



SENIOR CITIZEN HEALTH INSURANCE POLICY
PROSPECTUS

1. Who can take the Policy?

The Policy can be taken by a Senior Citizen who is above 60 years of age for covering himself/herself and his/her spouse.

2. Eligibility

The following conditions shall apply for seeking coverage under the Policy

- a. You must be above 60 years of age on last birthday for taking a policy.
- b. Must be a permanent resident of India
- c. Maximum entry age under the Policy for you and your spouse is restricted to 70 years. The renewals under the Policy shall, however, be provided for lifetime.

Medical Examination

We may ask You or Your spouse (if proposed for insurance under the Policy) to undergo below mentioned medical tests for purpose of consideration of Your proposal

S. No	List of Medical tests	Sum Insured limits
1	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine	Rs 1,00,000
2	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG	Rs 2,00,000 and Rs 3,00,000
3	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Profile, Stress test or 2D Echo, Kidney Function Test Complete Physical test by a physician	Rs 4,00,000 and Rs. 5,00,000

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

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

We may waive Medical Examination for You or Your spouse under the Policy

- If You or Your spouse have been continuously covered under a health insurance policy from Us or any other insurers for a period of three years and have had no claims under the policy

You shall immediately notify us in writing of any material change in the risk and cause at your own expense .If there is change in your health status known to you, you shall intimate about the same to us.

3. What is covered under the Policy?

The Policy comprises of below two sections

Section – A- Hospitalisation

This Section is mandatory to be taken under the Policy.



The following benefits shall become payable under this section. The cover shall be available to both the Insured and his/ her spouse if covered under the Policy.

Benefits under Section A

➤ **Inpatient Treatment:-** The Policy shall cover you for expenses incurred subject to limits as per below for each and every day of hospitalization under the policy.

Hospitalisation Benefits		Limits
A	(i)Room, Boarding expenses a provided by the Hospital/Nursing Home (ii) If admitted in IC Unit	i)Up to 1% of Sum Insured or actuals whichever is less per day ii)Up to 2% of Sum Insured per day or actuals whichever is less Overall limit:25% of the S.I. per illness/injury or actuals whichever is less
B	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Up to 25% of Sum Insured per illness/ Injury or actuals whichever is less
C	Anesthesia, Blood, Oxygen, OT charges, Surgical appliances(any disposable surgical consumables subject to upper limit of 7% of Sum Insured), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs, Cost of stent & implants	Up to 50% of Sum Insured per illness/Injury or actuals whichever is less

- **Day Care Procedures/ Surgeries:-** Specified Procedures / Surgeries requiring less than 24 hours of hospitalization would be covered under the Policy.(Please see annexure for complete details)
- **Pre- Hospitalisation:** - Relevant medical expenses incurred 30 days prior to your being hospitalized shall be covered under the Policy.
- **Post-Hospitalisation:-** Relevant medical expenses incurred 60 days after your being discharged from hospital shall be covered under the Policy.
- **Domiciliary Hospitalisation:** - expenses incurred on availing medical treatment at home which otherwise would have required hospitalisation .The Sum Insured under this benefit shall be limited to 50% of SI or the actual amount incurred whichever is less under the Policy.
- **Cost of Health Check-up:** - the charges incurred for medical check-up once in a block of every 3 claims free years up to 1.25% of the average Sum Insured or the actual amount incurred whichever is less. In case of floater policies, the limit of 1.25% shall be for the two family members covered under the Policy.
- **Daily Allowance:-** 0.1% of Sum Insured or Rs 250 whichever is less, as a Daily Allowance, for each continuous and completed period of 24 hours of Hospitalisation subject to a maximum of Rs 2500 shall be covered under the Policy.



- **Ambulance Charges:** - Ambulance charges incurred for engaging an ambulance for transferring yourself to a hospital to the extent of 1% of SI or Rs. 1500 or the actual amount incurred in such transportation shall be payable under the Policy.
- **Expenses of accompanying person:** - Expenses incurred up to 1% of Sum Insured or the actual amount incurred whichever is less for the person accompanying you shall be payable under the policy.

Sublimits under the Policy:

Cataract per eye	Rs 10,000
Other Eye Surgery	Rs 15,000
Surgeries for Tumor/ Cysts/ Nodule/ Polyp	Rs 20,000
Stone in Urinary System	Rs 20,000
Hernia Related	Rs 20,000
Appendisectomy	Rs 20,000
Knee Ligament Reconstruction Surgery	Rs 40,000
Hysterectomy	Rs 20,000
Fissures/ Piles/ Fistula	Rs 15,000
Spine and Verebrae related	Rs 40,000
Cellulites/ Abscess	Rs 15,000

For the purpose of applicability of the said sub-limits, multiple Hospitalizations pertaining to the same Illness or medical 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 sublimits for any major surgery or procedure other than the ones mentioned above shall be applicable under the policy.

