

**PROSPECTUS****SWARNA GRAMIN BIMA YOJANA (INDIVIDUAL)****1. Who can take the Policy?**

The Policy can be taken by a Gramin (Village Dweller) for covering himself and his family and / or an organisation such as NGOs, Financial Institutions for covering its rural clientele.

e.g. A Bank can take this policy for covering Kisan Credit Card Holders

**2. Eligibility**

- Entry age for you (the proposer) is 18 years and you can opt for this policy up to the age of 65 years.
- Policy renewals will be for your lifetime.
- Entry age for dependent children is 6 months.
- No pre-acceptance medical tests up to 45 years of age , however, if you are above 45 years, then, you may require to undergo medical tests ( BP, Fasting Sugar, ECG) at our listed diagnostic centers, 50% cost of which will be borne by us in case of accepted proposals
- Maximum of 2 Adults and 2 Dependent Children (up to 25 years of age) can be covered under the Policy.

**3. What is covered under the Policy?**

The Policy comprises of three sections

**1. Section – A- Personal Accident**

The following benefits shall become payable under this section. The cover shall be applicable to both the Insured and his/ her family members.

**Benefits under Section A**

Sr. No.	Benefits	Payable Amount
Benefit 1	Death of the Insured or his/ her family members upon accident	100% of Sum Insured under the Policy
Benefit 2	Permanent Total Disablement of the Insured or his/her family members resulting from Accident	125% of Sum Insured under the Policy
Benefit 3	Permanent Partial Disablement of the Insured or his/ her family members resulting from Accident	% of disablement as given under



<b>Loss of Use/ Physical Separation:</b>	<b>Compensation %</b>
a. One entire hand	50
b. One entire foot	50
<b>Loss of Use of one eye</b>	50
<b>Loss of toes – all</b>	20
a. Great both phalanges	5
b. Great – one phalanx	2
c. Other than great if more than one toe lost each	1
<b>Loss of Use of both ears</b>	50
<b>Loss of Use of one ear</b>	20
<b>Loss of four fingers and thumb of one hand</b>	40
<b>Loss of four fingers</b>	35
<b>Loss of thumb</b>	
a. Both phalanges	25
b. One phalanx	10
<b>Loss of Index finger</b>	
a. Three phalanges	10
b. Two phalanges	8
c. One phalanx	4
<b>Loss of middle finger</b>	
a. Three phalanges	6
b. Two phalanges	4
c. One phalanx	2
<b>Loss of ring finger</b>	
a. Three phalanges	5
b. Two phalanges	4
c. One phalanx	2
<b>Loss of little finger</b>	
a. Three phalanges	4
b. Two phalanges	3
c. One phalanx	2
<b>Loss of metacarpus</b>	
a. First or second (additional)	3
b. Third, fourth or fifth (additional)	2
<b>Any other partial disablement</b>	% as assessed by a panel doctor

**2. Section 2- Critical Illness\***

The following Critical Illnesses and Surgical Procedures shall be covered up to the Sum Insured as selected by you when this section is opted for under the Policy.

Option 1	Option 2	Option 3
Cancer of specified severity	Option 1 +	Option 2+
First Heart Attack of specified severity	Kidney Failure requiring regular dialysis	Major Organ /Bone Marrow Transplant
Open Chest CABG	Stroke resulting in permanent symptoms	Motor Neurone Disease with Permanent Symptoms
Open Heart Replacement	Permanent Paralysis of Limb	
Coma of Specified Severity	Multiple Sclerosis with persisting symptoms	

\*Critical Illnesses may be capped in number upon request of the Policyholder and acceptance from us in lieu of a rebate in premium.

