

SUPER HEALTHCARE INSURANCE PROSPECTUS

With healthcare costs increasing at an exorbitant rate every year, it is very important to have a health insurance policy. But your regular health insurance policy may not be sufficient to take care of the extra expenses that may arise due to rising medical treatment cost. **Universal Sampo's Super Healthcare Insurance** will offer a financial cushion in the event when your hospitalisation claim bill crosses your sum insured under any other Mediclaim policy or the deductible amount.

Why Super Healthcare Insurance is different?

Universal Sampo's Super Healthcare Insurance offers higher Sum Insured with a deductible applicable for claims making higher range Sum Insured more affordable than a regular mediclaim policy with higher Sum Insured(s).

Plan Option

Top Up (*Application of deductible per claim basis*)

Options	Plan 1	Plan 2	Plan 3
Sum Insured	1, 1.5, 2, 3, 5 Lakhs	2, 3, 5, 7, 10 Lakhs	5, 7, 10, 15, 20 Lakhs
Deductible	50K, 1 Lakh	2, 3, 4, 5 Lakhs	6,7,8,9,10 Lakhs

Super Top Up (*Application of deductible on aggregate claim basis*)

Options	Gold	Diamond	Platinum
Sum Insured	2, 3, 5, 7, 10 Lakhs	3, 5, 7, 10, 15, 20 Lakhs	10, 15, 20, 30, 50, 100 Lakhs
Deductible	1, 2, 3, 4,5 Lakhs	6,7,8,9,10 Lakhs	10, 15, 20, 30, 40 Lakhs

What are the Key Features of Super Healthcare Insurance Super Healthcare Insurance?

- Higher Sum insured options up to 1 Cr with deductible limits as specified.
- No Medical tests up to 65 years or Sum Insured 20 lakhs.
- Long term Policy discount for 2 or 3 years policy.
- Free health check-up to the insured on every renewal.
- Wellness reward programme on meeting certain wellness criteria for complete wellbeing of the Insured Person.
- Medical expenses incurred prior to Hospitalization and after hospitalization are also covered.

- Medical expenses incurred for the successful organ transplant including pre-transplant medical test for legitimate donor and for harvesting the organ up to the sum insured are covered.
- Reasonable and customary Medical expenses incurred for In-patient Hospitalization treatment related to or for obesity are covered.
- Maternity Expenses incurred after 9 months from the policy inception up to the specified limits.
- 100% restoration of Base Annual Sum Insured, if the initial sum insured including any cumulative bonus gets exhausted because of the claims made and accepted by the company
- Tax Benefit under section 80 D of Income Tax Act 1961 on premium paid for the Policy.
- Policy is available on Individual and Family floater Basis.

What is the minimum and maximum entry age?

- Minimum entry age : (Proposer/Adults) 18 yrs; dependent Children's- 91 days
- Maximum entry age: (Adult) 80 years
- Maximum entry age for dependent children is 30 years

What is renewal age?

The policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard, misrepresentation by the insured person.

Who are eligible to take the policy?

- Individuals and families.
- Members covered under any Medical expenses (Hospitalization) policy. This policy covers the medical expenses in excess of the specified deductible amount.
- Members who do not have any Health policy can also opt for this policy; the expenses up to the deductible limit have to be borne by the member.

Who can be covered as dependants under Policy?

- Family Floater Sum Insured Basis: Self, Spouse, 4 dependent Children can be covered under single Sum Insured. The premium shall be calculated as per the highest age of the family member.(Maximum 6 persons can covered under floater plan)
- Individual Sum Insured Basis: 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 and dependent sister-in-law, Niece and Nephew.

Policy Tenure

- The Policy can be taken for 1 year/ 2 Years/ 3 Years.

