



## **SUPER HEALTHCARE INSURANCE** **PROSPECTUS**

With healthcare costs increasing at an exorbitant rate every year, it is very important to have a health insurance policy. But your regular health insurance policy may not be sufficient to take care of the extra expenses that may arise due to rising medical treatment cost. **Universal Sampo's Super Healthcare Insurance** will offer a financial cushion in the event when your hospitalisation claim bill crosses your sum insured under any other Mediclaim policy or the deductible amount.

### **Why Super Healthcare Insurance is different?**

Universal Sampo's Super Healthcare Insurance offers higher Sum Insured with a deductible applicable for claims making higher range Sum Insured more affordable than a regular mediclaim policy with higher Sum Insured(s).

### **Plan Option**

Top Up (*Application of deductible per claim basis*)

Options	Plan 2	Plan 3
Sum Insured	2, 3, 5, 7, 10 Lakhs	5, 7, 10, 15, 20 Lakhs
Deductible	3, 4, 5 Lakhs	6,7,8,9,10 Lakhs

Super Top Up (*Application of deductible on aggregate claim basis*)

Options	Gold	Diamond	Platinum
Sum Insured	2, 3, 5, 7, 10 Lakhs	3, 5, 7, 10, 15, 20 Lakhs	10, 15, 20, 30, 50, 100 Lakhs
Deductible	3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	10, 15, 20, 30, 40 Lakhs

### **What are the Key Features of Super Healthcare Insurance Super Healthcare Insurance?**

- Higher Sum insured options up to 1 Cr with deductible limits as specified.
- No Medical tests up to 65 years or Sum Insured 20 lakhs.
- Long term Policy discount for 2 or 3 years policy.
- Free health check-up to the insured on every renewal.
- Wellness reward programme on meeting certain wellness criteria for complete wellbeing of the Insured Person.
- Medical expenses incurred prior to Hospitalization and after hospitalization are also covered.
- Medical expenses incurred for the successful organ transplant including pre-transplant medical test for legitimate donor and for harvesting the organ up to the sum insured are covered.
- Reasonable and customary Medical expenses incurred for In-patient Hospitalization treatment related to or for obesity are covered.
- Maternity Expenses incurred after 9 months from the policy inception up to the specified limits.
- 100% restoration of Base Annual Sum Insured, if the initial sum insured including any cumulative bonus gets exhausted because of the claims made and accepted by the company
- Tax Benefit under section 80 D of Income Tax Act 1961 on premium paid for the Policy.
- Policy is available on Individual and Family floater Basis.

### **What is the minimum and maximum entry age?**

- Minimum entry age : (Proposer/Adults) 18 yrs; dependent Children - 91 days



- Maximum entry age: (Adult) 80 years
- Maximum entry age for dependent children is 30 years

## What is renewal age?

Policy will be renewed for lifetime except on the grounds of fraud, misrepresentation or moral hazard.

## Who are eligible to take the policy?

- Individuals and families.
- Members covered under any Medical expenses (Hospitalization) policy. This policy covers the medical expenses in excess of the specified deductible amount.
- Members who do not have any Health policy can also opt for this policy; the expenses up to the deductible limit have to be borne by the member.

## Who can be covered as dependants under Policy?

- **Family Floater Sum Insured Basis:** Self, Spouse, 4 dependent Children can be covered under single Sum Insured. The premium shall be calculated as per the highest age of the family member. (Maximum 6 persons can be covered under floater plan)
- **Individual Sum Insured Basis:** Self, spouse, dependent children, brother, sister, dependent parent, grandparents, grandchildren, mother-in-law, father-in-law, son-in-law, daughter-in-law, dependent brother-in-law and dependent sister-in-law, Niece and Nephew.

## Policy Tenure

- The Policy can be taken for 1 year/ 2 Years/ 3 Years.

## Coverage's

### 1) Medical expenses

The company will pay Insured, Reasonable charges of Medical Expenses incurred, in excess of the deductible stated in the schedule provided the Insured members are hospitalised on the advice of a Doctor due to the Illness or accidental Bodily Injury sustained or contracted during the Policy Period.

