

COMPLETE HEALTHCARE INSURANCE

A. POLICY SCHEDULE

B. PREAMBLE

This policy is a contract of insurance between You and Universal Sampo General Insurance Company (hereinafter called the `Company') and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

C. BENEFIT COVERED UNDER THE POLICY:

SECTION I: BASE COVER

- a) The option to allow the covers and vary the available benefits lies with the Insurer.
- b) The expenses that are not covered in this policy are placed under **List-I of Annexure-A**.
- c) The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under **List-II, List-III and List-IV of Annexure-A** respectively.

C1. In-patient Treatment

The Medical Expenses for:

- Room Rent, boarding Expenses
- Nursing
- Intensive Care Unit

- Medical Practitioner(s)
- Anaesthesia, 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
- Modern Treatments will be covered (wherever medically necessary) up to the limit as specified below, during the Policy Period:

Sr No	<u>Modern Treatment Methods and Advancement in Technologies:</u>	<u>Limit (Per Policy Period)</u>
1	Oral Chemotherapy	10% of SI and maximum upto Rs 100,000
2	Immunotherapy – Monoclonal Antibody to be given as injection	20% of SI and maximum upto Rs 200,000
3	Intra vitreal injections	10% of SI and maximum upto Rs 75,000
4	Uterine Artery Embolization and HIFU	20% of SI and maximum upto Rs 200,000
5	Balloon Sinuplasty	10% of SI and maximum upto Rs 200,000
6	Deep Brain stimulation	50% of SI and maximum upto Rs 500,000
7	Robotic Surgeries	50% of SI and maximum upto Rs 500,000
8	Stereotactic radio surgeries	20% of SI and maximum upto Rs 250,000
9	Bronchial Thermoplasty	50% of SI and maximum upto Rs 250,000
10	Vaporisation of the prostate (Green Laser treatment or holmium laser treatment)	50% of SI and maximum upto Rs 250,000
11	IONM – (Intra Operative Neuro Monitoring)	10% of SI and maximum upto Rs 100,000
12	Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	50% of SI and maximum upto Rs 500,000

Note: Sub Limit includes expenses under Pre & Post Hospitalization if any

C2. Day Care Procedures

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 cover expenses for these Day Care Treatments taken due to disease/illness/Injury during the policy period. The list of such day care procedures covered are specified in "Annexure C" Treatment normally taken on out-patient basis is not included in the scope of this cover.

C3. 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 (Section I. C1) 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:
 1. medical documents with all details about the Illness; and
 2. the date and the place of the proposed Hospitalization

C4. 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 (Section I. C1) 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:
 1. Medical documents with all details about the Illness; and
 2. The date and the place of the proposed Hospitalization

C5. 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 prescribed by Medical Practitioner 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 (Section I. C1) above, and No payment will be made if the condition for which You require medical treatment is:

- 1) Asthma;

- 2) Bronchitis;
- 3) Chronic Nephritis and Nephrotic Syndrome;
- 4) Diarrhoea and all type of Dysenteries including Gastro-enteritis;
- 5) Diabetes Mellitus Insipidus;
- 6) Epilepsy;
- 7) Hypertension;
- 8) Influenza, Cough and cold;
- 9) All Psychiatric or Psychosomatic Disorders;
- 10) Pyrexia of unknown origin for less than 10 days;
- 11) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- 12) Arthritis, Gout and Rheumatism

Domiciliary Hospitalisation Expenses under the policy shall be restricted to 20% of the Base Sum Insured as stated in the Policy Schedule.

NOTE: The Domiciliary Hospitalisation Expenses cover shall be available to treatments taken only under the Allopathic Mode of Treatment subject to the above conditions

C6. 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 (Section I.C1) In-patient treatment

C7. 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 Policy Schedule per Hospitalization, and
- We have accepted an inpatient Hospitalization claim under benefit (Section I . C1) 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

C8. Dental Treatment (In case of Accident)

We will cover the Medical Expenses of any necessary Dental Treatment taken from a dentist, provided that the Dental Treatment is required as a result of an Accident.

C9. AYUSH Benefit

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

Our maximum liability will be limited to the amounts specified in the Policy Schedule. 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.

C10. Daily Cash for Accompanying an Insured Child

A daily cash amount for one accompanying adult for each complete period of 24 hours, if Hospitalization exceeds 72 hours provided that:

The Insured Person Hospitalized is a child aged 12 years or less

- Our maximum liability shall be restricted to the amount mentioned in the Policy Schedule, and
- The days of admission and discharge shall not be counted, and We have accepted an in-patient Hospitalization claim under benefit (Section I.C1) In-patient treatment.

C11. 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 Policy Schedule.

C12. Out-patient treatment

We will cover 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 Medical Practitioner.

i) 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.

ii) Diagnostic Tests

Out-patient diagnostic tests taken by You from a diagnostic centre

iii) 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.

iv) 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 Medical Practitioner.

Provided that,

- Our maximum liability (under Section I. C12) shall be restricted to the amount mentioned in the Policy Schedule 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.

C13. Convalescence Benefit:

- We will additionally pay a lump sum amount per insured person in case you are hospitalized for a minimum of 10 consecutive days as shown in the Policy Schedule, provided that
- We have accepted claim under benefit (Section I.C1) In-patient treatment
- This benefit is payable only once to an Insured Person during each Policy Year of the Policy Period.

C14. Mother and Child Care Benefit

i. Routine Pregnancy:

Medical Expenses associated with the delivery of a child (including complicated deliveries and caesarean costs) while hospitalized

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 Policy Schedule.

iii. New Born Care

Medical Expenses incurred by Your 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 within Maternity limit.

Provided that,

- Our maximum liability per delivery will be subject to the amount specified in the Policy Schedule.
- This benefit (Mother and Child Care Benefit) is not available for dependents other than Your spouse.

- Mother and Child Care Benefit will be available only after 36 months of continuous coverage have elapsed since the inception of the first Policy with Us.
- Claim in respect of delivery for only first two children and / or surgeries associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof
- Once the New born Baby is 91 days old, then can be covered as an Insured if added by Primary Insured under the Policy.

SECTION II: ADDITIONAL BENEFITS:

C1. 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 (Section I. C1) Inpatient Treatment
- 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 unutilised 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

SECTION III: RENEWAL BENEFITS

We shall provide the following benefits as an incentive to *You* for staying healthy

C1. Cumulative Bonus

The Insured will have an option to opt from:

A. Enhancement in Sum Insured:

- 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 will be applicable for every claim free year accumulating up to 50% of sum insured of the Inpatient Sum Insured for up to 10 lacs of Base SI under the Policy (Plans – Basic, Essential, Privilege, Digi-Pro) and

- 20% of the Sum Insured this year, maximum Cumulative Bonus shall not exceed 100% of the Inpatient Sum Insured from 15 Lacs to 50 Lacs of Base SI under the policy (Plus, Premier, Executive)
- 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% and/or 20% (as per plan opted) 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.