Coverage's

1) Medical expenses

The company will pay Insured, Reasonable charges of Medical Expenses incurred , in excess of the deductible stated in the schedule provided 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 Hospitalization:

In-patient Hospitalisation Medical Expenses for:

- Room Rent, boarding expenses
- Nursing Charges
- Intensive Care Unit
- Medical Practitioner(s)
- Anesthesia, 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 the Medical Expenses for day Care Treatment/ surgical procedures by the Insured Person(s) as an In-patient for less than 24 hours in a Hospital or day care centre but not the out-patient 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 immediately before *Insured* were hospitalized, provided that:

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

1.4 Post-Hospitalization Expenses

The *Company will* pay for the Medical Expenses incurred immediately after *Insured* were discharged post Hospitalisation provided that:

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

1.5 Organ Donor expenses

The *Company will* pay the Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and for harvesting the organ up to the sum insured.

1.6 In Patient AYUSH Hospitalization

The *Company will* pay for the expenses incurred as per guidelines for reimbursement/settlement of AYUSH treatment expenditure claims under insurance coverage t 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:
 - has at least fifteen in-patient beds;
 - has minimum five qualified and registered AYUSH doctors;
 - has qualified paramedical staff under its employment round the clock;
 - has dedicated AYUSH therapy sections;
 - 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 PreHospitalization expenses for up to the maximum days mentioned in benefit structure accordance with above, 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/Day care.

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 to take an individual policy for the New Born or wait till your next renewal to cover the baby under a regular family floater plan.

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,

5) **Bariatric Surgery Cover**

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

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The member has to be 18 years of age or older and
- iii. Body Mass Index (BMI) greater than or equal to 40
- iv. 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 kilometres 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, for:

- i. Medical Consultation, Evaluation and Referral
- ii. Medical Monitoring and Case Management
- iii. Emergency Medical Evacuation - If.
- iv. Medical Repatriation (Transportation).
- v. Compassionate Visit.

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 in form of USGI Coins.

1. Everyday Care

- i. OPD Consultation
- ii. Diagnostic Services
- iii. Pharmacies

2. Complete Wellness & HealthCare i. Health Risk Assessment (HRA

- ii. Electronic Health Records
- iii. Health Screening

3. Health Coach

A dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s).

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

This service aims to help the insured person cope with their disease and show them ways of dealing with them in everyday life.

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 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 Coin earned Individual Policy Year	by Per
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	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
>=30 optimum BMI	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)	150/quarter	400
	from the respective facility provider.		
Participate in professional sport 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
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Redemption of USGI coins:

Sr. No.	Coverages/Services from the USGI Coins	Limit of 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

Optional Cover (on payment of additional premium)

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.

Renewal Benefit

1. Cumulative Bonus

a) Enhancement in Sum Insured:

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

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.

PREMIUM RATES (Premium Rates are in INR and excluding GST)

Plan: Top Up - Plan 1

Deductible	50000				
Age Band/Sum Insured	1,00,000	1,50,000	2,00,000	3,00,000	5,00,000
91days - 17 Years	907	1,241	1,501	1,836	2,077
18 Years - 35 Years	1,438	2,045	2,517	3,124	3,562
36 Years - 45 Years	2,035	2,949	3,660	4,574	5,234
46 Years - 50 Years	2,474	3,614	4,500	5,640	6,463
51 Years - 55 Years	3,137	4,618	5,770	7,251	8,320
56 Years - 60 Years	4,488	6,664	8,356	10,532	12,103
61 Years - 65 Years	6,390	9,544	11,997	15,151	17,429
66 Years - 70 Years	8,523	12,774	16,081	20,332	23,402
71 Years - 75 Years	10,812	16,240	20,462	25,890	29,810
> 75 Years	14,700	22,128	27,906	35,334	40,698

Deductible	100000				
Age Band/Sum Insured	1,00,000	1,50,000	2,00,000	3,00,000	5,00,000
91days - 17 Years	651	799	947	1,144	1,243
18 Years - 35 Years	973	1,242	1,510	1,868	2,047
36 Years - 45 Years	1,335	1,740	2,144	2,683	2,953
46 Years - 50 Years	1,602	2,106	2,610	3,282	3,618
51 Years - 55 Years	2,004	2,659	3,314	4,188	4,624

56 Years - 60 Years	2,823	3,786	4,748	6,031	6,673
61 Years - 65 Years	3,977	5,372	6,767	8,627	9,557
66 Years - 70 Years	5,271	7,152	9,032	11,539	12,792
71 Years - 75 Years	6,660	9,060	11,461	14,663	16,263
> 75 Years	9,018	12,304	15,589	19,970	22,160

