



COMPLETE HEALTHCARE INSURANCE

What Complete Healthcare Offers?

While it is important for you to adopt a healthy lifestyle, it is also important to have a health insurance plan which will take care of most of the medical expenses that you may incur.

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

3 Easy Steps choose your plan type:

- Individual Basis or Family Floater
- Choose your plan option: Basic or Essential or Privilege
- Choose the Sum Insured and product options steps Down To Own Your Plan

Plans that fits every need, lifestyle and budget

1. Plan eligibility

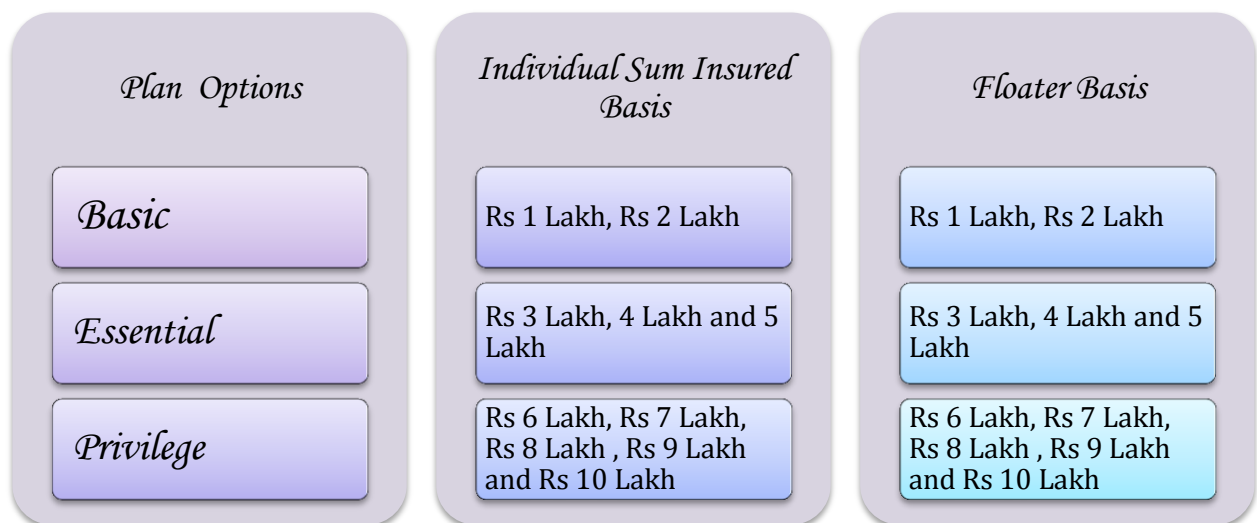
Age and policy terms for Complete Healthcare Insurance are as follows:

Age at Entry (Yrs.) as on last birthday		Policy Terms	Premium Frequency
Minimum	Maximum		
18 for adults and policyholder	70 years	1 to 3 years	Single Premium
91 days for dependent children	25 Years		
1 day for children under floater plan			

What’s more!!! Your dependent children can be covered upto 25 years of age under all our plans.

2. Plan type

You have flexibility to customise a plan as per your and your family’s needs





Sum insured is the maximum amount of claim per policy per year that can be availed. This amount may increase in subsequent years due to cumulative bonus (please refer to cumulative bonus for details)

Floater Options Available to You:

1 Adult+ 1 Child	2 Adult + 1 Child
1 Adult+2 Child	2 Adult + 2 Child
1 Adult+ 3 Child	2 Adult + 3 Child
2 Adult	2 Adult + 4 Child

Your Medical Benefits

When you are hospitalised

If you are admitted in a hospital , for a minimum period of 24 hours, we pay for room charges, nursing expenses and intensive care unit charges to surgeon’s fees, doctor’s fees, anaesthesia, blood, oxygen, operation theatre charges , medicines, drugs, consumables etc.

If hospitalisation is less than 24 hours

We will also pay for your medical expenses if you undergo a day care treatment at a hospital that requires hospitalisation upto 24 hours only

What’s more!!! We will pay Medical expenses for 141 Day Care Procedures enlisted in the Annexure.

When you take Treatment at Home

Despite suffering from illness/disease/injury (which would normally require care and treatment at a hospital), hospitalisation may not be possible –perhaps your state of health is such that you are in no condition to be moved to a hospital, or a room may not be available. Don’t worry, we understand that and are happy to let you know that under “Domiciliary hospitalisation”, we will reimburse the medical expenses incurred by you during the treatment at home as long as it involves medical treatment for a period exceeding 3 days and had actually merited hospitalisation.

You will also be happy to know that the cover under this benefit is available to you to the limit of your chosen sum insured.

Before you are hospitalised

Examination, tests and medicines- we all know that the procedures that finally may lead us to hospitalisation such as investigation tests and medicines can be quite financially draining.

We cover the medical expenses incurred by you 30 days prior to your being hospitalised.

If you intimate us 5 days in advance of your being hospitalised, then, we will pay such actual incurred medical expenses up to 60 days prior to your being hospitalised.

After your hospitalisation

Healing is a matter of time and there are bound to be follow-up visits to your doctor, medication that needs to be followed and sometimes further even confirmatory tests.

We will cover all these costs incurred by you up to 60 days after your hospitalisation.



However, if you had intimated us 5 days in advance before you were hospitalised, then, we will pay such medical expenses incurred up to 90 days from day of your being discharged from hospital.

When you require an Organ Donation

One's wounds are not a measure of one individual's sad fate, but an indication of one's unity with others. Keeping this in belief, you would want a health insurance plan which would cover not only your medical expenses but also cover costs incurred by a person who is donating organ for your use.

You need not look any further, as we will cover medical expenses for an organ donor's treatment for harvesting of the donated organ.

What's more!!! Such expenses shall not be limited and shall be paid by us to the limit of your chosen Sum Insured.

Getting to a Hospital

It is of immediate concern to us to help you get the best of medical services especially in case of emergencies. To ensure the same, we will reimburse the cost of your transportation to the nearest hospital facilitated by an ambulance.

Such expenses towards availing an ambulance shall be payable by us as per your chosen plan.

You are covered for emergency and non-emergency treatment in both Network and Out-of-Network Hospitals.

Dental Treatment (in case of Accidents)

We do not suffer as much in an accident than by not being treated timely for injuries. As a means of extending financial support to you during such an unfortunate eventuality, we will reimburse costs incurred by you for taking dental treatment in a hospital as an in-patient.

What's more!!! Such medical expenses as actually incurred shall be reimbursed to the limit of your chosen sum insured. In other words, there is no limit for such accidental dental treatment in a hospital.

Avail Treatment of your choice

Ayurveda which literally translates as "Knowledge of Life," dates back 5,000 years to the ancient Sanskrit texts, is being increasingly recognised as an alternate medical science all over the world.

As an endeavour to help you secure best medical care, we will also cover your medical expenses as per plan chosen, incurred as an in-patient under Ayurveda, Unani, Sidha or Homeopathy if you so desire.

When your child goes to Hospital

You can always help your child during the stay simply by being there. We know that you will make sure your child feels they're not alone when they are being hospitalised.

