

A PLUS HEALTH INSURANCE - PROSPECTUS

1. INTRODUCTION:

Universal Sampo brings to you A Plus Health Insurance which comes with most comprehensive health coverages at an affordable price. It covers cost of an insured member's medical and surgical expenses. If during the policy period one or more Insured Person(s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify, expenses towards the Coverages & Sum insured as mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions as mentioned in the Policy Wording. Maximum liability of the Company under all such Claims during each Policy Year shall be based on the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) as specified in the Policy Schedule.

2. ELIGIBILITY:

a) Age Limit

- Entry Age of the Proposer-Minimum 18 years – Maximum 75 years
- Entry Age of the Children: Minimum 91 day - Maximum 25 years.
- Lifelong Renewals available

Note: Child would be ported to an individual policy (having a separate Sum Insured) and treated as an adult Insured Person, upon attaining 25 years of age, at the time of renewal.

b) Number of Members

- The policy can be purchased on an Individual basis or on a Family Floater basis. The maximum number of insureds in policy would be up to 6 members (Primary Insured and 5 Family Members).
- The relationships that would be covered under the Policy are: Self, legally married spouse (as long as they continue to be married), son, daughter, mother, father, brother, sister, mother in-law, father in-law, grandfather, grandmother, grandson, granddaughter, son in-law, daughter in-law, brother in-law, sister in-law, nephew, niece.

c) Policy Period

- The Policy Term can be 1 year, 2 years & 3 years.

1) Key Features of the Policy Basic Covers:

- i. Inpatient Treatment
- ii. Pre- Hospitalization
- iii. Post- Hospitalization
- iv. Day Care Procedures
- v. AYUSH Treatment
- vi. Domiciliary Treatment
- vii. Second Opinion
- viii. Ambulance Cover
- ix. Auto Restore Benefit
- x. OPD Expenses (Available for Diamond Plan)
- xi. Global Cover (Available for Diamond Plan)
- xii. Psychiatric Illness
- xiii. Organ Donor
- xiv. Assistance Services
- xv. Wellness Services

2) Add on Covers:

- i. Pre-Existing Disease Waiting Period Waiver

- ii. Maternity Cover
- iii. Diabetes Day 1 cover (Available for Diamond Plan)
- iv. Hypertension Day 1 Cover (Available for Diamond Plan)
- v. Non-Medical Items

3) Renewal Benefit:

- i. Cumulative Bonus
- ii. Preventive Check-up

3. BENEFITS/ COVERGAES

1) In-patient Treatment: We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization for;

- a. Reasonable and Customary Charges for Room Rent for accommodation in Hospital room up to Category as per opted Sum Insured and as specified in the Policy Schedule.
- b. Intensive Care Unit charges for accommodation in ICU,
- c. Operation theatre charges,
- d. Fees of Medical Practitioner/ Surgeon,
- e. Anesthetist,
- f. Qualified Nurses,
- g. Specialists,
- h. Cost of diagnostic tests,
- i. Medicines,
- j. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure.
- k. Modern Treatment

Following Modern Treatments will be covered up to the Sum Insured (wherever medically indicated) either as -Inpatient or as part of Day Care Treatment in a Hospital;

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2) Pre-Hospitalization: We will cover for expenses for Pre-Hospitalization Consultations, investigations and medicines incurred up to 60/90 (As per Plan) days before the date of admission to the hospital. The benefit is payable if We have admitted a claim under Section C.1 in policy wordings.

3) Post-Hospitalization: We will cover for expenses for Post Hospitalization Consultations, investigations and medicines incurred up to 120/180 (as per plan) days after discharge from the hospital. The benefit is payable if We have admitted a claim under Section C.1 in policy wordings.

4) Day Care Procedures: We will cover expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. Treatment normally taken on out-patient basis is not included in the scope of this cover. Annexure 1 Specifies Day Care Procedures in Policy Wordings

5) AYUSH Treatment: We will pay for the Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the Sub-limit mentioned in the Policy Schedule.

6) Domiciliary Treatment: We will cover for expenses related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. At the time of claiming under this benefit, we shall require certification from the treating doctor fulfilling the conditions as mentioned under the general definitions (B.1. Standard Definitions.1 5) of this policy.

7) Second Opinion: We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period and not be valid for any medico legal purposes. The expert opinion would be directly sent to the Insured Person.