#### 1.1 In patient Hospitalization:

##### In-patient Hospitalisation Medical Expenses for:

- Room Rent, boarding expenses
- Nursing Charges
- Intensive Care Unit
- Medical Practitioner(s)
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables
- Intravenous fluids, blood transfusion, injection administration charges
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

#### 1.2 Day Care Treatment

The Company will pay the Medical Expenses for day Care Treatment/ surgical procedures by the Insured Person(s) as an In-patient for less than 24 hours in a Hospital or day care centre but not the out-patient department of a Hospital or Day care centre as enlisted in the list of Day care Treatment/Procedures annexed to this Policy and also available on company's website.



## 1.3 Pre-Hospitalization Expenses

The *Company* will pay for the Medical Expenses incurred immediately before *Insured* were hospitalized, provided that:

- Such Medical Expenses were incurred for the same illness/injury for which subsequent hospitalizations was required, and
- We have accepted an inpatient Hospitalizations claim under section hospitalizations expenses.

## 1.4 Post-Hospitalization Expenses

The *Company* will pay for the Medical Expenses incurred immediately after *Insured* were discharged post Hospitalisation provided that:

- Such costs are incurred in respect of the same illness/injury for which the earlier hospitalization was required, and
- We have accepted an inpatient hospitalizations claim under Medical expenses

## 1.5 Organ Donor expenses

The *Company* will pay the Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and for harvesting the organ up to the sum insured.

## 1.6 In Patient AYUSH Hospitalization

The *Company* will pay for the expenses incurred as per guidelines for reimbursement/settlement of AYUSH treatment expenditure claims under insurance coverage t as an in-patient treatment taken under AYUSH in any of the following:

- i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers excluding centre for spas, massage and health rejuvenation procedures.
- ii. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH).
- iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
  - has at least fifteen in-patient beds;
  - has minimum five qualified and registered AYUSH doctors;
  - has qualified paramedical staff under its employment round the clock;
  - has dedicated AYUSH therapy sections;
  - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

## 1.7 Domiciliary Hospitalization

The *Company* will pay for the medical expenses incurred by *Insured* member(s) for medical treatment taken at home which would otherwise have required In –Patient Hospitalization, provided that:

- The condition for which the medical treatment is required continues for at least 3 days, in such a case the *Company* will pay the reasonable charge of any necessary medical treatment for the entire period, and
- If the *Company* accept a claim under this Cover then the *Company* will not make any payment for Post- Hospitalization Expenses but the *company* will pay Pre-Hospitalization expenses for up to the maximum days mentioned in benefit structure accordance with above, and
- No payment will be made if the condition for which You require medical treatment is:
  1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
  2. Arthritis, Gout and Rheumatism



3. Chronic Nephritis and Nephritic Syndrome
4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
5. Diabetes Mellitus and Insupidus,
6. Epilepsy,
7. Hypertension,
8. Psychiatric or Psychosomatic Disorders of all kinds,
9. Pyrexia of unknown Origin.

## 2) Ambulance Expenses

The company will pay the ambulance expenses incurred for Road Ambulance Expenses, Special Cardiac Ambulance expenses, Air Ambulance up to the maximum amount as specified in Policy Schedule, per valid hospitalization claim for transferring the Insured member(s) to the nearest Hospital with adequate facilities, If a claim is accepted under In-patient hospitalization/Day care.

## 3) Maternity & New Born Care Cover:

**The Company will pay for**

### i. Maternity Cover:

The Company shall pay the Medical Expenses incurred as an inpatient for a delivery (including caesarean section) or lawful medical termination of pregnancy during the policy period limited to two deliveries or terminations or either, during the lifetime of the Insured Person.

### ii. Pre and Post natal expenses:

The cost of pre-natal and post-natal expenses per delivery limited up to the amount stated in the Schedule under maternity coverage.

### iii. New Born Care

Medical Expenses incurred by Insured member(s)'s New Born Baby as an In-Patient from the first day till expiry of the Policy or the child is 91 days old whichever is earlier. The maximum liability for new born care will be subject to the amount specified in the schedule to cover Maternity & new Born Care, Provided that,

When the New Born Baby is older than 91 days, then Insured member(s) 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.

