



PROSPECTUS
SAMPOORNA SWASTHYA KAVACH

1. Who can take the Policy?

The Policy can be taken by an Individual for covering himself/ herself and his/her family which would comprise of spouse, dependent children and/or dependent parents.

2. Eligibility

- The enrollment age under the Policy is from 5 years to 65 years. Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently.
- Proposer needs to be aged 18 years or above.
- An individual may cover himself/ herself and his/ her spouse, dependent children up to 23 years of age and/ or dependent parents under the Policy.
- The Company may ask Insured to undergo medical check-up if he/she is above 45 years of age. 50% medical examination costs shall be reimbursed by us, if their proposal is accepted.

Pre-acceptance Medical Check Ups: The Company would require submission of Medical Reports for ECG and Blood Sugar (Fasting+ PP) for the acceptance of your proposal. This requirement will only be for fresh Proposals, when the Sum Insured is enhanced at the time of renewal or when there is break in insurance for more than 15 days

3. What is covered under the Policy?

The Policy comprises offers below mentioned benefits

Hospitalisation:

The following benefits shall become payable under this section. The cover shall be applicable to both insured members and their families.

- **Inpatient Treatment:** - The Policy shall cover Insured members for expenses incurred subject to limits as per below for each and every day of Hospitalization under the Policy.

Hospitalisation Benefits		Limits
A	i. Room, Boarding expenses as provided by the Hospital/Nursing Home ii. If admitted in IC Unit iii. Registration Charges	i) Up to 1% of Sum Insured per day ii) Up to 2% of Sum Insured per day iii) At actuals
B	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Up to 25% of Sum Insured per illness/ Injury
C	Anaesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables subject to upper limit of 7% of Sum Insured), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs, Cost of stent & implants	Up to 40% of Sum Insured per illness/ Injury

- **Day Care Procedures/ Surgeries:-** Specified Procedures/Surgeries requiring less than 24 hours of Hospitalization would be covered under the Policy. (Please see annexure for complete details)
- **Pre- Hospitalisation:-** Relevant Medical Expenses incurred 30 days prior to Insured being hospitalized shall be covered under the Policy.
- **Post-Hospitalisation:-** Relevant Medical Expenses incurred 60 days after Insured being hospitalized shall be covered under the Policy.



- **Domiciliary Hospitalisation:-** expenses incurred on availing medical treatment at home which otherwise would have required hospitalisation. The Sum Insured under this benefit shall be limited to 20% of SI under the Policy.
- **Cost of Health Check-up:-** You shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average basic Sum Insured during the block of five claim free Policies.
- **Daily Allowance:-** 0.1% of Sum Insured or Rs 250 whichever is less, as a Daily Allowance, for each continuous and completed period of 24 hours of Hospitalisation subject to a maximum of Rs 2500 shall be covered under the Policy.
- **Ambulance Charges:-** Ambulance charges incurred in connection with an admissible claim limited to 1% of Sum Insured or Rs 1,000 whichever is less.

4. Extensions Under the Policy

- **Optional Extension 1: Critical Illness**

Reasonable and Customary hospitalisation charges will be reimbursed on diagnosis or undergoing of below mentioned Critical Illness or Surgical Procedure. The Sum Insured under this section shall be in addition to Hospitalisation Sum Insured.

- Cancer of specified severity
- Open Chest CABG
- Kidney Failure requiring regular dialysis
- Stroke resulting in permanent symptoms
- Major Organ /Bone Marrow Transplant

The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Cumulative Bonus or for the limit for Room/board/nursing, Domiciliary Hospitalisation, Daily allowance, Ambulance expenses and Cost of Health Check Up.

5. Additional Benefits under the Policy

- i. **Cumulative Bonus:** Subject to no claims and continuous renewal of the Policy with us, the Sum Insured under the Policy under “Hospitalisation” shall be increased by 5% subject to maximum of 30% of Sum Insured.

In case of claim under this section, the increased percentage will be reduced by 5% of sum insured at the next renewal. However, basic sum insured will be maintained and will not be reduced.

- ii. **Sum Insured:** Choice of Sum Insured ranges from Rs 1,00,000 to Rs 5,00,000 in multiples of Rs 50,000.
- iii. **Portability:** An individual can migrate from an existing health insurance (including family floater Policy) by us or any of the Indian Insurer to this Policy issued by Us and we shall provide credit earned towards pre-existing diseases and other time bound exclusions as per provisions given in the IRDA vide circular IRDA/HLT/MISC/CIR/209/09/2011 and subsequently be based on prevailing instructions from IRDA.
- iv. **Family Discount:** We shall provide a discount of 10% on total premium if you and atleast two members are covered under the Policy for hospitalisation risks on individual basis. This discount shall not apply to floater policies.