- i.Cancer
- ii.Kidney Failure
- iii.Myocardial Infarction
- iv.Angina
- v.Coronary bypass surgery
- vi.Stroke/Cerebral hemorrhage
- vii.Organ failure requiring transplant
- viii.Heart Valve replacement
- ix.Brain tumors

This benefit can be availed by an Insured Person once during a Policy Year.

8) Ambulance Cover: We will cover for expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization. For this claim to be paid, the claim must be admissible under section C.1 of this policy.

9) Auto Restore Benefit: We will restore the Sum insured up to 100% of Base Sum Insured, in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year irrespective of the utilization of the Cumulative Bonus.

Special Conditions:

a. This Automatic Restore Benefit shall be applied only once during each Policy Year and any unutilized amount, in whole or in part, will not be carried forward to the subsequent Policy Year.

b. The Base Sum Insured restoration under the Automatic Restore Benefit would be triggered only upon complete or partial utilization of the Base Sum Insured by the way of first claim admitted under the Policy, and be available for subsequent claims thereafter in the Policy Year, for the Insured Person.

c. In case of a family floater policy, the Automatic Restore Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

10) OPD (ONLY FOR Diamond plan)

We will reimburse expenses incurred on Outpatient Treatment for the Insured Persons as mentioned in the Policy Schedule, provided that

- i. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy and

- ii. The condition of minimum Hospitalization of 24 hours as an in-patient under Benefit stands deleted.
- iii. The reimbursement of claims under this extension shall be done only once during each Policy Year of the Policy Period. No claim will be admissible which is made 30 days after the expiry of Policy.
- iv. Any claim made in respect of this benefit will be not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus/multiplier benefit and health check up, if applicable

11) Global Cover (ONLY FOR Diamond plan): We will pay the Medical Expenses incurred outside India under below given Sections and Covers wherever opted and as mentioned on the Schedule of Coverage in the Policy Schedule. Global Cover is applicable subject to following terms and Conditions;

- i. A Deductible of 10% on Sum Insured will apply for expenses under all the respective covers separately for each claim.
- ii. 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.
- iii. All other terms and conditions of the respective Section and Covers under the policy shall remain unaltered.
- iv. Only basic sum insured along with Cumulative Bonus can be used for this Coverage.

12) Psychiatric Illness: We will pay for the Medical Expenses, related to Psychiatric Illness, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period and Sub-Limit as opted by You and mentioned in Your Policy Schedule for specific Psychiatric illnesses or disorders listed in the table below.
Waiting period shall be as per the “Specific Waiting Period – ii.3” Section stated in Your Schedule against this Cover which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first policy.

ICD Code	Psychiatric Illness & Disorders
F20- F29	Schizophrenia, schizotypal and delusional disorders
F30- F39	Mood [affective] disorders
F40- F48	Neurotic, stress-related and somatoform disorders
F99- F99	Unspecified mental disorder

- c) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

13) Organ Donor: We will cover for Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient provided that:

The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs (Amendment) Bill, 2011 and the organ donated is for the use of the Insured Person, and

- ii. We have accepted an inpatient Hospitalization claim for the insured member under In Patient Hospitalization

Treatment (reference).

14) 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 away 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.

a. Medical Consultation, Evaluation and Referral: In case of any emergency, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.

b. Medical Monitoring and Case Management: A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.

c. Emergency Medical Evacuation: If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.

d. Medical Repatriation (Transportation): When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

e. Compassionate Visit: When an Insured Person's is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person's, by providing an appropriate means of transportation.

15) Wellness Services: The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

i. Health Risk Assessment (HRA): HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.

ii. Electronic Health Records: the Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.

iii. Health Screening: Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a "Health Goal" which is identified post identification of risk factors for improving insured person's overall well-being.