Or

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 Plan opted and 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.

C2. 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 for Basic Essential and Privilege.
- We will reimburse the cost of a Preventive Health Check-up for You up to the limits specified for Plus, Premier, Essential and Digi-pro Plans SI options.

This Cover does NOT carry forward if it is not claimed and shall not be provided if the Policy is not Renewed further. The below mentioned limits are applicable for each Insured Person in case of Individual Policy and cumulatively for all Insured Persons in case of Family Floater Policy.

Limits:

Type/Plan	Basic	Essential	Privilege	Plus	Premier	Executive	Digi- Pro
	Limit Up to						
Individual	Health Check up Coupon			1000	1250	1500	1800
Family Floater	Two Health Check up coupon			2200	2600	3500	4250

SECTION IV: VALUE ADDED BENEFITS (Applicable for Basic, Essential and Privilege Plans)

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

C1. 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.

C2. Health Educational Library for People (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

C3. Second Opinion

We shall arrange for a second opinion when Your first Medical Practitioner recommends You a Surgery to diagnose or treat a health problem that is not an emergency. The benefit can be availed by You once during a Policy Year.

C4. Specialist Consultation with Two follow up session

We shall arrange for a Specialist e-Consultation with Two follow up sessions for seeking expert opinion on any Chronic Condition suffered by You.

C5. 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

C6. 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

C7. 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.

SECTION V: ADD ON COVERS

C1 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
 1. Loss of sight of both eyes; or
 2. Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
 3. 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.

C2 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

1. First Heart Attack - Of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

Exclusions

- Non-ST-segment elevation myocardial infarction(NSTEMI) with elevation of Troponin I or T
- Other acute Coronary Syndromes
- Any type of angina pectoris.

2. Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

3. Cancer of specified severity

- I. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. Exclusions

- All tumour which are historically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis
- All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
- All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage3
- Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,

- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPF's

4. Open Chest CABG

The actual undergoing of open chest Surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of Surgery has to be confirmed by a specialist Medical Practitioner.

Exclusions

- Angioplasty and/or any other intra-arterial procedures
- Any key-hole or laser Surgery.

5. Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

6. Coma Of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

Exclusions

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

7. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

8. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

Exclusion

Other stem-cell transplants
Where only islets of langerhans are transplanted

9. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

Exclusion

Transient ischemic attacks (TIA)
Traumatic Injury of the brain
Vascular disease affecting only the eye or optic nerve or vestibular functions

10. Multiple Sclerosis with persisting symptoms

- 1) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months,
- 2) Neurological damage due to SLE is excluded

11. Motor Neurone Disease With Permanent Symptoms

Motor neurone disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

C3 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 (Section I.C1) Inpatient Treatment Benefit
- *You* are hospitalized for more than 3 days.
- *Our* maximum liability shall be restricted to the amount mentioned in the Policy Schedule, and
- This benefit shall not apply to time spent by *You* in an Intensive Care Unit.

C4 Sub limits

If You avail this option, You agree that in lieu of the discount offered as mentioned in the Policy Schedule, 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	Sub-limits (Rs.)		
		A ⁱ	B ¹	C
1	Cataract per eye	10,000	15,000	20,000
2	Other Eye Surgeries	15,000	22,000	35,000
3	ENT	15,000	22,000	35,000
4	Surgeries for Tumours/Cysts/Nodule/Polyp	20,000	30,000	60,000
5	Stone in Urinary System	20,000	30,000	40,000
6	Hernia Related	20,000	30,000	60,000
7	Appendectomy	20,000	30,000	40,000
8	Knee Ligament Reconstruction <i>Surgery</i>	40,000	60,000	90,000
9	Hysterectomy	20,000	30,000	60,000
10	Fissures/Piles/Fistulas	15,000	22,000	35,000
11	Spine & Vertebrae related	40,000	60,000	90,000
12	Cellulites/Abscess	15,000	22,000	35,000
13	Other Surgeries & Procedures	25,000	37,000	55,000
14	All <i>Medical Expenses</i> for any treatment not involving <i>Surgery/Medical Procedure</i>	10,000	15,000	25,000

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.

¹ Sublimit A and B may be opted for Sum Insured(s) 1 Lakh and 2 Lakh

¹ Sublimit C may be opted for Sum Insured above 2 Lakh

C5. Treatment Only 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.

C6. Extension under Pre-Hospitalization

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, limit of 30 days immediately prior before the date of Hospitalisation under Pre-Hospitalization (Section I.C3) modified to 90 days.

C7. Extension under Post-Hospitalization

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, limit of 60 days immediately after Your date of discharge from Hospital under Post-Hospitalization (Section I.C4) modified to 120 days.

C8. Maternity and Childcare Benefit Waiting Period Modification (Code Excl.18):

- i) Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Waiting Period (Section VII.4) of 36 months stands modified to 24 Months.
- ii) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- iii) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

C9. Coverage for Non-Medical Items

Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that, on payment of additional premium, expenses otherwise not payable as specified under List-I of Annexure A mentioned in Section I.b). shall be considered and paid by the Company up to the limit specified in Policy Schedule.

Subject to terms and conditions of the policy.

C10. Condition waiver under Restore Benefit

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Condition under Section II.C1.c stands deleted. All other terms and conditions are applicable as per Section II.C1. Restore Benefit.

C11. Pre-Existing Disease Waiting Period Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to 12 Months.

For the purpose of this extension, Waiting Period- Section VII.1 shall be modified.

C12. Outpatient Dental Waiting Period Modification

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period of 36 months applicable to Section I.C13.iii. Out-patient Dental Treatment is modified to 24 Months.

Exclusion Section VII.20 stands deleted to cover Outpatient Dental expenses.

C13. Emergency Travelling Allowance

The company will pay Your Travelling expenses incurred up to the maximum amount as specified in Policy Schedule, to reach hospital through Ambulance, Cab or Auto as a fare paying passenger in case of medical emergency or transferring the Insured member(s) to the nearest Hospital. This claim is valid if we have accepted a claim under In-patient hospitalization. This coverage will be in addition to the limit mentioned against Ambulance charges (Section I. C7).

C14. Second Opinion

We will reimburse Your expenses incurred towards a second opinion from Medical Practitioner if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period. The expert opinion would be directly sent to the Insured Person.