If your insured child is less than 12 years of age and has been continuously hospitalised for more than 72 hours, we will provide you with a daily allowance as per plan chosen to meet out non-medical expenses incurred by you.

Vaccination



In the unfortunate event of your being bitten, we will pay you the medical expenses subject to limit of chosen sum insured, incurred for vaccination including inoculation and immunizations in case of such post-bite treatment.

When you have Cough, Cold or Mild Fever etc

We know your health insurance is not complete, if it doesn't ensure your complete wellbeing.

Most of us, at times, feel the need to be seen by a specialist who will listen to our problem and answer any questions we might have.

Medical insurance in general do not cover medical charges incurred by a person as an out-patient.

Our plans have therefore been designed in way to cover most of such incurred costs as per following heads

Diagnostic Tests

Diagnostic tests taken by you from a diagnostic centre (not necessarily to be prescribed by network medical practitioner).

Out-patient Dental Treatment

Any medically necessary dental treatment taken by you from dentist provided that we will not pay for any Dental Treatment that comprises cosmetic treatment.

Spectacles, Contact lenses, Hearing Aid

Either one pair of spectacles or contact lenses, provided that these have been prescribed for you by an Eye specialist Medical Practitioner

Out-patient Consultation

Consultation expenses incurred by you to assess your health condition for any Illness

A waiting period of 3 years shall be applicable before any expenses under any of the above heads become payable.

When you are seriously ill

If you are seriously ill and have been hospitalised for a period of more than 10 days, we shall pay you a "Convalescence benefit" of Rs 10,000 once during the policy year.

What's more!!! The above benefit shall be payable flat on per member basis without accounting for actual medical expenses incurred during those 10 days.

What to expect from us when you are expecting!!!

When you have decided to extend your family, one of the most crucial steps in your life, you can be rest assured in knowing that we your chosen healthcare provider, shall take care of the medical expenses incurred by you/your spouse in the delivery of the child.

What's more!!! Get cover for the new born child up to the sum insured at no additional costs.



Our “Maternity and Childcare Benefit” has been designed in such a way that you make most of your cover as per following heads

i. Routine Pregnancy:

Medical expenses associated with normal pregnancy and childbirth, including normal deliveries, complicated deliveries, and caesarean costs while hospitalised.

What’s more!!!

ii. Pre and Post natal expenses:

We shall also pay for pre natal and post natal expenses under this head.

Baby Care

iii. New Born Care

We will cover your new born baby for medical expenses incurred as in –patient up to the basic sum insured till the expiry of your policy with us or the child is 91 days old whichever is earlier at NO additional premium.

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

How Can You Enhance Or Waive Coverage?

By now, you should have selected the level of cover you need, the type of cover –individual or floater, you want and the required plan. But you can also choose to add any of the following benefits to enhance your cover or if you are cost conscious, you can opt for coverage waivers for seeking reduced costs.

We offer a range of plans and optional benefits so you can maximise your health care budget and manage costs. Just select from one of three base plans, and then choose from a selection of product options

At Universal Sompo, we strive to ensure that all our policies are of real benefit to our individual customers. Therefore, we ask each customer to carefully consider which plan and options best meets their own specific needs.

We also recommend that policyholders should frequently review their health insurance requirements to ensure their current policy continues to meet those requirements. If you feel at any time the need to review your decision, enhance your coverage, we shall allow you to do so at policy renewals.

Our plans come with 5 options where in you can enhance your cover or waive as per your needs.

1. Personal Accident
2. Critical Illness
3. Hospital Cash
4. Sublimit
5. Treatment in tiered Network

You should know that if you opt for these benefits, the same shall apply to all members of your family. All enhancement benefits shall be in addition to benefits already covered under the plans.



Additional premium for these coverage enhancing options shall apply to each covered individual and discounts for opting coverage waivers shall be given on your total premium for individual cover or family floater.

Ways to enhance your cover

If you're looking for health insurance that provides you and your loved ones complete health protection and if you are someone who

- Is actively involved in your and their health care decisions and finances
- Is seeking additional tax benefits
- Is willing to fund extra for taking complete care of family's medical and non-medical expenses that may arise, then we suggest you to consider below cover enhancing options
- Optional Sections are available on payment of additional premium

Optional Sections are available on payment of additional premium

Opt 1: Personal Accident:

When you avail this option, we shall pay you, your chosen sum insured, in the event of your accidental death or permanent total disablement on account of accident.

Opt 2: Critical Illness:

When you avail this option, we shall pay you your chosen Sum insured, in the event that you are diagnosed with or undergoing any of the listed critical illness and / or surgical procedures

List of Critical Illness

- First Heart Attack - Of Specified Severity
- Cancer of specified severity
- Open Chest CABG
- Open Heart Replacement Or Repair Of Heart Valves
- Coma Of Specified Severity
- Kidney Failure requiring regular dialysis
- Major Organ /Bone Marrow Transplant
- Stroke resulting in permanent symptoms
- Kidney Failure requiring regular dialysis
- Permanent Paralysis Of Limbs
- Motor Neurone Disease With Permanent Symptoms

Opt 3: Hospital Daily Cash

When you avail this option, we shall provide you with daily cash for each day that you are hospitalised when your hospitalisation exceeds 3 days.



Ways to reduce premium

If reducing your premiums would help you to meet your budget, you can of course, choose a lower level of cover, for example by restricting your hospital choice to our Network Providers only. You can also significantly reduce your premiums by opting below coverage waivers on your policy.

Opt 4: Sub limits

When you choose to restrict your defined illness / diseases up to a certain limit as per below, we shall offer you discount for doing the same.

Surgeries / Medical Procedures	Sub-limits (Rs.)		
	A	B	C
Cataract per eye	10,000	15,000	20,000
Other Eye Surgeries	15,000	22,000	35,000
ENT	15,000	22,000	35,000
Surgeries for -Tumours/Cysts/Nodule/Polyp	20,000	30,000	60,000
Stone in Urinary System	20,000	30,000	40,000
Hernia Related	20,000	30,000	60,000
Appendectomy	20,000	30,000	40,000
Knee Ligament Reconstruction <i>Surgery</i>	40,000	60,000	90,000
Hysterectomy	20,000	30,000	60,000
Fissures/Piles/Fistulas	15,000	22,000	35,000
Spine & Vertebrae related	40,000	60,000	90,000
Cellulites/Abscess	15,000	22,000	35,000
Other Surgeries & Procedures	25,000	37,000	55,000
All <i>Medical Expenses</i> for any treatment not involving <i>Surgery/Medical Procedure</i>	10,000	15,000	25,000

Please note that for purpose of applicability of sublimit, Any One illness shall be considered as one hospitalisation only.

What's more!!! No other sublimit other than the ones mentioned above shall apply if you choose to avail this option

Opt 5: Treatment only in tiered hospitals

We would like to advise you to go for this option if you are little budget conscious and are confident that you will stay at a particular location only for most of the time that you are covered under the policy.

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.



How Do We Reward You?

When it comes to health care it is important that you make the best choice!

One of the many benefits of buying a health insurance plan from us is the renewal benefits that we offer. As an incentive to you for staying healthy, we shall provide you with

Cumulative Bonus

If you have made no claim under the policy including for the optional benefits, then, we shall increase your sum insured by 10% subject to maximum of 50%.

