

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	A PLUS HEALTH INSURANCE	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<p>Both Indemnity and Benefit</p> <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), and • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. <p><<Individual / Floater>> Sum Insured is available under the Policy. Sum Insured Options: 3L/5L/7.5L/10L/12.5L/15L/20L/25L/50L/75L/100L</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Coverage</p> <p>In-patient Treatment– Covers hospitalization expenses for period more than 24 hrs. Modern Treatment capped at 25% of SI for each treatment within In patient Treatment.</p> <p>Pre-Hospitalization- Medical Expenses incurred in <<60/90 days>> (Applicable as per the plan opted) before the Hospitalization.</p> <p>Post-Hospitalization- Medical Expenses incurred in <<120/180>> days (Applicable as per the plan opted) after the hospitalization.</p>	C 1-15

Day-Care procedures– Medical Expenses for 547 Day care procedures enlisted in the Policy Document- Annexure 1 are covered.

AYUSH Treatment - Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the Sub-limit mentioned in the Policy Schedule.

Domiciliary Treatment- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization.

Second Opinion- We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period and not be valid for any medico legal purposes. The expert opinion would be directly sent to the Insured Person.

- a. Cancer
- b. Kidney Failure
- c. Myocardial Infarction
- d. Angina
- e. Coronary bypass surgery
- f. Stroke/Cerebral hemorrhage
- g. Organ failure requiring transplant
- h. Heart Valve replacement
- i. Brain tumors

This benefit can be availed by an Insured Person once during a Policy Year.

Ambulance Cover – We will cover expenses incurred on transportation of an Insured Person in a registered Ambulance in case of an emergency to a Hospital for admission or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization.

Auto Restore Benefits: We will restore the Sum insured up to 100% of Base Sum Insured, in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year irrespective of the utilization of the Cumulative Bonus.

<<OPD Expenses (Available for Diamond Plan only)-
We will reimburse expenses incurred on Outpatient Treatment for the Insured Persons as mentioned in the Policy Schedule.>>

<<Global Cover (Available for Diamond Plan only)-

We will cover Your Medical Expenses incurred outside India, up to the sum insured and earned cumulative bonus, provided that payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI).>>

Psychiatric Illness- We will cover the medical expenses incurred if an insured person requires hospitalization for in-patient treatment related to any Psychiatric illness in accordance with prior approval from Us, except in cases of emergencies.

Organ Donor- We will cover medical and surgical expenses on harvesting the organ from the donor for organ transplantation where an Insured Person is the recipient.

Assistance Services- We will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kms away from their residential address through our appointed Service provider, with prior intimation and acceptance by the Company.

- (i) Medical Consultation, Evaluation and Referral
- (ii) Medical Monitoring and Case Management
- (iii) Emergency Medical Evacuation
- (iv) Medical Repatriation (Transportation)

Compassionate Visit

Wellness Services: We will provide the insured person with an individual access to web-based Health portal at Company's website and/or a Wellness mobile application where he/she can perform various healthcare activities as listed below.

Wellness Services provided are:

1. Health Risk Assessment (HRA)
2. Electronic Health Records
3. Health Screening

Wellness Reward Program

Add-On Covers

Pre-Existing Disease Waiting Period Waiver: On payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to 12 Months.

Maternity Cover- On payment of additional premium, we will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any

**D
1-5**

		<p>complication of pregnancy or medically necessary termination up to the Sum Insured opted by You.</p> <p><<Diabetes Day 1 cover (Applicable for diamond plan only)- We will cover the medical expenses incurred for any treatment taken or hospitalization costs arising under Outpatient treatment for Diabetes will be covered up to max <<25% of sum insured>> from day one of the policy commencement at Our Network Providers and /Empaneled Service Providers. (Aged 18 years and above)>></p> <p><<Hypertension Day 1 Cover (Applicable for Diamond plan only)- We will cover the medical expenses incurred taking place under Outpatient treatment for Hypertension then insured will be covered up to max <<25% of sum insured>> since day one of the policy at Our Network Providers and /Empanelled Service Providers. (Aged 18 years and above)>></p> <p>Non-Medical Items- We will cover the cost of non-medical expenses on medically necessary Hospitalization of Insured Person for claims admissible under non-payable items will be covered up to the sum insured.</p>	
6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender Treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14) 12. Refractive Error:(Code- Excl15) 	F.i. Excl 4 to Excl 17