- 1) First Heart Attack - Of Specified Severity
- 2) Cancer of specified severity
- 3) Open Chest CABG
- 4) Open Heart Replacement Or Repair Of Heart Valves
- 5) Coma Of Specified Severity
- 6) Kidney Failure requiring regular dialysis
- 7) Major Organ /Bone Marrow Transplant
- 8) Stroke resulting in permanent symptoms
- 9) Kidney Failure requiring regular dialysis
- 10) Permanent Paralysis Of Limbs
- 11) Motor Neurone Disease With Permanent Symptoms

This benefit can be availed by an insured person once during a Policy Year & can be claimed under this benefit only.

C15. Rest Cure, Rehabilitation and Respite Care [Nursing Care] Expenses Extension

Notwithstanding anything mentioned herein to the contrary, it is hereby declared and agreed that, on payment of additional premium, Section VIII.2, Exclusion Code (Excl-05) is deleted.

For the purpose of this extension, expenses related to rest cure, rehabilitation and respite care [Nursing Care] are included under the scope of cover up to the limit specified in Policy Schedule.

C16. Obesity/ Weight Control Expenses Extension [twenty four months waiting period]

Notwithstanding anything mentioned herein to the contrary, it is hereby declared and agreed that, on payment of additional premium, Section VIII.3, Exclusion Code (Excl-06) is deleted.

For the purpose of this extension, Inpatient expenses related to the surgical treatment of obesity are included under the scope of cover up to the limit specified in Policy Schedule.

C17. Sterility and Infertility Treatment Expenses Extension [twenty four months waiting period]

Notwithstanding anything mentioned herein to the contrary, it is hereby declared and agreed that, on payment of additional premium, Section VIII.14, Exclusion Code (Excl-17) stands deleted.

For the purpose of this extension expenses related to sterility and infertility which include:

- Any type of contraception, sterilization
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - Gestational Surrogacy
 - Reversal of sterilization
 - Procedures can be done Maximum up to 2 times in a Lifetime
- are included under the scope of cover up to the limit specified in Policy Schedule.

C18. Enhanced Organ Donor Expenses

We will pay the Medical Expenses for an organ donor's treatment for the harvesting of the organ donated up to the Sum insured specified in the policy schedule, 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 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 (Section I.C1) In-patient treatment.

C19. Premium Waiver

Notwithstanding anything mentioned herein to the contrary, it is hereby declared and agreed that, on payment of additional premium, we agree to waive the renewal premium for fourth (4th) year of the Complete Healthcare Insurance Policy, provided

- There is no claim during the term of the policy for preceding three years.
- This premium waiver benefit is usable for and limited only to First time insured of this Policy
- The same can be availed only once in a lifetime.

C20. Global Cover

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

Subject to terms and conditions of the policy.

Condition:

- Prior written approval of the Company will be required before leaving the country for treatment purpose.
- The Company shall require the following additional documents supporting the claim under this benefit:
 - a) Proof of diagnosis in India
 - b) Insured's Passport and Visa
 - c) Medical Practitioner's Advice/Prescription

C21. Medically Advised Support Devices

We will reimburse the charges incurred by Insured during the Policy Period on account of procuring medically necessary prosthetic or artificial devices or any other medical device prescribed by the Registered Medical Practitioner as arising due to admission claim under 'Section I.C1'. This benefit shall be limited to maximum amount as mentioned in Policy Schedule.

C22. Co-payment

It is hereby declared and agreed that each claim under the Policy shall be subject to an agreed Co-payment as specified in the schedule is applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

C23. Home Care Treatment

We will reimburse the cost incurred towards Home Care Treatment up to the sum insured mentioned in the Policy Schedule. For the purpose of this benefit, Home Care Treatment means a treatment availed by the Insured Person at home which in normal course would require care and treatment at a Hospital, but it is actually taken at home, provided that:

Applicability: Only for Pandemic Disease.

- a. The Medical Practitioner advises the Insured Person to undergo Treatment at Home.
- b. There is a continuous active lie of treatment with monitoring of the Health status by a Medical Practitioner for each day through the duration of the Home Care Treatment.
- c. Daily monitoring chart including records of treatment administered duly signed by the treating Doctor is maintained.

C24. Wellness Benefit

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

1) Everyday Care

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

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

subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2) Complete Wellness & HealthCare

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

- i) **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.
- ii) **Electronic Health Records:** The Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.
- iii) **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a "Health Goal" which is identified post identification of risk factors for improving insured person's overall well-being.

"Health Goal", which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3) Health Coach

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

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

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

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

5) Wellness Reward Program:

The Wellness Reward Program (WRP) aims to encourage the insured person to perform certain activities to stay active and medically fit. WRP is an award program wherein the Insured Person can earn the reward points termed as "USGI Coins" by performing the activities as mentioned in the below Table.

The points can be redeemed against array of options provided as mentioned hereunder which would help the Insured to improve his/her overall Health Status.

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

Table: Earn Rewards (in form of USGI coins)

Activities for Earning Wellness Rewards		Rewards/ USGI Coins earned by Individual	Max USGI Coins earned by Individual Per Policy Year
On completion of HRA on Health Portal/Mobile application	HRA Completion within 90 days from Policy Inception Date	500	500
HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000

Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to -	150/month	500
	SBP:120-140 mm/Hg		
	DBP: 80-90 mm/Hg		
	SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarter	500
Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarter	500
Body Mass Index (BMI) for a known case of High BMI Insured Person /s ≥ 30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
	BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarter	300
	BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarter	500
Health Tests for Heart Related, Blood Sugar, Thyroid/Lipid etc. Monitoring	on Submission of Reports	150/quarter	300
Annual membership for Dance/Zumba/Aerobic/Gym nastic/ Yoga/Gym/Swimming	Provide attendance Register/letter/medal/trophies/BIB number (as applicable) from the respective facility provider.	150/quarter	400
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	Categories to Redeem the USGI Coins	Limit on Redemption
1	Facilities as mentioned under 'Health & Wellness Program: Everyday Healthcare'	20% of USGI coins upto Rs.200
2	Dental Care except cosmetic treatment	30% of USGI coins upto Rs.300
3	Cost of Vaccinations	30% of USGI coins upto Rs.300
4	Cost of Spectacle Lenses	30% of USGI coins upto Rs.300
5	Laser surgery for correction of refractory errors	30% of USGI coins upto Rs.300
6	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under 'In-patient Hospitalization'	50% of USGI coins upto Rs.500
7	You can also redeem your Rewards against Claim of yours/your family member/s who are insured with Us under retail Health Indemnity product	20% of USGI coins upto Rs.200
8	Discount on premium while renewing your Policy	30% of USGI coins upto Rs.300

C25. Emergency Assistance Service

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

- Medical Consultation, Evaluation and Referral:** In case of any emergency, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- Medical Monitoring and Case Management:** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- Emergency Medical Evacuation:** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.