If however, you make a claim in subsequent year, then we will decrease the increased cumulative bonus by 10% keeping your chosen sum insured intact.

What's more!!! We shall provide continuity benefits to the sum insured and any cumulative bonus when you port your existing health insurance plan to this plan.

The policyholders for 2/3 years terms will be treated similarly.

Know your numbers

It is important to check your numbers regularly- even if you don't feel sick.

You stay healthy is also of concern to us, we will therefore, subject to no claims under the policy, including for the optional benefits, shall provide you a health check-up coupon, two health check-up coupons in case of floater policies, which shall cover your health check-up arranged by our empanelled network providers at designated centres. The details of the TPA and the list of such hospitals empanelled by us (the Network Providers) can be found at our website www.universalsompo.com

This health check-up coupon shall be provided on every claims free renewal under Essential and Privilege Plans and shall be provided once every two claims free renewal under the Basic Plan as opted by you.

Further More

Renew with us for lifetime...

Life is a journey that we wish to take with you for as long as you shall live.

All our plans come with lifetime renewability feature, which means we will never deny renewal for your policy on basis of your age.

Grace Period...

We understand that in today's busy lifestyles, it may be possible that you miss to renew your policy with us.

So should you ever miss such renewal, then, we shall provide with a window to renew your policy within 30 days from renewal due date without loss of your continuity benefits.

Cover for people with HIV/ AIDS

In the event when it becomes about your life and death and your very survival, we shall cover your medical expenses when you are hospitalised, even if you are diagnosed with HIV/ AIDS.



Such expenses shall be payable by us if available under your chosen plan and the limit of cover chosen.

Restore Sum Insured

Nothing is more inevitable in life than change, families change, priorities change, careers change, needs change, even the health status of a very healthy individual may change, so, in the event that an illness you suffer from leads to exhaustion of your basic sum insured including earned cumulative bonus, then we will reinstate your Sum Insured on payment of additional premium under the policy.

This reinstated Sum Insured can be used for future claims, not related to the injury or illness for which the claim has been made during the same policy year.

Continued Cover...

Should you wish to transfer your existing health insurance policy from us or any of the other Indian insurers to us, we shall allow you to do so.

Our Portability Policy is customer friendly and aims to achieve the transfer of most of the accrued benefits and makes due allowances for waiting periods etc.

Let us understand how Restore Benefit may help you when you need it the most.

Details	Case A	Case B	Case C	Case D
Sum Insured at the beginning of policy year	3,00,000	3,00,000	3,00,000	3,00,000
Cumulative Bonus (If any)	None	None	1,50,000	1,50,000
Sum Insured after addition of Cumulative Bonus	None	None	4,50,000	4,50,000
Assuming the policy has had 5 claims free years enabling the insured person to be eligible to receive a cumulative of 50% of SI				
Total eligible amount applicable for year	3,00,000	3,00,000	4,50,000	4,50,000
Event 1 Individual undergoes an inpatient hospitalisation on May 1, 2013				
Eligible Claim Amount(Rs)	2,00,000	3,00,000	3,00,000	4,50,000
Restore Benefit triggered	No	Yes	No	Yes
Additional Restore Sum Insured triggered (Rs)	N.A.	3,00,000	N.A.	3,00,000
Sum Insured applicable for the remainder of the policy year (Rs) i.e. May 2013 to 31st Dec 2013	1,00,000	3,00,000	1,50,000 (Remaining Cumulative Bonus)	3,00,000
Sum Insured in the next policy year (Rs.)	3,00,000	3,00,000	4,35,000 (Cumulative Bonus will reduce by 10% of increased SI for claim made in previous year)	3,00,000



Review your decision at policy renewal

We know that you have best interests for your loved ones at heart. After all, it's your family's wellbeing, and we stand by every decision you take in their interest. Hence, we provide you with flexibility to review your decision.

Increase your level of cover

We want to be with you in every decision you take, whatever may be your changing requirements. Should you wish to enhance your level of cover, we shall be glad to do so.

We shall allow you to enhance your cover level only if you have not made a claim under your previous year policy and a confirmation from our underwriters.

Free Look Period

If you find that the coverage under the policy is unsuitable for your family, you may return the policy to us within 15 days of your receiving the policy to review terms and condition and if you have not made any claim during such 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.

Pay one time premium for seeking coverage up to 3 years...

The security of your health and resultant happiness should be prerogative for life. To make process of renewing your health insurance more convenient, choose a policy with a term of one, two or three years by payment of one time single premium

What's more!!! Pay in a single instalment your policy premium for availing longer policy terms and avail a discount as under

Get 5.0% discount on premium for taking a 2 year policy from us.

Get 7.5% discount on premium for taking a 3 year policy from us.

E Policy discount

We shall provide you a discount of Rs 110 when you choose to receive your policy only in electronic form.

Months' notice

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



i. In case of modification or revision, the notice given to you shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.

ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if you do not respond to our intimation in case of such withdrawal, the policy shall be withdrawn on the renewal date and we shall provide you with an option to migrate to a substitute product offered by us, subject to portability conditions

Substitute product....

There is no substitute when it comes to health care of our loved ones, we therefore promise you that,

In the very unlikely event when we may decide to withdraw the product after due approval from the “Insurance Regulatory and Development Authority”

Or

Where your children under the policy have reached maximum eligibility age

We shall provide you with an option to migrate to a substitute product offered by us without you losing your accrued continuity benefits.

No co-pay, deductible, excess at any age or at any place

As far as we are concerned we believe that you should be able to decide how to utilise your health insurance cover towards getting the best possible medical care.

So our plans come with no capping on expenses like room rent, doctor’s fees, operation theatre and allied charges.

What’s more!! We will never ask you to share your medical care costs depending on your age or location.

The coverage under the basic cover shall be restricted only when you choose them to be so.

Cover your extended family under a single policy

Nobody can do for little children what grandparents do. We know that you would want nothing more than to raise your children with their grandparents in the picture

Keeping your such needs in mind, we have designed our plans which not only just allow you to cover spouse, kids and parents under your policy but also include all immediate relatives.

What’s more!! We understand your love and concern for your loved ones and as an incentive for covering them on individual basis under a single policy shall provide you family discount as under.

- Get a discount of 5.0% for covering 2 to 3 members
- Get a discount of 7.0% for covering 4 to 5 members
- Get a discount of 10% for covering more than 5 members



Who can be covered on individual basis under this policy: Self, Spouse, Son, Daughter-in-law, Daughter, Father, Mother, Brother(s) or Sister(s), Father-in-law, Mother-in-law, Grandparents and Grandchildren.

No other types of relationships can be covered under the policy.

Value Added Services:

"Your health and Wellness being"

Wellness is a lifelong path, and the journey is different for each individual — whether they are healthy, at risk of disease or injury, managing a chronic condition or experiencing a major health event.

At Universal Sompo, the wellbeing of you and your loved ones is important to us so all of our plans give you free access to our Health & Wellbeing Services.