- v. **Free Look Period**

We shall give You a Free Look Period at the inception of the Policy and



1. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
 2. If You have not made any claim during the Free Look period, You shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period
- vi. **Three Months' Notice:** We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that
- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
 - ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You/ Insured Person with an option to migrate to a substitute product offered by Us on individual basis, subject to portability conditions.

6. Conditions under the Policy

A. Cancellation Terms

By You/ Policyholder

You may cancel this Policy by sending a written notice to Us. Retention premium for the period We were on risk will be calculated based on following short period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us

Period of Risk	Rate of premium to be charged
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

By Us

We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address. You will then be entitled to a pro-rata refund of premium for the unexpired period of this Policy from the date of cancellation, which We are liable to pay on demand.

B. Terms of Renewal:

- a. Your Policy shall ordinarily be renewable till 70 years of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured person
- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- c. We shall not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years.
- d. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.



- e. If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.
- f. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.
- g. All premiums are payable in advance of any cover under this Policy being provided.
- h. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.
- i. We shall provide You with a substitute product if You have reached maximum renewable age under the Policy and suitable credits (continuity benefits) for all the previous Policy years that You have been covered shall be provided to You if the Policy has been maintained without break.

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

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

D. Policy Term: The term of your Policy shall be 12 months from the date of commencement of risk.

E. Policy premium: The premium under the Policy shall be payable in advance every year in a single installment.

F. Details of TPA and Network Providers: The details of the TPA engaged by us and the list of Network Providers can be found at our website www.universalsompo.com

G. Sum Insured Enhancement: The Sum Insured under the Policy can be enhanced only at renewal subject to Our underwriter's approval.

7. What is not covered under the Policy? (Major Exclusions under the Policy)

1. Pre-existing diseases

Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

If You are presently covered and have been continuously covered without any break under:

- i. An individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,
OR
- ii. Any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
 - i. The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy;
AND
 - ii. If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance Policy.

2. 30 days Waiting Period

A waiting period of 30 days will apply to all claims unless:

- You have been insured under this Policy continuously and without any break in the previous Policy Year, or



- You were insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance Policy for the reimbursement of medical costs for inpatient treatment in a Hospital, and You establish to Our satisfaction that You were unaware of and had not taken any advice or medication for such Illness or treatment.
 - If You renew with Us or transfer from any other insurer and increase the Sum Insured (other than as a result of the application of Cumulative Bonus upon Renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
3. Hospitalization expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:
- Cataract
 - Benign Prostatic Hypertrophy
 - Myomectomy, Hysterectomy
 - Hernia, Hydrocele
 - Fistula in anus, Piles
 - Arthritis, Gout, Rheumatism
 - Joint replacement unless due to accident
 - Sinusitis and related disorders
 - Stone in the urinary and biliary systems
 - Dilatation and Curettage
 - Skin and all internal tumors/ cysts/ nodules/ polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids
 - Dialysis required for renal failure
 - Surgery on tonsils and sinuses
 - Gastric and duodenal ulcers

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

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

- We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance Company (if applicable);
 - We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance Policy even if You have submitted to Us all documentation
 - We shall consider only completed years of coverage for waiver of waiting periods.
4. Injury or Illnesses directly or indirectly caused by or arising from or attributable to War, invasion, riot, strike, terrorism, act of foreign enemy, War like operation (whether War be declared or not).
5. Circumcision unless necessary for the treatment of an Illness not otherwise excluded or required as a result of accidental bodily injury; vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .
6. Cost of spectacles and contact lens or hearing aids.
7. Dental treatment or surgery of any kind.
8. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohols.
9. Any expense on treatment related to HIV, AIDS and all related medical conditions.
10. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.



11. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.
12. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
13. Any expense on Your treatment as an outpatient in a Hospital.
14. Any expense on Naturopathy, non-allopathic treatment and/or any treatments not approved by Indian Medical council. Any expense related to Disease/Injury suffered whilst engaged in adventurous sports.
15. Any Expense of any treatment related to Human T-Cell Lymphotropic Viruses types III (III-LB-III) or Lymphadenopathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome.
16. External medical equipment of any kind used at home as post hospitalisation care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.
17. Any expense under Domiciliary Hospitalisation for
18. Pre and Post Hospitalisation treatment
19. Any treatment not exceeding three days.
20. Treatment of following diseases:
 - i) Asthma
 - ii) Bronchitis
 - iii) Chronic Nephritis and Nephritic Syndrome
 - iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis
 - v) Diabetes Mellitus
 - vi) Epilepsy
 - vii) Hypertension
 - viii) Influenza, Cough and Cold
 - ix) All types of Psychiatric or Psychosomatic Disorders
 - x) Pyrexia of unknown origin for less than 15 days
 - xi) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
 - xii) Arthritis, Gout and Rheumatism
 - xiii) Dental Treatment or Surgery
21. War, riots, strike, terrorism acts, nuclear weapon induced treatment

