



# *Universal Sompo General Insurance Company Limited*

*Complete Healthcare Insurance*

*Policy Wordings*

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We are very pleased to introduce *You* to the Universal Sompo's *Complete Healthcare Insurance* and thank *You* for insuring with *Us*.

Please read this *Policy* carefully to ensure that it provides the cover *You* require. If the *Schedule* details do not agree with the details completed on *Your* Proposal Form then please return it to *Us* immediately with a note of the changes that should be made.

This *Policy* (which includes and shall be read as one document with the *Schedule*, Endorsements and Proposal Form) evidences a contract of insurance between *You* and *Us*.

We will, subject to the terms, conditions, limitations and exclusions of this *Policy*, indemnify *You* in respect of the medical contingencies covered which occur during the *Policy Period* for which *You* have paid the premium.

This *Policy* is a legal document and should be kept in a safe place.

On behalf of

For Universal Sompo General Insurance *Company* Limited

Mr. O. N. Singh

Chairman

# Terms

To help *You* understand *Your Policy*, the following words and phrases used anywhere within the *Policy* have specific meanings, which are set out in this section. To enable *You* recognise the defined words and phrases, *We* have shown them in Italics wherever they appear in *Your Policy*.

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

***Any one illness*** means continuous Period of *illness* and it includes relapse within 45 days from the date of last consultation with the *Hospital/Nursing Home* where treatment may have been taken.

***Adventure Sports*** means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

***Alternative Treatment*** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

***Break in Policy*** occurs at the end of the existing *Policy* term, when the premium due for *Renewal* on a given *Policy* is not paid on or before the premium *Renewal* date or within 30 days thereof.

***Cashless Facility*** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the *Policy* terms and conditions, are directly made to the *Network Provider* by the insurer to the extent pre-authorization approved.

***Company*** means "Universal Sompo General Insurance *Company* Limited."

***Condition Precedent*** means a *Policy* term or condition upon which the Insurer's liability under the *Policy* is conditional upon.

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

- a) ***Internal Congenital Anomaly***: means which is not in the visible and accessible parts of the body
- b) ***External Congenital Anomaly***: means which is in the visible and accessible parts of the body

***Contribution*** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of *Sum Insured*. This clause shall not apply to any Benefit offered on fixed benefit basis.

***Co-pay*** means a cost sharing requirement under a health insurance *Policy* that provides that the *Policy* holder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the *Sum Insured*.

***Cumulative Bonus*** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

**Day Care Treatment/Procedures** means any institution established for *Day Care Treatment of Illness* and/or *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

- ❑ has qualified nursing staff under its employment;
- ❑ has qualified *Medical Practitioner/s* in charge;
- ❑ has a fully equipped operation theatre of its own where *Surgical Procedures* are carried out;
- ❑ maintains daily records of patients and will make these accessible to the insurance *Company's* authorized personnel

**Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and *Surgery* excluding any form of cosmetic *Surgery/* implants.

**Domiciliary Treatment** means medical treatment for an *Illness/disease/Injury* which in the normal course would require care and treatment at a *Hospital* but is actually taken while confined at home under any of the following circumstances:

- ❑ the condition of the patient is such that he/she is not in a condition to be removed to a *Hospital*, or
- ❑ the patient takes treatment at home on account of non-availability of room in a *Hospital*.

**Disclosure to information norm** means the *Policy* shall be void and all premium paid hereon shall be forfeited to the *Company*, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Emergency Care** means management for a severe *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.

#### **Family Member**

For the purpose of Family discount includes two or more persons of *Your* family who are named in the Schedule as *Insured Person* and is/ are related to *You* in the following manner

- ❑ Legally married spouse as long as he or she continues to be married to *You*;
- ❑ Son, Daughter-in-law, Daughter, Father, Mother, Brother(s) or Sister(s)
- ❑ Father-in-law, Mother-in-law as long as *Your* spouse continues to be married to *You*;
- ❑ Grandfather, Grandmother, Grandson, Granddaughter

For the purpose of family floater cover shall include two or more persons of *Your* family who are named in the Schedule as *Insured Person* and is/ are related to *You* in the following manner

- ❑ Legally married spouse as long as he or she continues to be married to *You*;
- ❑ Son and Daughter
- ❑ Father and Mother

**Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a *Policy* in force without loss of continuity benefits such as waiting periods and coverage of *Pre-Existing Diseases*. Coverage is not available for the period for which no premium is received.

**Hospitalization** means admission in a *Hospital* for a minimum period of 24 *In-patient Care* consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**Hospital** means any institution established for in-patient care and *Day Care Treatment of Illness* and/or *Injuries* and which has been registered as a *Hospital* with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the *Schedule* of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- ❑ has qualified nursing staff under its employment round the clock;
- ❑ has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- ❑ has qualified *Medical Practitioner(s)* in charge round the clock;
- ❑ has a fully equipped operation theatre of its own where *Surgical Procedures* are carried out;
- ❑ maintains daily records of patients and makes these accessible to the insurance *Company's* authorized personnel.

**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.

- a) **Acute Condition** is a disease, *Illness* or *Injury* that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/*Illness/Injury* which leads to full recovery.
- b) **Chronic condition** is defined as a disease, *Illness*, or *Injury* that has one or more of the following characteristics
  - ❑ it needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or tests
  - ❑ it needs on-going or long-term control or relief of symptoms
  - ❑ it requires *Your* rehabilitation or for *You* to be specially trained to cope with it
  - ❑ it continues indefinitely
  - ❑ it comes back or is likely to come back.

**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*.

**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.

**Insured** means the individual whose name is specifically appearing in the *Schedule* herein after referred as “*You*”/”*Your*”/”*Yours*”/”*Yourself*”.

**Insured Persons** means the individual(s) whose name is/are appearing in the *Schedule* and shall include his/her spouse, dependent children and/ or parents.

**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.

**Maternity Expenses** shall include:

- ▣ Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during *Hospitalization*).
- ▣ Expenses towards lawful medical termination of pregnancy during the *Policy Period*.