- d. **Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.e.
- Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

C26. Health Pay Card

The Insured person will be offered a Health Pay Card program under the Policy as an exclusive benefit tailored for healthcare needs. The Health Pay Card is a credit card facility provided by our network bank. This card can be used to pay for all types of covered Medical Expenses incurred due sickness/injury within the policy period. The card cannot be used for any other expenses other than Covered Medical expenses.

Specific Conditions:

- i. The Health Pay Card is offered in partnership with the bank.
- ii. The maximum amount that an insured can select for this card is up to his/her base Sum Insured
- iii. The final decision of approval/rejection of the card and the limit shall be with the network bank basis their internal guidelines
- iv. One Time Processing fees of Rs.300 shall be charged by USGI for providing this facility and shall be fully borne by the Insured Person.
- v. In case of Family floater Policy, we shall be offering one card only
- vi. Charges and fees, as may be applicable from time to time, are payable by policyholder/Cardholder for specific services provided by the card issuing bank to the Cardholder or for defaults committed by the Cardholder with reference to his/her Card account
- vii. The expenses done using the Health Pay card may or may not be covered under the insurance policy.
- viii. The expenses done using the Health Pay card and which are covered under the policy shall be reimbursed basis the policy terms and conditions only
- ix. In no case, it shall be binding on the insurance company to settle the claim before the health pay card bill payment date.

D. DEFINITIONS

D.1 Accident means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

D.2 Age means age of the Insured person on last birthday as on date of commencement of the Policy.

D.3 Any One Illness means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.

D.4 AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

D.5 An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

D.6 AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

D.7 Break in Policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

D.8 Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

D.9 Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

D.10 Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

D.11 Claim free year means coverage under the Policy for a period of one year during which no claim is paid or payable under the terms and conditions of the Policy in respect of Insured Person.

D.12 Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

D.13 Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

D.14 Day Care Centre means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

D.15 Day Care Treatment means medical treatment, and/or surgical procedure which:

- i. Is undertaken in a hospital/day care centre involving less than twenty-four hours of in-patient stay because of technological advancement, and
- ii. would have otherwise required a hospitalization of more than twenty four hours. [Treatment taken on an out-patient basis is not included in the scope of this definition.]

D.16 Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

D.17 Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

D.18 Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually undertaken while confined at home under medical advice and under any of the following compelling circumstances;

- i The condition of the patient is such that he/she is not in a condition to be removed to a hospital.
- or
- ii The patient takes treatment at home on account of non-availability of room in a hospital.

D.19 Emergency Care: Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

D.20 Family means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

- i. Self,
- ii. legally married spouse (as long as they continue to be married),
- iii. son,
- iv. daughter,
- v. mother,
- vi. father,
- vii. brother,
- viii. sister,
- ix. mother in-law,
- x. father in-law,
- xi. grandfather,
- xii. grandmother,
- xiii. grandson,
- xiv. granddaughter,
- xv. son in-law,
- xvi. daughter in-law,
- xvii. brother in-law,
- xviii. sister in-law,
- xix. nephew,
- xx. niece.

Note: Coverage for newborn babies eligible under the definition of family shall be available subject to their inclusion in the policy with due advance payment of premium and shall be subject otherwise to the terms and conditions of the policy including waiting periods.

D.21 Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-

existing diseases. Coverage need not be available during the period for which no premium is received

D.22 Hospital means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- iii. has qualified medical practitioner (s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
- v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

D.23 Hospitalization means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

D.24 Health Pay Card is a credit card facility provided by our network bank which will cover all your medical hospitalization up to your Sum Insured.

D.25 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

- i **Acute Condition** means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- ii **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur

D.26 Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

D.27 Insured Person means person(s) named in the schedule of the Policy.

D.28 In-Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

D.29 ICU (Intensive Care Unit) means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

D.30 ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

D.31 Maternity expenses means:

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
- b) Expenses towards lawful medical termination of pregnancy during the policy period.

D.32 Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

D.33 Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

D.34 Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. is required for the medical management of illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

D.35 Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license. Medical Practitioner should not be the Insured or close family member.

D.36 Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

D.37 Network Provider means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

D.38 New Born Baby means a baby born during the Period of Insurance to a female Insured Person, who has Continuous Coverage as per Maternity Waiting period and is aged 1 Day.

D.39 Non- Network Provider means any hospital that is not part of the network.

D.40 Notification of Claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

D.41 Out-Patient (OPD) Treatment means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

D.42 Pre-Existing Disease (PED): means any condition, ailment, injury or disease:

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

D.43 Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

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

D.44 Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

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

D.45 Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

D.46 Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person

D.47 Policy Period means period of one policy year as mentioned in the schedule for which the Policy is issued.

D.48 Policy Schedule means the Policy Schedule attached to and forming part of Policy.

D.49 Policy year means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

D.50 Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

D.51 Reasonable and Customary charges mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

D.52 Renal failure is a condition in which the kidneys lose the ability to remove waste and balance Acute renal failure (arf) is the abrupt loss of kidney function, resulting in the retention of metabolic waste products and dysregulation of volume and electrolytes of body fluids. The medical term Acute Kidney Injury (AKI) has now largely replaced ARF in the medical communities (Injury not necessarily related to Accidents), reflecting the recognition that smaller decrements in kidney function that do not result in overt organ failure are of substantial clinical relevance and are associated with increased morbidity and mortality.

Chronic renal failure: End stage kidney disease characterized by irreversible failure of both kidneys to function normally, as a result of which either regular dialysis (hemodialysis or peritoneal dialysis) is instituted or a renal transplantation becomes necessary. The diagnosis has to be confirmed by a specialist medical practitioner.

Renal transplantation: Kidney transplantation is a surgical procedure to remove a healthy and functioning kidney from a living or brain-dead donor and implant it into a patient with non-functioning kidneys.

D.53 Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

D.54 Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

D.55 Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.

D.56 Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

D.57 Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

D.58 Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

D.59 Unproven/experimental treatment means treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

D.60 Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

D.61 We/Us/Company means **Universal Sampo General Insurance Company**.

D.62 You/Your means the person who has taken this Policy and is shown as Insured or the first insured (if more than one) in the Schedule.

E. WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

E.1 Pre-Existing Diseases (Code- Excl01)

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

E.2 Specific Waiting Period: (Code- Excl02)

- Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
 - In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
 - The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures:

i . 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.

ii. 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.

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

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

E.4 Maternity Expenses (Code-Excl18) [Thirty six months waiting period]

- i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii Expenses towards miscarriage and the related lawful medical termination of pregnancy during the policy period.
- are included under the scope of cover up to the limit specified in Policy Schedule.

Special Provision:

This coverage would only be available for insured in the age band of 18-45 years.