Our newsletters and online health knowledgebase gives you the resources and inspiration to make simple changes to develop a healthier, more balanced and productive lifestyle. Within our website, the 'HELP (Health Education library for People)' portal provides:

- Active life programmes designed to guide you to your health goals
- Health & Wellbeing programmes with up to date, clinically validated support information
- Active care programmes designed to prevent illness or manage existing conditions
- There is also help with a wide range of issues such as medical information, diet and nutrition, help to stop smoking and even guidance on travelling overseas

We also bring you additional features of consulting a doctor anytime you want from anywhere, securing a second opinion and specialist consultation if you have been diagnosed as suffering from any serious illness at no additional costs.

Dial-a-Doctor

You may seek medical advice from a doctor through the telephonic or online mode

Health Educational Library for People (HELP)

Get access to Our Health Education Library for People has many features such as:

- Ask a health expert
- Health Talks
- Online health Guides and Videos
- Live Chat

Second Opinion

Get a second opinion on your health condition.

Newsletter

Get a monthly newsletter with dieting tips, nutritional information and similar other health related articles

Wellness Package

Avail discounts on health and wellness products and services listed on our website.



Specialist Consultation with Two follow up session

Get Specialist e-Consultation with Two follow up sessions for seeking expert opinion on any Chronic Condition

Your Underwriting Guide

Our whole underwriting philosophy is of the transparency, it being the currency of the trusted relationship between us.

To help you make most of your cover and understand it, we have designed this underwriting guide which contains helpful answers and probable underwriting outcomes with regard to your prior or existing health conditions which could help you decide if you want to place security of you and your loved ones' health with us.

Please note that it is intended only as a guide and should not be construed as a guarantee of underwriting action on specific case. Our underwriting experience and discretion is the ultimate determining factor of underwriting action toward issuance of an offer for coverage.

Tips for you

- ❑ When you make an application for insurance, it is important for you to disclose as much information as you can. The more complete health information provided on an application, the more efficiently it can be underwritten.
- ❑ You should disclose all material facts known to you at time of proposal which may affect our underwriting decision to accept or deny proposal or add a few underwriting consideration.
- ❑ A material fact is an information which affects our underwriting consideration and may prejudice your claim if not properly disclosed at time of proposal.
- ❑ If any of the circumstances change during the currency of your policy with us, like change in occupation, abnormality in health status etc., the same should be made known to us at the earliest to help us serve you in the best possible way.

The Underwriting Process

For consideration of your proposal's underwriting, you should fulfil our minimum requirements

- ❑ You must be a permanent resident of India
- ❑ You must be above 18 years of age if you are the proposer
- ❑ You or any of the applicant must not be above 70 years of age at time of entry

Our standard approach

At an individual level, cover is not provided for any medical condition in existence on the date that applicant is accepted into the policy (policy period start date) until it has been treated such that the applicant is symptom and advice-free for three consecutive years following such policy start date with regard to that medical condition unless the individual was continuously covered under previous health insurance policy from us or any other Indian insurer without break and is eligible for portability benefit when proposal is accepted by us.



We reserve the right at all times to decline a continuous transfer terms request without giving any reason or impose/include additional exclusions.

During the further underwriting process, each applicant’s medical history is evaluated individually and action is taken based on the severity and prognosis of the condition(s) disclosed at the time of proposal.

Further, medical disclosures should include:

- ❑ Specific diagnoses
- ❑ Onset and recovery date(s)
- ❑ Medications taken or prescribed and their start/end date(s)
- ❑ Details and results of all testing or treatment
- ❑ Any recommended (pending) testing, procedures, or follow up visits.

Under certain circumstances such as declaration(s) in the proposal form or if you or any of the applicant are/is above 55 years of age , we may ask you to undergo below mentioned medical check-up to help us understand your health condition in a better way.

More the level of your cover, more is the exposure of risk to us, hence, the medical tests we may require you to undergo shall vary as per your level of cover chosen as under

List of Medical tests	Plan
Complete Blood Count, Urine Routine, Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine.	Basic
Complete Blood Count, Urine Routine, Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine, ECG.	Essential
Complete Blood Count, 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

You should know that the list of medical tests is indicative and we reserve the right to add, to modify or amend these details.

If we accept your proposal then the costs associated with obtaining physical examinations and submitting results shall be borne by you and the Company in the same proportion.

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				
Health Status Loading					Loading
For Normal conditions and no co-existing disease at time of proposal					Nil
For any One Borderline Level Condition					20%
For any One Borderline condition with a co-existing disease or any Two Borderline Level conditions					30%



For any Two Borderline Level Condition with a co-existing disease	40%
For all Three Borderline Level Condition	50%
For any one High condition or all Three Borderline Level Conditions with a co-existing disease	60%
For two or more High conditions	100%

Worst Case Scenario:

Health Status Loading	100%
Tobacco and alcohol loading	20%
Occupational Hazard	20%
Co Morbidity	10%
Total	150%

Co-morbidity

Multiple conditions or impairments can occur together which indicate a more significant morbidity risk. Co-morbidity is a factor in final underwriting decisions. Some common co-morbid combinations are:

- Respiratory conditions and tobacco usage
- Height/Weight and Hypertension
- Height/Weight and back/knee/foot problems
- Hypertension and high cholesterol
- Hypertension and kidney (renal) disorders

Further, health history that includes three (3) or more of the following risk factors will likely be declined:

- Any critical illness suffered by you in the past
- Hypertension
- Tobacco and alcohol use
- Other cardiac condition
- Overweight
- Diabetic

Tobacco and Alcohol Use

'Tobacco and alcohol use' is defined as the use of tobacco or tobacco cessation products or alcohol within twelve (12) months prior to the application signature date. Each eligible person must answer question related to the alcohol and cigarette use and must disclose all information related to such use. We may apply loading for those persons who have been using tobacco and alcohol during the past consecutive twelve (12) month period.

Occupational Hazard

If your occupation falls in a category which involves work related to activities like underground mining, working on rigs, explosives, magazines, electrical installation with high tension supply, circus personnel, racing on wheels, adventure sports and similar other hazards; you pose a higher risk than a person involved in normal office desk jobs. If you opt for the Personal Accident as an additional cover, then for purpose of calculating premium, the risks have been categorised into three kinds viz. normal,



medium and high based on your exposure. (For details, please refer bottom of this document where premium details have been mentioned)

If your occupation falls into the above category or you change your occupation after purchasing your policy from us, you should inform us immediately to avoid any prejudice to your claim.

Our underwriting policy also rewards you if you have maintained a healthy lifestyle, to encourage you to do so, we shall provide you with a discount of 2.5% on your applicable premium, provided your occupation doesn't expose you to health hazards of any kind and you have been covered under a Group Health Insurance scheme of your employer.

	Health Status Indicator		
S.N.	Health Indicators		Normal
1	Blood Sugar Levels		99 mg and lower
2	Blood Pressure	Systolic	Below 130
		Diastolic	Below 80
3	Cholesterol Level (mg/dL)		Below 200
4	Body Mass Index		18.5-24.9

For Floater Policies, this discount shall be applicable on floater premium when both the adult covered members meet our above requirements.

Consent from you

We may apply a risk loading on the premium payable based on above considerations explained to you. 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.