**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.

**Medically Necessary** means any treatment, tests, medication, or stay in *Hospital* or part of a stay in *Hospital* which

- ▣ is required for the medical management of the *Illness* or *Injury* suffered by the insured;
- ▣ must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- ▣ must have been prescribed by a *Medical Practitioner*,
- ▣ must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Medical Practitioner** is 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 licence and is not a member of the *Insured Person's* Family.

**Network Provider** means *Hospitals* or health care providers enlisted by an insurer or by a *TPA* and insurer together to provide medical services to an insured on payment by a cashless facility.

**New Born Baby** means baby born during the *Policy Period* and is aged between 1 day and 90 days, both days inclusive.

**Nominee** means the person(s) nominated by the *Insured Person* to receive the insurance benefits under this *Policy* payable on his/her death.

**Non- Network** means any *Hospital*, day care centre or other provider that is not part of the network.

**Notification of Claim** is the process of notifying a claim to the insurer or *TPA* by specifying the timelines as well as the address / telephone number to which it should be notified.

**OPD Treatment** is one in which the Insured visits a clinic / *Hospital* or associated facility like a consultation room for diagnosis and treatment based on the advice of a *Medical Practitioner*. The Insured is not admitted as a day care or in-patient.

**Policy** means *Our* contract of insurance with the *Insured* providing cover as detailed in this document.

**Policy Period** means the *Policy Period* as set out in the *Schedule* for which the insurance cover will remain valid.

**Policy Year** means a year following *Policy Period* Start Date and its subsequent annual anniversary.

**Pre- Hospitalization Medical Expenses** means the *Medical Expenses* incurred immediately before the *Insured Person* is hospitalised, provided that:

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

**Pre- Existing Diseases** means any condition, ailment or *Injury* or related condition(s) for which *You* had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first *Policy* issued by the insurer.

**Portability** means transfer by an individual health insurance *Policy Holder* (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

**Post Hospitalization Medical Expenses** means the *Medical Expenses* incurred immediately after the *Insured Person* is discharged from the *Hospital* provided that:

- ▣ Such *Medical Expenses* are incurred for the same condition for which the *Insured Person's* *Hospitalization* was required and
- ▣ The inpatient *Hospitalization* claim for such *Hospitalization* is admissible by the insurance Company.

**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.

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

**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 all waiting periods.

**Room Rent** means the amount charged by a *Hospital* for the occupancy of a bed on per day (24 hours) basis and shall include associated *Medical Expenses*.

**Service Providers** means any person, institution or organisation that has been empanelled by the *Company* to provide services to the *Insured Person* specified in the *Policy*.

**Schedule** means *Schedule* attached to and forming part of this *Policy* mentioning the details of the Insured/*Insured Persons*, the *Sum Insured*, the period and the limits to which benefits under the *Policy* would be payable.

**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 or prolongation of life, performed in a *Hospital* or day care centre by a *Medical Practitioner*.

**Subrogation** means the right of the insurer to assume the rights of the *Insured Person* to recover expenses paid out under the *Policy* that may be recovered from any other source.

**TPA** means the third party administrator that *the Company* appoints from time to time as specified in the *Schedule*.

**Unproven/Experimental Treatment** means a treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

**You/Your/Yours/Yourself** means the person(s) that *We* insure and is/are specifically named as Insured in the *Schedule*.

**We/Our/Ours/Us** mean Universal Sompo General Insurance *Company* Limited.

**War** means *War*, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

### **Critical Illness**

It means the following major diseases, which *You* have been diagnosed during the *Policy Period* to have suffered from and which requires *Hospitalisation* and are specifically defined as below:

#### **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 bio chemical 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*

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.

#### *Exclusions*

- ❑ Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ❑ Any skin cancer other than invasive malignant melanoma.
- ❑ 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
- ❑ Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- ❑ Chronic lymphocytic leukaemia less than RAI stage 3
- ❑ Microcarcinoma of the bladder
- ❑ All tumours in the presence of HIV infection.

### 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 (hemodialysis 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***

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- ii. there must be current clinical impairment of motor or sensory function, which must
- iii. have persisted for a continuous period of at least 6 months, and well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

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.

# Cover

We will provide benefits for the following subject to the level of *Sum Insured* chosen and the benefits detailed in *Your Policy Schedule*. All costs incurred must be *Medically Necessary* and subject to *Reasonable and Customary Charges*.

If *You* suffer an *Illness* or *Accident* during the *Policy Period* that requires *Hospitalization* as an inpatient, then *We* will pay:

## a) *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*

## b) *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 pay *Medical Expenses* for 141 Day Care Procedures enlisted in the Annexure to this Policy Wordings

## c) *Pre-Hospitalization*

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

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

#### d) *Post-Hospitalization*

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

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

#### e) *Domiciliary Treatment*

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

- ▣ The condition for which the medical treatment is required continues for at least 3 days, in which case *We* will pay the reasonable charge of any necessary medical treatment for the entire period, and
- ▣ If *We* accept a claim under this Benefit *We* will not make any payment for *Post- Hospitalization Expenses* but *We* will pay *Pre-Hospitalization* expenses for up to 60 days in accordance with (c) above, and
- ▣ No payment will be made if the condition for which *You* require medical treatment is:
  - Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
  - Arthritis, Gout and Rheumatism
  - Chronic Nephritis and Nephritic Syndrome
  - Diarrhoea and all type of Dysenteries including Gastroenteritis,
  - Diabetes Mellitus and Insupidus,
  - Epilepsy,
  - Hypertension,
  - Psychiatric or Psychosomatic Disorders of all kinds,
  - Pyrexia of unknown Origin.

#### f) *Organ Donor*

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

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

#### g) *Ambulance*

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

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

#### h) *Dental Treatment (In case of Accident)*

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

#### i) *AYUSH Benefit*

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

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

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

#### j) *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 *Summary of Benefits*, and
- ▣ The days of admission and discharge shall not be counted, and
- ▣ *We* have accepted an in-patient *Hospitalization* claim under benefit (a) In-patient treatment

#### k) *Vaccination*

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

### ***l) Out-patient treatment***

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

#### *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 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 *Network Medical Practitioner*.

