



## Complete Healthcare Insurance Prospectus

### *What Complete Healthcare Offers?*

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

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

### *3 Easy Steps choose your plan type:*

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

Plans that fits every need, lifestyle and budget

#### *1. Plan eligibility*

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

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

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

#### *2. Plan type*

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

<p><i>Plan Options</i></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; background-color: #e6e6fa;">Basic</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; background-color: #e6e6fa;">Essential</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #e6e6fa;">Privilege</div>	<p><i>Individual Sum Insured Basis</i></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; background-color: #d1c4e9;">Rs 1 Lakh, Rs 2 Lakh</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; background-color: #d1c4e9;">Rs 3 Lakh, 4 Lakh and 5 Lakh</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #d1c4e9;">Rs 6 Lakh, Rs 7 Lakh, Rs 8 Lakh , Rs 9 Lakh and Rs 10 Lakh</div>	<p><i>Floater Basis</i></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; background-color: #b3e5fc;">Rs 1 Lakh, Rs 2 Lakh</div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px; background-color: #b3e5fc;">Rs 3 Lakh, 4 Lakh and 5 Lakh</div> <div style="border: 1px solid #ccc; padding: 5px; background-color: #b3e5fc;">Rs 6 Lakh, Rs 7 Lakh, Rs 8 Lakh , Rs 9 Lakh and Rs 10 Lakh</div>
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Sum insured is the maximum amount of claim per policy per year that can be availed. This amount may increase in subsequent years due to cumulative bonus (please refer to cumulative bonus for details)



*Floater Options Available to You:*

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

***Your Medical Benefits***

*When you are hospitalised*

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

*If hospitalisation is less than 24 hours*

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

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

*When you take Treatment at Home*

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

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

*Before you are hospitalised*

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

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

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

*After your hospitalisation*

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

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

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

*When you require an Organ Donation*



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

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

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

### *Getting to a Hospital*

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

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

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

### *Dental Treatment (in case of Accidents)*

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

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

### *Avail Treatment of your choice*

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

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

### *When your child goes to Hospital*

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

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

### *Vaccination*

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

### *When you have Cough, Cold or Mild Fever etc.*

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



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

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

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

### ***Diagnostic Tests***

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

### ***Out-patient Dental Treatment***

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

### ***Spectacles, Contact lenses, Hearing Aid***

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

### ***Out-patient Consultation***

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

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

### ***When you are seriously ill***

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

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

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

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

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

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

#### **i. Routine Pregnancy:**

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

**What’s more!!!**



**ii. Pre and Post-natal expenses:**

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

**Baby Care**

**iii. New Born Care**

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

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

***How Can You Enhance Or Waive Coverage?***

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

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

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

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

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

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

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

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

**Ways to enhance your cover**

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

- Is actively involved in your and their health care decisions and finances



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

Optional Sections are available on payment of additional premium

**Opt 1: Personal Accident:**

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

**Opt 2: Critical Illness:**

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

**List of Critical Illness**

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

**Opt 3: Hospital Daily Cash**

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

## Ways to reduce premium

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

**Opt 4: Sub limits**

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



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

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

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

**Opt 5: Treatment only in tiered hospitals**

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

If you avail this option, you agree that if you are hospitalized in a hospital other than a network provider then, you shall bear 10% of the claim payable under the policy and our liability, if any, shall only be in excess of that sum.

If you elect this option, and your premium would be reduced by 5% of the prevailing premium. The company ensures that discount of 5% if treatment is taken in tiered network and 10% co-pay if treatment is taken in non-tiered network.

***How Do We Reward You?***

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

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

***Cumulative Bonus***

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

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





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

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

### *Know your numbers*

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

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

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

Further More

### *Renew with us for lifetime...*

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

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

### *Grace Period...*

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

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

### *Cover for people with HIV/ AIDS*

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

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

### *Restore Sum Insured*

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

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





*Continued Cover...*

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

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

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

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

*Review your decision at policy renewal*

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

Increase your level of cover

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

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



### **Free Look Period**

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.

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

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

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

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

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

### *E Policy discount*

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

### *Withdrawal of Policy*

- a) 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.
- b) 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.