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 written consent from you.

Mid- term revision

Mid-term inclusion of a member under the policy shall not be encouraged by us but subject to approval from our underwriter, we may agree include persons in the mid-term of the policy.

We shall let you increase your level of cover, change plan options, select a few options at the time of renewal only. Requests for such change policy features in the mid-term of the policy shall not be entertained by us.

Note: Mid-term inclusion will not be available for floater policies

What Is Not Covered?

At Universal Sompo General Insurance, we would like things to be as transparent as possible. To ensure that you do not face any misunderstandings when you make a claim, we would like you to know, the coverage which has been excluded from your policy



Waiting period(s)

■ *Initial Waiting Period*

Payment of any claim for all illnesses (except accident) in the first year, subject to portability. The same shall not be applicable in the subsequent renewal of the policy with us.

■ *Mother and Childcare benefit*

3 years for any of the benefit mentioned in the Mother and Childcare benefits, subject to portability. The same shall not be applicable when the policy is continuously renewed with us for a period of 3 years.

■ *Critical Illnesses and / or Surgical Procedure*

90 days for listed Critical Illness and / or surgical procedures in the first year, subject to portability. The same shall not be applicable in the subsequent renewal of the policy with us.

■ *Specified Illnesses/ Treatments*

12 months for specific illness and treatments in the first year, subject to portability. The same shall not be applicable in the subsequent renewal of the policy with us.

■ *Pre-existing diseases*

Pre-existing diseases will be covered after a waiting period 36 months, subject to portability. The same shall not be applicable when policy has been continuously renewed with us for 3 years.

■ *Outpatient Treatment*

3 years for any of the benefits mentioned in outpatient treatment cover. The same shall not be applicable when the policy has been renewed with us for a period of 3 years.

Permanent Exclusions

Addictions and substance abuse, Adventure Sports/ Professional sports/ Defence operation, Artificial life maintenance, Artificial Limbs, Birth control, Breach of Law with Criminal Intent, Circumcision, Complementary treatment, Dental Treatment, Cosmetic treatment, Developmental delay, Eye Sight, Infertility, Items of Personal Comfort and Convenience, Maternity Expenses, Non-Allopathic Treatment, Organ Donor, Private Duty Nursing, Psychiatric, Self-inflicted Injury Preventative treatment, Sexual dysfunction, Sexually transmitted disease, Sleep disorders and sleep problems, Specific Treatments, Spectacles, Hearing aids, Unproven or Experimental treatment, Unrelated Expenses, Vitamins/ Nutritional Supplements, War and hazardous substances, Weight loss Surgery

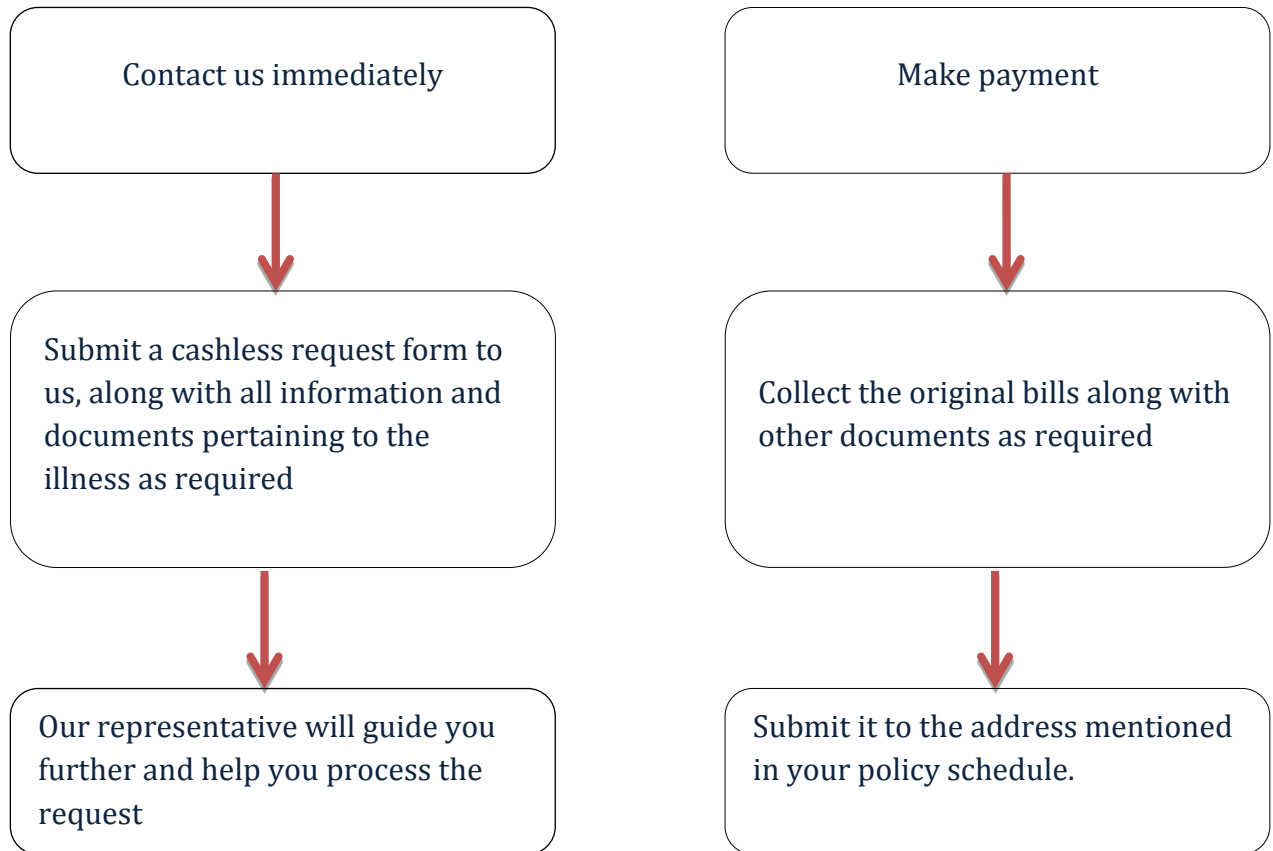
Please refer the bottom of this document for complete details on your policy exclusions.

What is the process to lodge a Claim?



For Cashless hospitalisation

For a reimbursement of expenses



In case of planned hospitalisation, please inform us 72 hours in advance and in case of emergency within 24 hours of admission

For any kind of support or information, please call our helpline 1800-200-5142 or write to us at contactus@universalsompo.com or intimate us by visiting our website <http://www.universalsompo.com/>. To understand the claims process in detail, and to get a checklist of the documentation, please visit <http://www.universalsompo.com> and view the ‘claims process’ section.

Things you should know...

Know your insurance

Your insurance comes with a set of terms and conditions and also some of the benefits offered by us in the privilege plan such as cover for people living with HIV/AIDS, maternity cover are not available in our basic plan.

Some services like spectacles, dental treatment, out-patient consultation and treatment are not covered from first year of the policy but shall be covered from 4th year onward.

The waiting period for health check-up also differs as per plan. So before placing your insurance with us, you should make an endeavour to fully understand the extent of cover available to you.