8. Claims Procedure

(A) Reimbursement Claims Process:

Upon happening of any injury/disease which may give rise to a claim under this Policy

You shall give Us a notice at Our call centre immediately and also intimate in writing to Our Policy issuing office but not later than 7 days from the date of Hospitalization. A written statement of the claim will be required, a Claim Form will have to be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment and in case of Post hospitalization expenses being incurred, within 60 days from the date of discharge from Hospital

- You must give original/attested photocopies of all bills, receipts, certificates, information and evidences from the attending Medical Practitioner/ Hospital/ Chemist/ Laboratory.
- On receipt of intimation from You regarding a claim under the Policy, We are entitled to:
- Carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization if and when We may reasonably require. The cost of such examination will be borne by Us.

(B) Cashless Claims Process:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless



service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if You want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

(C) Claims Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

(D) Claim Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-27639800/+91-22-39133700 or email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

9. Premium details

Premium for Individual Policies									
Age/ Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
0-25	972	1,465	1,884	2,256	2,628	2,954	3,279	3,605	3,787
26-35	1,223	1,843	2,329	2,740	3,192	3,587	3,982	4,378	4,518
36-45	1,416	2,134	2,743	3,285	3,827	4,225	4,691	5,157	5,422
46-55	1,534	2,260	2,882	3,434	3,967	4,508	5,049	5,591	6,025
56-65	2,382	3,360	4,374	5,321	6,375	7,392	8,025	9,057	10,120
66-70	3,136	4,317	5,634	6,874	8,254	9,596	10,438	11,801	13,203
Premium for Hospitalisation Self and Spouse									
Age/ Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
0-25	1,459	2,142	2,826	3,384	3,942	4,430	4,919	5,300	5,681
26-35	1,835	2,664	3,493	4,140	4,787	5,380	5,974	6,375	6,776
36-45	2,124	3,119	4,115	4,927	5,740	6,388	7,037	7,585	8,133
46-55	2,454	3,533	4,611	5,479	6,347	7,213	8,079	8,859	9,639
56-65	3,810	5,405	6,999	8,600	10,200	11,520	12,840	14,516	16,192
66-70	5,332	7,455	9,578	11,804	14,031	15,888	17,745	20,095	22,445



Premium for Hospitalisation Self, spouse and 1 child									
Age/ Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
0-25	2071	3121	3715	4244	4772	5234	5697	6159	6418
26-35	2,427	3,536	4,644	5,521	6,398	7,191	7,983	8,544	9,104
36-45	2,739	4,023	5,306	6,303	7,300	8,145	8,990	9,689	10,388
46-55	3,111	4,500	5,889	7,010	8,132	9,217	10,301	11,248	12,194
56-65	4,416	6,302	8,187	10,091	11,995	13,536	15,076	16,909	18,741
66-70	5,579	7,853	10,127	12,526	14,926	16,884	18,842	21,196	23,551
Premium for Hospitalisation Self+Spouse+2 Children									
Age/ Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
0-25	2684	3941	5199	6226	7253	8152	9050	9752	10453
26-35	3,030	4,421	5,813	6,922	8,031	9,026	10,021	10,741	11,461
36-45	3,296	4,840	6,385	7,646	8,908	9,953	10,999	11,854	12,709
46-55	3,759	5,454	7,148	8,520	9,892	11,192	12,493	13,605	14,718
56-65	5,031	7,209	9,387	11,536	13,685	15,433	17,182	19,160	21,139
66-70	6,163	8,720	11,277	13,908	16,540	18,695	20,851	23,338	25,826
Premium for Critical Illness Insurance Extension									
A loading of 50% shall be applicable on above premiums for hospitalisation when this extension is opted under the Policy									
Premium for Hospitalisation (Parents)									
Age/ Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
One Parent across all age bands	2382	3360	4374	5321	6375	7392	8025	9057	10120
Both Parents across all age bands	4763	6721	8748	10641	12751	14785	16050	18114	20239

Note:

** Tax Benefit is subject to prevailing Tax Laws

- Rates are excluding all taxes, cess and duties as applicable
- Premium rates are subject to change with prior approval of the regulator
- The premium depends on the applicant's age and the Policy tenure opted for.
- The age is calculated on the date the Policy is issued.

Tax Benefit : Avail of tax benefit** for the premium paid under section 80D of Income Tax Act, 1961 (Please get in touch with our Company representative or visit our office with complete details viz., Sum Insured and Extensions sought under the Policy, other terms and conditions for premium details.)

**Tax Benefits are subject to change as per change in Tax Laws.

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

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

Please note: The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation. Universal Sompo General Insurance Co. Ltd., Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710, Toll Free Numbers: 1-800-224030 (For MTNL/BSNL users) or 1-800-2004030.