Plan: Top Up Plan 2

Deductible	200000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	1,275	1,452	1,586	1,681	1,810
18 Years - 35 Years	1,919	2,247	2,494	2,671	2,910
36 Years - 45 Years	2,635	3,139	3,517	3,820	4,190
46 Years - 50 Years	3,188	3,834	4,318	4,671	5,140
51 Years - 55 Years	4,176	5,051	5,708	6,095	6,721
56 Years - 60 Years	6,089	7,428	8,432	9,040	9,999
61 Years - 65 Years	8,841	10,859	12,373	13,312	14,761
66 Years - 70 Years	12,138	14,964	17,083	18,424	20,455
71 Years - 75 Years	15,016	18,623	21,329	23,055	25,648
> 75 Years	20,340	25,277	28,980	31,342	34,890

Deductible	300000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	1,162	1,329	1,429	1,497	1,659
18 Years - 35 Years	1,702	2,010	2,195	2,322	2,620
36 Years - 45 Years	2,305	2,778	3,061	3,282	3,744
46 Years - 50 Years	2,773	3,378	3,741	3,995	4,581
51 Years - 55 Years	3,600	4,420	4,913	5,180	5,963
56 Years - 60 Years	5,208	6,464	7,217	7,639	8,838

61 Years - 65 Years	7,527	9,420	10,555	11,210	13,021
66 Years - 70 Years	10,303	12,952	14,541	15,481	18,019
71 Years - 75 Years	12,754	16,136	18,166	19,376	22,617
> 75 Years	17,246	21,874	24,651	26,308	30,743

Deductible	400000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	1,054	1,210	1,289	1,389	1,489
18 Years - 35 Years	1,496	1,784	1,930	2,116	2,301
36 Years - 45 Years	1,991	2,432	2,677	2,964	3,252
46 Years - 50 Years	2,375	2,940	3,231	3,596	3,961
51 Years - 55 Years	3,052	3,817	4,153	4,640	5,127
56 Years - 60 Years	4,370	5,542	6,066	6,812	7,558
61 Years - 65 Years	6,273	8,039	8,843	9,970	11,097
66 Years - 70 Years	8,550	11,022	12,165	13,744	15,324
71 Years - 75 Years	10,570	13,727	15,194	17,211	19,228
> 75 Years	14,258	18,578	20,586	23,345	26,105

Deductible	500000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	894	1,011	1,044	1,125	1,238
18 Years - 35 Years	1,192	1,408	1,470	1,619	1,828
36 Years - 45 Years	1,527	1,857	1,967	2,197	2,521
46 Years - 50 Years	1,787	2,210	2,336	2,629	3,039
51 Years - 55 Years	2,244	2,818	2,948	3,339	3,887
56 Years - 60 Years	3,135	4,013	4,219	4,818	5,658
61 Years - 65 Years	4,421	5,746	6,066	6,971	8,239
66 Years - 70 Years	5,961	7,815	8,274	9,543	11,320
71 Years - 75 Years	7,333	9,700	10,291	11,912	14,181
> 75 Years	9,828	13,068	13,877	16,094	19,199

Plan: Top Up Plan 3

Deductible	600000				
Age Band/Sum Insured	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	1,036	1,065	1,159	1,299	1,648
18 Years - 35 Years	1,487	1,541	1,726	1,988	2,641
36 Years - 45 Years	2,013	2,096	2,367	2,768	3,770
46 Years - 50 Years	2,399	2,504	2,871	3,385	4,670
51 Years - 55 Years	3,039	3,179	3,641	4,321	6,021
56 Years - 60 Years	4,361	4,576	5,209	6,235	8,800
61 Years - 65 Years	6,298	6,623	7,592	9,143	13,023
66 Years - 70 Years	8,590	9,046	10,421	12,600	18,779
71 Years - 75 Years	10,717	11,299	12,558	15,229	22,637
> 75 Years	14,471	15,266	16,304	19,806	29,294

