscope Cover
78. Surgical Blades, Harmonic Scalpel, Shaver
79. Surgical Drill
80. Eye Kit
81. Eye Drape
82. X-Ray Film
83. Sputum Cup
84. Boyles Apparatus Charges
85. Blood Grouping And Cross Matching of Donors Samples
86. Antiseptic or Disinfectant Lotions
87. Band Aids, Bandages, Sterile Injections, Needles, Syringes
88. Cotton
89. Cotton Bandage
90. Micropore / Surgical Tape
91. Blade
92. Apron
93. Torniquet
94. Orthobundle, Gynaec Bundle
95. Urine Container

II Elements of Room Charge

96. Luxury Tax
97. HVAC
98. House Keeping Charges
99. Service Charges Where Nursing Charge Also Charged
100. Television And Air Conditioner Charges
101. Surcharges
102. Attendant Charges
103. IM IV Injection Charges
104. Clean Sheet
105. Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)
106. Blanket/Warmer Blanket

III Administrative or Non-Medical Charges

107. Admission Kit
108. Birth Certificate
109. Blood Reservation Charges and Ante Natal Booking Charges
110. Certificate Charges
111. Courier Charges
112. Conveyance Charges
113. Diabetic Chart Charges
114. Documentation Charges / Administrative Expenses

- 115. Discharge Procedure Charges
- 116. Daily Chart Charges
- 117. Entrance Pass / Visitors Pass Charges
- 118. Expenses Related To Prescription On Discharge
- 119. File Opening Charges
- 120. Incidental Expenses / Misc. Charges (Not Explained)
- 121. Medical Certificate

IV External Durable Devices

- 131. Walking Aids Charges
- 132. Bipap Machine
- 133. Commode
- 134. CPAP/ CAPD Equipments
- 135. Infusion Pump – Cost
- 136. Oxygen Cylinder (For Usage Outside The Hospital)
- 137. Pulseoxymeter Charges
- 138. Spacer
- 139. Spirometre
- 140. Spo2 Probe
- 141. Nebulizer Kit
- 142. Steam Inhaler

V Items Payable If Supported By a Prescription

- 156. Betadine\Hydrogen Peroxide\Spirit\Disinfectants etc.
- 157. Private Nurses Charges- Special Nursing Charges
- 158. Nutrition Planning Charges - Dietician Charges- Diet Charges
- 159. Sugar Free Tablets
- 160. Creams Powders Lotions (Toiletries are not payable, Only Prescribed Medical Pharmaceuticals Payable)
- 161. Digestion Gels

VI Part of Hospital's Own Costs and Not Payable

- 173. AHD
- 174. Alcohol Swabs

VII Others

- 176. Vaccine Charges For Baby
- 177. Aesthetic Treatment / Surgery
- 178. TPA Charges
- 179. Visco Belt Charges
- 180. Any Kit with No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc]
- 181. Examination Gloves
- 182. Kidney Tray
- 183. Mask
- 184. Ounce Glass
- 185. Outstation Consultant's/ Surgeon's Fees
- 186. Oxygen Mask
- 187. Paper Gloves
- 188. Pelvic Traction Belt
- 189. Referral Doctor's Fees
- 190. Accu Check (Glucometry/ Strips)

- 122. Maintenance Charges
- 123. Medical Records
- 124. Preparation Charges
- 125. Photocopies Charges
- 126. Patient Identification Band / Name Tag
- 127. Washing Charges
- 128. Medicine Box
- 129. Mortuary Charges
- 130. Medico Legal Case Charges (MLC Charges)

- 143. Armsling
- 144. Thermometer
- 145. Cervical Collar
- 146. Splint
- 147. Diabetic Foot Wear
- 148. Knee Braces (Long/ Short/ Hinged)
- 149. Knee Immobilizer/Shoulder Immobilizer
- 150. Lumbo Sacral Belt
- 151. Nimbus Bed or Water or Air Bed Charges
- 152. Ambulance Collar
- 153. Ambulance Equipment
- 154. Microsheild
- 155. Abdominal Binder

- 162. ECG Electrodes
- 163. Gloves
- 164. HIV Kit
- 165. Listerine/ Antiseptic Mouthwash
- 166. Lozenges
- 167. Mouth Paint
- 168. Nebulisation Kit
- 169. Novarapid
- 170. Volini Gel/ Analgesic Gel
- 171. Zytee Gel
- 172. Vaccination Charges

- 175. Scrub Solution/Sterillium

- 191. Pan Can
- 192. Sofnet
- 193. Trolley Cover
- 194. Urometer, Urine Jug
- 195. Ambulance
- 196. Tegaderm / Vasofix Safety
- 197. Urine Bag
- 198. Softovac
- 199. Stockings

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

SI 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	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER 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

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE

3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG

Annexure -III

Reimbursement/settlement of Ayurvedic treatment expenditure claims under insurance coverage.