Know your benefits

Some important facts about our plans are summarised over the next few pages. This summary of benefits does not describe the full terms, conditions and exclusions of this policy, which can be found in the policy document.

Please also refer to your policy document

Know your rates

You can count on us to help you choose a plan best suited to your needs.

The rates of the plans offered are given at the bottom of the page.

What's more!!! Ensure your family's health by purchasing a plan from us and avail tax benefit, under the section 80 D of the Income Tax, 1961, towards the premium paid too!!(Tax benefits are subject to change as per change in tax laws, please consult your tax advisor for details)

Know your participating hospitals

A vital part of any health insurance scheme is the available medical facilities, in which treatment may be given. With Universal Sompo whichever level of cover you choose, you'll have access to some of the best private hospitals and medical facilities throughout India.

We have directly tied up with these hospitals to avail you fastest claims servicing as possible.

The list of these network providers can be found at our website:

www.universalsompo.com

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	Upto SI	Upto SI	Upto SI



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.
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.
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



<i>Value Added Benefits</i>				
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
<i>Product Options</i>				
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 if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.	5% discount if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.	5% discount if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.

The overall limit on discounts is 40%

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

Know principle rules and laws

Contribution

If you are covered under more than one health insurance policy either from us or from any other Indian Insurer, and any claim arises which is covered under both the policies (in whole or in part), then we shall only pay for claim in proportion of the sum insured of all the policies. This clause shall not apply to any benefit offered on a fixed sum insured basis.

Subrogation clause



If we have settled any claim and subsequently you receive any amount towards settlement of the same claim, in form of compensation or in any other form, we reserve the right to recover the settled amount from such amount received by you. This clause shall not apply to any benefit offered on fixed sum insured basis.

Multiple Policies

- i. If two or more policies are in existence at time of claim, we agree that the contribution clause shall not be applicable and we shall make payment for eligible claims irrespective of payments received under other policies where the cover/ benefit offered:
 - ☐ is fixed in nature i.e. Personal Accident and Critical Illness Benefits
 - ☐ does not have any relation to the treatment costs;
- ii. We agree that if you hold multiple policies 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*
 - ☐ 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.

IRDAI Regulations

We are an insurance company licensed by Insurance Regulatory and Development Authority of India, an official insurance regulatory body of the government of India, allotted with registration number 134. We abide by regulations as notified by IRDAI from time to time and reserve the right to make changes in the product offerings subject to approval from IRDAI.

Benefit Payment

Any benefit under the policy shall be payable only when accrued in India only, in Indian Rupees.

Your Questions Answered

If after reading these frequently asked questions you need more information, or have any unanswered questions, please contact one of our sales advisors. We will be happy to help.

Q. Are my family members eligible for cover as well?

A. Yes, your spouse, children and parents can be added as a dependant under the floater plan. The policy can also be taken for your father, mother, father-in-law, mother-in-law, son, daughter-in-law, daughter, grandparents, and grandchildren on individual basis. Your unmarried children, under the age



of 18, are eligible as dependants under the policy. Your children enrolled as full-time education students are eligible until the age of 25.

Q. Am I covered when travelling worldwide?

A. No, all benefits shall be payable when incurred in India only, in Indian rupees.

Q. Is a medical examination required to buy the plan?

A. Generally, No. In the instances where any of the applicants is above 55 years of age or based on declaration in proposal form, we feel that we require additional information for fair and accurate underwriting purposes, we will ask you to undergo medical tests or ask you previous medical records. Medical Examination reports validity period is 6 months

Q. Will the plan cover any illnesses or injuries that I had prior to enrolling in the plan?

A. Cover for all pre-existing medical conditions are excluded during the first three years of insurance. If you were covered under a health insurance policy from us or any other Indian insurer and we have accepted your request for portability, we shall make due adjustments towards pre-existing diseases and all other time-bound exclusions.

Q. Is there any co-payment or excess applicable?

A. A person who avails the option 'Treatment in tiered network' and does not get treated in the tiered networks has to pay a Co-pay of 10%.

Q. How do I know if I am covered before treatment?

A. You should dial us to determine whether treatment is covered under your policy prior to a planned admission into the hospital.

Q. Can the level of cover be adjusted during the policy term?

A. No. The level of cover can only be changed at the renewal date. At that time, we will work with you to ensure any benefit level changes are appropriately adjusted.

Q. Am I able to obtain forms and information online?

A. Yes, you have access to claim forms as well as all value added services information at www.universalsompo.com

Q. Is inpatient direct settlement available?

A. Yes, we have negotiated with a large number of hospitals all over India to avail you best of medical facilities and have access to quality care when and where you may need it.

Q. Who provides the policy?

A. Your policy is directly underwritten and serviced by us only.

Q. What is the duration of my policy?

A. Duration of the policy is 1 year, 2 year or 3 year. The insured can avail any of the options



Q. How can I pay my premium?

A. You have a choice of paying premium by direct debit, credit card or cheque

Q. Are there any age limits?

A. Yes, any person buying this policy should be at least 18 years of age or above. The policy also has a maximum entry age limit of 70. Once you are covered, there is no exit age under the policy.

Q. Will my premium go up at renewal?

A. We review our premiums annually to reflect the overall cost of claims and medical inflation. Our plans are priced using age bands, reflecting that people are more likely to claim as they get older. This means that you could see an age-related increase in your premium in addition to our general review of the portfolio. Your premium can be influenced by other factors such as change in your risk profile – occupation/ health status. But your premium shall not be increased at renewal on the basis that you made claims under the policy.

Q. Can I cancel my policy?

A. Yes, you may cancel your policy by telephoning us, by email or in writing (see contact us for details).

You may cancel your policy during the 15 day free look period. This period commences on the day you receive your policy documentation. We will refund any premium paid at the date of cancellation deducting any charges we incurred towards your medical examination and the stamp duty charges and Proportionate risk premium if cover has already covered, provided you have not used any of the services available on your cover and no claims have been made.

After the free look period, refunds will only be given if no incident has occurred which has led to an eligible claim,

If you decide to cancel your policy before your renewal date and outside of the free look period, you must give us 7 days notice and you will be eligible for refunds on a pro rata basis as per below grid

Cancellation Period						
Cover 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 your death

b. For Family Floater Policies:

The policy shall automatically terminate in the event of the death of all covered members of the family.



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 of the covered members.

Cancellation by Us

We reserve the right to terminate this policy by sending 30 days prior written notice without refund of any premium, if in our opinion:

- You or any person acting on behalf of either has acted in a dishonest or fraudulent manner in relation to this policy
- You or any other applicant have not disclosed the material facts or misrepresented in relation to the policy; and/or
- You or any other applicant have not co-operated with us.

