

MUSKAAN - PROSPECTUS

1. INTRODUCTION:

Universal Sampo presents “Muskaan” a specialized Health Insurance Policy aimed at providing adequate health coverage for Domestic Help/Workers. This insurance product is specifically designed to ensure the well-being and financial security of those who hold crucial roles within your household, all at an affordable premium. It covers the costs related to medical and accidental contingencies for Insured Person.

In the event that Insured person requires hospitalization due to illness or injury during the policy period, the company will indemnify the expenses according to the coverages and sum insured as outlined in the Policy Schedule.

Furthermore, it is important to note that any payment under the policy is subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions as mentioned in the Policy Wording. The maximum liability of the company for all claims in each policy year is based on the individual’s chosen Sum Insured specified in the Policy Schedule.

2. ELIGIBILITY:

a) Age Limit

- Entry Age of the Proposer/Insured - Minimum 18 years – Maximum 55 years
- Lifelong Renewals available

b) Insured Member Details

- The policy can be purchased on an Individual basis
- For the scope of this policy, “Domestic Help/Staff” refers to a person employed in a household for household work, for safety of the employees or a person working for a proposer.
- The proposer can obtain the insurance policy in the name of the “Helper / Domestic Help”, provided they have a relationship to get the support on work for Proposer on a declaration basis as captured in the Proposal Form.
- As an exception, Personal Accident Section can be offered to Anyone other than Domestic Help/Helper as a gesture of Gift.

c) Policy Period

- The Policy Term can be 1 year, 2 years & 3 years.

1) Key Features:

Section 1: Health

- i. Inpatient Treatment
- ii. Pre-Hospitalization
- iii. Post-Hospitalization
- iv. Domiciliary Treatment
- v. AYUSH Treatment

Section 2: Personal Accident

- i. Accident Death
- ii. Permanent Total Disability

3. BENEFITS/ COVERGAES

Section 1: Health

1) Inpatient Treatment: We will cover expenses for hospitalization due to disease/ illness/ Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization for;

- a. Reasonable and Customary Charges for Room Rent for accommodation in Hospital room up to Category as per opted Sum Insured and as specified in the Policy Schedule.
- b. Intensive Care Unit charges for accommodation in ICU,
- c. Operation theatre charges,
- d. Fees of Medical Practitioner/ Surgeon,
- e. Anesthetist,
- f. Qualified Nurses,
- g. Specialists,
- h. Cost of diagnostic tests,
- i. Medicines,
- j. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure.
- k. Modern Treatment

Following Modern Treatments will be covered up to 10% of Sum Insured (wherever medically indicated) either as an In-patient or as part of Day Care Treatment in a Hospital;

- i. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.
- l. Assistance services
- m. Sublimit applicable:

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

S. No	Surgeries / Medical Procedures	Sub-limits (Rs.)
1	Cataract per eye	15,000
2	Other Eye Surgeries	22,000
3	ENT	22,000
4	Surgeries for Tumours/ Cysts/ Nodule/ Polyp	30,000

5	Stone in Urinary System	30,000
6	Hernia Related	30,000
7	Appendectomy	30,000
8	Knee Ligament Reconstruction <i>Surgery</i>	60,000
9	Hysterectomy	30,000
10	Fissures/Piles/Fistulas	22,000
11	Spine & Vertebrae related	60,000
12	Cellulites/Abscess	22,000
13	Other Surgeries & Procedures	37,000

For the purpose of applicability of the said sub-limits, multiple Hospitalizations pertaining to the same Illness or Procedure / Surgery occurring within a period of 45 days from the date of discharge of the first Hospitalization shall be considered as one Hospitalization.

No other sublimit other than the ones mentioned above shall apply if You choose to avail this option under the Policy.

- 2) Pre-Hospitalization:** We will cover for expenses for Pre-Hospitalization Consultations, investigations and medicines incurred up to 15 days as mentioned in the Policy Schedule before the date of admission to the hospital. The benefit is payable if We have admitted a claim under Section 1.1 in policy wordings.
- 3) Post-Hospitalization:** We will cover for expenses for Post Hospitalization Consultations, investigations and medicines incurred up to 30 days as mentioned in the Policy Schedule after discharge from the hospital. The benefit is payable if We have admitted a claim under Section 1.1 in policy wordings.
- 4) Domiciliary Treatment:** We will cover for expenses related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. At the time of claiming under this benefit, we shall require certification from the treating doctor fulfilling the conditions as mentioned under the definitions of this policy.
- 5) AYUSH Treatment:** We will pay for the 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 up to 100% of Base Sum Insured.

