



CSC – COMPLETE HEALTHCARE INSURANCE **PROSPECTUS**

The Complete Healthcare Insurance comes with comprehensive plans that reimburse medical expenses incurred in a hospital and also the out-patient charges and various value added services.

SUMMARY OF BENEFITS:

S.No	Benefits	Basic Plan
	Sum Insured	1 or 2 Lakhs
A	Inpatient Treatment	Covered
B	Day Care Procedures	Covered
C	Post-Hospitalization	Covered
D	Pre-Hospitalization	Covered
E	Domiciliary Treatment	Covered
F	Organ Donor	Covered
G	Ambulance	Up to 1% of SI or Rs 1,000 or actuals whichever is less.
H	Dental Treatment in case of Accidents	Inpatient Dental Treatment-Upto 100% of In-patient Treatment Sum Insured.
I	AYUSH Benefit	Upto SI
J	Vaccination (in case of Post Bite Treatment)	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.
K	Out-Patient Treatment Cover after waiting period of 3 years a) Out-patient Consultation b) Diagnostic Tests c) Dental Treatment d) Spectacles, Contact Lens, Hearing Aids	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 2,500.
L	Convalescence Benefit	Flat Rs. 10,000 per member when Hospitalization exceeds 10 days.
<i>Additional Benefits</i>		
a	Restore Benefit	Covered
<i>Renewal Benefits</i>		
A	Cumulative Bonus	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced
B	Health Check-up	1 coupon at the end of every claims two continuous claims free year 2 coupons in case of family floater
<i>Value Added Benefits</i>		
A	Dial a Doctor	Covered
B	Health Educational Library for People(HELP)	Covered
C	Wellness Package	Covered
D	24x7 Customer Service	Covered



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E	Newsletter	Covered
Product Options		
A	Personal Accident	Available
B	Critical Illness	Available
C	Hospital Daily Cash when Hospitalization exceeds 3 days for a maximum number of 7 days	Rs 2,00 per day
D	Sub limits Applicability	No sublimit applicable under base <i>Policy</i> . Avail discount of 7.5% for choosing Sublimit A Avail discount of 5% for choosing Sublimit B
E	Treatment only in tiered Network	5% discount if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.

* The company ensures that there is no sub-limit by way of percentage to SI or in term of amount for AYUSH

Discounts under the Policy (The overall limit on discounts is 40%)		
A	Family Discount : Avail discount for covering more than one <i>Family Member</i> under the <i>Policy</i> on individual sum insured basis	
	<i>Number of Members</i>	<i>Discounts</i>
	2-3	5%
	4-5	7%
	More than 5	10%

The overall limit on discounts is 40%

Entry Age:

Age at Entry (Yrs.) as on last birthday	
Minimum	Maximum
18 for adults and policyholder	70 years
91 days for dependent children	
1 day for children under floater plan	

What's more!!! Your dependent children can be covered upto 25 years of age

Policy Type:

- Individual Sum Insured
- Floater Sum Insured

COVERAGE:

We will provide benefits for the following subject to the level of Sum Insured chosen and the benefits detailed in Your Policy Schedule. All costs incurred must be Medically Necessary and subject to Reasonable and Customary Charges. If You suffer an Illness or Accident during the Policy Period that requires Hospitalization as an inpatient, then We will pay:

Inpatient Treatment:



The Medical Expenses for:

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

Day care Procedure:

The Medical Expenses for any Day Care Procedure where the procedure or Surgery is taken by You as an inpatient for less than 24 hours in a Hospital or standalone day care center but not in the outpatient department of a Hospital or standalone day care center.

We will pay Medical Expenses for 141 Day Care Procedures enlisted in the Annexure to this Policy Wordings

Pre Hospitalization:

The Medical Expenses incurred in the 30 days immediately prior before the date You were Hospitalized, provided that:

- Such Medical Expenses were in fact incurred for the same condition for which Your subsequent Hospitalization was required, and
- We have accepted an inpatient Hospitalization claim under benefit (a) In-patient treatment
- We will pay the Medical Expenses incurred within the 60 days prior to the date of Hospitalization, if We are provided with the following at least 5 days before the Hospitalization:
 - Medical documents with all details about the Illness; and
 - The date and the place of the proposed Hospitalization.