Deductible	700000				
Age Band/Sum Insured	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	931	963	1,075	1,211	1,473
18 Years - 35 Years	1,288	1,348	1,564	1,819	2,309
36 Years - 45 Years	1,704	1,797	2,118	2,509	3,261
46 Years - 50 Years	2,010	2,128	2,555	3,056	4,020
51 Years - 55 Years	2,516	2,674	3,220	3,883	5,158
56 Years - 60 Years	3,564	3,806	4,577	5,578	7,501
61 Years - 65 Years	5,099	5,464	6,640	8,153	11,063
66 Years - 70 Years	6,916	7,429	9,091	11,215	16,033
71 Years - 75 Years	8,606	9,260	10,953	13,556	19,296
> 75 Years	11,582	12,477	14,198	17,613	24,912

Deductible	800000				
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Age Band/Sum Insured	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	804	825	962	1,053	1,228
18 Years - 35 Years	1,048	1,088	1,349	1,519	1,846
36 Years - 45 Years	1,333	1,395	1,788	2,049	2,550
46 Years - 50 Years	1,542	1,621	2,136	2,470	3,113
51 Years - 55 Years	1,888	1,994	2,663	3,105	3,955
56 Years - 60 Years	2,606	2,767	3,740	4,407	5,689
61 Years - 65 Years	3,656	3,900	5,379	6,387	8,327
66 Years - 70 Years	4,901	5,242	7,326	8,742	12,198
71 Years - 75 Years	6,059	6,495	8,813	10,549	14,619
> 75 Years	8,096	8,693	11,393	13,669	18,779

Deductible	900000				
Age Band/Sum Insured	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	740	749	906	974	1,105
18 Years - 35 Years	928	948	1,242	1,369	1,614
36 Years - 45 Years	1,147	1,172	1,623	1,819	2,195
46 Years - 50 Years	1,308	1,349	1,927	2,177	2,659
51 Years - 55 Years	1,575	1,619	2,384	2,715	3,353
56 Years - 60 Years	2,127	2,168	3,322	3,822	4,784
61 Years - 65 Years	2,935	3,002	4,748	5,504	6,959
66 Years - 70 Years	3,893	3,993	6,444	7,506	10,281
71 Years - 75 Years	4,785	4,739	7,743	9,045	12,281
> 75 Years	6,353	6,050	9,990	11,697	15,713

Deductible	1000000				
Age Band/Sum Insured	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	673	679	797	843	930
18 Years - 35 Years	801	814	1,036	1,121	1,285
36 Years - 45 Years	951	967	1,308	1,439	1,689
46 Years - 50 Years	1,061	1,088	1,525	1,692	2,013
51 Years - 55 Years	1,243	1,272	1,850	2,071	2,496

56 Years - 60 Years	1,621	1,647	2,519	2,852	3,493
61 Years - 65 Years	2,173	2,216	3,535	4,039	5,009
66 Years - 70 Years	2,828	2,892	4,744	5,452	7,546
71 Years - 75 Years	3,439	3,402	5,672	6,540	8,941
> 75 Years	4,511	4,297	7,273	8,412	11,333

Plan: Super Top Up Gold

Deductible	100000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	1,397	1,686	1,830	2,191	2,326
18 Years - 35 Years	2,222	2,746	3,008	3,664	3,909
36 Years - 45 Years	3,150	3,940	4,334	5,321	5,690
46 Years - 50 Years	3,832	4,817	5,309	6,540	7,000
51 Years - 55 Years	4,863	6,143	6,782	8,381	8,979
56 Years - 60 Years	6,964	8,843	9,783	12,132	13,010
61 Years - 65 Years	9,921	12,645	14,007	17,412	18,685
66 Years - 70 Years	13,237	16,909	18,744	23,334	25,049
71 Years - 75 Years	16,795	21,483	23,827	29,688	31,878
> 75 Years	22,840	29,256	32,463	40,483	43,480

Deductible	200000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	1,107	1,287	1,422	1,551	1,685
18 Years - 35 Years	1,695	2,022	2,267	2,502	2,746
36 Years - 45 Years	2,356	2,849	3,218	3,572	3,939