## 4) Automatic Restoration (this benefit is available for the plans with deductible limit 2 Lakh and above)

The Company will provide a 100% restoration of Base Annual Sum Insured opted by the Insured once in a policy year, if the opted Base Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous claims in that policy year,

## 5) Bariatric Surgery Cover

The Company will cover for reasonable and customary expenses for Bariatric Surgery if the insured fulfils the following conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The member has to be 18 years of age or older and
- iii. Body Mass Index (BMI) greater than or equal to 40
- iv. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
  - a. Obesity-related cardiomyopathy
  - b. Coronary heart disease
  - c. Severe sleep apnea
  - d. Uncontrolled Type 2 Diabetes



## 6) Emergency Assistance Services

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers from their residential address as provided in the Proposal Form. The services would be provided by the company /through our appointed Service provider, with prior intimation and acceptance by the Company, for:

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

## VALUE ADDED BENEFIT

The policyholder can avail the benefits through Mobile application or web portal without any additional cost, subject to terms and conditions of the policy.

### The Wellness Services and Activities Are Categorized As Below:

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards in form of USGI Coins.

#### 1. Everyday Care

- i. OPD Consultation
- ii. Diagnostic Services
- iii. Pharmacies

#### 2. Complete Wellness & HealthCare

- i. Health Risk Assessment (HRA)
- ii. Electronic Health Records
- iii. Health Screening

#### 3. Health Coach

A dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s).

#### 4. Disease Management Program (On payment of additional Premium)

This service aims to help the insured person cope with their disease and show them ways of dealing with them in everyday life.

### Wellness Reward Program:

The Wellness Reward Program (WRP) aims to encourage the insured person to perform certain activities to stay active and medically fit. WRP is an award program wherein the Insured Person can earn the reward points termed as “USGI Coins” by performing the activities as mentioned in the below Table. The points can be redeemed against array of options provided as mentioned hereunder which would help the Insured to improve his/her overall Health Status.

- (i) For an individual as well as Family Floater policy, the earning of USGI coins shall be considered on individual member basis up to the maximum limit as specified under every category per policy year.
- (ii) The Company shall specify the Wellness Rewards – Earning and Redemption categories as well as Earned but not utilized USGI coins in the policy schedule. The details of USGI coins would also be available at the Company’s Health Portal and/or Mobile Application.



(iii) USGI coins earned in this section of the policy are valid up to 4 years from the date renewal of this policy (including any grace period applicable) and would not be carried forward thereafter.

(iv) Each USGI coin shall have the value equivalent to Rs.0.25.

(v) The USGI coins can be earned in the following ways as mentioned in the given Table:

**Table: Earn Rewards (in form of USGI coins)**

Activities for Earning Wellness Rewards		Rewards/ USGI Coins earned by Individual	Max USGI Coins earned by Individual Per Policy Year
<b>On completion of HRA on Health Portal/Mobile application</b>	HRA Completion within 90 days from Policy Inception Date	500	500
<b>HRA outcome without any adverse report</b>	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
<b>HRA Outcome of having Large waist size ( &gt; 40 inches)</b>	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000
<b>Blood pressure for a known case of Hypertension</b>	Blood Pressure is below or equal to -	150/month	500
	SBP:120-140 mm/Hg		
	DBP: 80-90 mm/Hg		
	SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
<b>Blood sugar levels for a known case of Diabetes</b>	HBA1C within normal limits ≤ 5.6	150/quarter	500
<b>Lipid profile Level for a known case of Dyslipidemia</b>	Lipid level are normal within range as applicable to the Laboratory	150/quarter	500
<b>Body Mass Index (BMI) for a known case of High BMI Insured Person /s</b>	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
<b>&gt;=30 optimum BMI</b>	BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarter	300
	BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarter	500
<b>Health Tests for Heart Related, Blood Sugar, Thyroid/Lipid etc. Monitoring</b>	on Submission of Reports	150/quarter	300
<b>Annual membership for Dance/Zumba/Aerobic/Gymnastic/ Yoga/Gym/Swimming</b>	Provide attendance Register/letter/ medal/trophies/BIB number (as applicable) from the respective facility provider.	150/quarter	400
<b>Participate in professional sport events like Marathon/Cyclothon/Swimathon</b>	Provide attendance Register/letter/ medal/trophies/BIB number (as applicable) from the respective facility provider.	100 /event	500
<b>Competitive Sports: School Level</b>	Participation Certificate from School	20/sport	50
<b>Competitive Sports: National/State Level</b>	Participation Certificate from relevant sports authority	75/sport	150
<b>Download the Wellness Application</b>		150	150
<b>Refer a Friend to buy USGI policy</b>		100/referral	300
<b>Sum Insured Enhancement</b>		100	100
<b>Pledge to Quit Smoking</b>		150	150
<b>Water Intake</b>	3-4 litres per day, to be updated on App	50/month	200