Post Hospitalization:

The Medical Expenses incurred in the 60 days immediately after Your date of discharge from Hospital provided that:

- Such costs are incurred in respect of the same condition for which Your earlier Hospitalization was required, and
- We have accepted an inpatient Hospitalization claim under Benefit (a) In-patient treatment
- We will pay the Medical Expenses in the 90 days immediately after You were discharged if We were provided with the following at least 5 days before the Hospitalization:
 - Medical documents with all details about the Illness; and
 - The date and the place of the proposed Hospitalization

Domiciliary Treatment:

The Medical Expenses incurred by You for medical treatment taken at home which would otherwise have required Hospitalization, provided that:

- The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
- If We accept a claim under this Benefit We will not make any payment for Post- Hospitalization Expenses but We will pay Pre-Hospitalization expenses for up to 60 days in accordance with (c) above, and



- No payment will be made if the condition for which You require medical treatment is:
 - Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
 - Arthritis, Gout and Rheumatism
 - Chronic Nephritis and Nephritic Syndrome
 - Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - Diabetes Mellitus and Insipidus,
 - Epilepsy,
 - Hypertension,
 - Psychiatric or Psychosomatic Disorders of all kinds,
 - Pyrexia of unknown Origin.

Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that

- The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for Your use, and
- We will not pay the donor's Pre and Post Hospitalization expenses or any other medical treatment for the donor consequent on the harvesting, and
- We have accepted an inpatient Hospitalization claim under benefit (a) In-patient treatment

Ambulance

The expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency, provided that:

- Our maximum liability shall be restricted to the amount as mentioned in the Summary of Benefits per Hospitalization, and
- We have accepted an inpatient Hospitalization claim under benefit (a) In-patient treatment
- The coverage includes Your cost of the transportation from a Hospital to the nearest Hospital which is prepared to admit You and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where You are situated, provided that transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

Dental treatment in case of an accident

The Medical Expenses of any necessary Dental Treatment from a dentist provided that the Dental Treatment is required as a result of an Accident.

AYUSH Benefit

The Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Siddha or Homeopathy provided that:

- Our maximum liability will be limited to the amounts specified in the Summary of Benefits
- If We accept any claim under this benefit, then We will not make any payment under allopathic treatment for the same Insured Person and the same Illness or Accident under this Policy.

The company ensures that there is no sub-limit by way of percentage to SI or in term of amount for AYUSH



Vaccination

The Medical Expenses incurred for vaccination including inoculation and immunizations in case of post-bite treatment. Our maximum liability shall be limited to the amount specified in the Summary of Benefits.

Out Patient Treatment

The below mentioned expenses to the extent of 50% of the Reasonable and Customary Charges incurred by You as an Out-patient when treatment is taken from a Network Medical Practitioner

- Out-patient Consultation
Reasonable and Customary consultation expenses of Medically Necessary consultation with a Medical Practitioner, as an Out-patient to assess Your health condition for any Illness
- Diagnostic Tests: Out-patient diagnostic tests taken by You from a diagnostic centre
- Out-patient Dental Treatment: Any Medically Necessary Dental Treatment taken by You from dentist, provided that We will pay only for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same, and We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.
- Spectacles, Contact lenses, Hearing Aids: Either one pair of spectacles, contact lenses or hearing aids (Excluding batteries), provided that these have been prescribed for You by an Eye/ ENT specialist Network Medical Practitioner.

Provided that,

- Our maximum liability shall be restricted to the amount mentioned in the Summary of Benefits and
- You have continuously renewed the Policy with Us without break for a period of 36 months
- For Floater Policies, the benefit under this Section shall be available on floater basis and for spectacles, contact lenses or hearing aids; Our liability shall be limited to either one pair of spectacles or hearing aid per family.

Convalescence Benefit

A lump sum amount as shown in the Summary of Benefits if You are hospitalized for a minimum period of 10 consecutive days, provided that

- We have accepted claim under benefit (a) In-patient treatment
- This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.

Additional Benefit

Restore Benefit

If the basic Sum Insured and No Claim Bonus (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted by Us as payable, then it is agreed that a Restore Sum Insured (equal to the 100% of Basic Sum Insured) will be automatically available for the particular Policy Year.