46 Years - 50 Years	2,843	3,457	3,917	4,358	4,817
51 Years - 55 Years	3,578	4,375	4,974	5,547	6,142
56 Years - 60 Years	5,075	6,247	7,126	7,968	8,843
61 Years - 65 Years	7,182	8,881	10,156	11,376	12,644
66 Years - 70 Years	9,546	11,836	13,553	15,199	16,908
71 Years - 75 Years	12,082	15,006	17,199	19,300	21,482
> 75 Years	16,391	20,392	23,393	26,268	29,254

Deductible	300000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	947	1,103	1,197	1,286	1,441
18 Years - 35 Years	1,405	1,688	1,858	2,020	2,301
36 Years - 45 Years	1,921	2,347	2,602	2,846	3,270
46 Years - 50 Years	2,299	2,831	3,150	3,453	3,982
51 Years - 55 Years	2,872	3,562	3,976	4,371	5,058
56 Years - 60 Years	4,038	5,052	5,661	6,241	7,250
61 Years - 65 Years	5,679	7,150	8,032	8,873	10,336
66 Years - 70 Years	7,520	9,502	10,691	11,824	13,796
71 Years - 75 Years	9,496	12,026	13,544	14,991	17,509
> 75 Years	12,852	16,314	18,392	20,372	23,818

Deductible	400000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	847	992	1,086	1,182	1,279
18 Years - 35 Years	1,223	1,487	1,657	1,832	2,007
36 Years - 45 Years	1,646	2,044	2,300	2,563	2,827
46 Years - 50 Years	1,957	2,453	2,772	3,101	3,430
51 Years - 55 Years	2,427	3,071	3,486	3,913	4,341
56 Years - 60 Years	3,384	4,331	4,940	5,568	6,196
61 Years - 65 Years	4,732	6,104	6,987	7,897	8,808
66 Years - 70 Years	6,243	8,093	9,283	10,510	11,737
71 Years - 75 Years	7,865	10,227	11,746	13,313	14,879
> 75 Years	10,620	13,852	15,931	18,075	20,219

Deductible	500000				
Age Band/Sum Insured	2,00,000	3,00,000	5,00,000	7,00,000	10,00,000
91days - 17 Years	776	912	968	1,065	1,200
18 Years - 35 Years	1,094	1,342	1,443	1,619	1,865
36 Years - 45 Years	1,452	1,825	1,977	2,242	2,613
46 Years - 50 Years	1,715	2,180	2,369	2,700	3,163
51 Years - 55 Years	2,112	2,716	2,963	3,392	3,993
56 Years - 60 Years	2,922	3,810	4,171	4,802	5,685
61 Years - 65 Years	4,062	5,349	5,873	6,788	8,068
66 Years - 70 Years	5,341	7,075	7,782	9,014	10,740
71 Years - 75 Years	6,712	8,926	9,829	11,403	13,606
> 75 Years	9,043	12,073	13,308	15,462	18,477

Plan: Super Top Up Diamond

Deductible	600000					
Age Band/Sum Insured	3,00,000	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	1,150	1,221	1,256	1,371	1,542	1,968
18 Years - 35 Years	1,636	1,767	1,832	2,059	2,378	3,171
36 Years - 45 Years	2,206	2,409	2,510	2,841	3,330	4,542
46 Years - 50 Years	2,627	2,884	3,013	3,460	4,088	5,642
51 Years - 55 Years	3,323	3,666	3,838	4,403	5,233	7,290
56 Years - 60 Years	4,756	5,281	5,544	6,318	7,571	10,689
61 Years - 65 Years	6,854	7,647	8,044	9,228	11,123	15,840
66 Years - 70 Years	9,335	10,448	11,004	12,684	15,345	22,726
71 Years - 75 Years	11,627	13,048	13,758	15,297	18,559	27,440
> 75 Years	15,689	17,633	18,605	19,872	24,150	35,570

Deductible	700000					
Age Band/Sum Insured	3,00,000	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	1,066	1,092	1,132	1,268	1,435	1,627
18 Years - 35 Years	1,475	1,524	1,598	1,862	2,173	2,532
36 Years - 45 Years	1,956	2,032	2,146	2,538	3,015	3,567
46 Years - 50 Years	2,313	2,409	2,554	3,075	3,687	4,394