**3. Section C- Hospital Cash**

A Daily Allowance as under would be payable upon hospitalization, subject to your minimum hospital stay of 2 days, for a maximum number of days as opted by you when you opt for coverage under this Section. The choice would be given to you to opt for any of the following options

Benefit Options			
	Option I	Option II	Option III
Maximum Amount	Rs 250/- per day	Rs 500/- per day	Rs 1000/- per day
	Rs 45000/-	Rs 9,0000/-	Rs 1,80,000/-

**Double Benefit:** The amount as chosen by you from the above options shall be doubled when you/ your family member is admitted in an ICU. Such double benefit shall be available under the Policy for a maximum of 7 days.

You can choose to cover Hospital Cash for a maximum of 15, 30, 45, 90 or 180 days as per your requirement.

**Extensions/ Endorsement under the Policy**

➤ **Pre-existing diseases:** With this extension, the pre-existing diseases can be covered under the Policy on payment of additional premium.

**Premium details:****1) Basic Premium Rate For Personal Accident(PA) Section ( Excluding Service Tax)**

Age Band (Years)	SUM INSURED						
	50,000	75,000	1,00,000	1,25,000	1,50,000	1,75,000	2,00,000
0.5-25	15	20	25	32	41	52	64
26-35	20	25	33	42	53	67	84
36-45	25	33	43	54	69	87	109
46-55	33	43	55	71	90	113	141
56-65	43	56	72	92	117	147	184
66-75*	72	94	121	155	197	249	311
76-80*	94	122	158	202	257	323	404
> 80 years*	141	183	237	303	385	484	606

**2) Basic Premium Rate For Critical Illness(CI) and Surgical Procedure Section**

The premium as above shall be loaded as per below for covering Critical Illnesses and Surgical Procedures

**Option 1:**



The following five Critical Illnesses will be covered in this option

1. Cancer of specified severity
2. First Heart Attack of specified severity
3. Open Chest CABG
4. Open Heart Replacement
5. Coma of Specified Severity

**Option 2:**

In addition to Critical Illnesses mentioned above, the following would be covered under this option

6. Multiple Sclerosis with persisting symptoms
7. Stroke resulting in permanent symptoms
8. Permanent Paralysis of Limbs
9. Kidney Failure requiring regular dialysis

**Option 3:**

The Critical Illnesses as covered in the options 1 and 2 above and the ones mentioned below.

10. Motor Neurone Disease with Permanent Symptoms
11. Major Organ /Bone Marrow Transplant

**Options Rating**

Options	Loading on Premium
Option 2	25% loading on option 1 premium
Option 3	40% loading on option 1 premium

**Basic Premium for Critical Illnesses and Surgical Procedure – Option 1**

Age band	50000	75000	100000	125000	150000	175000	200000
5-25 Yrs	180	271	361	451	541	631	722
26-35 Yrs	219	329	438	548	658	767	877
36-45 Yrs	329	493	657	822	986	1150	1314
46-55 Yrs	378	567	756	945	1133	1322	1511
56-65 Yrs	692	1038	1384	1730	2075	2421	2767
66-75 Yrs*	1071	1606	2141	2677	3212	3747	4282
76-80 Yrs*	1369	2053	2738	3422	4106	4791	5475
> 80 Yrs*	1750	2625	3500	4375	5250	6125	7000

**Basic Premium for Section - Hospital Cash ( for 30 days ) ( Excluding Service Tax )**

Age band	250 Per day	500 per day	1000 per day
5-25 Yrs	188	377	753
26-35 Yrs	196.	392	783
36-45 Yrs	209	417	834
46-55 Yrs	225	450	900
56-65 Yrs	263	525	1050
66-75 Yrs*	300	600	1200
76-80 Yrs*	375	750	1500
> 80 Yrs*	413	825	1650

\*Premium for renewals only

**Additional Benefits under the Policy**



1. **Long Term Policy:** The Policy term from one year to three years is available under individual policies. The Policy can be taken for a period of two/ three years and discount as under would be provided

Duration of policy	Premium to be charged
2 years	2 year premium in advance less 10% discount
3 years	3 year premium in advance less 15% discount

Premiums under the Policy shall be payable in a single installment.