E.5 Out-patient Treatment Waiting Period of 3 years

The expenses covered under benefit I) 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

F. EXCLUSIONS

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

F.1 Investigation & Evaluation (Code- Excl04)

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

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

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

- i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

F.3 Obesity/ Weight Control (Code- Excl06)

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

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

F.4 Change-of-Gender Treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

F.5 Cosmetic or plastic Surgery: (Code- Excl08)

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

F.6 Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

F.7 Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

F.8 Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website /

notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

F.10 Treatments received in health spas, 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)

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

F.12 Refractive Error:(Code- Excl15)

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

F.13 Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

F.14 Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

F.15 War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

F.16 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.**

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

F.17 Any expenses incurred on OPD treatment.

F.18 Treatment taken outside the geographical limits of India.

F.19 In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

G. CLAIM PROCEDURE

G.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

G.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
- 4. 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

H. GENERAL TERMS & CLAUSES

H.1 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

H.2 Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

(Explanation: “Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due). The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of Policyholder’s Interests Regulations, 2017)

H.3 Claim Settlement (provision for Penal Interest)

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

H.4 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

H.5 Multiple Policies

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

H.6 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

H.7 Cancellation

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

- a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage
- b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

H.8 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at

least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

H.9 Portability

The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability

H.10 Renewal of Policy

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

- i. The Company will 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 grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium 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.

H.11 Withdrawal of Policy

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

H.12 Moratorium Period

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

H.13 Premium Payment in Installments

If the insured person has opted for Payment of Premium on an instalment basis i.e .monthly, Quarterly, Half Yearly as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms to the contrary elsewhere in the policy).

- i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- ii. If the premium is paid in installments during the policy period, coverage will be available during such Grace period.
- iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

H.14 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

H.15 Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review

the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

H.16 Nomination:

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

H.17 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@universalsampo.com

For more details:

www.universalsampo.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.

H.18. Enhancement of Sum Insured

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, We have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner and subject to limits as stated by the Company.

Enhancement of Sum Insured will not be considered for:

In respect of any enhancement of Sum Insured, exclusions code – Excl01, Excl02 and Excl03 would apply to the additional Sum Insured from such date.

Annexure-A

List I — Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD

14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR

50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE

13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE

9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

ANNEXURE B- INSURANCE OMBUDSMAN DETAILS

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka.	BENGALURU Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh Chattisgarh.	BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011.

	<p>Tel.: 0755 - 2769201 / 2769202 / 2769203</p> <p>Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESHWAR</p> <p>Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	<p>CHANDIGARH</p> <p>Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	<p>CHENNAI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	<p>DELHI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road,</p>

	<p>New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>
<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>	<p>GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>
<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in</p>
<p>Rajasthan.</p>	<p>JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>
<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>	<p>KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC</p>

	<p>Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>
West Bengal, Sikkim, Andaman & Nicobar Islands.	<p>KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	<p>LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	<p>MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33</p>

	Email: bimalokpal.mumbai@cioins.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Noida Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in

DAY CARE PROCEDURES- ANNEXURE C

A. Cardiology:

1. Coronary Angiography

B. Critical Care:

1. Insert Non - Tunnel CV Cath
2. Insert PICC CATH (Peripherally Inserted Central Catheter)
3. Replace PICC CATH (Peripherally Inserted Central Catheter)
4. Insertion Catheter, Intra Anterior
5. Insertion of Portacath

C. Dental :

1. Suturing Lacerated Lip
2. Suturing Oral Mucosa
3. Oral Biopsy In Case Of Abnormal Tissue Presentation
4. FNAC

D. ENT :

1. Bronchical Thermoplasty for Asthma
2. Myringotomy With Grommet Insertion
3. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Keratosis Removal Under GA
6. Operations On The Turbinates (nasal Concha)
7. Removal Of Keratosis Obturans
8. Stapedotomy To Treat Various Lesions In Middle Ear
9. Revision Of A Stapedectomy
10. Other Operations On The Auditory Ossicles
11. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
12. Fenestration Of The Inner Ear
13. Revision Of A Fenestration Of The Inner Ear
14. Palatoplasty
15. Transoral Incision And Drainage Of A Pharyngeal Abscess
16. Tonsillectomy Without Adenoidectomy
17. Tonsillectomy With Adenoidectomy
18. Excision And Destruction Of A Lingual Tonsil

19. Revision Of A Tympanoplasty
20. Other Microsurgical Operations On The Middle Ear
21. Incision Of The Mastoid Process And Middle Ear
22. Mastoidectomy Reconstruction Of The Middle Ear
23. Other Excisions Of The Middle And Inner Ear
24. Incision (opening) And Destruction (elimination) Of The Inner Ear
25. Other Operations On The Middle And Inner Ear
26. Excision And Destruction Of Diseased Tissue Of The Nose
27. Other Operations On The Nose
28. Nasal Sinus Aspiration
29. Foreign Body Removal From Nose
30. Other Operations On The Tonsils And Adenoids
31. Adenoidectomy
32. Labyrinthectomy For Severe Vertigo
33. Stapedectomy Under GA
34. Stapedectomy Under LA
35. Tympanoplasty (type IV)
36. Endolymphatic Sac Surgery For Meniere's Disease
37. Turbinectomy
38. Endoscopic Stapedectomy
39. Incision And Drainage Of Perichondritis
40. Septoplasty
41. Vestibular Nerve Section
42. Thyroplasty Type I
43. Pseudocyst Of The Pinna - Excision
44. Incision And Drainage - Haematoma Auricle
45. Tympanoplasty (Type II)
46. Reduction Of Fracture Of Nasal Bone
47. Thyroplasty Type II
48. Tracheostomy
49. Excision Of Angioma Septum
50. Turbinoplasty
51. Incision & Drainage Of Retro Pharyngeal Abscess
52. Uvulo Palato Pharyngo Plasty
53. Adenoidectomy With Grommet Insertion
54. Adenoidectomy Without Grommet Insertion
55. Vocal Cord Lateralisation Procedure
56. Incision & Drainage Of Para Pharyngeal Abscess
57. Tracheoplasty
58. Total excision of Pinna

59. Middle ear polypectomy
60. Nasal septum cauterisation (and bilateral)
61. Excision of lesion of Internal nose
62. Balloon Sinuplasty