"Health Goal", which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

iv. 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 of 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
On completion of HRA on Health Portal/Mobile application	HRA Completion within 90 days from Policy Inception Date	500	500
HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000
Blood pressure for a known case of Hypertension	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		
Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarter	500
Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarter	500
Body Mass Index (BMI) for a known case of High BMI Insured Person’s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
	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
Health Tests for Heart Related, Blood Sugar,	on Submission of Reports	150/quarter	300

Thyroid/Lipid etc. Monitoring			
Annual membership for Dance/Zumba/Aerobic/Gymnastic/Yoga/Gym/Swimming	Provide attendance Register/letter/medal/trophies/BIB number (as applicable) from the respective facility provider.	150/quarter	400
Participate in professional sport events like Marathon/Cyclothon/Swimathon	Provide attendance Register/letter/medal/trophies/BIB number (as applicable) from the respective facility provider.	100 /event	500
Competitive Sports: School Level	Participation Certificate from School	20/sport	50
Competitive Sports: National/State Level	Participation Certificate from relevant sports authority	75/sport	150
Download the Wellness Application		150	150
Refer a Friend to buy USGI policy		100/referral	300
Sum Insured Enhancement		100	100
Pledge to Quit Smoking		150	150
Water Intake	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 familymember'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

4. ADD ON COVERS

1) Pre-Existing Disease Waiting Period Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to 12 Months. For the purpose of this extension, Waiting Period Section G.3.1. shall be modified.

2) Maternity Cover

We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule against this Section, during the Policy Period provided that:

- a) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us (Example, if You are a single parent, this clause will not apply). This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule shall apply from the date of inception of the first policy with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- b) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- c) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule applied to the increased part of the Sum Insured.
- d) Any complications arising out of or as a consequence of maternity/childbirth/new born baby will also be covered within the limit of Sum Insured, available under this benefit.

3) Diabetes Day 1 cover (ONLY FOR Diamond plan)

We will Pay you (Aged 18 years and above) for the Medical Expenses under Outpatient treatment for Diabetes up to the Sum Insured, mentioned in the Policy Schedule.

This treatment can be availed at Our Network Providers and /Empanelled Service Providers (such as Outpatient clinics or Physicians /Diagnostic centre)) for chronic condition i.e Diabetes.

For ease of understanding definitions of Diabetes as below:

Diabetes mellitus is a chronic, progressive disease in which impaired insulin production leads to high blood glucose (sugar) levels, and without good self-management and proper treatment, the increased glucose (sugar) in the blood affects and damages every organ in the body, which causes serious health consequences.

Outpatient Treatment for this coverage means;

- (i) Medical Practitioner's consultations;
- (ii) Diagnostic test
- (iii) Medicines

4) Hypertension Day 1 Cover (ONLY FOR Diamond plan)

We will Pay you (Aged 18 years and above) for the Medical Expenses under Outpatient treatment for Hypertension up to the Sum Insured, mentioned in the Policy Schedule.

This treatment can be availed at Our Network Providers and /Empanelled Service Providers (such as Outpatient clinics or Physicians /Diagnostic centre)) for chronic condition i.e Hypertension.

For ease of understanding definitions of Hypertension as below:

Hypertension is the term used to describe a persistent elevated blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.

Outpatient Treatment for this coverage means;

- (i) Medical Practitioner's consultations.
- (ii) Diagnostic test
- (iii) Medicines

5) Non-Medical Items

We will pay for Non-Medical Expenses upto the limit mentioned in Schedule of Coverage in the Policy Schedule on Medically necessary Hospitalization of Insured Person for claims admissible under section C.1. In view of this Cover as per List 1 of Annexure 2 of Policy Wordings.

5. RENEWAL BENEFITS

1) Cumulative Bonus:

In case of **no claim has been made by any insured person, we will increase the base sum insured as per the variant opted, provided the Policy is renewed continuously:**

Silver	Gold	Diamond
20% of Base Sum Insured, Maximum to 100% per Renewal	50% of Base Sum Insured, Maximum to 100% per Renewal	50% of Base Sum Insured, Maximum to 200% per Renewal

In case of claim is made in the expiring policy year then **you will not earn Cumulative Bonus on Policy renewal. However, if there is no claim made in subsequent Policy Year, you will earn No Cumulative Bonus.**

2) Preventive Health Check-up:

We will reimburse the cost of a Preventive Health Check-up, up to the limits specified below as per plan of the Insured Person who was covered during the previous Policy Year. This Cover does NOT carry forward if it is not claimed and shall not be provided if the Policy is not Renewed further. the belowmentioned limits are applicable for each Insured Person per Policy Year in case of Individual Policy and cumulatively for all Insured Persons per Policy Year in case of Family Floater Policy.