2. **Family discount:** Family discount as under would be provided when you to cover your family members under the policy.

Number of Family Members	Discount
Self	None
Self + Spouse	5%
Self + Spouse + 1 Child	7.5%
Self + Spouse + 2 Children	10%

Maximum discount inclusive of all the discounting factors shall not exceed more than 40%

3. **Tax Benefit :** Avail of tax benefit under section 80D of Income Tax Act on the premium applicable for Critical Illnesses & Surgical Procedures cover\*

\*Tax Benefit are subject to change as per change in Tax Laws.

### Conditions under the Policy

#### Loadings under the Policy

The following loadings may be applied to policies before arriving at the final premium.

- a. **Loading based on Occupational Mix:** A loading of 20% on premium may be applied depending on occupational mix of the occupation of the individual proposed for insurance under the Policy.

#### **Normal Risk:**

Bureaucrats, Doctors, Lawyers, Accountants, Architects, Bankers, Consulting Engineers, Teachers, and Persons engaged in administrative functions, persons primarily engaged in occupations of similar hazard.

#### **Medium Risk:**

Builders, Contractors, Engineers engaged in superintending functions only, Veterinary Doctors, Paid Drivers and Persons engaged in occupations of similar hazard and not engaged in manual labour.

All persons engaged in manual labour (except those falling under heavy risk), cash carrying employees, Garage and Motor Mechanics, Machine Operators, Drivers of Heavy Vehicles, Professional Athletes and Sportsmen and Wood working Machinist and persons engaged in any occupations of similar hazard.

#### **Heavy Risk:**

Persons working in underground Mines, Explosive, Magazines, Workers involved in electrical installation with High-tension supply, jockeys, Circus personal, persons engaged in activities like racing on wheels or Horse back, big game hunting, Mountaineering, Winter Sports, Skiing Ice Skating, Ballooning, Hang gliding, River Rafting, Polo playing and persons engaged in occupations/activities of similar hazards.

- b. **Loading based on Location:** We may apply a loading up to 10% depending on Your location such as Tier- 1 cities.

**Tire 1:** Kolkata Chennai Delhi Hyderabad Bangalore Mumbai



**Tire 2:** Agra Ahmedabad Aligarh Allahabad Amravati Amritsar Asansol Aurangabad Bareilly Belgaum Bhiwandi Bhopal Bhubaneswar Bikaner Chandigarh Coimbatore Cuttack Dehradun Dhanba Durg-Bhilai Nagar Faridabad Ghaziabad Gorakhpur Guntur Guwahati Gwalior Hubli-Dharwad Indore Jabalpur Jaipur Jalandhar Jammu Jamnagar Jamshedpur Jodhpur Kanpur Kozhikode Kochi Kolhapur Kota Lucknow Ludhiana Madurai Mangalore Meerut Moradabad Mysore Nagpur Nashik Patna Pondicherry Pune Raipur Rajkot Ranchi Salem Solapur Srinagar Sutat Thiruvanthapuram Tiruchirappalli Tiruppur Vadodara Varanasi Vijayawada Visakhapatnam Warangal

**Tire 3:** All other cities.

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.

**Cancellation Terms**

**By You**

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

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%

**By Us**

We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

**Free Look-up 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.

**Renewal Terms:**

- a. Your Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Persons
- 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 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.



- d. 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.
- e. 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.
- f. All premiums are payable in advance of any cover under this Policy being provided
- g. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.

**Sum Insured Enhancement** – Sum Insured can be enhanced only upon renewal, subject to underwriters' approval.

**Inclusion / Exclusion of Insured** – This policy allows including or excluding a member in the plan only at the time of renewal.