### ***Provided that,***

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

### ***m) Convalescence Benefit:***

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

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

## ***n) 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 *Summary of Benefits*.

#### ***Provided that,***

- ▣ *Our* maximum liability per delivery will be subject to the amount specified in the *Summary of Benefits*.
- ▣ This benefit is not available for dependents other than *Your* spouse.
- ▣ This benefit will be available only after 36 months of continuous coverage have elapsed since the inception of the first *Policy* withed *Us*.
- ▣ This benefit will be available for a maximum of 2 deliveries or lawful termination of pregnancy once during the *Policy Period*.

### ***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.

#### ***Provided that,***

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

## *Additional Benefits*

### *a) Restore Benefit:*

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

*Provided that,*

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

### *b) Cover for People Living with HIV/ AIDS (PLHA)*

If *You* have been diagnosed with HIV/ AIDS and *You* require *Hospitalization* as an Inpatient, then *We* will pay:

- ❑ *Medical Expenses* which arise from or are in any way related to Human Immunodeficiency Virus (HIV) and/or HIV related illnesses and including Acquired Immune Deficiency Syndrome (AIDS) being maintained throughout or AIDS Related Complex (ARC) and/or any mutant the period, derivative or variations thereof, provided that
- ❑ The benefit is covered as mentioned in the *Summary of Benefits*
- ❑ The *Medical Expenses* are related to Diagnostic Procedures, *Room Rent* and boarding Expenses, *Medical Practitioner* and *Nursing Fees*, medicines, drugs and consumables.
- ❑ *Your Medical Expenses* would be covered up to 20% of the *Sum Insured*.
- ❑ *Your CD4count* is more than 400Mircolitr

For this benefit, the general exclusion for sexually transmitted diseases/ AIDS related diseases does not apply.



Note: Even if the Insured purchases the Policy for a term of 2/3 years, the benefits will be payable as entitled per Policy year basis and not in cumulative basis.

## Renewal Benefits

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

### a. Cumulative Bonus

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

### b. Health Check Up

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

## Value Added Benefits

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

### 1. 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.

### 2. 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

### 3. 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*.

### 4. 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*.

### 5. 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

### 6. 27x7 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

### 7. 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](http://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.

## Product Options

The following endorsements only apply if they are specifically noted in *Your Policy Schedule*

### Opt 1: *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.

### Opt 2: *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

### Opt 3: *Hospital Daily Cash*

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

***Provided that,***

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

#### Opt 4: Sub limits

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

S. No	Surgeries / Medical Procedures	Sub-limits (Rs.)		
		A <sup>1</sup>	B <sup>2</sup>	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 Surgery	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 Medical Expenses for any treatment not involving Surgery/Medical Procedure	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.

#### Opt 5: Treatment in Tiered Network

If You avail this option, You agree that If You are hospitalized in a Hospital other than a Network Provider then, You shall bear 10% of the claim payable under the Policy and Our liability, if any, shall only be in excess of that sum.

If You elect this option, and Your premium would be reduced by 5% of the prevailing premium

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.

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

<sup>2</sup> Sublimit C may be opted for Sum Insured above 2 Lakh

## *Exclusions*

This *Policy* does not cover expenses arising from

### *Waiting Periods*

We are not liable for any treatment which begins during waiting periods except if *You* suffer an *Accident*

### *Specific Waiting Periods*

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

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.

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

iv. *Maternity and Childcare Benefit Waiting Period of 3 years*

The expenses covered under benefit n) *Maternity and Childcare benefit* 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 for delivery of child in a *Hospital*

v. *Out-patient Treatment Waiting Period of 3 years*

The expenses covered under benefit l) *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.

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

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

### ***30 days Waiting Period***

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

- i. *You* have been insured under this *Policy* continuously and without any break in the previous *Policy Year*, or
- ii. *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.
- iii. If *You* renew with *Us* or transfer from any other insurer and increase the *Sum Insured* (other than as a result of the application of *Cumulative Bonus* upon *Renewal* with *Us*), then this exclusion shall only apply in relation to the amount by which the *Sum Insured* has been increased.

### ***Pre-existing diseases***

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

1. 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. The reduction in the waiting period specified above shall be applied subject to the following:
  - i) *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);
  - ii) *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

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

#### ***Specific Exclusion for Critical Illness***

1. Any critical *Illness*, which incepts or manifests during first 90 days of commencement of this cover.
2. Any critical *Illness* which arises or is caused by any one of the following:
  - ▣ Dry addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
  - ▣ *You* suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on *You* to show any event was not caused by or did not arise through AIDS or HIV.

#### ***Addictions and substance abuse***

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

#### ***Adventure Sports/ Professional sports/ Defence operation***

We do not cover treatment of an *Injury* sustained whilst *You* are:

- ▣ Training for, or taking part in sport for which *You* are paid or funded by sponsorship or grant (unless *You* receive travel costs only).
- ▣ Involved in naval, military, air force operation or any *Adventure Sports*.

#### ***Birth control***

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

#### ***Breach of Law with Criminal Intent***

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

#### ***Circumcision***

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

#### ***Complementary treatment***

We do not cover alternative or complementary treatments and medicines.

#### ***Cosmetic treatment***

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

### ***Dental Treatment***

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

### ***Developmental delay***

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

### ***Eye Sight***

We do not cover treatment for:

- ▣ short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction *Surgery*, or
- ▣ macular degeneration.

### ***Infertility***

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

### ***Items of Personal Comfort and Convenience***

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

### ***Maternity Expenses***

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

### ***Non-Allopathic Treatment***

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

### ***Organ Donor***

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

### ***Private Duty Nursing***



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

*Prosthetics and other devices*

Prosthetics and other devices NOT implanted internally by surgery.