E. Gastroenterology :

1. Cholecystectomy And Choledcho-jejunostomy/Duodenostomy / Gastrostomy / Exploration Common Bile Duct
2. Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
3. Pancreatic Pseudocyst Eus & Drainage
4. RF Ablation For Barrett's Oesophagus
5. ERCP And Papillotomy
6. Esophagoscope And Sclerosant Injection
7. EUS + Submucosal Resection
8. Construction Of Gastrostomy Tube
9. EUS + Aspiration Pancreatic Cyst
10. Small Bowel Endoscopy (therapeutic)
11. Colonoscopy, Lesion Removal
12. ERCP
13. Colonoscopy Stenting Of Stricture
14. Percutaneous Endoscopic Gastrostomy
15. EUS And Pancreatic Pseudo Cyst Drainage
16. ERCP And Choledochoscopy
17. Proctosigmoidoscopy Volvulus Detorsion
18. ERCP And Sphincterotomy
19. Esophageal Stent Placement
20. ERCP + Placement Of Biliary Stents
21. Sigmoidoscopy W / Stent
22. EUS + Coeliac Node Biopsy
23. UGI Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers

F. General Surgery:

1. Robotic surgeries
2. Incision Of A Pilonidal Sinus / Abscess
3. Fissure In Ano Sphincterotomy
4. Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
5. Orchidopexy
6. Abdominal Exploration In Cryptorchidism

7. Surgical Treatment Of Anal Fistulas
8. Division Of The Anal Sphincter (sphincterotomy)
9. Epididymectomy
10. Incision Of The Breast Abscess
11. Operations On The Nipple
12. Excision Of Single Breast Lump
13. Incision And Excision Of Tissue In The Perianal Region
14. Surgical Treatment Of Hemorrhoids
15. Other Operations On The Anus
16. Ultrasound Guided Aspirations
17. Sclerotherapy, Etc.
18. Laparotomy For Grading Lymphoma With Splenectomy / liver/ lymph Node Biopsy
19. Therapeutic Laparoscopy With Laser
20. Appendicectomy With/without Drainage
21. Infected Keloid Excision
22. Axillary Lymphadenectomy
23. Wound Debridement And Cover
24. Abscess-decompression
25. Cervical Lymphadenectomy
26. Infected Sebaceous Cyst
27. Inguinal Lymphadenectomy
28. Incision And Drainage Of Abscess
29. Suturing Of Lacerations
30. Scalp Suturing
31. Infected Lipoma Excision
32. Maximal Anal Dilatation
33. Piles a. Injection Sclerotherapy b. Piles Banding
34. Liver Abscess- Catheter Drainage
35. Fissure In Ano-Fissurectomy
36. Fibroadenoma Breast Excision
37. Oesophageal Varices Sclerotherapy
38. ERCP - Pancreatic Duct Stone Removal
39. Perianal Abscess I&d
40. Perianal Hematoma Evacuation
41. UGI Scopy And Polypectomy Oesophagus
42. Breast Abscess I& D
43. Feeding Gastrostomy
44. Oesophagoscopy And Biopsy Of Growth Oesophagus
45. ERCP - Bile Duct Stone Removal
46. Ileostomy Closure

47. Colonoscopy
48. Polypectomy Colon
49. Splenic Abscesses Laparoscopic Drainage
50. UGI Scopy And Polypectomy Stomach
51. Rigid Oesophagoscopy For FB Removal
52. Feeding Jejunostomy
53. Colostomy
54. Ileostomy
55. Colostomy Closure
56. Submandibular Salivary Duct Stone Removal
57. Pneumatic Reduction Of Intussusception
58. Varicose Veins Legs - Injection Sclerotherapy
59. Rigid Oesophagoscopy For Plummer Vinson Syndrome
60. Pancreatic Pseudocysts Endoscopic Drainage
61. Zadek's Nail Bed Excision
62. Subcutaneous Mastectomy
63. Excision Of Ranula Under GA
64. Rigid Oesophagoscopy For Dilation Of Benign Strictures
65. Eversion Of Sac -unilateral -bilateral
66. Lord's Plication
67. Jaboulay's Procedure
68. Scrotoplasty
69. Circumcision For Trauma
70. Meatoplasty
71. Intersphincteric Abscess Incision And Drainage
72. PSOAS Abscess Incision And Drainage
73. Thyroid Abscess Incision And Drainage
74. Tips Procedure For Portal Hypertension
75. Esophageal Growth Stent
76. Pair Procedure Of Hydatid Cyst Liver
77. Tru Cut Liver Biopsy
78. Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
79. Excision Of Cervical Rib
80. Laparoscopic Reduction Of Intussusception
81. Microdochectomy Breast
82. Surgery For Fracture Penis
83. Sentinel Node Biopsy
84. Parastomal Hernia
85. Revision Colostomy
86. Prolapsed Colostomy- Correction

87. Testicular Biopsy
88. Laparoscopic Cardiomyotomy(Hellers)
89. Sentinel Node Biopsy Malignant Melanoma
90. Laparoscopic Pyloromyotomy(Ramstedt)

G. Gynecology:

1. Operations On Bartholin's Glands (cyst)
2. Incision Of The Ovary
3. Insufflations Of The Fallopian Tubes
4. Other Operations On The Fallopian Tube
5. Dilatation Of The Cervical Canal
6. Conisation Of The Uterine Cervix
7. Therapeutic Curettage With Colposcopy / Biopsy /Diathermy / Cryosurgery
8. Laser Therapy Of Cervix For Various Lesions Of Uterus
9. Other Operations On The Uterine Cervix
10. Incision Of The Uterus (hysterectomy)
11. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
12. Incision Of Vagina
13. Incision Of Vulva
14. Culdotomy
15. Salpingo-oophorectomy Via Laparotomy
16. Endoscopic Polypectomy
17. Hysteroscopic Removal Of Myoma
18. D&c
19. Hysteroscopic Resection Of Septum
20. Thermal Cauterisation Of Cervix
21. Mirena Insertion
22. Hysteroscopic Adhesiolysis
23. Leep
24. Cryocauterisation Of Cervix
25. Polypectomy Endometrium
26. Hysteroscopic Resection Of Fibroid
27. LLETZ
28. Conization
29. Polypectomy Cervix
30. Hysteroscopic Resection Of Endometrial Polyp
31. Vulval Wart Excision
32. Laparoscopic Paraovarian Cyst Excision
33. Uterine Artery Embolization

34. Laparoscopic Cystectomy
35. Hymenectomy(Imperforate Hymen)
36. Endometrial Ablation
37. Vaginal Wall Cyst Excision
38. Vulval Cyst Excision
39. Laparoscopic Paratubal Cyst Excision
40. Repair Of Vagina (Vaginal Atresia)
41. Hysteroscopy, Removal Of Myoma
42. TURBT
43. Ureterocoele Repair - Congenital Internal
44. Vaginal Mesh For POP
45. Laparoscopic Myomectomy
46. Surgery For SUI
47. Repair Recto- Vagina Fistula
48. Pelvic Floor Repair(Excluding Fistula Repair)
49. URS + LL
50. Laparoscopic Oophorectomy
51. Normal Vaginal Delivery And Variants
52. Excision of lesion of vulva
53. Amputation of cervix uteri