Section 2: Personal Accident

- 1) Accidental Death:** We will pay to Nominee incase an Insured Person sustains bodily injury which results into Accidental Death during the Policy period within 12 months from the Date of accident up to the Sum Insured as mentioned in the Policy Schedule.
- 2) Permanent Total Disability:** We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to an Insured Person results in any one of the losses shown in the Table of Losses below and if that loss has continued for 12 consecutive months.

The loss must occur within 12 months of the date of the Accident which caused Injury during

the Policy period.

1. If the Insured Person suffers more than one of the losses below as a result of the same Accident, only one amount, the largest, will be paid.
2. After the occurrence of any one of losses 1 to 5 there shall be no further liability under the Policy in respect of the Insured Person for Injury sustained thereafter.

Table of Losses:

	Loss of:	% of Principle Sum
1	Permanent Total Disability	100%
2	Permanent and Incurable Paralysis of All Limbs	100%
3	Permanent Total Loss of Sight of Both Eyes	100%
4	Permanent Total Loss of Use of Two Limbs	100%
5	Permanent Total Loss of Use of One Limb	100%
6	Permanent Total Loss of Hearing in	
	a) Both Ears	75%
	b) One Ear	30%
7	Permanent Total Loss of Sight of One Eye	50%
8	Permanent Total Loss of the Lens of One Eye	40%
9	Permanent Total Loss of Use of Four Fingers and Thumb of Either Hand	40%
10	Permanent Total Loss of Use of Four Fingers of Either Hand	35%
11	Permanent Total Loss of Use of One Thumb of Either Hand	
	a) Both Joints	25%
	b) One Joint	10%
12	Permanent Total Loss of Use of Fingers of Either Hand	
	a) Three Joints	10
	b) Two Joint	7 ½ %
	c) One Joint	5%
13	Permanent Total Loss of Use of Toes of Either Foot	
	a) All - One Foot	20%
	b) Great - Both Joints	5%
	c) Great - One Joint	2%
	d) other than Great, One Toe	1%

Exposure:

For the purposes of the Permanent Total Loss of Use benefit above, a loss resulting from such Insured Person being unavoidably exposed to the elements due to an Accident will be payable as if resulting from an Injury. Loss must occur within 12 months of the date of the Accident.

4. EXCLUSIONS

I. Standard Exclusions

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation (Code-Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

2. Rest Cure, Rehabilitation and Respite Care (Code-Excl05)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender Treatments: (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medical treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code-Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website /

notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**
10. Treatments received in health spas, 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)**
Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.
13. **Unproven Treatments:(Code-Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. **Sterility and Infertility: (Code-Excl17)**
Expenses related to sterility and infertility. This includes:
 - i) Any type of contraception, sterilization
 - ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii) Gestational Surrogacy
 - iv) Reversal of sterilization

II. Specific Exclusions:

We shall not be liable to make any payment for any claim under any of the Cover/ Benefits under the Policy in respect of any Insured Person, directly or indirectly caused by or arising from or in any way attributable to, any of the following:

1. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
2. Pregnancy or childbirth or in consequence thereof.
3. Consequential losses of any kind or actual or alleged legal liability
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
7. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
8. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

9. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
10. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
11. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
12. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
13. Disease in the natural course of an event caused/ transmitted by insect/ virus / bacteria and the like.
14. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
15. Any expenses incurred on OPD treatment.
16. Treatment taken outside the geographical limits of India.
17. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

5. WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Diseases (Code-Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period (Code-Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of

- sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i. 24 Months waiting period

1. All internal and external benign tumors, 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. Behavioral and Neuro- Develop HIV Disorders:
 - a. Disorders of adult personality
 - b. Disorders of speech and language including stammering, dyslexia

ii 48 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty Days Waiting Period (Code-Excl03)

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

6. PRE-POLICY CHECK UP

1. There is No Pre-Policy Checkup up to 55 years.
2. The Company may ask you to undergo below mentioned medical check-up to help us understand Insured's health condition in a better way.
3. Based on the product performance chief UW officer can alter the limits mentioned for policy criteria.
4. In case any medicals are required the company will reimburse 50% of the cost if the proposal is accepted by company. *these are minimum limits and can vary as per CUO approval.

7. CANCELLATION

- i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. REDRESSAL OF GRIEVANCE

In case of any grievance the insured person may contact the company through

Universal Sampo General Insurance Co. Ltd.