### *Psychiatric*

We do not cover treatment of

- ▣ psycho-geriatric conditions of any kind
- ▣ eating disorders
- ▣ psychological conditions such as
- ▣ anxiety
- ▣ bereavement or
- ▣ depression or any related conditions.

### *Preventative treatment*

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

### *Self-inflicted Injury*

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

### *Sexual dysfunction*

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

### *Sexually transmitted disease*

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

This exclusion does not apply to treatment for HIV/AIDS if specifically mentioned as covered in *Your Policy Schedule*.

### *Sleep disorders and sleep problems*

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

### *Specific Treatments*

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

### *Spectacles, Hearing aids*

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

### *Unproven or Experimental treatment*

We do not cover any kind of *Unproven or Experimental Treatment*

### *Unrelated Expenses*

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

### *Vitamins/ Nutritional Supplements*

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

### *War and hazardous substances*

We do not cover treatment directly or indirectly arising from or required as a consequence of:

- ❑ *War*, invasion, acts of foreign enemy hostilities (whether or not *War* is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government or any acts of terrorism.
- ❑ Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

### *Weight loss Surgery*

We do not cover treatment that is directly or indirectly related to:

- ❑ bariatric *Surgery* (weight loss *Surgery*), such as gastric banding or a gastric bypass, or
- ❑ the removal of surplus or fat tissue.

# General Conditions

## Alterations to the Policy

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

## Cancellation by You

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

Cover Period	Cancellation Period					
	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year	During 2nd Year	During 3rd Year
1 year	75%	50%	25%	0%	NA	NA
2 year	75%	65%	50%	25%	0%	NA
3 year	75%	70%	60%	45%	11%	0%

## Automatic Cancellation

### a. Individual *Policy*:

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

### b. For Family Floater *Policies*:

The *Policy* shall automatically terminate in the event of the death of all the *Insured Persons*.

### c. Refund:

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

## Cancellation by Us

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

- i. *You* or any *Insured Person* or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this *Policy*; and/or
- ii. *You* or any *Insured Person* has not disclosed the material facts or misrepresented in relation to the *Policy*; and/or
- iii. *You* or any *Insured Person* has not co-operated with *Us*.

### ***3 Month Notice***

We shall give *You* notice in the event *We* may decide to revise, modify or withdraw the product. Such notice shall be given to *You* at least three months prior the date when such modification or revision or withdrawal comes into effect. *We* also promise *You* that

- 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* with an option to migrate to a substitute product offered by *Us*, subject to portability conditions.

### ***Change of Risk***

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

### ***Condition Precedent***

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

### ***Dispute Resolution Clause***

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

### ***Free Look Period***

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

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.

### ***Fraudulent/Unfounded Claims***

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

### ***Contribution***

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

### ***Multiple Policies***

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

### ***Insured Person***

- a. Only those persons named as an *Insured Person* in the *Schedule* shall be covered under this *Policy*. Any person may be added during the *Policy Period* after his proposal has been accepted by *Us*, additional premium has been paid and *We* have issued an endorsement confirming the addition of such person as an *Insured Person*.
- b. *We* may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status, occupational profile of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. The loading shall only be applied on basis of the outcome of *Our* medical underwriting .These loadings are applied from *Policy Period* start date of the *Policy* including subsequent *Renewal(s)* with *Us* or on the receipt of the request of increase in *Sum Insured* (for the increased *Sum Insured*).

*We* will inform *You* about the applicable risk loading through a counter offer letter. *You* have to revert to *Us* with consent and additional premium (if any) within 15 days of issuance of such counter letter. In case, *You* neither accept the counter letter from *Us* nor revert to *Us* within 15 days, *We* shall cancel *Your* application and refund the premium within next 7 days.

Please note *We* shall issue *Policy* only after getting *Your* consent

- c. *We* may also offer a discount of 2.5% on *Your* premium under the *Policy* if *You* are employed in an occupation which doesn't fall into higher risks zones, *You* have maintained a healthy lifestyle and if *You* have already been covered under Group Health Insurance Policy of *Your* employer. For Floater Policies, this discount shall be applicable on floater premium if both the adult members comply with conditions mentioned above.

### ***Medical Examination***

*We* may ask *You* to undergo below mentioned medical tests for purpose of consideration of *Your* proposal in the following events

- ▣ You or any of the beneficiaries are/is above 55 years of age as on Your last birthday
- ▣ On basis of *Your* medical conditions/ health status declaration in the Proposal Form
- ▣ Medical Examination reports validity period is 6 months

S. No	List of Medical tests	Plan
1	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine	Basic
2	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG	Essential
3	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Profile, Stress test or 2D Echo , Kidney Function Test Complete Physical test by a physician	Privilege

It is agreed and understood that details in the table above, including the list of medical tests is indicative and *We* reserve the right to add, to modify or amend these details.

If *Your* proposal is accepted by *Us*, then 50% of the costs incurred in conducting the above mentioned medical tests shall be reimbursed by *Us*.

We may waive Medical Examination for *You*, if *You* have been continuously covered for 3 years under a health insurance *Policy* from *Us* or any other insurers for a period of three years and have had no claims under the *Policy*

#### ***Medical Evaluation***

We reserve the right to request further tests and/or evaluation where We decide that a condition being claimed for may be directly or indirectly related to an excluded condition.

#### ***Nominee***

*You* can at the inception or at any time before the expiry of the *Policy*, make a nomination for the purpose of payment of claims under the *Policy* in the event of death.

Any change of nomination shall be communicated to *Us* in writing and such change shall be effective only when an endorsement on the *Policy* is made by *Us*.

In case of any *Insured Person* other than *You* under the *Policy*, for the purpose of payment of claims in the event of death, the default nominee would be *You*.

#### ***Notice and Claims***

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

***Note:*** Please include *Your Policy* number for any communication with *Us*.

#### ***Obligations in case of a minor***

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

#### ***Policy***

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

#### ***Subrogation:***

You shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by *Us* for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon *Us* making reimbursement under this *Policy*, whether such acts or things shall be or become necessary or required before or after *Our* payment. You shall not prejudice these subrogation rights in any manner and shall provide *Us* with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by *Us* under this *Policy* and *Our* costs and expenses of effecting a recovery, where after We shall pay any balance remaining to *You*.