Silver	Gold	Diamond
Preventive Health Check up every claim free Year up to Rs.1000	Preventive Health Check up every claim free Year up to Rs.2500	Preventive Health Check up every Year up to Rs.5000

6. WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Diseases(Code-Excl01)

Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

If the Insured Person is continuously covered without any break as defined under the portability norms of

the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period(Code-Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i. 24 Months waiting period

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele
9. Non Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Behavioural and Neuro- DevelopHIV Disorders:
 - a. Disorders of adult personality
 - b. Disorders of speech and language including stammering, dyslexia

ii 48 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty Days Waiting Period(Code-Excl03)

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of

granting higher sum insured subsequently.

4. Maternity Expenses (Code-Excl18) [Thirty six months waiting period]

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage and the related lawful medical termination of pregnancy during the policy period.
are included under the scope of cover up to the limit specified in Policy Schedule.

5. Out-patient Treatment Waiting Period of 3 years The expenses covered under benefit I) Out – Patient treatment shall be excluded for a period of 3 years unless You were insured continuously and without interruption for at least 3 years under any other Indian insurer’s or Our individual health insurance Policy for reimbursement of medical costs incurred by You as an Out-patient in a Hospital or Out-patient Treatment centre

6. EXCLUSIONS

I. Standard 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:

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. Rest Cure, Rehabilitation and Respite Care (Code-Excl05)

Expenses related to any admission primarily for diagnostics and evaluation purposes.
Any diagnostic 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.

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 Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender Treatments: (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body

to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medical treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code-Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code-Excl12)

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code-Excl14)

12. Refractive Error:(Code-Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments:(Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code-Excl17)

Expenses related to sterility and infertility. This includes:

- i) Any type of contraception, sterilization
- ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii) Gestational Surrogacy
- iv) Reversal of sterilization

II. Specific Exclusions:

- 1. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

2. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or' biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
3. Any expenses incurred on OPD treatment (Applicable for Silver and Gold Plan)
4. Treatment taken outside the geographical limits of India.
5. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

7. PRE-POLICY CHECK UP

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

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

Age /SI	3lac to 25lac	50/75/100 lac
91 days to 45yrs	STP	STP
46 yrs to 55 yrs	STP	STP
56 yrs to 65 yrs	SET 1	SET 2
65 yrs to 70 yrs	SET	SET 2

**Must fulfil below age eligibility criteria

New born baby- can be added from day 1 in floater plan subject to good health & fitness note provided by certified Pediatrician/child specialist (with authorized medical degree.)

Additional records- Vaccination record, Pediatric consultation, delivery notes + discharge summary, any other relevant documents** optional subject to UW decision.

**Based on the product performance chief UW officer can alter the limits mentioned for policy criteria.

Set Name	Criteria	Medical Tests
Set 1	Member Age above 55yrs & Sum Insured up to 25L	Medical Examination Report, CBC, ESR, ECG, Routine Urine Analysis, HBA1C, SGOT, Serum Creatinine, Lipid Profile For Add on Day 1 coverage for Hypertension

		and Diabetes – ECG will be replaced by Stress Test. Also, we will do FBS.
Set 2	Member Age above 55yrs & Sum Insured above 25L	Medical Examination Report, CBC, ESR, ECG, Routine Urine Analysis, HBA1C, LIVER FUNCTION TEST, RENAL FUNCTION TEST, Lipid profile, Chest X-Ray PA View, USG Abdomen

*We will reimburse 50% of the cost if the proposal is accepted by Us. *these are minimum limits and can vary as per CUO approval.

8. CANCELLATION

The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Cancellation Period						
Cover Period	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year	During 2nd Year	During 3rd Year
1 year	75%	50%	25%	0%	NA	NA
2 year	75%	65%	50%	25%	0%	NA
3 year	75%	70%	60%	45%	11%	0%

- i. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.
- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Free look cancellation:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen (15) days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the FreeLook Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

9. REDRESSAL OF GRIEVANCE

In case of any grievance the insured person may contact the company through

Universal Sampo General Insurance Co. Ltd.