## Redemption of USGI coins:

Sr. No	Categories to Redeem the USGI Coins	Limit on Redemption
1	Facilities as mentioned under 'Health & Wellness Program: Everyday Healthcare'	20% of USGI coins upto Rs.200
2	Dental Care except cosmetic treatment	30% of USGI coins upto Rs.300
3	Cost of Vaccinations	30% of USGI coins upto Rs.300
4	Cost of Spectacle Lenses	30% of USGI coins upto Rs.300
5	Laser surgery for correction of refractory errors	30% of USGI coins upto Rs.300
6	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under 'In-patient Hospitalization'	50% of USGI coins upto Rs.500
7	You can also redeem your Rewards against Claim of yours/your family member/s who are insured with Us under retail Health Indemnity product	20% of USGI coins upto Rs.200
8	Discount on premium while renewing your Policy	30% of USGI coins upto Rs.300

## Optional Cover (on payment of additional premium)

### Global Care

In consideration of payment of additional premium by the Insured Member(s). The *Company will* reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days up to the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only basic sum insured along with Cumulative Bonus can be used for this and not the restored sum insured.

## Renewal Benefit

### 1. Cumulative Bonus

The company will increase the Base Annual Sum Insured by 20% at the end of the Policy Year if the Policy is renewed with Us

### 2. Free Health Check-Ups

The *company will* provide free medical check-ups to the insured on every renewal, through the empanelled Service Provider. This free health check-up is offered irrespective of the claim history of policyholder.

Provided that, the Insured Member(s) have to renew the Policy with the company without any break.



## MAJOR EXCLUSIONS UNDER THE POLICY

1. **Deductible:** The company shall not be liable for the deductible amount as specifically defined in the Schedule. The Company is not liable for any payment unless the medical expenses exceed the deductible. Deductible shall not be applicable for optional covers, if any.
2. **First 30 days waiting period:** A waiting period of 30 days from the commencement date of the first Policy will apply to all disease/ illness contracted other than accidental bodily injury requiring hospitalization.  
This exclusion shall not apply for subsequent policy years and/or if the Insured person/s has any health insurance indemnity policy in India and accepted by the Company under Portability cover, provided that there is no break in the insurance cover for that Insured Person.
3. **Pre-existing disease waiting period:** Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36, 24 months or 12 months as per benefit schedule of, after the date of inception of the first Super Healthcare Insurance policy with the Us
4. **First 2 year exclusion (Specific waiting period):** Any Medical Expenses incurred on the treatment of any of the illnesses/ conditions specified in policy (whether medical or surgical and including Medical Expenses incurred on complications arising from such Illnesses/conditions) shall not be covered during the first 2 consecutive years from inception of the first Policy.
5. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies, or services including complications arising due to supplying services or Assisted Reproductive Technology
6. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
7. Aesthetic treatment, cosmetic surgery/implants or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury or Burns.
8. Weight management services and treatment related to weight reduction programmes including treatment of obesity
9. Any consequential loss or expenses arising out of or related to the Hospitalization.

*For complete details of exclusions and coverage, please refer the policy wordings.*

## GENERAL TERMS AND CONDITIONS

1. **Renewal**
  - a) The Policy shall ordinarily be renewable till lifetime, except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the Grace period will not be covered.
  - b) We are under no obligation to give notice that it is due for Renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date and in any event before the expiry of the Grace Period.
  - c) The Insured/s must exercise the duty to disclose to the Company before the Renewal of any variation, Alterations like increase/ decrease in Sum Insured or Change in Plan, addition/deletion of members, medical condition of such additional members basis which the renewal premium can stand revised.





- d) The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with Renewal application it shall be deemed that there is no material change to the risk. No Renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.
- e) Any revision or modification in the Policy approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

**2. Pre-Policy Health Check Up** Under certain circumstances such as declaration(s) in the proposal form or if insured member/s are/is above 65 years and SI is greater than 20 lakhs, we may ask you to undergo below mentioned medical check-up to help us understand your health condition in a better way.

