



Pravasi Bhartiya Bima Yojana

PREAMBLE

This Policy is evidence of the contract between you and us. The Proposal along with any written statement(s), declaration(s) of yours for the purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule, We will indemnify/pay to You or Your legal representative to the Insured Person or his/her legal representatives, as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on the information which has been given to Us about the Insured Person including You pertaining to the risk insured under the Policy and the truth of this information shall be Condition Precedent to Your or the Insured Person's right to recover under this Policy.

DEFINITION OF WORDS

Accident/ Accidental

An Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any One Illness

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Condition Precedent

Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a) Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body



Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

Day

Means period of 24 consecutive hours.

Day care Centre

A day care Centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs. because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition

Please see the list of such listed procedures enclosed as Appendix- A to the Policy

Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Disease

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner. It does not mean any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.

Emigrant

It means any citizen of India who intends to emigrate or emigrates or has emigrated but does not include i) a dependent of the Emigrant, whether such dependent accompanies that Emigrant or departs subsequently for the purpose of joining that Emigrant in the country to which that Emigrant has lawfully immigrated and ii) any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years, or the spouse or child of that person.

Emigrate/Emigration

It means the departure out of India of any person with a view to taking up employment with or without assistance of a recruitment agent or employer in any country or place outside India.

Employer/Sponsor



It means any person or institution or concern providing or offering to provide employment in any country or place outside India.

Family Member

Means person(s) whose names are specifically appearing in the Schedule and are related to you as spouse, Dependent Children, *Dependent parents.

*Dependent parents- However, dependent parents cannot be covered and/or extended coverage under this policy.

Finalization of the Insurance Contract

It means that

- a) The Insurance Policy must be concluded prior to the trip abroad by means of the Proposal Form provided for this purpose. Insurance Policies that are taken after the commencement of the trip are deemed to be invalid.
- b) The Insurance Policy comes into effect when the Insurance Policy Schedule is issued, which will be done only on acceptance of the Proposal by Us and payment of the full premium by you.

Hospitalization

Means admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Hospital/Nursing Home

It means any institution within India or within the country of employment of Insured Person established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- a) Acute Condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
- b) Chronic condition - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it



- it continues indefinitely
- it comes back or is likely to come back.

Insured Person

It means the person(s) proposed for insurance coverage with Us by You for whom the appropriate premium has been paid, on the condition that the permanent place of residence of such person(s) is in Republic of India and such persons are named in the Schedule lodged with Us by You.

Injury

Injury means Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Maternity Expenses

Maternity expenses shall include—

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) Expenses towards lawful medical termination of pregnancy during the Policy period.

Medical Advice

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical expenses

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the Illness or Injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

***Medical Practitioner***

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence and is not a member of Your Family.

Network Provider:

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility. The Company has agreement with E-meditek, TTK and Raksha for serving health insurance policies

Permanent Total Disablement

It means the bodily Injury, which as its direct consequence immediately and/or in foreseeable future, will permanently; totally and absolutely prevent the Insured Person from engaging in any kind of occupation.

Period of Insurance

It means the period from the commencement to the end of the insurance cover and this duration is shown on the Schedule of the Policy:

- a) ***Commencement of the Insurance Cover:*** The Insurance Cover begins on the inception date as specified in the Policy Schedule, but not before finalization of the Insurance Contract and not before the Insured Person first boards the mode of transportation by which it is intended that he/she shall finally leave India for the overseas journey, so long as that is within 14 days of inception date as mentioned in the Schedule.
- b) ***End of the Insurance Cover:*** The Insurance Cover terminates with the end of the expiry date as specified in the Policy Schedule.

Pre-Existing Disease

Any condition, ailment or Injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first Policy issued by the insurer.

Policy

It means the Policy wording, the Schedule and any applicable Endorsement or memoranda. The Policy contains details of the extent of cover available to the Insured Person, what is excluded from the cover and the conditions on which the Policy is issued.

Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Proposal

It means any signed proposal by filling up the questionnaires and declarations, written statements and any information including the medical history and Physician's Report and Certificate in addition thereto supplied to Us by You.

***Qualified Nurse***

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges

Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the *Illness / Injury* involved.

Room Rent

Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Schedule

It means the latest Schedule issued by Us as part of the Policy. It provides details of the Policy, of the Insured Person and the level of cover the Insured Person has.

Subrogation

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the Policy that may be recovered from any other source.

Sum Insured

It means the monetary amount of coverage shown against the Insured Person.

Surgical Procedure

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

We /Our /Us

It means UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

You /Your

It means the Insured named in the Schedule as proposer of this cover.

SCOPE OF THE POLICY***Section 1******Personal Accident***

WHAT IS COVERED	WHAT IS NOT COVERED
If solely bodily injury by accident which solely and directly causes insured person's death or permanent disablement". Leading to loss of employment abroad, We shall pay to You or Your legal representative the sum(s) set forth in the Schedule, provided that such bodily Injury has been sustained during the period of Insured Person's employment abroad as emigrant.	We will not be liable for payment of compensation in respect of Injury as a consequence of: - I. Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. II. Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey



However the Accident leading to Injury may take place anywhere in the world.	<p>or being engaged in winter sports.</p> <p>III. Pregnancy or childbirth.</p> <p>IV. Venereal disease or insanity.</p> <p>V. Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the Accidental bodily Injury</p>
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Section 2**Transportation and Airfare for Attendant**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>In the event of an Accidental death of Insured Person whilst in employment outside India:</p> <ol style="list-style-type: none"> We will reimburse the actual cost of transporting the mortal remains of the deceased back home to India. We will reimburse the additional cost of economy class return airfare for one attendant to accompany the mortal remains from the place of death abroad to back home in India. <p>For both the above expenses, the journey has to be completed through the shortest direct route available.</p>	<p>We will not liable for:</p> <ol style="list-style-type: none"> Any claim of reimbursement filed with Us after 90 days of completion of the journey or transportation. The time limit may be relaxed to the claimants under unavoidable circumstances Any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey Any reimbursement claimed without proof of original tickets or receipts for means of transport and conveyance.

Section 3**Hospitalization expenses and Maternity expenses**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Reasonable and Customary Charges of Hospitalisation expenses actually incurred but upto the limits specified in the Policy Schedule for the following:</p> <p>Part A Hospitalization expenses</p> <p>In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses in Nursing Home/Hospital in India or in the country of employment.</p> <p>Part B Maternity expenses</p> <p>In case a woman Insured Person incurs the Hospitalization expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy. This</p>	<p>We will not be liable for:</p> <ol style="list-style-type: none"> Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but: <ul style="list-style-type: none"> If You are presently covered and have been continuously covered without any break under: <ol style="list-style-type: none"> An individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital, OR Any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following: <ol style="list-style-type: none"> The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of



benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section or abdominal surgery for extra uterine pregnancy.

Part C Hospitalization expenses of Insured's Family members

In case a Family member of Insured Person comprising spouse upto age of 65 years and two children upto the age of 21 years sustains any Injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalization expenses in a Nursing Home/Hospital in India.

The Hospitalization expenses for the purpose of this Section will include the following expenses: -

1. Room, Board and Nursing expenses as provided in any of the Hospital/Nursing Home.
2. Medical Practitioner, Anesthetist, Consultant fees.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.
4. Expenses on Vitamins and Tonics, only if forming part of treatment as certified by the attending Medical Practitioner.

Note

The Hospitalization expenses incurred for treatment of Any One Illness in Hospital/Nursing Home will be covered upto the Sum Insured

Day Care Procedures/ Surgeries:- Specified Procedures/Surgeries requiring less than 24 hours of Hospitalization would be covered under the Policy. (Please see annexure for complete details)

coverage under the previous health insurance Policy;

AND

ii. If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance Policy.