Q. Can I renew my policy?

A. Yes, you can renew your policy with us for as long as you desire on following terms.

- Your policy shall ordinarily be renewable for lifetime on an yearly basis except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you
- The renewal of the policy sought by you shall not be denied arbitrarily. If denied, we shall provide you with cogent reasons for such denial.
- We shall not deny the renewal of the policy on the ground that you had made a claim or claims in the previous or earlier years, except for the optional benefit covers where the coverage under the benefits viz. critical illness cover and personal accident shall terminate following payment.
- We shall provide for a mechanism to condone a delay in renewal up to 30 days from the due date of renewal without deeming such condonation as a break in policy. However coverage shall not be available for such period.
- If you move into a higher age band, the premium will increase at the next renewal. However, this policy will not be subject to any alteration in premium rates generally introduced until the next renewal.
- If the policy is not renewed within the grace period then we may agree to issue a fresh policy subject to our underwriting criteria and no continuing benefits shall be available from the expired policy.
- All premiums are payable in advance of any cover under this policy being provided.
- The basic premium applicable under the policy may be revised at a later stage subject to approval from IRDAI.



Q. What do I do if I have any complaints?

A. To avoid misunderstandings, you must read the information supplied when taking up your cover. If you are unsure about any aspect, you should contact our sales representative

We aim to provide a high level of service to all our clients but occasionally things can go wrong. When this happens we will do what we can to put things right.

If you have a complaint about our service or the administration of your policy, please contact us in the first instance by telephoning our Customer Care or by emailing us or writing to us. The details of the various reach points are given in the Contact Us.

We will aim to resolve your complaint over the telephone within 24 hours of receipt of your complaint.

Disclaimer

The foregoing is only an indication of covered offered. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.

Statutory Warning

Prohibition of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to Ten lakhs rupees.

IRDAI Registration Number: 134

“Suraksha, Hamesha Aapke Sath”



Premium Table

Individual										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	1,215	1,935	3,133	3,856	4,699	4,820	5,462	5,874	6,828	8,911
18-35	1,429	2,277	3,686	4,536	5,528	5,670	6,426	6,911	8,033	10,484
36-45	2,349	2,484	3,969	5,292	6,484	6,804	7,938	8,073	9,754	11,671
46-50	3,393	4,158	5,670	6,993	8,883	10,206	12,474	12,599	15,300	18,781
51-55	4,046	5,049	7,740	10,350	12,330	12,402	14,389	15,030	17,577	21,243
56-60	4,735	6,518	9,810	12,150	14,400	14,580	16,806	17,550	21,760	24,371
61-65	7,894	11,015	15,181	19,929	21,899	23,663	25,701	29,588	31,626	39,039
66-70	12,630	17,895	23,096	25,836	26,486	28,945	34,088	38,154	40,451	47,742
71-75	18,946	22,405	30,083	32,760	34,546	35,681	39,925	45,031	48,600	50,400
> 75	25,576	26,561	36,965	42,480	43,200	44,280	45,360	46,800	49,742	51,546

1Adult + 1Child										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	1,774	2,825	3,738	4,338	5,847	6,193	7,304	7,808	9,131	10,340
18-35	2,086	3,324	4,398	5,103	6,878	7,814	8,594	9,598	10,743	12,165
36-45	3,573	3,779	5,103	5,481	7,589	7,959	9,345	9,785	11,681	13,467
46-50	4,521	5,540	7,144	8,241	10,356	10,394	12,851	12,944	15,606	19,018
51-55	4,965	6,196	8,013	10,557	12,650	13,577	14,677	15,331	19,507	23,289
56-60	5,070	6,979	10,024	12,393	14,688	14,872	17,142	17,901	25,464	30,598
61-65	8,376	11,687	16,129	21,599	25,608	27,302	31,489	32,556	34,586	42,716
66-70	13,401	18,987	24,539	28,001	28,664	32,121	36,278	42,392	44,237	52,239
71-75	20,103	23,773	31,962	37,441	38,450	39,355	42,490	50,033	53,148	55,148
> 75	27,137	28,182	39,274	46,040	46,752	50,337	51,125	51,998	55,210	56,402

1Adult +2Child										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	2,272	3,618	4,723	5,623	6,767	7,551	8,320	8,457	10,400	11,588
18-35	2,672	4,257	5,556	6,614	7,960	8,883	9,788	9,950	12,236	13,634
36-45	4,442	4,698	6,169	7,088	8,741	9,449	10,641	10,925	13,300	15,035
46-50	5,658	6,934	7,839	10,265	14,166	15,831	17,496	17,707	21,870	25,501
51-55	5,787	6,973	9,592	11,718	14,913	16,136	17,755	18,642	23,304	27,506
56-60	5,807	7,994	10,842	13,229	17,143	17,631	18,643	21,429	26,787	31,871
61-65	9,505	13,264	18,329	24,904	29,467	30,475	35,781	36,452	40,053	49,401
66-70	15,208	21,548	27,886	32,286	32,983	37,637	41,223	49,661	51,229	60,414
71-75	22,814	26,979	36,322	40,171	41,942	42,598	48,282	58,612	61,550	63,778
> 75	30,797	31,983	44,631	53,085	53,796	58,982	59,549	60,915	62,463	65,228



1Adult +3Child										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	2,875	4,578	5,872	6,828	9,635	9,838	11,736	12,043	14,671	16,186
18-35	3,381	5,388	6,909	8,033	11,334	12,867	13,807	14,169	17,260	19,043
36-45	5,622	5,945	7,670	8,600	12,405	13,339	14,995	15,505	18,743	20,932
46-50	7,161	8,775	9,747	12,705	17,057	18,881	20,970	21,321	26,213	30,223
51-55	7,272	8,825	11,227	13,314	19,558	20,576	24,395	24,448	30,494	35,678
56-60	7,349	10,117	12,392	15,362	22,014	22,203	27,643	28,517	34,553	40,810
61-65	10,437	14,563	20,153	27,691	32,686	35,032	39,296	40,592	44,605	54,878
66-70	16,698	23,659	30,660	35,899	36,586	42,339	45,272	55,807	58,052	67,112
71-75	25,049	29,622	39,936	45,001	46,524	47,919	53,024	65,865	68,546	70,848
> 75	33,815	35,117	49,072	59,025	59,673	66,349	67,808	68,453	69,336	72,459

2 ADULT										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	1,385	2,206	3,860	4,762	5,998	6,190	6,838	7,499	8,548	10,942
18-35	1,629	2,596	4,541	5,601	7,057	7,247	8,044	8,823	10,057	12,874
36-45	2,805	2,967	4,610	6,403	7,672	8,232	9,255	9,553	10,683	13,323
46-50	3,822	4,684	6,464	7,973	10,724	11,228	13,185	13,607	16,011	19,365
51-55	4,613	5,756	8,803	11,771	13,546	14,024	15,734	16,416	19,219	22,980
56-60	5,213	7,176	10,791	13,364	15,187	16,038	17,770	18,510	23,008	25,530
61-65	9,378	13,085	18,013	24,502	29,081	30,275	35,429	36,349	39,024	47,509
66-70	15,004	21,259	27,405	31,765	32,550	36,051	40,817	48,023	49,914	58,100
71-75	22,507	26,616	35,695	42,473	43,393	45,802	47,806	56,678	59,969	61,335
> 75	30,383	31,553	43,861	52,228	53,091	56,495	57,021	58,905	60,911	62,729