**Substitute Product**

In case we may decide to withdraw this product under which this Policy is issued to you or where the maximum renewable age under the Policy has been reached, we shall provide you with an option to buy a substitute health insurance Policy from us on individuals

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

**Portability**

1. If You were insured continuously and without a break under another similar Indian retail health insurance policy covering critical illness risks with Us or 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) This benefit is available only at the time of renewal of the existing similar health insurance policy.
  - c) The Portability Benefit shall be applied subject to the following:
    - i. Your proposal shall be subject to Our medical underwriting
    - ii. 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.

**Three Months notice:**

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

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

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 condition

**What is not covered under the Policy?**

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

**Specific Exclusions to Section 2- Critical Illnesses**

1. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or





2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless credits towards such time bound exclusion has been accrued in similar health insurance Policy from Us or any of the other Indian Insurers
3. Any Critical Illness based on a Diagnosis made by You or Your Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other non-traditional health care provider; and
4. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature;
5. Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure;
6. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission;

***Specific Exclusions to Section 3- Hospital Cash***

1. Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
2. Any routine or prescribed medical check up or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.
3. Any Sickness that has been classified as an Epidemic by the Central or State Government  
Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure .

For all Insured Persons, the following conditions will be covered subject to a waiting period of 24 months from the date of commencement of coverage. Stones in the urinary system; Stones in biliary system; Surgery on tonsils / adenoids; Uterine Polyps; Any type of breast lumps; Treatment of Spondylosis /Spondylitis - any type; Inter Vertebral Disc Prolapse (IVDP) and such other degenerative disorders; Cataract; Benign prostatic hypertrophy; Hysterectomy / Myomectomy done due to Menorrhagia / fibroids; Fistula in ano; Fissure in ano; Piles; Hernia; Hydrocele; Sinusitis; Knee / hip joint replacement; Chronic Renal Failure(CRF) or end stage renal failure; Any type of Carcinoma / sarcoma / blood cancer; Osteo Arthritis of any joint; Gastric and duodenal Ulcers; Varicocele; Spermatocele; Dilatation and Curettage (D&C); Diabetic Nephropathy and Retinopathy; Mastoidectomy (operation to remove piece of bone behind the ear); Tympanoplasty (Surgery to repair tympanic membrane i.e. eardrum); Gout; Rheumatism; Varicose veins & Varicose ulcers; **Internal congenital anomaly**

4. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
5. Sickness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption and with the Company or is a renewal of similar existing health insurance policy from any of other Indian insurers and We have accepted Your proposal with portability.
6. The treatment of cataracts, benign prostatic hypertrophy, hysterectomy, Menorrhagia, Fibromyoma, D&C, Endometriosis, Hernia of all types, Hydrocele, fistulae, haemorrhoids, Anal fissure ,stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc, joint replacement, Gastric or Duodenal ulcer, Arthritis, Varicose Veins, Varicose Ulcers, Spondylitis during the first two years of commencement of policy unless due credit for the same have been accrued in previous health insurance policy from us or any of the Indian Insurers.

***General Exclusions under the Policy***

We will not be liable for :-





1. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
2. Pre-existing diseases (unless endorsed otherwise) will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:  
If the 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:
    - a) 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
    - b) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
3. Death or disablement due to child birth or from pregnancy or in consequence thereof.
4. Payment of compensation in respect of injury, disablement or death, hospitalisation resulting -
  - a. From intentional self-injury, suicide or attempted suicide.
  - b. Whilst under the influence of liquor or drugs or other intoxicants.
  - c. Emotional distress
  - d. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
  - e. Directly or indirectly, caused by venereal disease, AIDS or insanity.
  - f. Arising or resulting from committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
  - g. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.
  - h. Due to war or ionising radiation or nuclear perils.
  - i. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard.
  - j. Congenital anomalies or any complications or conditions arising therefrom; or
5. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy ( except Ectopic Pregnancy)
6. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
7. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
8. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
9. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
10. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
11. All kind of Alternate Treatment