- 2) Any expense on Hospitalization for any Disease which incepts during first 30 days of commencement of this insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break.
- 3) Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases :
 - Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
 - Hernia, Hydrocele, Congenital Internal Disease.
 - Fistula in anus, Piles, Anal Fissure, Sinusitis
 - Choletithiasis and Cholecystectomy
 - Gall Bladder stones, Joint replacement, Gastric or Duodenal ulcer
 - Tonsillitis or Adenoids, Breast lumps, Cysts, nodules or polyps
 - Intervertebral disc prolapse, Arthritis
 - Varicose veins/ varicose ulcers.

This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break.
- 4) Any expenses outside the period of actual Hospitalization as well as incurred outside the Hospital where treatment is taken.
- 5) Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required



as a result of Accidental bodily Injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .

- 6) Any Maternity Expenses incurred outside India unless the requisite documents are certified by Indian Mission/Post.
- 7) Any Maternity Expenses in respect of more than 2 children.
- 8) Cost of spectacles and contact lens or hearing aids.
- 9) Dental treatment or surgery of any kind, unless requiring Hospitalization.
- 10) Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease.
- 11) Expenses on diagnostic, x-ray, or laboratory examinations, unless related to the treatment of Disease or Injury falling within ambit of Hospitalization expenses as certified by Medical Practitioner.
- 12) Any expense on treatment of Insured Person as outpatient in a Hospital.
- 13) Any expense on Naturopathy
- 14) Any travel or transportation expenses.
- 15) Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
- 16) External medical equipment of any kind used at home as post hospitalization care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.

**Section 4****Employment Contingencies & Repatriation Expenses**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay to You for actual one way economy class airfare to return back home in India by the shortest direct route available to the under noted circumstances:</p> <p>Part A</p> <p>i) Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person</p> <p>ii) If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person.</p> <p>iii) If the employment is prematurely terminated within first three months of Period of Insurance for no fault of the Emigrant (Insured Person)</p> <p>Part B</p> <p>Emigrant (Insured Person) falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of commencement of cover under this Policy.</p> <p>Note:</p> <p>In such cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.</p>	<p>We will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post abroad and original air tickets are submitted.</p>

Section 5**Legal Costs**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay to You up to limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.</p>	<p>We will not liable for:</p> <ol style="list-style-type: none"> 1) Any claim unless the actual expenses incurred are certified by Indian Mission/Post abroad. 2) Any claim unless the necessity of filing such case is certified by appropriate Ministry of that country.

SCHEDULE OF BENEFITS

S.No	Coverage	Existing Benefits (In Rs.)
1	Personal Accident covering Death and Permanent Total Disability	Rs 10,00,000/-
2	Transportation and Airfare for Attendant	Actual economy class return airfare for attendant and actual transportation cost of mortal remains



3	Hospitalization Expenses covering injuries/diseases	Expense not exceeding Rs75,000
4	Maternity Expenses	Rs 25,000/-
5	Hospitalization Expenses of Insured's Family in India	Rs 50,000/-
6	Employment Contingencies	Actual economy class airfare
7	Repatriation Expenses on Medical Grounds	Actual economy class airfare
8	Legal Cost	Rs 30,000/-

SPECIAL PROVISIONS

- 1) **Limit of liability:** The maximum limit of liability under this Policy will be Sum Insured/Limit mentioned against each Section/Subsection/part of the Section. Any claim will reduce the Sum Insured/Limit by such claim amount for the remaining Period of Insurance.
- 2) **Shortest Direct Routes:** The benefit available under this Policy for transportation and journey cost is payable only by shortest direct route, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.