Sr no.	Tentative list of diseases
1	SwasaRoga, KasaRoga (Restrictive /Obstructive Pulmonary Diseases, Bronchial Asthma, Emphysema, COPD..Etc.)
2	Greevastambha, Greevashundana (Cervical spondylosis, Cervical spondylitis, Ankylosing spondylitis of cervical spine, Cervical disc prolapse.etc)
3	Kateegraha, gridhrasi, kateesoolatrikapri stakateegraha, (Sciatica, Low Back Pain/Ache, I.V.D.P, Spondylolysthesis ...etc)
4	Apabahuka, Viswachi (Frozen shoulder, Periarthritis, Tendinitis, Brachial neuralgia.....etc)
5	Pakshaghata (Paralysis, Hemiplegia, Hemiparesis...etc)
6	Kampavata(Neuro –spastic conditions, Parkinson’s disease..etc)
7	Ardita (Facial Paralysis..etc)
8	Vatarakta (gouti arthritis ischaemic limb, sle, rheumatoid arthritis..etc),kroshtukasheersha
9	Amavata (Connective tissue disorder, Rheumatic fever..etc)
10	Sarvanga Vata(Cerebral atrophy, Cerebral Diplegia, Motor- Neuron diseases,M.N.D,M.S, C.P..etc), SUPTHI (Neurological disorders, Fibromyalgia..etc)
11	Sandhigatavata (DEGENERATIVE JOINT DISORDERS, TENNIS ELBOW),VATHAKANDAKAM (CALCANEAL SPUR)
12	Twak Vikara (Skin Diseases), Kitibha, Ekakushta, Vicharchika, Gajacharma (Lichen Planus, Psoriasis, Eczema..etc)
13	Visarpa (Cellulitis, Erisepelus, Necrotising Cellulitis, Impetigo, Pemphiguos vulgaris...etc), Grandhi, Arbuda(Benign & Malignant growths, Hodgkins disease..etc)),q

14	Arsha, Bhagandara, Parikarthika (Haemorrhoid, Fistula in ano, Fissure in ano..etc),NADEE VRANA (Pilonoidal sinus..etc)
15	Moothraghata, Moothrakruchra, Asmari (Renal disfunction, Renal/Urinary Calculi Urinary Disfunction/ Obstruction...etc)
16	Kashtarthava, Kruchrarthava, Artava Dushti, Yonee Roga , Raktapradara (Amenorrhoea, Dysmenorrhoea, PCOD/ PCOS, D.U.B..etc)17Mamsagata Vikara, Mamsakshaya (Muscular Dystrophy...etc
17	Mamsagata Vikara, Mamsakshaya (Muscular Dystrophy...etc)
18	Dristidosha- Asama Drishti, Nethraja Rakthapitham, Jeerna Nethrabhishyandam Sushkakshipakam, Adhimandam,Nak ulandhyam, Puyalasa, Chathurtha Patalagatha Vikara (Refractive errors, Chronic Allergic & Inflammatory diseases, Chronic Conjunctivitis, Dry Eye Syndrom, Retinitis Pigmentosa, Night Blindness, Dacrocystitis, A.R.M.D, Retinopathy, Blepharospasm..etc)
19	Sirasoola, Sooryavartham, Ardhavabhedakam(Migraine, Headache...etc)
20	Khanja ,Pangu- Abhigathaja, AbhighatajaVikara (Restricted movements due to fracture/ dislocation..etc)

Benchmark costing of Ayurvedic therapies/interventions		
Sr. no	Therapy/Intervention	No Treatment Name Unit Cost in Rupees
1	Abhyanga	1145
2	Abhyanga- Sthanika	570
3	Abhyanga + Sweda	1280
4	Avagaha	765
5	Anjana	340
6	Aanchana (Traction)	480
7	Annalepa/Njavaratheppu-Full Body	1290
8	Annalepa/Njavaratheppu - Sthanikam	755
9	Aschothana	335
10	Agnikarma-Infra Red Coagulation (Package rate for full Course of treatment)	10,000
11	Agnikarma- High frequency Coagulation (Package rate for full course of treatment)	10,000
12	Agnikarma- Radio frequency Coagulation (Package rate for full course of treatment)	10,000
13	Achasnehapana/day	440
14	Bhedana (of eye)	565
15	BhagnaBandhana (Fracture Bandage with Reduction & Immobilisation)	885
16	ChoornaPindaSweda/Podikkizhi-Full Body	1210
17	ChoornaPindaSweda/Podikkizhi- Sthanika/Ekangam	715
18	DhanyaPindaswedam/Dhanyakkizhi/ Navadhanyakkizhi-Full body	1245
19	Dhara/Sirodhara-Thaila	1420
20	Dhanyamladhara-Sthanika/Local -KateeDharaetc	705
21	Dhoopana	480
22	Dhoomapana	460