Unit no 601-602 A & B Wing 6th Floor Reliable Tech Park

Cloud City Campus, Gut No 31, Mouje, Eltham, Thane Belapur road, Airoli, Navi Mumbai 400708

Website: www.universalsompo.com Toll free: 1800-200-5142

Landline Numbers: (022)- 41659800 Fax : (022) 39171419

E-mail: contactus@universalsompo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@universalsampo.com

For updated details of grievance officer, kindly refer the link <https://universalsampo.com/resource-grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

10. Benefit Structure

Base Covers			
Inpatient Care Modern Treatment capped at 25% of SI for each treatment	<<Policy Sum Insured>>	<<Policy Sum Insured>>	<<Policy Sum Insured>>
Pre Hospitalization	60 Days	60 Days	90 Days
Post Hospitalization	120 Days	180 Days	180 Days
Day care procedures	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured
Ayush Treatment	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured
Domiciliary Hospitalization	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured
Second opinion	Covered up to Rs.2500	Covered up to Rs.5000	Covered up to Rs.10000
Ambulance	Covered up to Rs.2500	Covered up to Rs.5000	Covered up to Rs.10000
Auto Restore Benefit	Up to Inpatient Care Sum Insured	Up to Inpatient Care Sum Insured	Up to Inpatient Care Sum Insured
OPD (ONLY FOR Diamond plan)	Not Covered	Not Covered	Up to Rs. 20,000
Global Cover (ONLY FOR Diamond plan) 10% Deductible	Not Covered	Not Covered	Up to Inpatient Care Sum Insured
Psychiatric Illness	25% of the Inpatient Care Sum Insured, Maximum up to 5 Lacs	25% of the Inpatient Care Sum Insured, Maximum up to 5 Lacs	25% of the Inpatient Care Sum Insured, Maximum upto 5 Lacs
Organ Donor	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured	Covered up to Inpatient Care Sum Insured
Assistance Services	Covered	Covered	Covered
Wellness Services	Covered	Covered	Covered
Renewal Benefit			
1. Bonus	20% of Base maximum upto 100%	50% of Base maximum upto 100%	50% of Base maximum upto 200%
2. Health Check Up	Preventive Health Check up every claim free Year upto Rs.1000	Preventive Health Check up every claim free Year upto Rs.2500	Preventive Health Check up every Year upto Rs.5000
ADD ON COVERS			
1. Pre-Existing Disease Waiting Period Waiver	Covered Waiting Period of 36 months is modified to 12 months	Covered Waiting Period of 36 months is modified to 12 months	Covered Waiting Period of 36 months is modified to 12 months

2. Maternity Cover (36 months waiting period)	Normal - 25k C Sec - 35k	Normal - 35k C Sec - 45k	Normal - 50k C Sec - 65k
3. Diabetes Day 1 cover (ONLY FOR Diamond plan)	Not Covered	Not Covered	Maximum 25% of Inpatient Care Sum Insured
4. Hypertension Day 1 Cover (ONLY FOR Diamond plan)	Not Covered	Not Covered	Maximum 25% of Inpatient Care Sum Insured
5. Non-Medical Items	Up to Inpatient Care Sum Insured	Up to Inpatient Care Sum Insured	Up to Inpatient Care Sum Insured

11. Discounts & Loadings

DISCOUNTS:

- a. **Family Discount:** Discount on applicable premium, if more than 2 family members are covered on Individual Sum Insured basis in the same policy. This discount is available on Fresh as well as on Renewal of the Policy. The discount is as follows:

Number of members	Discount
1	0.0%
2	2.5%
3	5.0%
>3	7.5%

- b. **Women Discount:** 5% discount on the applicable premium for customers approaching the Company directly without any intermediary.
- c. **Direct Policy Discount:** 15% discount on the applicable premium for existing policyholders holding any retail policy of the Company. The existing policy should not have expired at the time of inception of this proposed policy.
- d. **Long Term Discount:** Applicable when the policy term is beyond one year

Policy Term (Year)	Discount
1	0%
2	5%
3	7.5%

e. **Employee or Promoter Companies Employee Discount:**

15% discount on the applicable premium for employees of the promoter companies of the company. The discount passes on the expense savings following a direct mode of policy issuance without any intermediation to customer.

f. **Donor Discount:** 2.5% discount on the applicable premium if the insured has pledged for organ donation in accordance with the Transplantation of Human Organ and Tissues Act, 1994. The discount is provided to create public awareness about and promote organ donation.

- g. **Health Life Combi Discount:** For Health and Life Combi proposal, additional 2.5% of discount on premium will be offered.

The maximum discount applicable is 35%.