51 Years - 55 Years	2,900	3,028	3,221	3,888	4,698	5,633
56 Years - 60 Years	4,111	4,308	4,604	5,546	6,768	8,178
61 Years - 65 Years	5,885	6,183	6,630	8,066	9,914	12,047
66 Years - 70 Years	7,986	8,403	9,029	11,060	13,655	17,382
71 Years - 75 Years	9,936	10,469	11,268	13,335	16,516	20,919
> 75 Years	13,375	14,104	15,197	17,300	21,471	27,017

Deductible	800000					
Age Band/Sum Insured	3,00,000	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	919	937	964	1,131	1,242	1,455
18 Years - 35 Years	1,200	1,233	1,282	1,601	1,808	2,207
36 Years - 45 Years	1,530	1,580	1,656	2,137	2,455	3,068
46 Years - 50 Years	1,774	1,838	1,935	2,564	2,972	3,757
51 Years - 55 Years	2,176	2,262	2,390	3,208	3,747	4,786
56 Years - 60 Years	3,007	3,138	3,335	4,524	5,339	6,905
61 Years - 65 Years	4,223	4,421	4,719	6,525	7,757	10,127
66 Years - 70 Years	5,663	5,941	6,358	8,904	10,634	14,694
71 Years - 75 Years	7,002	7,357	7,889	10,721	12,842	17,652
> 75 Years	9,360	9,846	10,575	13,873	16,653	22,734

Deductible	900000					
Age Band/Sum Insured	3,00,000	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	846	860	870	1,062	1,145	1,306
18 Years - 35 Years	1,062	1,087	1,111	1,470	1,626	1,925

36 Years - 45 Years	1,316	1,354	1,385	1,936	2,175	2,635
46 Years - 50 Years	1,505	1,553	1,602	2,309	2,615	3,203
51 Years - 55 Years	1,814	1,879	1,933	2,867	3,272	4,051
56 Years - 60 Years	2,454	2,553	2,603	4,013	4,624	5,799
61 Years - 65 Years	3,392	3,540	3,622	5,755	6,679	8,456
66 Years - 70 Years	4,502	4,710	4,832	7,826	9,124	12,351
71 Years - 75 Years	5,534	5,801	5,744	9,414	11,005	14,796
> 75 Years	7,352	7,716	7,346	12,159	14,244	18,988

Deductible	1000000					
Age Band/Sum Insured	3,00,000	5,00,000	7,00,000	10,00,000	15,00,000	20,00,000
91days - 17 Years	769	778	784	930	985	1,092
18 Years - 35 Years	916	933	949	1,220	1,324	1,524
36 Years - 45 Years	1,090	1,116	1,136	1,552	1,711	2,018
46 Years - 50 Years	1,219	1,251	1,284	1,818	2,022	2,414
51 Years - 55 Years	1,431	1,474	1,509	2,215	2,485	3,005
56 Years - 60 Years	1,869	1,935	1,967	3,032	3,439	4,223
61 Years - 65 Years	2,511	2,610	2,662	4,274	4,890	6,074
66 Years - 70 Years	3,271	3,410	3,488	5,750	6,615	9,011
71 Years - 75 Years	3,978	4,156	4,111	6,884	7,944	10,716
> 75 Years	5,223	5,466	5,204	8,841	10,231	13,638

Plan: Super Top Up Platinum

Deductible	1000000					
Age Band/Sum Insured	10,00,000	15,00,000	20,00,000	30,00,000	50,00,000	1,00,00,000
91days - 17 Years	998	1,059	1,177	1,294	1,483	1,812
18 Years - 35 Years	1,320	1,435	1,655	1,875	2,227	2,840
36 Years - 45 Years	1,688	1,863	2,201	2,539	3,079	4,018
46 Years - 50 Years	1,980	2,205	2,638	3,070	3,763	4,967
51 Years - 55 Years	2,419	2,716	3,289	3,861	4,777	6,371
56 Years - 60 Years	3,318	3,767	4,631	5,494	6,876	9,287
61 Years - 65 Years	4,688	5,367	6,673	7,980	10,069	13,717
66 Years - 70 Years	6,313	7,267	9,833	11,667	14,601	19,733
71 Years - 75 Years	7,564	8,733	11,713	13,961	17,558	23,849

