

Annexure

Details of the Group Policy offered to NPCI customers for Cancer & Heart Care

- Policy is offered to Customers of NPCI holding RuPay card from any bank or is a registered UPI user
- Allowable age to buy the policy is between 18 yrs. to 55 yrs.
- Policy provides coverage for Hospitalization expenses for
PLAN A-Cancer Cover:
Covers All type of Common Cancers with defined severity
PLAN B-Heart Care Cover:
1.First Heart Attack
2.Coronary Artery By-Pass Graft Surgery (CABG)
3.Heart - Valve Replacement Surgery
4.Heart Transplant
- Customers of NPCI has option to buy this product on Individual basis or as family floater basis (Self & Spouse)
- Sum Insured Available under both the options are Rs 3 Lac & Rs 5 Lac
- Policy offers Cashless Treatment for more than 5,000+ Hospital
- Policy covers Pre & Post-Hospitalization expenses of 15 Days
- Day care treatment for Chemotherapy & Radiotherapy is covered
- Premium paid by the customer under this policy shall be eligible for deduction under Income tax sec 80D
- **Premium**

Option 1

Individual Premium Including GST			
PLAN	PLAN A-Cancer Cover	PLAN B-Heart Care Cover	PLAN A 5L SI + Plan B 5L SI
AGE BAND	5Lakh	5Lakh	5Lakh
18-35	290	253	543
36-45	1,114	608	1,722
46-55	1,972	1,485	3,457

Option 2

Floater Premium Including GST for Self & Spouse			
PLAN	PLAN A-Cancer Cover	PLAN B-Heart Care Cover	PLAN A 5L SI + Plan B 5L SI
AGE BAND	5Lakh	5Lakh	5Lakh
18-35	542	474	1,016
36-45	2,084	1,136	3,220
46-55	3,687	2,777	6,464

Option 3

Individual Premium Including GST			
PLAN	PLAN A-Cancer Cover	PLAN B-Heart Care Cover	PLAN A 3L SI + Plan B 3L SI
AGE BAND	3Lakh	3Lakh	3Lakh
18-35	234	203	437
36-45	871	486	1,357
46-55	1,473	1,188	2,661

Option 4

Floater Premium Including GST for Self & Spouse			
PLAN	PLAN A-Cancer Cover	PLAN B-Heart Care Cover	PLAN A 3L SI + Plan B 3L SI
AGE BAND	3Lakh	3Lakh	3Lakh
18-35	394	341	735
36-45	1,466	818	2,284
46-55	2,479	1,999	4,478

Specified severity and Specific Exclusion of Illness Covered Cancer of Specified Severity

i. Cancer of Specified Severity

I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

II. The following are excluded –

i All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.

ii Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii Malignant melanoma that has not caused invasion beyond the epidermis;

iv All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi Chronic lymphocytic leukaemia less than RAI stage 3

vii Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix All tumours in the presence of HIV infection.

(ii) Myocardial Infarction (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

iii) Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded: i. Angioplasty and/or any other intra-arterial procedures

(iv) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

(v) Major Organ /Bone Marrow Transplant

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

Standard Exclusions & Sub Limits under policy

- Any Critical Illness of which, the signs or symptoms first occurred prior to or within 30 days following the Policy Issue Date or the last Commencement Date, whichever is later, or
- Any Critical Illness based on a Diagnosis made by You or Your Immediate Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other non-traditional health care provider; and
- There shall be 10% Co-pay for all Non – Cashless claims
- Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With a per day upper limit of up to 1%of Sum Insured for Normal & Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses - With a per day upper limit of up to 2% of Sum Insured
- No mid term Addition, Deletion and cancellation will be allowed in certificate level
- Any Illness, sickness or disease or procedure, other than specified as Critical Illness/Procedure, as mentioned in the Policy schedule, or
- Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure;
- Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission;
- **Any Critical Illness which arises or is caused by any one of the following:**
 - Dry addiction, alcoholism, smoking of more than 10 cigarettes/cigars or equivalent intake of tobacco in a day and any complication and consequences arising there from.
 - Any Insured person suffering from Human T-Cell Lympho tropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on Insured Person to show any event was not caused by or did not arise through AIDS or HIV.

- If you have opted more than one policy for a same plan, claim will be paid upto Sum Insured under one policy
- **2.E. GENERAL EXCLUSIONS**
The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:
 - **2. E.1. Investigation & Evaluation(Code- Excl04)**
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
 - **2.E.2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)**
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
 - **2.E.3. Obesity/ Weight Control(Code- Excl06)**
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes

Claim Process:

Cashless Process

Follow below steps to avail Cashless facility through our In house Health Claims Management:

Step I: Call our Health Helpline 1800 200 5142 and Intimate your Claim within 24 hrs in case of emergency admission and 48 hrs prior to hospitalization in case of planned admission.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form by Email (healthserve@universalsompo.com).

Step V: Universal Sompo – Health will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to you and hospital. You will be required to pay for expenses that are not payable as per the terms and condition of the policy.

Claim Reimbursement Process

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Call our Health Helpline 1800 200 5142 or email at healthserve@universalsompo.com and inform about your Claim within 24 hrs in case of emergency admission and 48 hrs prior to hospitalization in case of planned admission.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all original documents after discharge from hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents within 30 days from date of discharge to our below mention office for reimbursement. Universal Sompo General Insurance Company Limited, Health Claims Management Office, 5th Floor, Joy Tower, C-20/1 A, Block- C Sector- 62, Noida, Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated to you.

Claim submission Check list for Indemnity policy

Claim form duly filled in and signed along with Xerox of Health Serve Card & Valid Photo ID proof of patient.

- Original bills and receipts or prescriptions in support of any amount claimed.
- Original medical reports, Investigation reports, treatment papers, doctor reference slips
- Original Discharge summary
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill.
- Original Advance or final receipts
- NEFT Form along with Cancelled cheque for disbursement of payments through ECS, if applicable
- For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report) if available

Ecard Issuance

Instant availability of Ecard on enrollment of data

- Communication through SMS & Mailers on registered Mobile number & Email ID Link on SMS to download ecard on mobile
- E card available in Web Portal on real time basis to download.
- Can be forwarded through Mail or SMS through web portal in Emergency

Service Standard

Claims Settlement TAT 7 days

Card Issuance

- Physical Card Issuance 7 days
- E Cards 24 hrs
- Customer Query response 24 hrs