Section B- Critical Illness (Optional)

You also have the option of covering listed Critical Illnesses and/ or Surgical Procedures under the Policy.

On diagnosis or undergoing of below mentioned Critical Illness or Surgical Procedure, the Sum Insured opted under this section shall become payable under the Policy. The Sum Insured under this section shall be in addition to hospitalisation sum insured.

- Cancer of specified severity
- Open Chest CABG
- Kidney Failure requiring regular dialysis
- Stroke resulting in permanent symptoms
- Major Organ /Bone Marrow Transplant
- Multiple Sclerosis with persisting symptoms

Provided that, we will not cover

1. Any Illness, sickness or disease , other than the above specified Critical Illness.
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 due credit for such time bound exclusion has been accrued in previous similar health insurance policy from us or any of Indian insurers.
3. Any Critical Illness based on a diagnosis made by you or your immediate 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.



Extensions/ Endorsement under the Policy

Floater Benefit: With this extension, the Sum Insured under the mandatory section A-Hospitalisation shall be available on floater basis.

Additional Benefits under the Policy

1. Cumulative Bonus : Subject to no claims and continuous renewal of the Policy with us, the Sum Insured under the Policy under Section A “Hospitalisation” shall be increased by 5% subject to maximum of 10 such non claim years.

In case of claim under this section, the increased percentage will be reduced by 5% of sum insured at the next renewal. However, basic sum insured will be maintained and will not be reduced.

Cumulative Bonus incurred in previous health insurance policies held by you with us or any of the Indian Insurers shall be allowed to be carried forward to this Policy.

2. Long Term Policy: Policy terms 1 year to 3 years are available under the policy. The following discounts will be offered if the Policy is taken by paying the appropriate premium for 2 years/ 3 years at once. No installment facility is available for payment of premium under the Policy.

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

3. Family discount: A family discount of 10% shall be applicable on hospitalisation premium when you opt for covering your spouse under the policy on individual Sum Insured basis. This discount shall not be applicable when your Spouse is covered under the Policy on Floater Sum Insured basis.

4. Sum Insureds Options: The Policy provides Sum Insured starting from 1 Lakh to 5 Lakhs Rupees for each section Hospitalisation and Critical Illness.

5. 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 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.

6. 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

1. 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
2. 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
3. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

7. Conditions under the Policy

Options available to you

1. You can opt for any Sum Insured under both the sections of the Policy, in other words, the Sum Insured under both the sections need not be identical.
2. You may choose to cover your spouse under individual Sum Insured basis or on floater basis. When you choose to cover your spouse under the Policy on individual SI under the Policy, we shall provide you a discount of 10% on your total hospitalisation premium.
3. The cover under Section B- Critical Illness shall be available only on individual Sum Insured.

8. Claim Intimation

In the event of claim please intimate IMMEDIATELY to our Customer Care at Toll Free Numbers on 1800-200-5142 (other users) or on chargeable numbers at (022)-39635200.or email at contactclaims@universalsompo.com.

The premium details for the above options under the Policy is given below

Premium for Hospitalisation (Individual Plan/ 1 Adult)					
Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
60-65 years	4358	8820	13493	16196	18848
66-70 years	5403	10937	16731	20083	23371
71-75 years	5796	11731	17946	21541	25068
76-80 years	7130	14429	22072	26496	30832
80-85 years	7628	15438	23618	28350	32991
86-90 years	9383	18989	29049	34871	40578
> 90 years	11259	22787	34859	41845	48694
Premium for Hospitalisation (1+ 1 Adult Plan on Individual Sum Insured basis)					
Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
60-65 years	8279	16758	25636	30773	35810
66-70 years	10266	20780	31789	38158	44405
71-75 years	11012	22288	34097	40928	47629
76-80 years	13546	27416	41937	50342	58582
80-85 years	14494	29333	44874	53865	62683
86-90 years	17827	36080	55193	66254	77098
> 90 years	21393	43296	66232	79505	92519



Premium for Hospitalisation (1 + 1 Adult Plan on Floater Sum Insured basis)					
Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
60-65 years	6101	12348	18890	22675	26387
66-70 years	7564	15311	23423	28117	32719
71-75 years	8114	16423	25123	30157	35095
76-80 years	9981	20201	30900	37094	43166
80-85 years	10680	21613	33065	39690	46187
86-90 years	13136	26585	40669	48819	56809
> 90 years	15763	31902	48803	58583	68171