- The validity of the test reports would be 30 days from date of medical examination.

Age of the person to be insured	Sum Insured	Medical Examination
Up to 65 years	All Sum Insured options	No Medical Tests
Above 65 years	<b>Sum Insured 20 Lakhs and above</b>	<b>Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine</b>

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

If the proposal is accepted we shall refund 50% of the health check-up cost (at our empanelled network provider)

### 3. Cancellation/Termination

The Company may at any time cancel this Policy and premium paid hereon shall be forfeited to the Company, in the event of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form.

The Company may in the event of non-cooperation by the Insured/ Policyholder, by giving fifteen(15) days' notice in writing by registered post / acknowledgement due post to the Insured at his last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation subject to there being no claim made/reported under the policy.

The insured may cancel this policy by giving us at least 15 days written notice, and if no claim has been made then the Company shall refund premium on short term rates for the unexpired Policy.

Period as per the rates 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
<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%



## DISCOUNT & LOADING

### 1. Family Discount:

A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available to each member under the policy

### 2. Long Term Policy Discount:

A discount will be applicable on purchase of long term policy as per below table

Duration of Policy	Discount
2 years	2 year annual premium in advance less 7.5% discount
3 years	3 year annual premium in advance less 10% discount

### 3. Loyalty Discount:

5% discount if the client already has our on-going retail health insurance policy.

### 4. Employee Discount:

15% discount if the client is an employee of the Company. The discount will be given to each member insured under the Policy.

### Loading:

We may apply a risk loading up to a maximum 100% of normal slab premium per diagnosis/medical condition and not over 200% of normal slab premium per person, on the premium payable based on declarations on proposal form, on the basis of your health status.

Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s).

There will be no loadings based on individual claims experience.

## Claims

### 1. Documents to be submitted for Claims

- First Consultation letter from the Doctor
- Duly completed claim form and NEFT Form signed by the Claimant
- Original Hospital Discharge Card
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Original Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- In case of a Cataract Operation, IOL Sticker will have to be enclosed
- Claim settlement letter from the co insurer if any
- Other documents as may be required by us to process the claim

### 2. Basis of payment:

- a. Any claim under this Policy shall be payable by Us only if It is in respect of Expense specified, cover this Policy and
- b. In no case Company shall be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this Policy.
- c. We shall make payment in Indian Rupees only.

### 3. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:



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- **Address: 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:** 1-800-5142
  - **Landline Numbers:** (022)- 39635200
  - **E-mail Address:** [contactus@universalsampo.com](mailto:contactus@universalsampo.com)



## Benefit Summary

1	Eligibility Criteria						
1.1	Who can be covered	Family Floater: Self, Spouse, 4 dependent Children under this policy.					
		Individual: Self, spouse, dependent children, brother, sister, dependent parent, grandparents, grandchildren, mother-in-law, father-in-law, son-in-law, daughter-in-law, dependent brother-in-law, dependent sister-in-law, Niece and Nephew.					
1.2	Entry Age	Minimum : Proposer/Adult 18 yrs					
		Maximum : Proposer/Adult 80 yrs					
		Dependent Children Maximum Entry Age : 30 years under Family Floater Plan					
		Entry age for children-3 months					
1.3	Renewal Age	Lifetime					
1.4	Pre- Medical Test	Under certain circumstances such as declaration(s) in the proposal form or if insured member/s are/is above 65 years and SI is greater than 20 lakhs, we may ask you to undergo mentioned medical check-ups to help us understand your health condition in a better way.					
1.5	Policy Tenure	The Policy can be taken for 1 year/ 2 Years/ 3 Years.					
2	Coverage's and SI options						
	Plan	Top Up			Super Top Up		
	Options	Plan 2	Plan 3	Gold	Diamond	Platinum	
	Sum Insured	2, 3, 5, 7, 10 Lakhs	5, 7, 10, 15, 20 Lakhs	2, 3, 5, 7, 10 Lakhs	3, 5, 7, 10, 15, 20 Lakhs	10, 15, 20, 30, 50, 100 Lakhs	
	Deductible	3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	10, 15, 20, 30, 40 Lakhs	
	Deductible Applicable	Per admissible claim basis	Per admissible claim basis	Per policy year basis	Per policy year basis	Per policy year basis	
Sr.No	Benefits	Coverage					
1	Inpatient Hospitalization	Minimum 24 Hrs. hospitalisation as an In-patient	Covered	Covered	Covered	Covered	Covered