GENERAL EXCLUSIONS (WHAT IS NOT COVERED BY THE WHOLE POLICY)

We will not pay:

1. For any claim relating to events occurring before the commencement of the cover and after the expiry of the cover as described in the Period of Insurance.
2. For any claim if the Insured Person –
 - a) Is travelling against the advice of a physician.
 - b) Is receiving or on a waiting list for specified medical treatment declared in a Medical Practitioner's Report or Certificate.
 - c) Has received terminal prognosis for a medical condition.
 - d) Is taking part in a naval, military or air force operation, whether in the form of military exercises or war games, or actual engagement with the enemy, whether foreign or domestic.
3. For any claim, if the Insured Person is working in a different profession/job/occupation and/or in a different country of employment, and/or for a different Employer/Sponsor than what is declared in the Proposal Form and mentioned in the Schedule with regard to profession/job/occupation, country of employment and Employer/Sponsor.
4. Any claim in the event of war or military action occurring against the country or internal conflict in the country to which the Insured Person/Emigrant has gone for the work.
5. Any claim arising after expiry date of passport or visa for Insured Person.
6. For any claim arising out of illness or Accident that the Insured Person has caused intentionally, including committing or attempting suicide or as a result of drug addiction, alcoholism or whilst under influence of intoxicating liquor.
7. For any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and /or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and /or any mutant derivative or variations thereof howsoever caused.



8. Any claim that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. For any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - c) Asbestosis or any related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestosis or products thereof.
10. For any claim relating to any consequential loss
11. For any claim arising in respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or specific travel restrictions, or against whom it may impose such restrictions or any country which has imposed or may impose subsequently such restrictions against travel by a citizen of India to such country.
12. For any claim arising out of Insured Person's attempted engagement in any criminal or other unlawful act.
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
14. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
15. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
16. Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
17. Participation in any kind of motor speed contest (including trial, training and qualifying heats)
18. This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of
 - a) Biological or chemical contamination
 - b) Missiles, bombs, grenades, explosives due to any act of terrorism

GENERAL CONDITIONS (APPLICABLE TO THE WHOLE POLICY)

1. **Eligibility:** The Policy covers only those Emigrants who have availed this Policy before leaving India and whose passport is endorsed as "Emigration Check Required". The benefits under the Policy are available after finalization of the Insurance Contract but only during the Period of Insurance.
2. **Reasonable Precautions:** You/Insured Person shall take all reasonable precautions to prevent Injury, Illness, disease and damage in order to minimize claims. Failure to do so will prejudice the Insured Person's claim under this Policy.



3. **Validity:** The Policy will be valid only if the Insured Person commences the journey within 14 days of the first day of insurance as indicated in the Policy Schedule.
4. **Mis-description:** The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.
5. **Notice:** You will give every notice and communication in writing to Our office through which this insurance is affected.
6. **Changes in Circumstances:** You must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about the Insured Person and/or his/her job, country of employment and/or employer which may affect the insurance cover provided.
7. **Waiver of conditions:** No waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official
8. **Free Look-up period:** We shall give You a Free Look Period at the inception of the Policy and:
 1. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
 2. If You have not made any claim during the Free Look period, You shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - b) Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
9. **Three Month Notice:** We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that,
 - i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
 - ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You/ Insured Person with an option to migrate to a substitute product offered by Us, subject to portability conditions.
10. **Fraud:** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.
11. **Multiple Policies**
 - i. If two or more policies are taken by You during the period for which You are covered under this Policy from one or more insurers, the contribution clause shall not be applicable where the cover/ benefit offered:
 - 1) is fixed in nature i.e., if opted in the Policy;
 - 2) does not have any relation to the treatment costs;