Provided that,

- The Restore Sum Insured will be enforceable only after the basic Sum Insured inclusive of the No Claim Bonus have been completely exhausted in that year; and
- The Restore Sum Insured can be used for claims made by You in respect of Benefit (a) Inpatient Treatment



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- The restored Sum Insured can be used to bear the expenses of any other Illness, that is dissimilar to the one for which claim has been made earlier. This restriction will not be applicable if the claim is made under a floater Policy for another Family Member's treatment.
- The Restore Sum Insured shall not be considered for calculating No Claim Bonus under the Policy
- Any unutilized Restore Sum Insured shall not be carried forward to the next year
- The Restore Sum Insured shall be applied once for You during a Policy Year
- If the Policy is issued on floater basis, then the Restore Sum Insured shall also be available on floater basis. The Restore Sum Insured for these policies will be only available in respect of claims made by Insured Persons who were Insured Persons before the Sum Insured exhausted

Renewal Benefits

Cumulative Bonus

- If no claim has been made under the Policy, including for the optional benefits, and the Policy is renewed with Us without any break, We will apply a Cumulative Bonus to the next Policy Year by automatically increasing the Sum Insured by 10% of the Sum Insured this year. The maximum Cumulative Bonus shall not exceed 50% of the Inpatient 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 Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons 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 10% of the increased Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued Cumulative Bonus will be decreased.
- Portability benefit will be offered to the extent of sum of previous Sum Insured and accrued Cumulative bonus, Portability shall not apply to any additional increased Sum Insured.

Health Check up

- If no claim has been made under this Policy, including for the optional benefits, and You have maintained this Policy with Us without any break, then We will issue You a health Check-up coupon provided that You complete a continuous number of claims-free Policy Years as mentioned in the Summary of Benefits which will cover health check-ups arranged by Us through Our empaneled Service Providers.
- In case of family floater, two such health check-up coupons will be issued to the entire family, if, however, any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.

Value added Benefits: We will provide the following complimentary and wellness offerings during the period for which the Policy remains valid

Dial a Doctor

- You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting the helpline details specified on Our website.

HELP

- We will provide You access to Our Health Education Library for People, dedicated online medical knowledgebase which provides many features such Ask a health expert, Live Chat and Online health Guides and Videos



Wellness Package

We offer vouchers, in either electronic or physical form, for availing certain health services and products. You or any Insured Person may avail of such services and products within next 3 Policy Years if all of the following requirements are met:

- The vouchers are used for health services and benefits communicated from time to time.
- The conditions or limitations specified in the vouchers are adhered to.
- The vouchers are used (and will only be valid) at empanelled service provider(s)

The details of these discounts and offerings on health and wellness products and services are listed on Our website

24X7 Customer Service

The 24x7 Universal Sampo Customer Service Centre is committed to making sure that You get the care needed. You can receive assistance with:

- Questions on claims, benefit levels and cover
- Claims processing
- General benefit and plan inquiries

Newsletter

You shall get a monthly newsletter with dieting tips, nutritional information and similar other health related articles to help You reach Your optimum state of health.

You have access to these tools and resources via Our website www.universalsampo.com

Please note: We assume no responsibility for and will not be responsible for any actual or alleged errors, adequacy or accuracy of any medical opinion provided, omissions or representations made by any Medical Practitioner or for any consequences of any action taken or not taken by You in reliance thereon for the above mentioned services.

Optional Covers:

Personal Accident

If You avail this option by paying an additional premium to Us, We will pay You the Sum Insured as mentioned in Your Policy Schedule, on happening of below mentioned contingencies

- Accidental Death: A lump sum amount for death resulting from Accidental Bodily Injury within 12 months from date of Accident.
- Accidental Permanent Total Disablement : A lump sum amount will be paid for below mentioned permanent total disability conditions resulting from an Accident within 12 months from date of Accident
- Loss of sight of both eyes; or
- Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- Loss of use of both hands or both feet or of one hand and one foot without Physical Separation, Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.

Critical Illness

If You avail this option by paying an additional premium to Us, We will pay You the Sum Insured as mentioned in Your Policy Schedule, in case You are diagnosed as suffering from the covered Critical Illnesses or undergoing covered Surgical Procedures for the first time in Your life.