H. Neurology :

1. IONM – (Intra Operative Neuro Monitoring)
2. Facial Nerve Glycerol Rhizotomy
3. Spinal Cord Stimulation
4. Motor Cortex Stimulation
5. Stereotactic Radiosurgery
6. Percutaneous Cordotomy
7. Intrathecal Baclofen Therapy
8. Entrapment Neuropathy Release
9. Diagnostic Cerebral Angiography
10. VP Shunt
11. Ventriculoatrial Shunt
12. Deep Brain stimulation

I. Oncology :

1. Radiotherapy For Cancer
2. Cancer Chemotherapy
3. IV Push Chemotherapy
4. HBI-hemibody Radiotherapy

5. Infusional Targeted Therapy
6. SRT-stereotactic ARC Therapy
7. SC Administration Of Growth Factors
8. Continuous Infusional Chemotherapy
9. Infusional Chemotherapy
10. CCRT-concurrent Chemo + RT
11. D Radiotherapy
12. D Conformal Radiotherapy
13. IGRT- Image Guided Radiotherapy
14. IMRT- Step & Shoot
15. Infusional Bisphosphonates
16. IMRT- DMLC
17. Rotational Arc Therapy
18. Tele Gamma Therapy
19. FSRT-fractionated SRT
20. VMAT-volumetric Modulated Arc Therapy
21. SBRT-stereotactic Body Radiotherapy
22. Helical Tomotherapy
23. SRS-stereotactic Radiosurgery
24. X-knife SRS
25. Gammaknife SRS
26. TBI- Total Body Radiotherapy
27. Intraluminal Brachytherapy
28. Electron Therapy
29. TSET-total Electron Skin Therapy
30. Extracorporeal Irradiation Of Blood Products
31. Telecobalt Therapy
32. Telecesium Therapy
33. External Mould Brachytherapy
34. Interstitial Brachytherapy
35. Intracavity Brachytherapy
36. D Brachytherapy
37. Implant Brachytherapy
38. Intravesical Brachytherapy
39. Adjuvant Radiotherapy
40. Afterloading Catheter Brachytherapy
41. Conditioning Radiotherapy For BMT
42. Nerve Biopsy
43. Muscle Biopsy
44. Epidural Steroid Injection

45. Extracorporeal Irradiation To The Homologous Bone Grafts
46. Radical Chemotherapy
47. Neoadjuvant Radiotherapy
48. LDR Brachytherapy
49. Palliative Radiotherapy
50. Radical Radiotherapy
51. Palliative Chemotherapy
52. Template Brachytherapy
53. Neoadjuvant Chemotherapy
54. Adjuvant Chemotherapy
55. Induction Chemotherapy
56. Consolidation Chemotherapy
57. Maintenance Chemotherapy
58. HDR Brachytherapy
59. Immunotherapy - Monoclonal Antibody to be given as injection
60. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions

J. Salivary Glands & Salivary Ducts:

1. Incision And Lancing Of A Salivary Gland And A Salivary Duct
2. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
3. Resection Of A Salivary Gland
4. Reconstruction Of A Salivary Gland And A Salivary Duct
5. Other Operations On The Salivary Glands And Salivary Ducts
6. Open extraction of calculus from parotid duct

K. Skin & Subcutaneous Tissues:

1. Other Incisions Of The Skin And Subcutaneous Tissues
2. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
3. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
4. Other Excisions Of The Skin And Subcutaneous Tissues
5. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
6. Free Skin Transplantation, Donor Site
7. Free Skin Transplantation, Recipient Site
8. Revision Of Skin Plasty
9. Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues.
10. Chemosurgery To The Skin.
11. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues

12. Reconstruction Of Deformity/defect In Nail Bed
13. Excision Of Bursitis
14. Tennis Elbow Release

L. Tongue:

1. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
2. Partial Glossectomy
3. Glossectomy
4. Reconstruction Of The Tongue
5. Other Operations On The Tongue

M. Ophthalmology :

1. Surgery For Cataract
2. Incision Of Tear Glands
3. Other Operations On The Tear Ducts
4. Incision Of Diseased Eyelids
5. Excision And Destruction Of Diseased Tissue Of The Eyelid
6. Operations On The Canthus And Epicanthus
7. Corrective Surgery For Entropion And Ectropion
8. Corrective Surgery For Blepharoptosis
9. Removal Of A Foreign Body From The Conjunctiva
10. Removal Of A Foreign Body From The Cornea
11. Incision Of The Cornea
12. Operations For Pterygium
13. Other Operations On The Cornea
14. Removal Of A Foreign Body From The Lens Of The Eye
15. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
16. Removal Of A Foreign Body From The Orbit And Eyeball
17. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
18. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
19. Diathermy/cryotherapy To Treat Retinal Tear
20. Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy
Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
21. Enucleation Of Eye Without Implant
22. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
23. Laser Photocoagulation To Treat Retinal Tear
24. Biopsy Of Tear Gland
25. Treatment Of Retinal Lesion
26. Curettage/cryotherapy of lesion of eyelid
27. Intra vitreal injections

N. Orthopedics :

1. Surgery For Meniscus Tear
2. Incision On Bone, Septic And Aseptic
3. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
4. Suture And Other Operations On Tendons And Tendon Sheath
5. Reduction Of Dislocation Under GA
6. Arthroscopic Knee Aspiration
7. Surgery For Ligament Tear
8. Surgery For Hemoarthrosis/pyoarthrosis
9. Removal Of Fracture Pins/nails
10. Removal Of Metal Wire
11. Closed Reduction On Fracture, Luxation
12. Reduction Of Dislocation Under GA
13. Epiphyseolysis With Osteosynthesis
14. Excision Of Various Lesions In Coccyx
15. Arthroscopic Repair Of Acl Tear Knee
16. Closed Reduction Of Minor Fractures
17. Arthroscopic Repair Of PCL Tear Knee
18. Tendon Shortening
19. Arthroscopic Meniscectomy - Knee
20. Treatment Of Clavicle Dislocation
21. Haemarthrosis Knee- Lavage
22. Abscess Knee Joint Drainage
23. Carpal Tunnel Release
24. Closed Reduction Of Minor Dislocation
25. Repair Of Knee Cap Tendon
26. ORIF With K Wire Fixation- Small Bones
27. Release Of Midfoot Joint
28. ORIF With Plating- Small Long Bones
29. Implant Removal Minor
30. K Wire Removal
31. Closed Reduction And External Fixation
32. Arthrotomy Hip Joint
33. Syme's Amputation
34. Arthroplasty
35. Partial Removal Of Rib
36. Treatment Of Sesamoid Bone Fracture
37. Shoulder Arthroscopy / Surgery
38. Elbow Arthroscopy Amputation Of Metacarpal Bone
39. Release Of Thumb Contracture