#### ***Substitute Product***

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



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

#### ***Sum Insured Enhancement***

Sum Insured can be enhanced only upon *Renewal*, subject to

- a) No claim under the previous *Policy* with *Us*
- b) *Our* underwriter's approval.

#### ***Region of cover***

*We* do not cover treatment received outside India.

#### ***Portability***

From another company to *Our Policy*

If *You* were insured continuously and without a break under another Indian similar health insurance *Policy* with any other Indian General Insurance company, it is understood and agreed that:

- a) If *You* wish to exercise the *Portability* Benefit, *We* should have received *Your* application with complete documentation at least 45 days before the expiry of *Your* present period of insurance;
- b) *We* may revise the premium payable based on the extent of applicability of the *Portability* Benefit.
- c) This benefit is available only at the time of *Renewal* of the existing health insurance *Policy*.
- d) The *Portability* Benefit shall be applied subject to the following:
  - i) *You* shall give *Us* all additional documentation and/or information *We* request;
  - ii) *You* pay *Us* the applicable premium in full;
  - iii) *We* may, subject to *Our* medical underwriting, restrict the terms upon which *We* may offer cover, the decision as to which shall be in *Our* sole and absolute discretion;
  - iv) There is no obligation on *Us* to insure all *Insured Persons* or to insure all *Insured Persons* on the proposed terms, even if *You* have given *Us* all documentation;
  - v) *We* have received the database and claim history from the previous insurance company for the *Insured Persons*' previous health insurance *Policy*.

From *Our* existing health insurance policies to this *Policy* health insurance *Policy* with *Us*, it is understood and agreed that:

- a) If *You* wish to exercise the *Portability* Benefit, *We* should have received *Your* application before the expiry of *Your* present period of insurance;
- b) This benefit is available only at the time of *Renewal* of existing health insurance *Policy*.
- c) The *Portability* Benefit shall be applied subject to the following:
  - i) *You* shall give *Us* all additional documentation and/or information *We* request;
  - ii) *You* pay *Us* the applicable premium in full;
  - iii) *We* may, subject to *Our* medical underwriting, restrict the terms upon which *We* may offer cover, the decision as to which shall be in *Our* sole and absolute discretion;
  - iv) There is no obligation on *Us* to insure all *Insured Persons* or to insure all *Insured Persons* on the proposed terms, even if *You* have given *Us* all documentation.

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

### ***Renewal***

- a. *Your Policy* shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by *You*
- 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, except for the optional benefit covers where the coverage under the benefits viz. *Critical Illness* cover and Personal Accident shall terminate following payment
- 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.

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

# Summary of Benefits

S.No	Benefits	Basic	Essential	Privilege
	Sum Insured (in ₹ Lakhs)	1, 2	3, 4, 5, 6	7, 8, 9, 10
a	Inpatient Treatment	Covered	Covered	Covered
b	Day Care Procedures	Covered	Covered	Covered
c	Post-Hospitalisation	Covered	Covered	Covered
d	Pre-Hospitalisation	Covered	Covered	Covered
e	Domiciliary Treatment	Covered	Covered	Covered
f	Organ Donor	Covered	Covered	Covered
g	Ambulance	Up to 1% of SI or Rs 1,000 or actuals whichever is less.	Up to 1% of SI or Rs 2,000 or actuals whichever is less.	Up to 1% of SI or Rs 3,000 or actuals whichever is less.
h	Dental Treatment in case of Accidents	Inpatient <i>Dental Treatment</i> Upto 100% of In-patient Treatment Sum Insured.	Inpatient <i>Dental Treatment</i> Upto 100% of In-patient Treatment Sum Insured.	Inpatient <i>Dental Treatment</i> Upto 100% of In-patient Treatment Sum Insured.
i	AYUSH Benefit	Up to 25% of SI or actuals whichever is less	Up to 25% of SI or Rs 1,00,000 or actuals whichever is less.	Up to Rs 1,00,000 or actuals whichever is less.
j	Daily Cash for accompanying an Insured child	Not covered	Rs 300 per day subject to maximum of Rs 9,000.	Rs 500 per day subject to maximum of Rs 15,000.
k	Vaccination (in case of Post Bite Treatment)	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.
l	Out-Patient Treatment Cover after waiting period of 3 years a) Out-patient Consultation b) Diagnostic Tests c) Dental Treatment d) Spectacles, Contact Lens, Hearing Aids	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 2,500.	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 5,000.	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 7,500.

m	Convalescence Benefit	Flat Rs. 10,000 per member when <i>Hospitalisation</i> exceeds 10 days.	Flat Rs. 10,000 per member when <i>Hospitalisation</i> exceeds 10 days.	Flat Rs. 10,000 per member when <i>Hospitalisation</i> exceeds 10 days.
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#### Mother and Child Care Benefits

d	Maternity Expenses with waiting period of 3 years	Not covered	Normal Delivery: up to Rs 15,000 or actuals whichever is less Caesarean Delivery: up to Rs 25,000 (including pre and post natal expenses up to Rs 2,000) or actuals whichever is less	Normal Delivery: Up to Rs 25,000 or actuals whichever is less Caesarean Delivery: Up to Rs 50,000 (including pre and post natal expenses up to Rs 2,000) or actuals whichever is less
	New Born Baby Cover	Not Covered	Up to Basic SI from 1st Day till expiry of <i>Policy</i> or the child is 91 days old whichever is earlier.	Up to Basic SI from 1st Day till expiry of <i>Policy</i> or the child is 91 days old whichever is earlier.