2	<b>Day Care Treatment</b>	Medical Expenses for day care treatment/ surgical procedures, taken as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department(399+)	Covered	Covered	Covered	Covered	Covered
3	<b>Pre-Hospitalisation</b>	Medical expenses incurred prior to the covered Hospitalization	30	60	60	90	120
4	<b>Post-Hospitalisation</b>	Medical expenses incurred after the covered Hospitalization	60	90	90	120	150
5	<b>Room Rent</b>	Amount charged by a Hospital towards Room and Boarding expenses and includes the associated medical expenses.	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured
6	<b>Domiciliary Hospitalization</b>	The <i>Company will</i> pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required Hospitalization	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured
7	<b>Organ Donor</b>	Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ, up to SL.	Covered	Covered	NA	Covered	Covered
8	<b>Ambulance Expenses</b>	—	Actuals or maximum up to RS 2000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3500	Actuals or maximum up to RS 4000



9	<b>AYUSH Benefit</b>	—	Covered :Up to SI	Covered : Up to SI	NA	Covered: Up to SI	Covered: Up to SI
10	<b>Maternity Expenses Including New Born Baby</b>	Maternity Expenses incurred after 9 months from the policy inception. From 1st Day till expiry of Policy or the child is 91 days old whichever is earlier within Maternity limit.	Covered Limit Rs.50000	Covered - Limit Rs. 75,000	NA	Covered – Limit Rs.50,000	Covered - Limit Rs. 75,000
11	<b>Automatic Restoration</b>	100% of Base Annual Sum Insured	Available	Available	NA	Available	Available
12	<b>Bariatric Surgery Cover</b>	coverage for reasonable and customary expenses for Bariatric Surgery	NA	NA	NA	Covered – Limit 3 Lakhs	Covered - Limit 5 Lakhs
13	<b>Emergency Assistance Services</b>	—	Available	Available	NA	Available	Available
<b>Value Added Benefits</b>							
	<b>Wellness Program</b> (to be utilized through mobile application)	1) Everyday Care	Available	Available	Available	Available	Available
		2) Complete Wellness & HealthCare	Available	Available	Available	Available	Available
		3) Health Coach (up to 5 calls per year)	Available	Available	NA	Available	Available
		<b>On Payment of additional premium</b>					





		4) Disease Management Program (up to 5 calls per year)	Rs 415	Rs 415	Rs 415	Rs 415	Rs 415
<b>Renewal Benefits</b>							
1	<b>Cumulative Bonus</b>	20% increase in SI for every claims free year subject to maximum of 100%.The increased SI shall be decreased by 20% in event of claim.	Covered	Covered	Covered	Covered	Covered
2	<b>Health Check-up</b>	For every renewal, we will provide free health check-up for insured member in our empanelled hospitals/diagnostic centre, irrespective of the claims.	Covered	Covered	Covered	Covered	Covered
<b>Optional Extension</b>							
	<b>Global Care</b>	The <i>Company will</i> reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days upto the sum insured, provided that the diagnosis was made in India and referred by Medical Practioner and the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization.	NA	Available	NA	Available	Available
<b>Waiting Period</b>							
1	<b>Pre-existing</b>	Benefits will not be available for Any Pre-existing condition, ailment or injury.	24 months	24 months	36 months	24 months	12 months



2	30 days waiting period	Any Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury	Applicable	Applicable	Applicable	Applicable	Applicable
3	Specific Waiting period	claims arising out of or howsoever connected to the specific disease for the first 2 years.	Applicable	Applicable	Applicable	Applicable	Applicable
Discounts under the Policy							
1	Family Discount :	Discount for covering more than one Family Member under the Policy on individual sum insured basis: Applicable to all type of plan	Number of Members	Discounts			
			More than 2 member	10%			
2	Long Term Discount	Applicable to all type of plan	Duration of Policy	Discount			
			2 years	2 year annual premium in advance less 7.5% discount			
			3 years	3 year annual premium in advance less 10% discount			
3	Loyalty Discount	5%					
4	Employee Discount	15%					

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