Provided that,

- We will not make any payment if You are diagnosed as suffering from Critical Illness within 90 days of taking the Policy
- No claim under this option shall be admissible if the Critical Illness or the Surgical Procedure is a consequence of or arising out of any pre-existing conditions/ diseases.
- Cover under this Policy shall cease upon payment of the compensation on the happening of a Critical Illness and/ or Surgical Procedure and no further payment will be made for any consequent disease or any dependent diseases

Hospital Daily Cash

If You avail this option by paying an additional premium to Us, a daily cash amount will be payable per day if You receive treatment as an In-patient for an eligible medical condition

Provided that,

- We have accepted a claim under Inpatient Treatment Benefit
- You are hospitalized for more than 3 days.
- Our maximum liability shall be restricted to the amount mentioned in the Summary of Benefits, and
- This benefit shall not apply to time spent by You in an Intensive Care Unit.

Sub limits

- If You avail this option, You agree that in lieu of the discount offered as mentioned in the Summary of Benefits, the Medical Expenses incurred during Hospitalization (including its related Pre and Post Hospitalization expenses, if applicable) due to the below mentioned Surgeries / Medical Procedures or any medical treatment pertaining to an Illness/ Injury upon admissibility would become payable by Us subject to limits as per the table below:

S. No	Surgeries / Medical Procedures	Sublimit (Rs)	
		A1	B2
1	Cataract per eye	10,000	15,000
2	Other Eye Surgeries	15,000	22,000
3	ENT	15,000	22,000
4	Surgeries for Tumors/Cysts/Nodule/Polyp	20,000	30,000
5	Stone in Urinary System	20,000	30,000
6	Hernia Related	20,000	30,000
7	Appendectomy	20,000	30,000
8	Knee Ligament Reconstruction Surgery	40,000	60,000
9	Hysterectomy	20,000	30,000
10	Fissures/Piles/Fistulas	15,000	22,000
11	Spine & Vertebrae related	40,000	60,000
12	Cellulites/Abscess	15,000	22,000
13	Other Surgeries & Procedures	25,000	37,000
14	All Medical Expenses for any treatment	10,000	15,000



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	not involving Surgery/Medical Procedure		
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- For the purpose of applicability of the said sub-limits, multiple Hospitalizations pertaining to the same Illness or Procedure / Surgery occurring within a period of 45 days from the date of discharge of the first Hospitalization shall be considered as one Hospitalization.
- No other sublimit other than the ones mentioned above shall apply if You choose to avail this option under the Policy.

Treatment in Tiered Network

If You avail this option, You agree that If You are hospitalized in a Hospital other than a Network Provider then, You shall bear 10% of the claim payable under the Policy and Our liability, if any, shall only be in excess of that sum. The company ensures that discount of 5% if treatment is taken in tiered network and 10% co-pay if treatment is taken in non-tiered network.

PREMIUMS

Individual		
	1,00,000	2,00,000
91-days - 17	1,215	1,935
18-35	1,429	2,277
36-45	2,349	2,484
46-50	3,393	4,158
51-55	4,046	5,049
56-60	4,735	6,518
61-65	7,894	11,015
66-70	12,630	17,895
71-75	18,946	22,405
> 75	25,576	26,561

1 Adult + 1 Child		
	1,00,000	2,00,000
91-days - 17	1,774	2,825
18-35	2,086	3,324
36-45	3,573	3,779
46-50	4,521	5,540
51-55	4,965	6,196
56-60	5,070	6,979
61-65	8,376	11,687
66-70	13,401	18,987
71-75	20,103	23,773
> 75	27,137	28,182

1 Adult + 2 Child		
	1,00,000	2,00,000
91-days - 17	2,272	3,618



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18-35	2,672	4,257
36-45	4,442	4,698
46-50	5,658	6,934
51-55	5,787	6,973
56-60	5,807	7,994
61-65	9,505	13,264
66-70	15,208	21,548
71-75	22,814	26,979
> 75	30,797	31,983

1 Adult + 3 Child		
	1,00,000	2,00,000
91-days - 17	2,875	4,578
18-35	3,381	5,388
36-45	5,622	5,945
46-50	7,161	8,775
51-55	7,272	8,825
56-60	7,349	10,117
61-65	10,437	14,563
66-70	16,698	23,659
71-75	25,049	29,622
> 75	33,815	35,117