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

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

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

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

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

### *Cover your extended family under a single policy*

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



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

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

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

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

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

### ***Value Added Services:***

#### *"Your health and Wellness being"*

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

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

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

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

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

#### *Dial-a-Doctor*

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

#### *Health Educational Library for People (HELP)*

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

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



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### *Second Opinion*

Get a second opinion on your health condition.

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### *Newsletter*

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

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### *Wellness Package*

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

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### *Specialist Consultation with Two follow up session*

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

### ***Your Underwriting Guide***

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

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

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

### ***Tips for you***

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

### ***The Underwriting Process***

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

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



*Our standard approach*

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

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

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

Further, medical disclosures should include:

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

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

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

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

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

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

Health Status Indicators					
S.N.	Health Indicators		Normal	Borderline Level	High
1	Blood Sugar Levels		99 mg and lower	100-125 mg	126 mg and higher
2	Blood Pressure	Systolic	Below 130	130-139	140 or higher
		Diastolic	Below 80	80-89	90 or higher



3	<b>Cholesterol Level ( mg/dL)</b>	Below 200	200-239	240 or higher
4	<b>Body Mass Index</b>	18.5-24.9	25-29.9	30 or higher
5	<b>Any disease co-existing with any of the above</b>			
<b>Health Status Loading</b>				<b>Loading</b>
For Normal conditions and no co-existing disease at time of proposal				Nil
For any One Borderline Level Condition				20%
For any One Borderline condition with a co-existing disease or any Two Borderline Level conditions				30%
For any Two Borderline Level Condition with a co-existing disease				40%
For all Three Borderline Level Condition				50%
For any one High condition or all Three Borderline Level Conditions with a co-existing disease				60%
For two or more High conditions				100%

**Worst Case Scenario:**

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

*Co-morbidity*

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

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

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

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

*Tobacco and Alcohol Use*

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



*Occupational Hazard*

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

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

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

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

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

*Consent from you*

We may apply a risk loading on the premium payable based on above considerations explained to you. The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person.

We will inform you about the applicable risk loading through a counter offer letter. You have to revert to us with consent and additional premium (if any) within 15 days of issuance of such counter letter. In case, you neither accept the counter letter from us nor revert to us within 15 days, we shall cancel your application and refund the premium within next 7 days.

Please note we shall issue policy only after getting written consent from you.

*Mid- term revision*

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

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





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

### ***What Is Not Covered?***

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

- 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 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)
- 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)

■ **Critical Illnesses and / or Surgical Procedure**

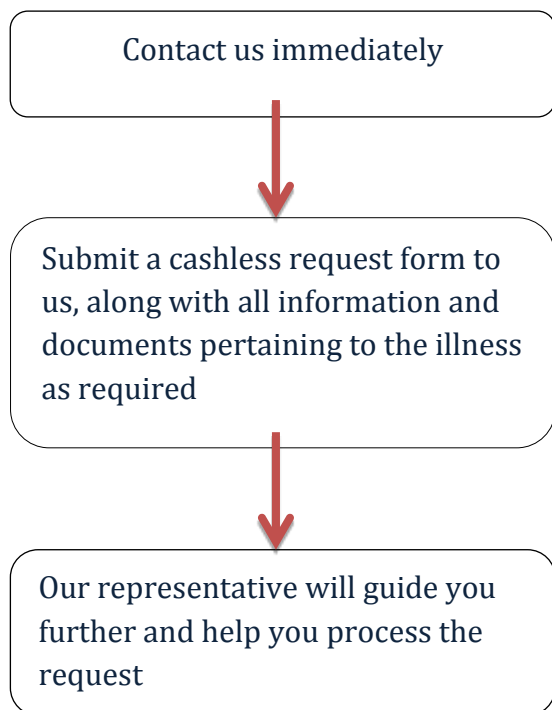
90 days for listed Critical Illness and / or surgical procedures in the first year, subject to portability. The same shall not applicable in the subsequent renewal of the policy with us.