S.No	Benefits	Basic	Essential	Privilege
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#### Additional Benefits

a	Restore Benefit	Covered	Covered	Covered
b	Cover for PLHA	Not covered	Not Covered	Covered

#### Renewal Benefits

a	Cumulative Bonus	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced
b	Health Check-up	1 coupon at the end of every claims two continuous claims free year 2 coupons in case of family floater	1 coupon at the end of every claim free year 2 coupons in case of family floater	1 coupon at the end of every claim free year 2 coupons in case of family floater

#### Value Added Benefits

a	Dial a Doctor	Covered	Covered	Covered
b	Health Educational Library for People(HELP)	Covered	Covered	Covered
c	Second Option	Not Covered	Covered	Covered
d	Specialist Consultation with Two follow up session	Not Covered	Covered	Covered
e	Wellness Package	Covered	Covered	Covered
f	24x7 Customer Service	Covered	Covered	Covered
g	Newsletter	Covered	Covered	Covered

### Product Options

a	Personal Accident	Available	Available	Available
b	Critical Illness	Available	Available	Available
c	Hospital Daily Cash when Hospitalisation exceeds 3 days for a maximum number of 7 days	Rs 2,00 per day	Rs 5,00 per day	Rs 1,000 per day
d	Sub limits Applicability	No sublimit applicable under base <i>Policy</i> . Avail discount of 7.5% for choosing Sublimit A Avail discount of 5% for choosing Sublimit B	No sub limits applicable under base <i>Policy</i> Avail discount of 10% for choosing Sublimit A Avail discount of 7.5% for choosing Sublimit B Avail discount of 5% for choosing Sublimit C	No sub limits applicable under base <i>Policy</i> . Avail discount of 10% for choosing Sublimit A Avail discount of 7.5% for choosing Sublimit B Avail discount of 5% for choosing Sublimit C
e	Treatment only in tiered Network	5% discount on premium for opting this cover. 10% co-pay shall be applicable for taking treatment in non-tiered network.	5% discount on premium for opting this cover. 10% co-pay shall be applicable for taking treatment in non-tiered network.	5% discount on premium for opting this cover. 10% co-pay shall be applicable for taking treatment in non-tiered network.

### Discounts under the Policy

**Family Discount :** Avail discount for covering more than one *Family Member* under the *Policy* on individual sum insured basis

	Number of Members	Discounts
a	2-3	5%
	4-5	7%
	More than 5	10%

b **E-Policy discount :** Avail a discount of Rs 110 for opting to choose *Policy* in electronic form

**Long Term Policy discount:** The following discounts will be offered if the *Policy* is taken by paying the appropriate premium for 2 years/ 3 years at once. No instalment facility is available for payment of premium under the *Policy*.

	Duration of Policy	Premium to be charged
c	2 years	2 year premium in advance less 5% discount
	3 years	3 year premium in advance less 7.5% discount

d **Lifestyle Discount:** discount of 2.5% on Your premium under the *Policy* if You are employed in an occupation which doesn't fall into higher risks zones, You have maintained a healthy lifestyle and if You have already been covered under Group Health Insurance Policy of Your employer

Health Status Indicators					
S.N.	Health Indicators		Normal	Borderline Level	High
1	Blood Sugar Levels		99 mg and lower	100-125 mg	126 mg and higher
2	Blood Pressure	Systolic	Below 130	130-139	140 or higher
		Diastolic	Below 80	80-89	90 or higher
3	Cholesterol Level ( mg/dL)		Below 200	200-239	240 or higher
4	Body Mass Index		18.5-24.9	25-29.9	30 or higher
5	Any disease co-existing with any of the above				

The overall limit on discounts is 40%



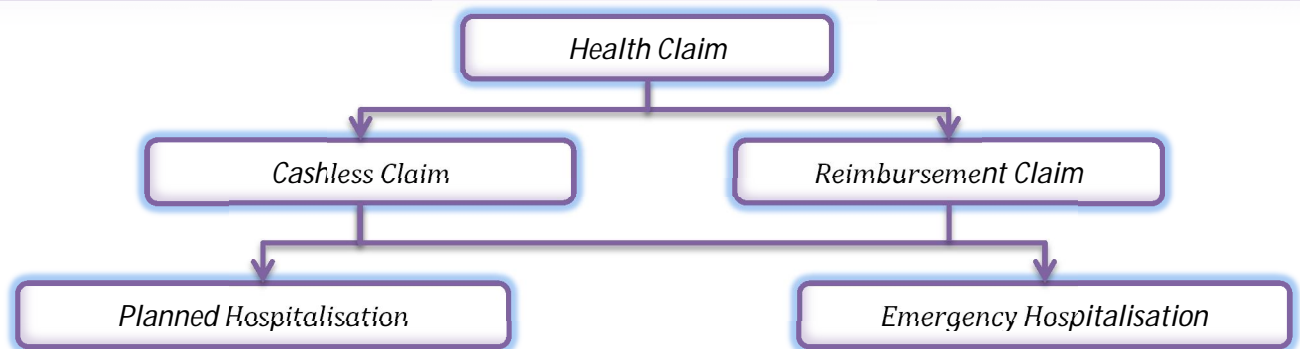
# Claims Procedure

## Important

In order to ensure that *You* receive the best possible claims service, the procedures noted below should be followed in the event of medical treatment being required by *You* or one of *Your* insured dependants.

The settlement of *Your* claim may be delayed if *You* fail to complete *Your* claim form properly. Please note the requirements under the claim form section of this claims procedure.