2 Adult		
	1,00,000	2,00,000
91-days - 17	1,385	2,206
18-35	1,629	2,596
36-45	2,805	2,967
46-50	3,822	4,684
51-55	4,613	5,756
56-60	5,213	7,176
61-65	9,378	13,085
66-70	15,004	21,259
71-75	22,507	26,616
> 75	30,383	31,553

2 Adult + 1 Child		
	1,00,000	2,00,000
91-days - 17	1,960	3,122
18-35	2,306	3,674
36-45	4,289	4,536
46-50	6,709	8,222
51-55	7,139	8,909
56-60	7,839	10,791
61-65	10,815	15,091



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66-70	17,304	24,517
71-75	25,957	30,696
> 75	35,040	36,389

2 Adult + 2 Adult		
	1,00,000	2,00,000
91-days - 17	2,208	3,516
18-35	2,597	4,137
36-45	4,773	5,047
46-50	7,187	8,808
51-55	7,641	9,536
56-60	8,301	11,426
61-65	11,261	15,714
66-70	18,017	25,528
71-75	27,028	31,962
> 75	36,486	37,891

2 Adult + 3 Child		
	1,00,000	2,00,000
91-days - 17	2,455	3,910
18-35	2,888	4,601
36-45	5,256	5,558
46-50	7,666	9,394
51-55	8,144	10,163
56-60	8,762	12,062
61-65	11,707	16,336
66-70	18,731	26,540
71-75	28,098	33,228
> 75	37,931	39,392

2 Adult + 4 Child		
	1,00,000	2,00,000
91-days - 17	2,785	4,436
18-35	3,276	5,220
36-45	5,895	6,234
46-50	8,278	10,144
51-55	8,786	10,964
56-60	9,347	12,867
61-65	12,264	17,113
66-70	19,622	27,802
71-75	29,435	34,808
> 75	39,735	41,265

Note

- The given rates are indicative and are valid till further notification.



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- Premium Amount (in INR) excluding Service Tax and Cess.
- Tax Benefit: Avail of Tax Benefits for premium under 80 D of Income Tax, 1961. Tax benefits are subject to change as per change in tax laws. (Please consult your tax advisor for complete details)
- * Premium for renewals only.
- Renewal premiums are subject to change with prior approval from IRDA

Personal Accident			
Cover	Risk Class (Premium rates given below (%) -Rs per 1000/-)		
Death and Permanent Total Disablement	Normal Risks	Medium Risks	High Risks
	0.4	0.6	0.9

Risk Group Table

- Normal Risk: Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupation of similar hazard.
- Medium Risk: Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors workers, Mechanics, Drivers, Manual labourers(except those falling under Group III) & such other persons engaged in occupation of similar hazard
- High Risk: Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard.

Sum Insured (Rs)/Age (Years)	HOSPITAL CASH	
	1,00,000	2,00,000
91-days -17	73	
18-35	101	
36-45	143	
46-50	155	
51-55	171	
56-60	288	
61-65	350	
66-70	364	
71-75*	378	
> 75*	392	

Sum Insured	CRITICAL ILLNESS	
Ages	1,00,000	2,00,000
91days-17	200	400
18-35	300	600
36-45	550	1100
46-50	1200	2400
51-55	1250	2500
56-60	3000	6000



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61-65	3200	6400
66-70	5557	11114
71-75*	7889	15779
> 75*	8000	16000

Note

- The given rates are indicative and are valid till further notification.
- Premium Amount (in INR) excluding Service Tax and Cess.
- Tax Benefit: Avail of Tax Benefits for premium under 80 D of Income Tax, 1961. Tax benefits are subject to change as per change in tax laws. (Please consult your tax advisor for complete details)
- * Premium for renewals only.
- Renewal premiums are subject to change with prior approval from IRDA
- Premium for add-ons options shall be calculated for each insured on individual basis.
- The Add-on option if so chosen by the Proposer shall apply to each insured person individually.

EXCLUSIONS (The policy will not pay any expenses arising from)

Waiting Periods: We are not liable for any treatment which begins during waiting periods except if You suffer an Accident,

Specific Waiting Period: The Illnesses and treatments listed below will be covered subject to a waiting period of 1 years as long as in the second Policy Year has been insured under this Policy continuously and without any break:

Illnesses: Arthritis if non-infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.