Premium for Critical Illness Insurance (Applicable for each Insured person on Individual SI basis only)					
Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
60-65 years	2179	4410	6746	8099	9424
66-70 years	2702	5468	8365	10042	11685
71-75 years	2898	5865	8973	10771	12534
76-80 years	3565	7215	11037	13248	15416
80-85 years	3815	7720	11809	14175	16496
86-90 years	4691	9495	14525	17435	20289
> 90 years	5630	11394	17430	20922	24347

Note

1. Rates are excluding GST as applicable)
2. All premium rates are annual & rates are in Rupees.
3. The Hospitalisation premium can be opted for the spouse either on Individual SI basis or floater basis
4. The cover for optional Section B- Critical Illness shall be available on individual Sum Insured basis only
5. Avail of tax benefit under section 80D of Income Tax Act, 1961 on the premium payable under the Policy (Tax benefits are subject to change as per change in Tax Laws)

1. Cancellation Terms

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.

2. Co-pay

Co-Payment means a cost-sharing requirement applicable under this Policy in which you shall bear the percentage of the admissible claim amount which is specified in the table below. A Co-Payment does not reduce or otherwise affect the Sum Insured. This is applicable for all roll-over cases (cases of portability) as well.

Admissible on all hospitalisation claims under the Policy	10% shall apply
Arising out of pre-existing diseases (including for roll-over cases)	20% shall apply except for claims arising under Section B-Critical Illness
Day Care Procedures	15% shall apply
Packaged Charges by Hospital	No co-pay shall be applicable on packaged charges by Hospital

3. Renewal Terms:

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

1. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. 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.
5. No loading shall apply on renewals based on individual claims experience.

4. Sum Insured Enhancement

Sum Insured can be enhanced only upon renewal, subject to

- a) No claim under the previous policy with Us
- b) Our underwriter’s approval.

5. TPA and Our Network Providers

For assisting you during claims related services , we have engaged a Third Party Administrator and we have also tied-up with a lot of hospitals all over India for securing you a cashless claims processing if you so desire.



The details of the TPA and the list of such hospitals empaneled by us (the Network Providers) can be found at our website www.universalsampo.com

6. 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.
 - i. an option to migrate to a substitute product offered by Us, subject to portability conditions.

7. Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

Region of cover:

All medical treatment for the purpose of this insurance will have to be taken in India only.

8. Loadings under the Policy:

- a) **Loading based on location:** We may load premium up by 10% if you are a resident of any one for the Tier 1 cities viz. Delhi, Mumbai, Bengaluru, Chennai, Hyderabad, Kolkata.
- b) **Health status loading:** We shall load premium up to 100% under the Policy as under depending on the your health status

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



Health Status Loading	Loading
For Normal conditions and no co-existing disease at time of proposal	Nil
For any One Borderline Level Condition	20%
For any One Borderline condition with a co-existing disease or any Two Borderline Level conditions	30%
For any Two Borderline Level Condition with a co-existing disease	40%
For all three Borderline Level Condition	50%
For any one High condition or all three Borderline Level Conditions with a co-existing disease	60%
For two or more high conditions	100%

- c) **Floater extension loading:** A loading of 40% shall be applied on premium for Section A-Hospitalisation when the cover under section A of the policy is extended to spouse of the primary insured. Sum Insured under the section, then shall be available on floater basis.

We will inform you about the applicable risk loading(s) 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.

What is not covered under the Policy?

- A. Investigation & Evaluation(Code- Excl04)
- B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)
- C. Obesity/ Weight Control (Code- Excl06)
- D. Change-of-Gender Treatments: (Code- Excl07)
- E. Cosmetic or plastic Surgery: (Code- Excl08)
- F. Hazardous or Adventure sports: (Code- Excl09)
- G. Breach of law: (Code- Excl10)
- H. Excluded Providers: (Code-Excl11)
- I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)
- J. Treatments received in heath 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)
- K. 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)
- L. Refractive Error:(Code- Excl15)
- M. Unproven Treatments:(Code- Excl16)
- N. Sterility and Infertility: (Code- Excl17)
- O. Maternity Expenses (Code – Excl 18):

(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)



Claims Procedure

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.

Procedure for Reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/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

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 1-800-200-5142 (other users) or on chargeable numbers at +91-22-27639800/+91-22-39133700 or email at contactus@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.



- a. Copy of the Original Bills (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.

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

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

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 Sampo 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: 1-800-200-5142 (For MTNL/BSNL users) or 1-800-2004030.