2ADULT + 1 CHILD										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	1,960	3,122	4,255	5,302	6,440	6,949	8,309	8,505	10,386	12,143
18-35	2,306	3,674	5,006	6,237	7,577	8,174	9,775	9,971	12,219	14,287
36-45	4,289	4,536	6,248	7,186	9,184	9,982	11,621	12,479	15,463	17,301
46-50	6,709	8,222	9,922	13,040	16,972	17,299	21,233	22,214	26,541	32,072
51-55	7,139	8,909	11,502	14,333	17,909	18,916	22,369	23,386	27,962	33,935
56-60	7,839	10,791	14,095	17,660	21,639	22,074	27,029	28,048	33,787	41,180
61-65	10,815	15,091	20,815	27,360	32,480	33,729	40,602	41,966	44,086	54,249
66-70	17,304	24,517	31,668	35,470	36,355	40,616	46,777	53,389	56,387	66,342
71-75	25,957	30,696	41,248	47,428	48,231	50,969	54,787	63,012	67,747	70,036
> 75	35,040	36,389	50,684	58,321	59,296	63,650	64,763	65,488	68,551	71,629



2ADULT+ 2 CHILD										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	2,208	3,516	4,831	5,978	7,057	7,895	8,336	8,985	10,577	12,939
18-35	2,597	4,137	5,684	7,032	8,549	8,561	9,865	11,226	12,320	15,319
36-45	4,773	5,047	6,989	7,987	10,214	11,099	12,878	13,158	17,182	19,078
46-50	7,187	8,808	10,674	13,971	18,202	19,596	22,710	23,562	28,439	34,140
51-55	7,641	9,536	12,316	15,249	19,087	19,993	23,771	24,964	29,764	35,886
56-60	8,301	11,426	14,941	18,617	22,845	23,408	28,462	29,664	35,628	43,167
61-65	11,261	15,714	21,527	28,241	33,538	34,929	41,905	43,333	45,693	55,977
66-70	18,017	25,528	32,750	36,612	37,539	42,202	48,278	55,422	58,443	68,456
71-75	27,028	31,962	42,658	48,955	49,936	52,765	56,545	65,412	70,217	72,267
> 75	36,486	37,891	52,417	60,199	61,227	66,136	67,313	68,981	71,977	73,911

2ADULT+3 CHILD										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	2,455	3,910	5,407	6,653	7,860	8,840	9,245	9,674	11,758	13,641
18-35	2,888	4,601	6,362	7,827	9,520	9,587	10,940	12,583	13,696	16,935
36-45	5,256	5,558	7,729	8,788	11,244	13,215	14,135	15,238	18,902	20,856
46-50	7,666	9,394	11,426	14,901	19,432	21,892	24,187	25,509	30,337	36,208
51-55	8,144	10,163	13,130	16,165	20,265	23,469	25,173	26,542	31,566	37,836
56-60	8,762	12,062	15,787	19,574	24,052	24,741	29,894	31,281	37,469	45,153
61-65	11,707	16,336	22,239	29,123	34,595	36,129	43,208	45,703	47,300	57,706
66-70	18,731	26,540	33,833	37,755	38,722	43,789	49,779	57,456	60,499	70,570
71-75	28,098	33,228	44,068	50,483	51,252	55,560	58,303	67,811	72,686	74,499
> 75	37,931	39,392	54,150	62,077	63,158	68,622	69,662	71,475	73,403	76,193

2ADULT+ 4CHILD										
	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days - 17	2,785	4,436	6,181	7,556	8,932	10,111	10,454	10,504	13,334	15,367
18-35	3,276	5,220	7,272	8,888	10,819	10,965	12,371	14,408	15,532	19,079
36-45	5,895	6,234	8,712	9,846	12,604	14,702	15,791	16,071	21,172	23,187
46-50	8,278	10,144	12,393	16,092	21,007	22,562	26,074	26,629	32,767	38,840
51-55	8,786	10,964	14,171	17,330	21,766	24,102	26,955	27,561	33,859	40,303
56-60	9,347	12,867	16,859	20,782	25,577	26,432	31,699	32,330	39,792	47,647
61-65	12,264	17,113	23,121	30,213	35,904	38,624	44,819	46,406	49,297	59,844
66-70	19,622	27,802	35,176	39,168	40,188	45,764	51,636	59,985	63,052	73,185
71-75	29,435	34,808	45,817	52,373	53,105	56,796	60,478	70,797	75,755	77,259
> 75	39,735	41,265	56,298	64,401	65,548	71,717	73,075	74,578	76,417	79,016



Note

1. The given rates are indicative and are valid till further notification. We may apply a risk loading on same based on outcome of underwriting of your proposal. We shall, however, send you a letter seeking your consent before we apply such loading.
2. Premium Amount (in INR) excluding GST.
3. Tax Benefit: Avail of Tax Benefits for premium under 80 D of Income Tax, 1961. Tax benefits are subject to change as per change in tax laws. (Please consult your tax advisor for complete details)
4. * Premium for renewals only.
5. Renewal premiums are subject to change with prior approval from IRDAI.

Personal Accident

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

Risk Group Table

Normal Risk: Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers Persons engaged in clerical functions & administrative functions and persons primarily engaged in occupation of similar hazard.

Medium Risk: Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors workers, Mechanics, Drivers, Manual labourers(except those falling under Group III) & such other persons engaged in occupation of similar hazard

High Risk: Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard

Hospital Cash

Sum Insured (Rs)/Age (Years)	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days -17	73		182			364				
18-35	101		252			504				
36-45	143		357			714				
46-50	155		389			777				
51-55	171		427			854				
56-60	288		721			1442				



61-65	350	875	1750
66-70	364	910	1820
71-75*	378	945	1890
> 75*	392	980	1960

Critical Illness

Sum Insured	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91days-17	200	400	600	800	1000	1200	1400	1600	1800	2000
18-35	300	600	900	1200	1500	1800	2100	2400	2700	3000
36-45	550	1100	1650	2200	2750	3300	3850	4400	4950	5500
46-50	1200	2400	3600	4800	6000	7200	8400	9600	10800	12000
51-55	1250	2500	3750	5000	6250	7500	8750	10000	11250	12500
56-60	3000	6000	9000	12000	15000	18000	21000	24000	27000	30000
61-65	3200	6400	9600	12800	16000	19200	22400	25600	28800	32000
66-70	5557	11114	16671	22228	27785	33342	38899	44456	50013	55570
71-75*	7889	15779	23668	31557	39447	47336	55225	63115	71004	78893
> 75*	8000	16000	24000	32000	40000	48000	56000	64000	72000	80000

Note

1. The given rates are indicative and are valid till further notification. We may apply a risk loading on same based on outcome of underwriting of your proposal. We shall, however, send you a letter seeking your consent before we apply such loading.
2. Premium Amount (in INR) excluding GST.
3. Tax Benefit: Avail of Tax Benefits for premium under 80 D of Income Tax, 1961. Tax benefits are subject to change as per change in tax laws. (Please consult your tax advisor for complete details)
4. * Premium for renewals only.
5. Renewal premiums are subject to change with prior approval from IRDAI.
6. Premium for add-ons options shall be calculated for each insured on individual basis.
7. The Add-on option if so chosen by the Proposer shall apply to each insured person individually.



Exclusions

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 year 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 Our or any 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.

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

Save as and to the extent provided for under benefit n), 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.

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.