Treatments: Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; Surgery of gallbladder and bile duct unless necessitated by malignancy; Surgery of genito urinary system unless necessitated by malignancy; Surgery of benign prostatic hypertrophy; Surgery of hernia; Surgery of hydrocele; Surgery for prolapsed inter vertebral disk; Surgery of varicose veins and varicose ulcers; Surgery on tonsils and sinuses; Surgery for nasal septum deviation.

However, a waiting period of 1 year will not apply if You were insured continuously and without interruption for at least 1 year under any Our or other Indian insurer's individual health insurance Policy for the reimbursement of medical costs for inpatient treatment in a Hospital.

Out-patient Treatment Waiting Period of 3 years: The expenses covered under benefit Out – Patient treatment shall be excluded for a period of 3 years unless You were insured continuously and without interruption for at least 3 years under any other Indian insurer's or Our individual health insurance Policy for reimbursement of medical costs incurred by You as an Out-patient in a Hospital or Out-patient Treatment centre.



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If You renew with Us or transfer from any other insurer and increase the Sum Insured (other than as a result of the application of Cumulative Bonus) upon Renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

You will be given the Portability credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover.

A 30 days waiting period will be applicable to all claims unless: You have been insured under this Policy continuously and without any break in the previous Policy Year, or

You were insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance Policy for the reimbursement of medical costs for inpatient treatment in a Hospital, and You establish to Our satisfaction that You were unaware of and had not taken any advice or medication for such Illness or treatment.

If You renew with Us or transfer from any other insurer and increase the Sum Insured (other than as a result of the application of Cumulative Bonus) upon Renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Pre Existing Diseases: Pre-existing diseases will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

If You are presently covered and have been continuously covered without any break under:
an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,

OR

any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:

The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy;

AND

If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance Policy.

The reduction in the waiting period specified above shall be applied subject to the following:

We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance Company (if applicable);

We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance Policy even if You have submitted to Us all documentation

We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance Policy shall not be considered for waiting period waiver

Specific Exclusions for Critical Illness: Any critical Illness, which incepts or manifests during first 90 days of commencement of this cover.

Any critical Illness which arises or is caused by any one of the following: Dry addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.

You suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on You to show any event was not caused by or did not arise through AIDS or HIV.



Addictions and substance abuse: We do not cover treatment for addictions (for example alcohol addiction or drug addiction), or substance abuse (for example alcohol abuse or solvent abuse), or treatment of any Illness or Injury which You need as a direct or indirect result of any such abuse or addiction.

Adventure Sports/ Professional sports/ Defence operation: We do not cover treatment of an Injury sustained whilst You are: Training for, or taking part in sport for which You are paid or funded by sponsorship or grant (unless You receive travel costs only) or involved in naval, military, air force operation or any Adventure Sports.

Birth control: We do not cover birth control, for example contraceptive pills and devices, or sterilisation.

Breach of Law with Criminal Intent: We do not cover treatment directly or indirectly arising from Breach of Law by You with a criminal intent

Circumcision: We do not cover circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.

Complementary treatment: We do not cover alternative or complementary treatments and medicines.

Cosmetic treatment: We do not cover treatment, or any consequence of treatment, that is intended to change Your appearance (for example a tummy tuck, facelift, tattoo, ear piercing), whether or not this is carried out for psychological or medical reasons.

Dental Treatment: Save as and to the extent provided for under benefit h) and l), Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to Accident.

Developmental delay: We do not cover treatment in relation to the developmental delay of children, for example delayed speech, mobility, learning, continence and social and behavioral disorders, for example attention deficit hyperactivity disorder (ADHD).

Eye Sight: We do not cover treatment for: short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery, or macular degeneration.

Infertility: We do not cover treatment directly or indirectly arising from or required in connection with infertility or any form of assisted reproduction.

Items of Personal Comfort and Convenience: Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

Maternity Expenses: Expenses related to Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth(including caesarean section) except in the case of ectopic pregnancy in relation to benefit (a) Inpatient Treatment only or otherwise specially mentioned as covered in Your Policy Schedule.

Non-Allopathic Treatment: Save as and to the extent provided for under benefit (i), any non-allopathic treatment.



Organ Donor: Expenses for donor screening, or, save as and to the extent provided for in benefit (f), the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).