> 75 Years	9,721	11,254	14,935	17,883	22,600	30,850
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Deductible		1500000					
Age Band/Sum Insured		10,00,000	15,00,000	20,00,000	30,00,000	50,00,000	1,00,00,000
91days - 17 Years		942	988	1,077	1,165	1,306	1,553
18 Years - 35 Years		1,215	1,301	1,455	1,613	1,865	2,357
36 Years - 45 Years		1,526	1,658	1,894	2,136	2,524	3,278
46 Years - 50 Years		1,773	1,942	2,245	2,556	3,052	4,019
51 Years - 55 Years		2,145	2,368	2,769	3,179	3,836	5,115
56 Years - 60 Years		2,906	3,243	3,848	4,467	5,459	7,388
61 Years - 65 Years		4,067	4,576	5,491	6,428	7,927	10,846
66 Years - 70 Years		5,444	6,159	8,176	9,492	11,597	15,694
71 Years - 75 Years		6,506	7,383	9,690	11,303	13,883	18,905
> 75 Years		8,334	9,484	12,281	14,396	17,780	24,367

Deductible		2000000					
Age Band/Sum Insured		10,00,000	15,00,000	20,00,000	30,00,000	50,00,000	1,00,00,000
91days - 17 Years		818	861	908	974	1,049	1,200
18 Years - 35 Years		979	1,060	1,141	1,259	1,393	1,694
36 Years - 45 Years		1,164	1,288	1,412	1,593	1,800	2,260
46 Years - 50 Years		1,311	1,471	1,629	1,861	2,126	2,717
51 Years - 55 Years		1,532	1,742	1,952	2,259	2,609	3,391
56 Years - 60 Years		1,984	2,302	2,619	3,081	3,610	4,789
61 Years - 65 Years		2,674	3,155	3,634	4,333	5,133	6,916
66 Years - 70 Years		3,493	4,168	5,573	6,555	7,678	10,182
71 Years - 75 Years		4,126	4,953	6,510	7,714	9,090	12,160

> 75 Years	5,213	6,298	8,111	9,690	11,495	15,520
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Deductible	3000000					
Age Band/Sum Insured	10,00,000	15,00,000	20,00,000	30,00,000	50,00,000	1,00,00,000
91days - 17 Years	776	804	842	870	917	1,011
18 Years - 35 Years	900	953	1,024	1,076	1,164	1,340
36 Years - 45 Years	1,042	1,124	1,232	1,313	1,448	1,718
46 Years - 50 Years	1,156	1,260	1,399	1,503	1,676	2,022
51 Years - 55 Years	1,326	1,463	1,646	1,784	2,013	2,471
56 Years - 60 Years	1,676	1,883	2,159	2,366	2,712	3,403
61 Years - 65 Years	2,208	2,522	2,940	3,253	3,776	4,820
66 Years - 70 Years	2,841	3,281	4,601	5,041	5,775	7,242
71 Years - 75 Years	3,333	3,873	5,325	5,864	6,764	8,562
> 75 Years	4,174	4,881	6,557	7,265	8,444	10,802

Deductible	4000000					
Age Band/Sum Insured	10,00,000	15,00,000	20,00,000	30,00,000	50,00,000	1,00,00,000
91days - 17 Years	710	724	743	776	823	870
18 Years - 35 Years	776	803	838	899	987	1,075
36 Years - 45 Years	852	893	947	1,041	1,176	1,311
46 Years - 50 Years	913	965	1,034	1,155	1,328	1,501
51 Years - 55 Years	1,003	1,072	1,163	1,324	1,553	1,782
56 Years - 60 Years	1,190	1,293	1,432	1,673	2,019	2,364
61 Years - 65 Years	1,474	1,630	1,839	2,205	2,728	3,250
66 Years - 70 Years	1,811	2,031	3,058	3,571	4,305	5,038
71 Years - 75 Years	2,074	2,344	3,436	4,066	4,965	5,864
> 75 Years	2,522	2,876	4,080	4,906	6,085	7,264