## Claims Procedure

### 1. Claim Intimation



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

## **2. Submission of documents**

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

### **Claim Documents:**

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

#### ***In case of Death***

- a. Policy Copy
- b. Post Mortem Report (certified copies) - as applicable
- c. F.I.R. or Death report or Inquest Panchnama (in original or certified copies)-
- d. Spot Panchnama (certified copies)- if applicable
- e. Death certificate (in original or certified copy)

#### ***In case of Permanent Total Disablement / Permanent Partial Disablement***

- a. Policy Copy
- b. Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement
- c. F.I.R. and Panchnama wherever applicable (original or certified copies)
- d. Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
- e. Original medical bills

#### ***In case of Critical Illnesses and Surgical Procedures***

- a. Original Bills or their copies (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)
- b. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- c. A precise diagnosis of the treatment for which a claim is made.
- d. A detailed list of the individual medical services and treatments provided and a unit price for each.

#### ***In case of Hospital Cash***

- a. Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b. Photocopy of F.I.R. copy in case of an accident.
- c. Complete set of Hospital/medical records

If required, the You/ Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our expense.

We shall settle all claims under the Policy, including its rejection, within 30 days of receiving last necessary claim document.

We shall also condone delay on delayed claims intimation/ submission of documents depending on merit of such cases.



**UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED**

**Annexure II**

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

For all your service requests e-mail us at [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

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

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

Universal Sompo General Insurance Co. Ltd., Express IT Park, Plot No EL 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710, Toll Free Numbers: 1-800-224030 (For MTNL/BSNL users) or 1-800-2004030.

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -		
Sr No	<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	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
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	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is 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 ( However if CD is specifically sought by Insurer/TPA then 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	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified



66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
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 AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the 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 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	MICROPOROUS/ 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
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge 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 charges not if separately levied



101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
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
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
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 Hosp 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 upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	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	Essential and should be paid at least specifically for cases who 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/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
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 hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGESTION GELS	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must 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 hospitalization 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
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
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	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		



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, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation 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-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where 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.

## Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

### Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

### Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear



18. Other operations on the middle and inner ear

**Operations on the nose & the nasal sinuses**

19. Excision and destruction of diseased tissue of the nose

20. Operations on the turbinates (nasal concha)

21. Other operations on the nose

22. Nasal sinus aspiration

**Operations on the eyes**

23. Incision of tear glands

24. Other operations on the tear ducts

25. Incision of diseased eyelids

26. Excision and destruction of diseased tissue of the eyelid

27. Operations on the canthus and epicanthus

28. Corrective surgery for entropion and ectropion

29. Corrective surgery for blepharoptosis

30. Removal of a foreign body from the conjunctiva

31. Removal of a foreign body from the cornea

32. Incision of the cornea

33. Operations for pterygium

34. Other operations on the cornea

35. Removal of a foreign body from the lens of the eye

36. Removal of a foreign body from the posterior chamber of the eye

37. Removal of a foreign body from the orbit and eyeball

38. Operation of cataract

**Operation of cataract Operations on the skin & subcutaneous tissues**

39. Incision of a pilonidal sinus

40. Other incisions of the skin and subcutaneous

41. tissues

42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues

43. Local excision of diseased tissue of the skin and subcutaneous tissues

44. Other excisions of the skin and subcutaneous tissues

45. Simple restoration of surface continuity of the skin and subcutaneous tissues

46. Free skin transplantation, donor site

47. Free skin transplantation, recipient site

48. Revision of skin plasty

49. Other restoration and reconstruction of the skin and subcutaneous tissues

50. Chemosurgery to the skin

51. Destruction of diseased tissue in the skin and subcutaneous tissues

**Operations on the tongue**

52. Incision, excision and destruction of diseased tissue of the tongue

53. Partial glossectomy

54. Glossectomy

55. Reconstruction of the tongue

56. Other operations on the tongue

**Operations on the salivary glands & salivary**

**ducts**

57. Incision and lancing of a salivary gland and a salivary duct

58. Excision of diseased tissue of a salivary gland and a salivary duct

59. Resection of a salivary gland

60. Reconstruction of a salivary gland and a salivary duct

61. Other operations on the salivary glands and salivary ducts

**Other operations on the mouth & face**

62. External incision and drainage in the region of the mouth, jaw and face

63. Incision of the hard and soft palate

64. Excision and destruction of diseased hard and soft palate

65. Incision, excision and destruction in the mouth

66. Plastic surgery to the floor of the mouth

67. Palatoplasty

68. Other operations in the mouth

**Operations on the tonsils & adenoids**



69. Transoral incision and drainage of a pharyngeal abscess
70. Tonsillectomy without adenoidectomy
71. Tonsillectomy with adenoidectomy
72. Excision and destruction of a lingual tonsil
73. Other operations on the tonsils and adenoids
74. Trauma surgery and orthopaedics
75. Incision on bone, septic and aseptic
76. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
77. Suture and other operations on tendons and tendon sheath
78. Reduction of dislocation under GA
79. Arthroscopic knee aspiration

**Operations on the breast**

80. Incision of the breast
81. Operations on the nipple

**Operations on the digestive tract**

82. Incision and excision of tissue in the perianal region
83. Surgical treatment of anal fistulas
84. Surgical treatment of haemorrhoids
85. Division of the anal sphincter (sphincterotomy)
86. Other operations on the anus
87. Ultrasound guided aspirations
88. Sclerotherapy

**Operations on the female sexual organs**

89. Incision of the ovary
90. Insufflation of the Fallopian tubes
91. Other operations on the Fallopian tube
92. Dilatation of the cervical canal
93. Conisation of the uterine cervix
94. Other operations on the uterine cervix
95. Incision of the uterus (hysterotomy)
96. Therapeutic curettage
97. Culdotomy
98. Incision of the vagina
99. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
100. Incision of the vulva
101. Operations on Bartholin's glands (cyst)

**Operations on the prostate & seminal**

**vesicles**

102. Incision of the prostate
103. Transurethral excision and destruction of prostate tissue
104. Transurethral and percutaneous destruction of prostate tissue
105. Open surgical excision and destruction of prostate tissue
106. Radical prostatovesiculectomy
107. Other excision and destruction of prostate tissue
108. Operations on the seminal vesicles
109. Incision and excision of periprostatic tissue
110. Other operations on the prostate

**Operations on the scrotum & tunica vaginalis**

**testis**

111. Incision of the scrotum and tunica vaginalis testis
112. Operation on a testicular hydrocele
113. Excision and destruction of diseased scrotal tissue
114. Plastic reconstruction of the scrotum and tunica vaginalis testis
115. Other operations on the scrotum and tunica vaginalis testis

**Operations on the testes**

116. Incision of the testes
117. Excision and destruction of diseased tissue of the testes
118. Unilateral orchidectomy



- 119. Bilateral orchidectomy
- 120. Orchidopexy
- 121. Abdominal exploration in cryptorchidism
- 122. Surgical repositioning of an abdominal testis
- 123. Reconstruction of the testis
- 124. Implantation, exchange and removal of a testicular prosthesis
- 125. Other operations on the testis

**Operations on the spermatic cord, epididymis**

**und ductus deferens**

- 126. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 127. Excision in the area of the epididymis
- 128. Epididymectomy
- 129. Reconstruction of the spermatic cord
- 130. Reconstruction of the ductus deferens and epididymis
- 131. Other operations on the spermatic cord, epididymis and ductus deferens

**Operations on the penis**

- 132. Operations on the foreskin
- 133. Local excision and destruction of diseased tissue of the penis
- 134. Amputation of the penis
- 135. Plastic reconstruction of the penis
- 136. Other operations on the penis

**Operations on the urinary system**

- 137. Cystoscopical removal of stones

**Other Operations**

- 138. Lithotripsy
- 139. Coronary angiography
- 140. Haemodialysis
- 141. Radiotherapy for Cancer
- 142. Cancer Chemotherapy