Private Duty Nursing: Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care

Prosthetics and other devices: Prosthetics and other devices NOT implanted internally by surgery.

Psychiatric: We do not cover treatment of: psycho-geriatric conditions of any kind, eating disorders, and psychological conditions such as anxiety, bereavement or depression or any related conditions.

Preventative treatment: We do not cover inoculations, vaccinations or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness unless specifically mentioned by Us as covered.

Self-inflicted Injury: We do not cover treatment directly or indirectly arising from or required as a result of self-inflicted Injury or suicide attempt while sane or insane.

Sexual dysfunction: We do not cover treatment of sexual dysfunction, such as impotence or complications arising from change of sex.

Sexually transmitted disease: We do not cover venereal disease or any other sexually transmitted diseases such as AIDS/HIV or any other related arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.

Sleep disorders and sleep problems: We do not cover treatment directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep).

Specific Treatments: Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities, treatment of nasal concha resection;

Spectacles, Hearing aids: Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

Unproven or Experimental treatment: We do not cover any kind of Unproven or Experimental Treatment

Unrelated Expenses: Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.

Vitamins/ Nutritional Supplements: Vitamins, tonics, nutritional supplements unless forming part of the treatment for Injury or disease as certified by the attending Medical Practitioner

War and hazardous substances: We do not cover treatment directly or indirectly arising from or required as a consequence of: War, invasion, acts of foreign enemy hostilities (whether or not War is declared),



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civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government or any acts of terrorism, chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

Weight loss Surgery: We do not cover treatment that is directly or indirectly related to: bariatric Surgery (weight loss Surgery), such as gastric banding or a gastric bypass, or the removal of surplus or fat tissue.

GENERAL CONDITIONS

Alterations to the Policy: This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Cancellation by You: You may terminate this Policy by giving 7 days prior written notice to Us. We shall cancel the Policy and refund the premium on a pro rata basis for the period as mentioned herein below, provided that no claim has been made under the Policy by or on behalf of any Insured Person:

Cover Period	Refund
Within 1 month	75%
From 1 month to 3 months	50%
From 3 month to 6 months	25%
Above 6 months	0%

Automatic Cancellation

Individual Policy: The Policy shall automatically terminate in the event of death of the Insured Person.

Family Floater Policies: The Policy shall automatically terminate in the event of the death of all the Insured Persons.

Refund: A refund in accordance with the cancellation short period rate table above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been made under the Policy by or on behalf of any Insured Person.

Cancellation by Us: Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in Your Policy Schedule without refund of premium if in Our opinion:

You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or

You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or You or any Insured Person has not co-operated with Us.

3 Month Notice:

- We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect.
- We also promise You that in case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.



- The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.

Change of Risk: You must inform Us as soon as reasonably possible at Your own expense of any material changes in risk such as change of occupation or health status relating to You or any Insured Person which affect information given in connection with the application for cover under this Policy. The change of risk should be brought to Our notice and You should ensure proper Policy is obtained at Renewal by paying the appropriate premium.

Condition Precedent: The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be Conditions Precedent to Our liability.

Dispute Resolution Clause: Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law. The dispute on quantum on payment of losses or any other dispute explained in the paragraph shall be preferred to be dealt and resolved under the alternative dispute resolutions system including Arbitration and Conciliation Act of India.

Free Look Period:

- We shall give You a Free Look Period at the inception of the Policy and: You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
- If You have not made any claim during the Free Look period, You shall be entitled to
 - A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Fraudulent/Unfounded Claims: If any claim under this Policy is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recoverable. In addition all cover in respect of the Insured Person shall be cancelled void from Policy Period start date without refund of premiums.

Contribution: If there is any other insurance covering any of the same benefits, You must disclose or ensure that the relevant Insured Person discloses the same to Us, and We shall not be liable to pay or contribute more than Our proper proportion. If it is found that You were repaid for all or some of those expenses by another source, including any other insurance Policy, We will have the right to a refund from You. Where necessary, We retain the right to deduct such refund from any impending or future claim settlements or to cancel Your Policy void from the Policy Period start date, without a refund of premium.