## Types of claims



## Do's And Don'ts

### Cashless Claim

- |        |   |  |
|--------|---|--|
| Do's   | { | <ul style="list-style-type: none"> <li>• Put a request for services of a claims associate to provide <i>You</i> personal assistance at the time of cashless admission and discharge at the <i>Hospital</i>. (Service available on request on selected cities only)</li> <li>• Carry health card, Photo ID, and past medical records (if any) of the patient to the <i>Hospital</i>.</li> <li>• Put in a request for cashless approval by filling the pre-authorization form.</li> <li>• Pay all uncovered expenses at the time of discharge</li> <li>• Counter sign and retain copies of all the <i>Hospitalisation</i> related documents, bills and papers for <i>Your</i> record. It may help <i>You</i> in the post-hospitalisation treatment or resolution of any disputes arising in the future.</li> </ul> |
| Don'ts | { | <ul style="list-style-type: none"> <li>• Misrepresent or hide any medical or personal information of the patient while filling the pre-authorization form.</li> <li>• Hesitate to seek clarification on the details of deductions made in the Claim amount.</li> </ul>   |

### Reimbursement Claim

- |        |   |  |
|--------|---|--|
| Do's   | { | <ul style="list-style-type: none"> <li>• Ensure <i>You</i> obtain the claim documents as given in the claim process</li> <li>• Collect all vital documents like Medical papers, Prescriptions, Discharge Summary, Investigation reports, Bills and receipts in original from the <i>Hospital</i></li> <li>• Forward all the documents and reports in original for claim reimbursement within 30 days from the date of discharge along with claim form duly filled form at the address given above</li> <li>• Retain copy of all the <i>Hospital</i> related documents for <i>Your</i> records</li> </ul> |
| Don'ts | { | <ul style="list-style-type: none"> <li>• Misrepresent or hide any medical or personal information of the patient while filling the claim form.</li> <li>• Provide incomplete information or document to Us</li> <li>• Hesitate to seek clarification on the details of deductions made in the Claim amount.</li> </ul>   |

## Reimbursement Claim: Step by Step Guide

### STEP 1

#### Planned Hospitalisation

Intimate *Us* at least 72 hrs before admission to the *Hospital* by calling to *Our* toll free numbers 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030

#### Emergency Hospitalisation

Intimate *Us* immediately but definitely, within 24 hrs of admission to the *Hospital* by calling to *Our* toll free number 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030

### STEP 2

Get *Your* claim reference number by submitting the claim intimation along with the following details to *Us* on either the toll free number or email us at [contactus@universalsompo.com](mailto:contactus@universalsompo.com) or write to *Us* at the Claim servicing office( Address mentioned above) or intimate *Us* by visiting *Our* website <http://www.universalsompo.com/>

- |  |  |
|--|--|
| <input type="checkbox"/> Policy Number                       | <input type="checkbox"/> Details of the <i>Hospital</i>                |
| <input type="checkbox"/> Contact Number                      | <input type="checkbox"/> Date and admission/Portable date of admission |
| <input type="checkbox"/> Nature of Sickness/ <i>Accident</i> |  |

### STEP 3

Complete the treatment procedure in *Hospital*. Settle all expenses and collect all medical bills and receipts

### STEP 4

Submit the duly filled claim form along with the following documents or their copies:

- Original Bills, Receipts, Discharge card from the *Hospital/Medical Practitioner*
  - Certificate from attending *Medical Practitioner* providing details of first symptoms and date of occurrence of the disease/*Illness/Injury/Surgery* along with complete medical history of the insured/*Insured Person*
  - Original bills from chemist supported by proper prescription
  - Original investigation test reports and payment receipts
  - Medical Practitioner's* referral letter advising *Hospitalization*
  - Original bills and receipts for claiming ambulance charges
  - Any additional document or information as may be deemed necessary by *Us*.
- The above mentioned document should be submitted to the following address either through courier or in person



## Cashless Claim: Step by Step Guide

### STEP 1

#### Planned Hospitalisation

Intimate *Us* at least 72 hrs before admission to the *Hospital* by calling to *Our* toll free numbers 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 or visit *Our* website <http://www.universalsompo.com/> for cashless *Hospital* list and intimation.

#### Emergency Hospitalisation

Intimate *Us* at least 24 hrs before admission to the *Hospital* by calling to *Our* toll free numbers 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 or visit *Our* website <http://www.universalsompo.com/> for cashless *Hospital* list and intimation.

### STEP 2

Immediately after reaching *Hospital*, fill the cashless pre-authorization form, available at the cashless counter at the *Hospital*. Please attach the following along with the pre authorization form

- Pre admission prescription and medical reports
- Copy of photo id and health card

The cashless counter will fax the documents to us, seeking approval or rejection of cashless claim.

### STEP 3

The claim reference number will be sent to *You* along with the intimation of approval/rejection of cashless claim within 6 hours on receipt of complete document. *We* will also intimate *You* of the uncovered (non-medical) expenses if any.

#### Claim is approved

Please make the payment of the uncovered expenses only and counter sign all the medical bills and paper (if feasible) before leaving the *Hospital*

#### Claim is not approved

Please make the payment of all expenses and file for a Reimbursement claim. *We* shall respond within 6 working days from receipt of complete documents

### STEP 4

Submit the duly filled claim form along with the following documents or their copies:

- Original Bills, Receipts, Discharge card from the *Hospital/Medical Practitioner*
- Certificate from attending *Medical Practitioner* providing details of first symptoms and date of occurrence of the disease/Illness/Injury/Surgery along with *Your* complete medical history of the
- Original bills from chemist supported by proper prescription
- Original investigation test reports and payment receipts
- Medical Practitioner's* referral letter advising *Hospitalization*
- Original bills and receipts for claiming ambulance charges
- Any additional document or information as may be deemed necessary by *Us*

The above mentioned documents should be submitted to the below address either through courier or in person

### *Claim Conditions*

1. We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall not be liable for any claim after expiry of 12 months of the happening of the medical contingency under which the claim was filed unless such claim is subject of pending action of court or arbitration.
3. If We disclaim liability for any claim and such claim is not made the subject matter of a suit in a Court of Law within 12 months of such disclaimer, then claim will be deemed abandoned by *You* and shall not be recoverable thereafter.
4. We shall have no liability under this *Policy*, once the *Sum Insured* (Maximum Limit of Indemnity) and the *Restore Sum Insured* option (if applicable) with respect to any of the Sections, is exhausted by *You* or *Your Insured Family Member*.
5. 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*.
6. We shall condone delay on merit for delayed claims where the delay is proved to be beyond *Your* control

### *Claim Servicing Office*



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

It is advisable to retain a copy of all the documents sent to us for *Your* records.