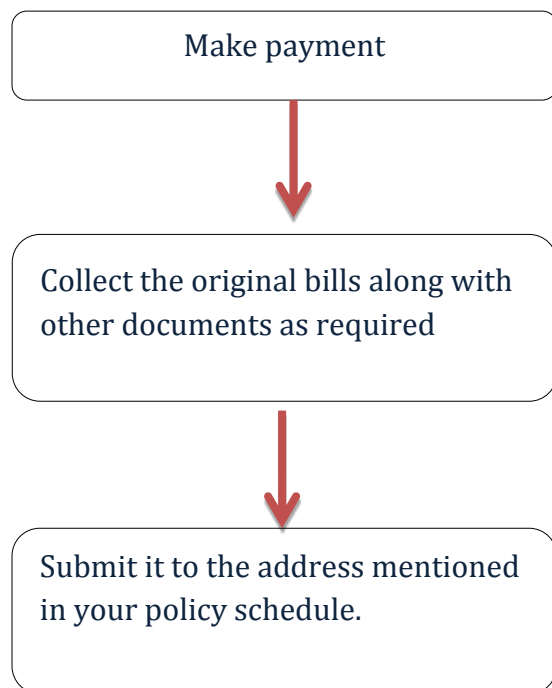
**What is the process to lodge a Claim?**

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](mailto:contactclaims@universalsompo.com).

**For Cashless hospitalisation**



**For a Reimbursement of Expenses**



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

For any kind of support or information, please call our helpline 1800-200-5142 or write to us at [contactus@universalsompo.com](mailto:contactus@universalsompo.com) or intimate us by visiting our website <http://www.universalsompo.com/>.

To understand the claims process in detail, and to get a checklist of the documentation, please visit <http://www.universalsompo.com> and view the ‘claims process’ section.

Things you should know...

***Know your insurance***

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

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

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



*Know your benefits*

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

Please also refer to your policy document

*Know your rates*

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

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

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

*Know your participating hospitals*

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

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

The list of these network providers can be found at our website: [www.universalsampo.com](http://www.universalsampo.com)

**Summary of Benefits**

S. No	Benefits	Basic	Essential	Privilege
	Sum Insured (in ₹ Lakhs)	1, 2	3, 4, 5	6,7, 8, 9, 10
a	Inpatient Treatment	Covered	Covered	Covered
b	Day Care Procedures	Covered	Covered	Covered
c	Post-Hospitalisation	Covered	Covered	Covered
d	Pre-Hospitalisation	Covered	Covered	Covered
e	Domiciliary Treatment	Covered	Covered	Covered
f	Organ Donor	Covered	Covered	Covered
g	Ambulance	Up to 1% of SI or Rs 1,000 or actuals whichever is less.	Up to 1% of SI or Rs 2,000 or actuals whichever is less.	Up to 1% of SI or Rs 3,000 or actuals whichever is less.
h	Dental Treatment in case of Accidents	Inpatient <i>Dental Treatment</i> Upto 100% of In-patient Treatment Sum Insured.	Inpatient <i>Dental Treatment</i> Upto 100% of In-patient Treatment Sum Insured.	Inpatient <i>Dental Treatment</i> Upto 100% of In-patient Treatment Sum Insured.
i	AYUSH Benefit	Upto SI	Upto SI	Upto SI
j	Daily Cash for accompanying an Insured	Not covered	Rs 300 per day subject to maximum of Rs 9,000.	Rs 500 per day subject to maximum of Rs



	child			15,000.
k	Vaccination (in case of Post Bite Treatment)	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.
l	Out-Patient Treatment Cover after waiting period of 3 years a) Out-patient Consultation b) Diagnostic Tests c) Dental Treatment d) Spectacles, Contact Lens, Hearing Aids	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 2,500.	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 5,000.	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 7,500.
m	Convalescence Benefit	Flat Rs. 10,000 per member when <i>Hospitalisation</i> exceeds 10 days.	Flat Rs. 10,000 per member when <i>Hospitalisation</i> exceeds 10 days.	Flat Rs. 10,000 per member when <i>Hospitalisation</i> exceeds 10 days.
<b>Mother and Child Care Benefits</b>				
d	Maternity Expenses with waiting period of 3 years	Not covered	Normal Delivery: up to Rs 15,000 or actuals whichever is less Caesarean Delivery: up to Rs 25,000 ( including pre and post natal expenses up to Rs 2,000) or actuals whichever is less	Normal Delivery: Up to Rs 25,000 or actuals whichever is less Caesarean Delivery: Up to Rs 50,000 (including pre and post natal expenses up to Rs 2,000) or actuals whichever is less
	New Born Baby Cover	Not Covered	Up to Basic SI from 1st Day till expiry of <i>Policy</i> or the child is 91 days old whichever is earlier.	Up to Basic SI from 1st Day till expiry of <i>Policy</i> or the child is 91 days old whichever is earlier.
<b>Additional Benefits</b>				
a	Restore Benefit	Covered	Covered	Covered
b	Cover for PLHA	Not covered	Not Covered	Covered
<b>Renewal Benefits</b>				
a	Cumulative Bonus	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced	10% in increase in SI for every claims free year subject to maximum of 50%. The increased SI shall be decreased by 10% in event of claim but SI shall not be reduced
b	Health Check-up	1 coupon at the end of every claims two continuous claims free year 2 coupons in case of family floater	1 coupon at the end of every claim free year 2 coupons in case of family floater	1 coupon at the end of every claim free year 2 coupons in case of family floater
<b>Value Added Benefits</b>				
a	Dial a Doctor	Covered	Covered	Covered