Unit no 601-602 A & B Wing 6th Floor Reliable Tech Park

Cloud City Campus, Gut No 31, Mouje, Eltham, Thane Belapur road, Airoli, Navi Mumbai 400708

Website: www.universalsompo.com

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

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

E-mail: contactus@universalsompo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@universalsompo.com

For updated details of grievance officer, kindly refer the link
<https://universalsompo.com/resource-grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System -
<https://igms.irda.gov.in/>

11. Benefit Structure

Benefit Covers

Section 1: Health

Inpatient Treatment	2.5L/3L/3.5L/4L/4.5L/5L/5.5L/6L/6.5L/7L/7.5L
Pre-Hospitalization	15 Days
Post-Hospitalization	30 Days
Domiciliary Hospitalization	Up to Base Sum Insured
AYUSH Treatment	Up to 100% of Base Sum Insured

Section 2: Personal Accident

Accidental Death	2.5L/3L/3.5L/4L/4.5L/5L/5.5L/6L/6.5L/7L/7.5L
Permanent Total Disability	2.5L/3L/3.5L/4L/4.5L/5L/5.5L/6L/6.5L/7L/7.5L

12. Discounts & Loadings

DISCOUNTS:

- Direct & Employee Policy Discount:** 15% discount on the applicable premium for existing policyholders holding any retail policy of the Company. The existing policy should not have expired at the time of inception of this proposed policy.
- Long Term Discount:** Applicable when the policy term is beyond one year

Policy Term (Year)	Discount
1	0%
2	5%
3	7.5%

The maximum discount applicable is 22.5%.

LOADING:

Premium Installment Loading: Not Applicable

13. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience

14. Premium

a. Premium instalment: Not Applicable

b. Premium Chart: (Excluding Tax)

Section 1 – Health

	Sum Insured (in Lacs)										
Age	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5
18-35	1,850	2,150	2,320	2,490	2,610	2,730	2,780	2,830	2,880	2,930	3,030
36-55	3,370	3,920	4,230	4,530	4,760	4,990	5,080	5,170	5,260	5,350	5,530
>55	5,700	6,630	7,160	7,680	8,080	8,480	8,620	8,770	8,920	9,070	9,370

Section 2 – Personal Accident

Sum Insured (in Lacs)	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5
Premium	213	255	298	340	383	425	468	510	553	595	

c. Premium Chart: (Including Tax)

Section 1 – Health

	Sum Insured (in Lacs)										
Age	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5
18-35	2183	2537	2738	2938	3080	3221	3280	3339	3398	3457	3575
36-55	3979	4626	4991	5345	5617	5888	5994	6101	6207	6313	6525
>55	6726	7823	8449	9062	9534	10006	10172	10349	10526	10703	11057

Section 2 – Personal Accident

Sum Insured (in Lacs)	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5
Premium	251	301	352	401	452	502	552	602	653	702	753

15. Claim Procedure

1. Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. 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.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. 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.

2. 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

3. 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.

4. Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque

- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate , wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

16. Other Clauses

1. 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 any 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.

2. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy, 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.

3. Free look period

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. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- 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.

4. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

5. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

17. Premium Illustration

Muskaan

Benefit Illustration in respect of policies offered on Individual basis:

Age of the Members Insured	Coverage Opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual Basis covering multiple members of the family a under single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (Rs.), if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount (Rs.), if any	Premium after discount (Rs.)	Sum Insured (Rs.)
35 years	2,730	500,000	2,730	0	2,730	500,000	NA	NA	NA	NA
55 years	4,990	500,000	4,990	0	4,990	500,000	NA	NA	NA	NA
*Premium Exclusive of 18% GST	Total Premium for all members of the family is Rs. 7,720/-, when each member covered separately. Sum Insured available for each Individual is Rs. 500,000/-		Total Premium for all members of the family is Rs. 7,720/-, when they are covered under single policy. Sum Insured available for each family member is Rs. 500,000/-				Total Premium when policy opted for family floater basis is Rs. NA, Sum Insured of Rs.NA is available for entire family.			

* Premium exclusive of GST

Universal Sampo General Insurance Company Limited.

IRDAI Reg. No. 134 CIN: U66010MH2007PLC166770.

Registered & Corporate Office: Office No 103, First Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai-400093, Maharashtra.

Insurance is the subject matter of solicitation, for more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Muskaan | UIN:

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF

COVERAGE AND THE EXCLUSIONS RELATING THERETO.