- ii. We also agree that even if, You are covered under multiple policies providing Personal Accident cover, We shall make the claim payments independent of payments received under other similar policies in respect of the covered event.
- iii. We agree that even if two or more policies are taken by You during the time for which You are covered under this Policy from one or more insurers for indemnification of Your Hospitalisation treatment costs, We shall not apply the contribution clause and You shall have the following rights
- You may choose to get the settlement of claim from Us as long as the claim is within the limits of and according to terms and conditions of the Policy
 - If the amount to be claimed exceeds the Sum Insured under a single policy after consideration of the deductible and co-pay, You shall have the right to choose any insurers including Us by whom the claim to be settled. In such cases, We shall settle the claim with contribution clause.
 - Except for the benefit Section B- Critical Illness, in case if You have taken policies from Us and one or more insurers to cover the same risk on indemnity basis, You shall only be indemnified the hospitalisation costs in accordance with the terms and condition of the Policy.

12. Subrogation:

- You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;
- You shall not do or cause to be done anything that may cause any prejudice to Our right of Subrogation;
- You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

13. Cancellation: We shall not cancel the Policy except on grounds of non-disclosure, misrepresentation or non-cooperation of the Insured and in those cases, the Insured will then be entitled to a pro-rata refund of premium for the unexpired period of this Policy provided no claim has arisen under the Policy. We shall send a 30 days' notice to Your last known address before such cancellation becomes effective.

You may cancel the Policy by sending written Notice to Us under Registered Post. We will then allow a refund on following scale, except in cases where a claim has been preferred on Us under the current Policy:

Period on Risk	Rate of Premium to be charged
Up to two months	1/4th of premium
Up to Six Months	½ of the premium
Up to One Year	3/4th of the premium
Exceeding 1 year	Full Premium

All cancellations will require the prior approval of the Protector of Emigrant office (P.O.E.)

14. We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.



15. Arbitration: If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties hereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Insurers have disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall first be obtained.

16. Disclaimer Clause: If We shall disclaim Our liability for any claim under this Policy and such claim shall not have been made the subject matter of suit in a Court of Law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

17. All claims shall be payable in Indian currency.

18. The provisions of this Policy shall be governed by laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the Courts of India.

CLAIM PROCEDURE:

A. Procedure in the event of an Accident or Illness: In the event of an Accident or sudden illness, You or the Insured Person shall immediately contact Our office stating the details given on the Policy, but not later than 14 days from date of Accident in case of Accident claims and/or within 7 days from the date of Hospitalization in case of Hospitalization claims.

i) Hospitalization Claims:

A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit.

You/Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/ Hospital/ Chemist/ Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease or Maternity situation requiring Hospitalization if and when We may reasonably require.

ii) Accident Claims:

An event, which might become a claim under the Policy, must be reported to Us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/cremation and in the event of Permanent Disability, written notice thereof must also be



given within one calendar month after such disability. A written statement of the claim will be required and a Claim Form will be provided for completion.

All certificates, information and evidence from a Medical Practitioner as required by Us shall be furnished by You, Your personal representative/ assignee in the manner and form as We may prescribe. In such claims, Your legal representative, nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when We may reasonably require and in the event of death, get the post mortem examination done in respect of body of Insured Person. In the event of claim in respect of Permanent Disability, the Insured Person shall undergo at his/her expense such operations or treatment as We may reasonably deem desirable.

B. The following documents are required to be submitted in support of claims under different Sections of the Policy:

i) **Hospitalization Expense claims:** The requirements have already been mentioned above under the item Claim procedure (A)(i) (as mentioned).

ii) **Personal Accident claims:**

a) **Death:** Police Report, Post Mortem Report, Death Certificate and the Report from Indian Mission/Post abroad.

b) **Permanent Total Disability:** Medical Reports of the treatment undergone and disability certificate from the Medical Practitioner.

iii) **Transportation claims:** All necessary proofs, substantiating the reason, along with supporting documents. The documents must include the transportation cost receipt and other related documents

iv) **Airfare for Attendant claims:** Original air ticket along with other ticket receipts and copy of passport.

v) **Employment Contingencies & Repatriation claims:** Certificate from Indian Mission/Post abroad mentioning the grounds of termination/repatriation. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original.

vi) **Legal Cost claims:** Certificate from Indian Mission/Post abroad in respect of litigation cost incurred along with Lawyer's Certificate and a Certificate from the appropriate Ministry of the country abroad in respect of necessity of filing such case.