		<p>13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility:(Code- Excl17)</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<p>1. Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (Waiting Period not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02)</p> <ul style="list-style-type: none"> • 24 months for following diseases/procedures- <ol style="list-style-type: none"> 1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 2. Benign ear, nose, throat disorders 3. Benign prostate hypertrophy 4. Cataract and age-related eye ailments 5. Gastric/ Duodenal Ulcer 6. Gout and Rheumatism 7. Hernia of all types 8. Hydrocele 9. Non-Infective Arthritis 10. Piles, Fissures and Fistula in anus 11. Pilonidal sinus, Sinusitis and related disorders 12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 13. Skin Disorders 14. Stone in Gall Bladder and Bile duct, excluding malignancy 15. Stones in Urinary system 16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus 17. Varicose Veins and Varicose Ulcers 18. Renal Failure 19. Puberty and Menopause related Disorders 20. Behavioural and Neuro-Develop HIV Disorders: <ol style="list-style-type: none"> a. Disorders of adult personality b. Disorders of speech and language including stammering, dyslexia • 48 months for following diseases/procedures <ol style="list-style-type: none"> 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 	<p>G.3. Excl 1- Excl 3, Excl 18, 5</p>

		<p>3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.</p> <p>4. Age Related Macular Degeneration (ARMD)</p> <p>5. Genetic diseases or disorders</p> <p>3. Pre-existing diseases Covered after 36 months</p> <p>4. Maternity Expenses (Code-Excl18) [Thirty-six months waiting period] Expenses related to the Maternity are excluded until the expiry of 36 months after the date of inception of the first policy with us</p> <p>5. Out-patient Treatment Waiting Period of 3 years Expenses covered under benefit Out – Patient treatment shall be excluded for a period of 3 years.</p>	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: There are no sub-limits under the Policy.</p> <p>No Co-pay applicable under the Policy</p> <p><u>Deductible</u> - Global Cover - 10% of Sum Insured applicable per year.</p>	

9 Claims/Claims Procedures

Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.

--

Procedure for Cashless claims:

Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.

Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.

The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

SI No	Type of Claim	Prescribed Time limit
1.	Pre - Authorization for Cashless facility	2 hours from the time of receipt of complete Documents
2.	Cashless Final Bill Authorization	2 hours from the time of receipt of complete Documents

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

Notification of Claim

Notice with full particulars shall be sent to the Company as under:

- i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Provide the details/web link for following:

- i. Network Hospital details: Available on website: www.universalsompo.com.
- ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)

- iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.

- iv. Downloading/getting claim form: Available on website: www.universalsompo.com.

10	Policy Servicing	1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030	H.1.18
----	------------------	--	---------------

		<p>2) Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>3) E-mail Address: contactus@universalsompo.com.</p> <p>4) Address for postal communication:</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Note: Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p>Grievances: If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Company's Grievance Redressal Officer You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address: Grievance cell Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708.</p> <p>OR</p> <p>Send an e Mail at grievance@universalsompo.com</p> <p>For details of grievance officer, kindly refer the link www.universalsompo.com.</p> <p>2. Consumer Affairs Department of IRDAI</p> <p>a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal - Integrated Grievance Management</p>	H.1.18

System (IGMS) by registering Your complaint at igms.irda.gov.in.

- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available [by clicking here](#). You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.
- c. You can visit the portal <http://www.policyholder.gov.in> for more details.

3. Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at www.generalinsurancecouncil.org.in, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

Please <https://www.ciains.co.in/Ombudsman> to view the Updated list of Insurance Ombudsmen

<p>12</p>	<p>Things to remember</p>	<p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period <p>2. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under a health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration</p> <p>Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer</p>	<p>H.1.15, H.1.10, H.1.8, H.1.9, H.2.1, H.1.12.</p>
-----------	---------------------------	--	--

to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability of Health Insurance policies.

4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh **only for the enhanced portion of the sum insured.**

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, we have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner and subject to limits as stated by the Company. Enhancement of Sum Insured will not be considered for: In respect of any enhancement of Sum Insured, exclusions code – Excl01, Excl02 and Excl03 would apply to the additional Sum Insured from such date.

5. Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.

13	Your Obligations	<p>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.</p> <p>Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p style="text-align: center;">Universal Sampo General Insurance Co. Ltd.</p> <ul style="list-style-type: none"> ➤ Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 ➤ Landline Numbers: (022) 39133700 (Local Charges Apply) ➤ E-mail Address: contactus@universalsompo.com 	--
----	------------------	--	----

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

i. Weblink to Access product related documents: [Universal Sampo | Resources Downloads](#)

ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.