23	DhanyamlaPindaSweda/ Dhanyamlakkizhi/Kaatikkizhi-Full Body	1240
24	Eshana	565
25	Greevavasthi	845
26	Gandoosha	390
27	Goshbanabandha	300
28	Jaloukavacharana	745
29	Jambeerapindasweda/ Narangakkizhi-Full Body	1190
30	Januvasthi	845
31	Kabala	390
32	Kateevasthi	390
33	Kashayavasthi (Niroohavasthi)-Different varieties	1030
34	KashayaDhara- Full Body	1045
35	KashayaDhara -Ekangam/ Local	635
36	KsheeraDhara(Medicated-different varieties) -full body	1155
37	KsheeraDhooma	735
38	Kshara karma (Package rate for full course of treatment)	10,000
39	Ksharasoothra-Low level fistula (Package rate for full course of treatment)	10,000
40	Ksharasoothra-Middle level fistula (Package rate for full course of treatment)	10,000
41	Ksharasoothra-Highlevel fistula (Package rate for full course of treatment)	10,000
42	Kshalana	355
43	KsharaPathana(Package rate for full course of treatment)	10,000
44	Karnapoorana	350
45	Kuttanam	540
46	Lekhana	540
47	Lepa/Lepana-Local	390
48	Mathravasthi	350
49	MamsaPindaSweda/Mamsakkizhi-Full Body	1420
50	MamsaPindaSweda/Mamsakkizhi-Sthanikam/Ekangam	820
51	Mukhalepa	490
52	Moordhataila	315
53	Nadeesweda/Snigdhasweda - Full	580
54	Nadeesweda/Snigdhasweda - Ekangam/Local	450
55	Nethradhara/Akshiseka	595
56	Nasya	600
57	PathraPindaSweda/Ilakkizhi-Full	1220
58	PathraPindaSweda/Ilakkizhi-sthanika/Ekangam	720
59	Pizhichil/Kayaseka - Full Body	1995
60	Pizhichil - Sthanikam/Ekangam/Local	1105
61	Pichu	410
62	Prushtavasthi	845
63	Putapaka	850
64	Prachanna	590
65	Pindi	450

66	ShashtikapindaSweda/Navarakkizhi-full body	1320
67	ShashtikapindaSweda/ Navarakkizhi-Ekangam/Sthanikam	770
68	Sirovasthi	970
69	Snehapana/day	440
70	Sirolepa/Thalapothishil	1120
71	Siravyadha/Siravedha/Rakthamoksha	640
72	TailaVasthi	710
73	Thakradhara	1145
74	Thakradhara	410
75	Tharpana	735
76	Tailadaha (Package rate for full course of treatment)	10,000
77	Thakrapana	250
78	Utharavasthi	1100
79	Udwarthana	1095
80	Urovasthi	845
81	Upanaha/Upanahasweda	590
82	Vamana	745
83	Virechana	355
84	Valukasweda/Manalkkizhi- Full Body	1080
85	Vitalaka/Bitalaka	450
86	Yoniprakshalana	500
87	Yonidhavana	500
88	Yoni Pichu	460
89	Yoni Poorana	460
90	Yoni Dhoopana	335
91	Valukasweda/Manalkkizhi- Sthanikam	655
92	Ksheeradhara-Head	1095
93	Jambeerapindasweda/ Narangakkizhi-sthanika/Local	735
94	Dhanyapindasweda-Sthanika/Local	730
95	Dhanyamlapindasweda/ Katikkizhi-Sthanika	705
96	Veshtanam	330
97	Agnikarma (Classical with PanchalohaSalaka)	995

Annexure IV

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman,

	<p>Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p>
Karnataka.	<p>BENGALURU Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>
Madhya Pradesh Chattisgarh.	<p>BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESHWAR Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &	<p>CHANDIGARH Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A,</p>

<p>Kashmir, Ladakh & Chandigarh.</p>	<p>Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>	<p>CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>
<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>	<p>DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>
<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>	<p>GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>
<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in</p>

<p>Rajasthan.</p>	<p>JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>
<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>	<p>KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>
<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>
<p>Districts of Uttar Pradesh : Lalitpur, 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,</p>	<p>LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>

<p>Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	
<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)</p>	<p>MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.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>NOIDA Insurance Ombudsman 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@cioins.co.in</p>
<p>Bihar, Jharkhand.</p>	<p>PATNA Insurance Ombudsman Office of the Insurance Ombudsman,</p>

	<p>2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>
<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</p>	<p>PUNE Insurance Ombudsman 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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>

Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsompo.com, website link www.universalsompo.com