C. Cashless Claims Process:

Cashless Claim facility will not be provided for Personal Accidental claims; Intimation related to Personal Accident is to be provided directly to the Insurance Company shall be focused directly by the company subject to completion of formalities detailed in **point ii(Personal Accidental Claims)** We provide the following cashless claim service in case of Hospitalization:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if you want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.



- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

D. Claims Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

* For all claims Policy document (Original Bond) are required for claim settlement.

Position after claim:

The maximum liability of the Company for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy

Our Obligations:

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

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

Claim Disclaimer

In the unfortunate event of any medical contingency resulting into a claim on this Policy, please intimate the mishap IMMEDIATELY to Our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-102-4030 (other users) or on chargeable numbers at +91-22-26748600 / +91-22-41582900 / +91-22-41582999 or email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the Policy as the same may prejudice



liability.

TPA: The Company has agreement with E-meditek, TTK and Raksha for serving health insurance policies. The details of the TPA and Our Network Providers and Diagnostic Centers can be found at Our website www.universalsompo.com

19. Grievances

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting Our website or write to us on contactus@universalsompo.com.

You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on Our Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700; and also send us fax at: (022) 39171419

- You can also visit Our Company website and click under links [Grievance Notification](#)
- If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.
- The updated details are also available on: http://www.irdaindia.org/ins_ombusman.htm

The details of Insurance Ombudsman are available below:

Office of the Ombudsman	Contact Details
AHMEDABAD	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel:-079-27546840 ; Fax : 079-27546142; Email ins.omb@rediffmail.com
BHOPAL	Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462023 . Tel:0755-2569201; Fax:0755-2769203; Email bimalokpalbhopal@airtelmail.in
BHUBANESHWAR	62, Forest Park, BHUBANESHWAR-751 009 . Tel:- 0674-2596455; Fax : 0674-2596429; Email ioobbsr@dataone.in
CHANDIGARH	S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017 . Tel:- 0172-2706468; Fax : 0172-2708274; Email ombchd@yahoo.co.in
CHENNAI	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600018 Tel:044-24333668/5284; Fax:044-24333664 ;Email insombud@md4.vsnl.net.in
NEW DELHI	2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 . Tel:- 011-23239633; Fax : 011-23230858; Email jobdelraj@rediffmail.com
GUWAHATI	"Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781001(ASSAM) Tel:0361-2132204/5; Fax:0361-2732937; Email : ombudsmanghy@rediffmail.com
HYDERABAD	6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel: 040-65504123; Fax: 040-23376599; Email insombudhyd@gmail.com
ERNAKULAM	2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel: 0484-2358759; Fax : 0484-2359336; Email iokochi@asianetindia.com
KOLKATA	North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001 . Tel: 033-22134866; Fax: 033-22134868; Email iombsbpa@bsnl.in
LUCKNOW	Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj,



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	LUCKNOW-226001. Tel: 0522 -2231331; Fax: 0522 2231310; Email: insombudsman@rediffmail.com
MUMBAI	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santa cruz(W), MUMBAI-400 054. Tel: 022-26106928; Fax: 022-26106052; Email ombudsmanmumbai@gmail.com

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -

No	<i>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</i>	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable



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39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately



79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
85	BLOOD GROUING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU chagtes
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible



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119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines



		are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGESTION GELS	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitilisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable



196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operation of cataract Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous
41. tissues
42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
43. Local excision of diseased tissue of the skin and subcutaneous tissues
44. Other excisions of the skin and subcutaneous tissues
45. Simple restoration of surface continuity of the skin and subcutaneous tissues