Multiple Policies

- If two or more policies are taken by You during the period for which You are covered under this Policy from one or more insurers, the contribution clause shall not be applicable where the cover/benefit offered: is fixed in nature i.e. Personal Accident and Critical Illness Benefits, if available under the Policy, does not have any relation to the treatment costs;



- We also agree that even if, You are covered under multiple policies providing Critical Illness and Personal Accident cover, We shall make the claim payments independent of payments received under other similar policies in respect of the covered event.
- We agree that even if two or more policies are taken by You during the time for which You are covered under this Policy from one or more insurers for indemnification of Your hospitalization treatment costs, We shall not apply the Contribution clause and You shall have the following rights.
- You may choose to get the settlement of claim from Us as long as the claim is within the limits of and according to terms and conditions of the Policy
- If the amount to be claimed exceeds the Sum Insured under a single Policy after consideration of the deductible and co-pay, You shall have the right to choose any insurers including Us by whom You wish Your claim to be settled. In such cases, We shall settle the claim with contribution clause
- Except for the Critical Illness and Personal Accident covers, in case if You have taken policies from Us and one or more insurers to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and condition of the Policy.

Insured Person

- Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his proposal has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

Nominee

- You can at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims under the Policy in the event of death. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us. In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

Notice and Claims

- Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile Us. Note: Please include Your Policy number for any communication with Us.

Obligations in case of a minor

- If an Insured Person is less than 18 years of age, You/adult Insured Person shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

Policy: Your proposal form, Our written acceptance, Summary of Benefits, Your Policy Schedule and the Policy Wordings must be read as one, as they form the basis of Your contract with Us.

Subrogation: You shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. You shall not prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce



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such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You.

Substitute Product: In case We may decide to withdraw this product under which this Policy is issued to You or where the children have reached maximum eligibility age, We shall provide You with an option to buy a substitute health insurance Policy from Us.

You will be given the Portability credit based on the number of years of continuous and uninterrupted insurance cover under this Policy towards the waiting periods in the new substitute health insurance Policy issued by Us,

Sum Insured Enhancement: Sum Insured can be enhanced only upon Renewal

Region of cover: We do not cover treatment received outside India.

Portability: If You were insured continuously and without a break under another Indian retail health insurance policy with Us or any other Indian General Insurance company, it is understood and agreed that:

If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance but not earlier than 60 days; This benefit is available only at the time of renewal of the existing health insurance policy. The Portability Benefit shall be applied subject to the following:

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority of India as amended from time to time

Renewal: Your Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.

We shall not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years, except for the optional benefit covers where the coverage under the benefits viz. Critical Illness cover and Personal Accident shall terminate following payment

We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.

If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.

If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

All premiums are payable in advance of any cover under this Policy being provided.

The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDAI.

Please note : This Policy is in force for the Policy Period in Your Policy Schedule and is renewable subject to the terms provided at the time of each Renewal. We, however, are not bound to give notice that the Policy due for Renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

Claim Process/Intimation

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-



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200-5142 or on chargeable numbers at +91 22 39635200 or email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

2. Submission of documents

Details as given in claim form should be submitted to the Company with a period of 30 days from date of intimation.

Claim Documents:

You must submit any or all of the below mentioned document(s) as requested by us for settling your claim within 30 days from date of intimating the claim.

Copy of the Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)

All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.

A precise diagnosis of the treatment for which a claim is made.

A detailed list of the individual medical services and treatments provided and a unit price for each.

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

For all your service requests e-mail us at contactus@universalsompo.com

Grievance: In case You are aggrieved in any way, You may register a grievance or Complaint by visiting our website or write to us on contactus@universalsompo.com.

Senior Citizen Grievance

USGI has established a dedicated team of personnel to address the health insurance related claims and grievances of senior citizens. Direct Nos. 022-39171324, 022-39171375.

Level 1 –

You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office. You may also contact on our- Toll Free Numbers: 1800-200-5142

Level 2 -

You can also visit our Company website and click under links Grievance Notification. You can also send direct mail to the concerned authorities at- rajiv.kumar@universalsompo.com. If the issue still remains unresolved, You may, approach: - IRDAI- IGMS - <http://igms.irda.gov.in> for grievances redressal. Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below and are also available on <http://www.gbic.co.in/ombudsman.html>

Statutory Warning: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees



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Please note: The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation.

Universal Sompo General Insurance Co. Ltd.,
Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C.,
Mahape, Navi Mumbai-400710, Toll Free Numbers: 1800-200-5142.

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