# Grievance Redressal Procedures

Dear Customer,

At Universal Sompo, *We* believe in providing the best of services to *You*. *We* provide *You* with easy access to information, products and services, as well as the means to get grievances redressed.

What is Grievance Redressal?

A “Grievance/Complaint” is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Universal Sompo or its intermediary or asks for remedial action.

## **Senior Citizen Grievance**

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

*We* are dedicated in resolving *Your* issues if *Your* issues remain unresolved, *You* may follow below steps for redressal.

### Step 1

Register a grievance at *Our* website by clicking under link [Grievance Notification](#) or write to us on [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

*You* may also contact on *Our*-Toll Free Numbers: 1-800-224030(For MTNL/BSNL Users) or 1-800-2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700; and also send us fax at: (022)39171419

### Step 2

Contact the Branch from where *You* have bought the *Policy* or the Complaints Coordinator who can be reached at *Our* Registered Office.

### Step 3

*You* can also send direct mail to the concerned authorities at: [rajivkumar@universalsompo.com](mailto:rajivkumar@universalsompo.com)

### Step 4

If after having followed Step 1, 2 and 3 *Your* issue remains unresolved, *You* may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman are available below and are also available on [http://www.irdaindia.org/ins\\_ombusman.htm](http://www.irdaindia.org/ins_ombusman.htm)

Ahmedabad	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel: 079-27546840; Fax: 079-27546142; Email: ins.omb@rediffmail.com
Bhopal	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.) 462 023. Tel: 0755-2569201; Fax: 0755-2769203; Email: bimalokpalbhopal@airtelmail.in
Bhubaneswar	62, Forest Park, BHUBANESHWAR-751 009. Tel: 0674-2596455; Fax: 0674-2596429; Email: ioobbsr@dataone.in
Chandigarh	S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel: 0172-2706468; Fax: 0172-2708274; Email: ombchd@yahoo.co.in
Chennai	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel: 044-24333668/5284; Fax: 044- 24333664; Email: insombud@md4.vsnl.net.in
New Delhi	2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 Tel: 011-23239633; Fax: 011-23230858; Email: iobdelraj@rediffmail.com
Guwahati	“Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001(ASSAM) Tel: 0361-2132204/5; Fax: 0361- 2732937 Email: ombudsmanghy@rediffmail.com
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Ernakulam	2nd Floor, CC 27/2603, Pulinat Bldg, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel: 0484-2358759; Fax: 0484-2359336; Email: iokochi@asianetindia.com
Kolkata	North British Bldg., 29, N.S. Road, 4th Floor, KOLKATA-700 001. Tel: 033-22134866; Fax: 033-22134868; Email: iombsbna@bsnl.in
Lucknow	Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel: 0522-2231331; Fax: 0522-2231310; Email: insombudsman@rediffmail.com
Mumbai	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054.Tel: 022-26106928; Fax: 022-26106052; Email: ombudsmanmumbai@gmail.com

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## List of Expenses

<i>List of Expenses Generally excluded in Hospitalisation Policy</i>		
S. No	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
<i>Toiletries/ Cosmetics/ Personal Comfort Or Convenience Items</i>		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Payable
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable

49	DVD, CD CHARGES	Not Payable
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	LACTOGEN/ INFANT FOOD	Not Payable
58	SLINGS	Reasonable cost will be payable for one sling in case of upper arm fractures.
<i>Items Specifically Excluded In The Policies</i>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Excluded
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Excluded
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Excluded
62	HORMONE REPLACEMENT THERAPY	Excluded
63	HOME VISIT CHARGES	Excluded
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Excluded
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Excluded
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Excluded
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Excluded
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Excluded
69	DONOR SCREENING CHARGES	Excluded
70	ADMISSION/REGISTRATION CHARGES	Excluded
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Excluded
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Excluded
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable
<i>Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is</i>		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT charges not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by hospital payable. Purchase of instruments not payable
77	MICROSCOPE COVER	Payable under OT charges not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT charges not payable separately
79	SURGICAL DRILL	Payable under OT charges not payable separately
80	EYE KIT	Payable under OT charges not payable separately
81	EYE DRAPE	Payable under OT charges not payable separately
82	X-RAY FILM	Payable under Radiology Charges not as consumable

83	SPUTUM CUP	Payable under Investigation Charges not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT charges not payable separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable-Part of Dressing Charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable-Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges not covered under the policy
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges/ Not Payable
95	URINE CONTAINER	Not Payable
<i>Elements Of Room Charge</i>		
96	LUXURY TAX	Actual tax levied by the government Is payable. Part of room charges for sub limits
97	HVAC	Part of room charge, not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge, not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge, not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room category not if separately levied
101	SURCHARGES	Part of room charges, not payable separately
102	ATTENDANT CHARGES	Part of room charges, not payable separately
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
<i>Administrative Or Non-Medical Charges</i>		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post hospitalisation where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable



121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable up to 24 Hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<i>External Durable Devices</i>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Payable for cases where insured patients have undergone surgery of lumbar spine
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia, for any reason and at reasonable cost of Rs 200/ day.
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Payable in post-surgery insured patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy, for intestinal obstruction, liver transplant etc.
<i>Items Payable If Supported By A Prescription</i>		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL\ SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalisation nursing charges not payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable- Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed

161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, one set every second day shall be payable.
163	GLOVES	Sterilized gloves payable/ unsterilized gloves not payable
164	HIV KIT	Payable- payable pre-operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalisation is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine vaccination not payable/ post bite vaccination payable
<i>Part Of Hospital's Own Costs And Not Payable</i>		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM OTHERS	Not Payable - Part of Hospital's internal Cost
<i>Others</i>		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction as this is not generally re-used
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitilisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable from home to hospital or inter hospital shifts
196	TEGADERM / VASOFIX SAFETY	Payable- maximum of 3 in 48 Hrs and 1 in 24 Hrs
197	URINE BAG	Payable when medically necessary till a reasonable cost-maximum 1 per 24 Hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc, where it should be paid.