MAJOR EXCLUSIONS UNDER THE POLICY

- A. Investigation & Evaluation (Code- Excl04)
- B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)
- C. Obesity/ Weight Control (Code- Excl06) (Not Applicable for Super Top-up: Diamond & Platinum)
- D. Change-of-Gender Treatments: (Code- Excl07)
- E. Cosmetic or plastic Surgery: (Code- Excl08)
- F. Hazardous or Adventure sports: (Code- Excl09)
- G. Breach of law: (Code- Excl10)

- H. Excluded Providers: (Code-Excl11)
- I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)
- J. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
- K. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner
as part of hospitalization claim or day care procedure (Code- Excl14)
- L. Refractive Error :(Code- Excl15)
- M. Unproven Treatments:(Code- Excl16)
- N. Sterility and Infertility: (Code- Excl17)
- O. Maternity Expenses (Code – Excl 18): (Applicable only for Top- up : Plan 1 Super Top-up : Gold Plan)
- R. Treatment taken outside the geographical limits of India (Not applicable if ‘Global Cover’ is opted.)
- T. 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.

(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)

GENERAL TERMS AND CONDITIONS

1. Renewal

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

- i. The Company shall endeavour 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.

- 2. Pre-Policy Health Check Up** 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 below mentioned medical check-up to help us understand your health condition in a better way.

- The validity of the test reports would be 30 days from date of medical examination.

Age of the person to be insured	Sum Insured	Medical Examination
Up to 65 years	All Sum Insured options	No Medical Tests*
Above 65 years	Sum Insured 20 Lakhs and above	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

If the proposal is accepted we shall refund 50% of the health check-up cost (at our empanelled network provider)

3. Cancellation/Termination

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.

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

DISCOUNT & LOADING

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 to 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.

Claims

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 within 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@universalsompo.com

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@universalsompo.com and inform about your claim.

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

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

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

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

Step V: 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@universalsompo.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@universalsompo.com and inform about your claim.

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

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

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

Step IV: On receipt of document your claim will 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

G.3 Documents to be submitted:

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

- XII. Claim form duly filled and signed by the Insured
- XIII. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- XIV. All treatment papers of current ailment including previous treatment papers if any.
- XV. Original Discharge Card from the hospital, Indoor Case Papers.
- XVI. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- XVII. Original hospital bill and receipts.
- XVIII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.

- XIX. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- XX. Valid Photo ID Proof of the patient.
- XXI. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XXII. 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:

- 4. 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.
- 5. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
- 6. 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

Redressal of Grievance

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 in case 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/resource-grievance-redressal>

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI- <https://bimabharosa.irdai.gov.in/>.

Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.

*****END*****

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, 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 Inpatient	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 will</i> 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	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	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 SI.	NA	Covered	Covered	NA	Covered	Covered

8	Ambulance Expenses	Expense incurred per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital.	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	In-patient Hospitalization expenses for treatment taken under Ayurveda, Unani, Sidha or Homeopathy, Upto the Sum Insured.	NA	Covered :Up to SI	Covered : Up to SI	NA	Covered: Up to SI	Covered: Up to SI
10	Maternity Expenses Including New Born Baby	Maternity Expenses incurred after 9 months from the policy inception. From 1st Day till expiry of Policy or the child is 91 days	NA	Covered Limit Rs.50000	Covered - Limit Rs. 75,000	NA	Covered - Limit Rs.50,000	Covered - Limit Rs. 75,000

		old whichever is earlier within Maternity limit.						
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	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	Rs 415	Rs 415	Rs 415 Rs	415 Rs	415 Rs 415	year)		
Renewal Benefits										

1	Cumulative Bonus	<p>a) Enhancement in Sum Insured 20% increase in SI for every claims free year subject to maximum of 100%.The increased SI shall be decreased by 20% in event of claim. Or</p> <p>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>	Covered	Covered	Covered	Covered	Covered	Covered
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2	Health Checkup	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 will</i> 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	Preexisting	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 of Health Plus Policy	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%						