b	Health Educational Library for People(HELP)	Covered	Covered	Covered
c	Second Option	Not Covered	Covered	Covered
d	Specialist Consultation with Two follow up session	Not Covered	Covered	Covered
e	Wellness Package	Covered	Covered	Covered
f	24x7 Customer Service	Covered	Covered	Covered
g	Newsletter	Covered	Covered	Covered
<b>Product Options</b>				
a	Personal Accident	Available	Available	Available
b	Critical Illness	Available	Available	Available
c	Hospital Daily Cash when Hospitalisation exceeds 3 days for a maximum number of 7 days	Rs 2,00 per day	Rs 5,00 per day	Rs 1,000 per day
d	Sub limits Applicability	No sublimit applicable under base <i>Policy</i> . Avail discount of 7.5% for choosing Sublimit A Avail discount of 5% for choosing Sublimit B	No sub limits applicable under base <i>Policy</i> Avail discount of 10% for choosing Sublimit A Avail discount of 7.5% for choosing Sublimit B Avail discount of 5% for choosing Sublimit C	No sub limits applicable under base <i>Policy</i> . Avail discount of 10% for choosing Sublimit A Avail discount of 7.5% for choosing Sublimit B Avail discount of 5% for choosing Sublimit C
e	Treatment only in tiered Network	5% discount if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.	5% discount if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.	5% discount if treatment is taken in tiered network and 10% co-pay shall be applicable for taking treatment in non-tiered network.

The overall limit on discounts is 40%

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

**Benefit Payment**

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

***Your Questions Answered***

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

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

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



***Q. Am I covered when travelling worldwide?***

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

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

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

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

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

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

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

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

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

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

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

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

A. Yes, you have access to claim forms as well as all value added services information at [www.universalsompo.com](http://www.universalsompo.com)

***Q. Is inpatient direct settlement available?***

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

***Q. Who provides the policy?***

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

***Q. What is the duration of my policy?***

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

***Q. How can I pay my premium?***

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



**Q. Are there any age limits?**

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

**Q. Will my premium go up at renewal?**

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

**Q. Can I cancel my policy?**

- i. Yes, 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.

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
<b>1 year</b>	75%	50%	25%	0%	NA	NA
<b>2 year</b>	75%	65%	50%	25%	0%	NA
<b>3 year</b>	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.

**Automatic Cancellation**

- a. Individual policy:

The policy shall automatically terminate in the event of your death.

- b. For Family Floater Policies:

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

- c. Refund:

A refund in accordance with the cancellation short period rate table above shall be payable if there is an automatic cancellation of the policy provided that no claim has been made under the policy by or on behalf of any of the covered members.





***Q. Can I renew my policy?***

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

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

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

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

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

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

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

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

**Premium Table**

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

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

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



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

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

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



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

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

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



**Note**

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

**Personal Accident**

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

**Risk Group Table**

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

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

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

**Hospital Cash**

Sum Insured (Rs)/Age (Years)	Basic		Essential			Privilege				
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
91-days -17	73			182				364		
18-35	101			252				504		
36-45	143			357				714		
46-50	155			389				777		
51-55	171			427				854		
56-60	288			721				1442		
61-65	350			875				1750		
66-70	364			910				1820		
71-75*	378			945				1890		



> 75*	392	980	1960
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**Critical Illness**

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

**Note**

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