40. Incision Of Foot Fascia
41. Partial Removal Of Metatarsal
42. Repair / Graft Of Foot Tendon
43. Revision/removal Of Knee Cap
44. Amputation Follow-up Surgery
45. Exploration Of Ankle Joint
46. Remove/graft Leg Bone Lesion
47. Repair/graft Achilles Tendon
48. Remove Of Tissue Expander
49. Biopsy Elbow Joint Lining
50. Removal Of Wrist Prosthesis
51. Biopsy Finger Joint Lining
52. Tendon Lengthening
53. Treatment Of Shoulder Dislocation
54. Lengthening Of Hand Tendon
55. Removal Of Elbow Bursa
56. Fixation Of Knee Joint
57. Treatment Of Foot Dislocation
58. Surgery Of Bunion
59. Tendon Transfer Procedure
60. Removal Of Knee Cap Bursa
61. Treatment Of Fracture Of Ulna
62. Treatment Of Scapula Fracture
63. Removal Of Tumor Of Arm/ Elbow Under RA/GA
64. Repair Of Ruptured Tendon
65. Decompress Forearm Space
66. Revision Of Neck Muscle (torticollis Release)
67. Lengthening Of Thigh Tendons
68. Treatment Fracture Of Radius & Ulna
69. Repair Of Knee Joint

O. Mouth & Face:

1. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
2. Incision Of The Hard And Soft Palate
3. Excision And Destruction Of Diseased Hard And Soft Palate
4. Incision, Excision And Destruction In The Mouth
5. Other Operations In The Mouth
6. Operations on uvula

P. Pediatric Surgery :

1. Excision Of Fistula-in-ano
2. Excision Juvenile Polyps Rectum
3. Vaginoplasty
4. Dilatation Of Accidental Caustic Stricture Oesophageal
5. Presacral Teratomas Excision
6. Removal Of Vesical Stone
7. Excision Sigmoid Polyp
8. Sternomastoid Tenotomy
9. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
10. Excision Of Soft Tissue Rhabdomyosarcoma
11. Mediastinal Lymph Node Biopsy
12. High Orchiectomy For Testis Tumours
13. Excision Of Cervical Teratoma
14. Rectal-myomectomy
15. Rectal Prolapse (Delorme's Procedure)
16. Detorsion Of Torsion Testis
17. EUA + Biopsy Multiple Fistula In Ano

Q. Plastic Surgery :

1. Construction Skin Pedicle Flap
2. Gluteal Pressure Ulcer-excision
3. Muscle-skin Graft, Leg
4. Removal Of Bone For Graft
5. Muscle-skin Graft Duct Fistula
6. Removal Cartilage Graft
7. Myocutaneous Flap
8. Fibro Myocutaneous Flap
9. Breast Reconstruction Surgery After Mastectomy
10. Sling Operation For Facial Palsy
11. Split Skin Grafting Under RA
12. Wolfe Skin Graft
13. Plastic Surgery To The Floor Of The Mouth Under GA

R. Thoracic Surgery :

1. Thoracoscopy And Lung Biopsy
2. Excision Of Cervical Sympathetic Chain Thoracoscopic
3. Laser Ablation Of Barrett's Oesophagus
4. Pleurodesis
5. Thoracoscopy And Pleural Biopsy
6. EBUS + Biopsy

7. Thoracoscopy Ligation Thoracic Duct
8. Thoracoscopy Assisted Empyema Drainage
9. Operations for drainage of pleural cavity

S. Urology :

1. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
2. Haemodialysis
3. Lithotripsy/nephrolithotomy For Renal Calculus
4. Excision Of Renal Cyst
5. Drainage Of Pyonephrosis/perinephric Abscess
6. Incision Of The Prostate
7. Transurethral Excision And Destruction Of Prostate Tissue
8. Transurethral And Percutaneous Destruction Of Prostate Tissue
9. Open Surgical Excision And Destruction Of Prostate Tissue
10. Radical Prostatovesiculectomy
11. Other Excision And Destruction Of Prostate Tissue
12. Operations On The Seminal Vesicles
13. Incision And Excision Of Periprostatic Tissue
14. Other Operations On The Prostate
15. Incision Of The Scrotum And Tunica Vaginalis Testis
16. Operation On A Testicular Hydrocele
17. Excision And Destruction Of Diseased Scrotal Tissue
18. Other Operations On The Scrotum And Tunica Vaginalis Testis
19. Incision Of The Testes
20. Excision And Destruction Of Diseased Tissue Of The Testes
21. Unilateral Orchiectomy
22. Bilateral Orchiectomy
23. Surgical Repositioning Of An Abdominal Testis
24. Reconstruction Of The Testis
25. Implantation, Exchange And Removal Of A Testicular Prosthesis
26. Other Operations On The Testis
27. Excision In The Area Of The Epididymis
28. Operations On The Foreskin
29. Local Excision And Destruction Of Diseased Tissue Of The Penis
30. Amputation Of The Penis
31. Other Operations On The Penis
32. Cystoscopic Removal Of Stones
33. Lithotripsy
34. Biopsy Of Temporal Artery For Various Lesions
35. External Arterio-venous Shunt

36. AV Fistula - Wrist
37. URSL With Stenting
38. URSL With Lithotripsy
39. Cystoscopic Litholapaxy
40. ESWL
41. Bladder Neck Incision
42. Cystoscopy & Biopsy
43. Cystoscopy And Removal Of Polyp
44. Suprapubic Cystostomy
45. Percutaneous Nephrostomy
46. Cystoscopy And "SLING" Procedure.
47. TUNA- Prostate
48. Excision Of Urethral Diverticulum
49. Removal Of Urethral Stone
50. Excision Of Urethral Prolapse
51. Mega-ureter Reconstruction
52. Kidney Renoscopy And Biopsy
53. Ureter Endoscopy And Treatment
54. Vesico Ureteric Reflux Correction
55. Surgery For Pelvi Ureteric Junction Obstruction
56. Anderson Hynes Operation
57. Kidney Endoscopy And Biopsy
58. Paraphimosis Surgery
59. Injury Prepuce- Circumcision
60. Frenular Tear Repair
61. Meatotomy For Meatal Stenosis
62. Surgery For Fournier's Gangrene Scrotum
63. Surgery Filarial Scrotum
64. Surgery For Watering Can Perineum
65. Repair Of Penile Torsion
66. Drainage Of Prostate Abscess
67. Orchiectomy
68. Cystoscopy And Removal Of FB
69. Endoscopic anti-reflux procedure (and bilateral)
70. Excision of urethral caruncle
71. Dilatation of urethra (including cystoscopy)

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