46. Free skin transplantation, donor site
47. Free skin transplantation, recipient site
48. Revision of skin plasty
49. Other restoration and reconstruction of the skin and subcutaneous tissues
50. Chemosurgery to the skin
51. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

52. Incision, excision and destruction of diseased tissue of the tongue
53. Partial glossectomy
54. Glossectomy
55. Reconstruction of the tongue
56. Other operations on the tongue

Operations on the salivary glands & salivary ducts

57. Incision and lancing of a salivary gland and a salivary duct
58. Excision of diseased tissue of a salivary gland and a salivary duct
59. Resection of a salivary gland
60. Reconstruction of a salivary gland and a salivary duct
61. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

62. External incision and drainage in the region of the mouth, jaw and face
63. Incision of the hard and soft palate
64. Excision and destruction of diseased hard and soft palate
65. Incision, excision and destruction in the mouth
66. Plastic surgery to the floor of the mouth
67. Palatoplasty
68. Other operations in the mouth

Operations on the tonsils & adenoids

69. Transoral incision and drainage of a pharyngeal abscess
70. Tonsillectomy without adenoidectomy
71. Tonsillectomy with adenoidectomy
72. Excision and destruction of a lingual tonsil
73. Other operations on the tonsils and adenoids
74. Trauma surgery and orthopaedics
75. Incision on bone, septic and aseptic
76. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
77. Suture and other operations on tendons and tendon sheath
78. Reduction of dislocation under GA
79. Arthroscopic knee aspiration

Operations on the breast

80. Incision of the breast
81. Operations on the nipple

Operations on the digestive tract

82. Incision and excision of tissue in the perianal region
83. Surgical treatment of anal fistulas
84. Surgical treatment of haemorrhoids
85. Division of the anal sphincter (sphincterotomy)
86. Other operations on the anus
87. Ultrasound guided aspirations
88. Sclerotherapy

Operations on the female sexual organs

89. Incision of the ovary
90. Insufflation of the Fallopian tubes
91. Other operations on the Fallopian tube
92. Dilatation of the cervical canal
93. Conisation of the uterine cervix
94. Other operations on the uterine cervix
95. Incision of the uterus (hysterotomy)
96. Therapeutic curettage
97. Culdotomy
98. Incision of the vagina



99. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

100. Incision of the vulva

101. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

102. Incision of the prostate

103. Transurethral excision and destruction of prostate tissue

104. Transurethral and percutaneous destruction of prostate tissue

105. Open surgical excision and destruction of prostate tissue

106. Radical prostatovesiculectomy

107. Other excision and destruction of prostate tissue

108. Operations on the seminal vesicles

109. Incision and excision of periprostatic tissue

110. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

111. Incision of the scrotum and tunica vaginalis testis

112. Operation on a testicular hydrocele

113. Excision and destruction of diseased scrotal tissue

114. Plastic reconstruction of the scrotum and tunica vaginalis testis

115. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

116. Incision of the testes

117. Excision and destruction of diseased tissue of the testes

118. Unilateral orchidectomy

119. Bilateral orchidectomy

120. Orchidopexy

121. Abdominal exploration in cryptorchidism

122. Surgical repositioning of an abdominal testis

123. Reconstruction of the testis

124. Implantation, exchange and removal of a testicular prosthesis

125. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

126. Surgical treatment of a varicocele and a hydrocele of the spermatic cord

127. Excision in the area of the epididymis

128. Epididymectomy

129. Reconstruction of the spermatic cord

130. Reconstruction of the ductus deferens and epididymis

131. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

132. Operations on the foreskin

133. Local excision and destruction of diseased tissue of the penis

134. Amputation of the penis

135. Plastic reconstruction of the penis

136. Other operations on the penis

Operations on the urinary system

137. Cystoscopical removal of stones

Other Operations

138. Lithotripsy

139. Coronary angiography

140. Haemodialysis

141. Radiotherapy for Cancer

142. Cancer Chemotherapy