LOADING:

Premium Installment Loading:

No. of payments	Loading
1	0%
2	2%

4	3%
12	4%

12. Renewal of Policy

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

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

13. Premium

a. Premium instalment:

The policyholder has the option to pay the premium in 1,2,4,12 instalments. Loading for this benefit is equivalent to the investment credit which would not apply if the premium is paid in instalments.

b. Premium Chart: (Excluding Tax)

1. Base Cover

(*Sum Insured in Lacs)

Zone 1

Silver Plan

1st Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	3,950	4,940	6,100	7,940	8,440	9,660	10,330	10,680	11,180	12,130	12,890
18-25	4,270	5,360	6,640	8,660	9,200	10,040	10,760	11,150	11,750	13,380	14,210
26-35	4,810	6,060	7,530	10,050	10,900	11,740	12,890	13,300	13,990	16,560	17,530
36-40	5,470	6,920	8,610	11,610	12,700	13,760	15,240	15,680	16,470	19,570	20,700
41-45	5,970	7,570	9,430	12,710	13,870	15,010	16,570	17,040	17,910	21,300	22,540
46-50	7,580	9,470	11,640	15,480	16,770	18,050	19,780	20,920	21,940	25,900	27,370
51-55	9,840	12,370	15,290	20,400	22,060	23,700	25,900	27,140	28,530	33,840	35,830
56-60	12,880	16,290	20,230	27,090	29,200	31,290	34,060	35,480	37,400	44,540	47,260
61-65	17,560	22,400	27,960	37,490	40,200	42,850	46,410	48,130	50,970	60,910	64,780
66-70	23,680	30,340	37,970	51,080	54,740	58,360	63,090	65,150	69,040	82,690	88,050
71+	35,700	45,910	57,660	77,790	83,320	88,810	95,880	98,630	1,04,610	1,25,610	1,33,880

2nd Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
18-25	1,860	2,350	2,930	3,840	4,080	4,460	5,320	5,510	5,810	7,950	8,450
26-35	2,100	2,670	3,330	4,460	4,850	5,220	6,380	6,590	6,930	9,860	10,440
36-40	2,400	3,060	3,810	5,170	5,660	6,140	7,550	7,780	8,170	11,670	12,340
41-45	2,630	3,350	4,180	5,660	6,180	6,700	8,220	8,460	8,890	12,700	13,450
46-50	3,350	4,200	5,180	6,910	7,490	8,060	9,830	10,390	10,900	15,460	16,340
51-55	4,370	5,510	6,820	9,120	9,870	10,610	12,880	13,510	14,200	20,220	21,420
56-60	5,740	7,270	9,040	12,130	13,080	14,020	16,960	17,680	18,640	26,650	28,280

61-65	10,460	13,360	16,700	22,420	24,040	25,630	27,770	28,800	30,500	36,470	38,790
66-70	14,130	18,130	22,710	30,570	32,770	34,940	37,770	39,010	41,340	49,540	52,750
71+	21,340	27,470	34,520	46,590	49,910	53,200	57,450	59,100	62,680	75,290	80,250

Child

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	1,910	2,410	2,990	3,900	4,160	4,760	5,100	5,270	5,520	6,000	6,380
18-25	2,070	2,620	3,250	4,260	4,530	4,950	5,320	5,510	5,810	6,620	7,040

Parents

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
41-45	4,960	6,320	7,900	10,700	11,680	12,650	13,970	14,370	15,110	18,000	19,050
46-50	6,330	7,930	9,790	13,040	14,150	15,230	16,700	17,670	18,540	21,900	23,150
51-55	8,250	10,400	12,880	17,230	18,640	20,040	21,900	22,960	24,140	28,650	30,340
56-60	10,830	13,740	17,080	22,910	24,710	26,480	28,840	30,050	31,680	37,750	40,060
61-65	14,810	18,930	23,650	31,760	34,060	36,310	39,340	40,800	43,210	51,670	54,950
66-70	20,020	25,680	32,170	43,310	46,420	49,490	53,510	55,270	58,570	70,180	74,730
71+	30,230	38,920	48,900	66,010	70,710	75,370	81,380	83,720	88,800	1,06,660	1,13,690

Gold Plan

1st Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	4,410	5,420	6,590	8,450	8,960	10,190	10,860	11,220	11,730	12,690	13,460
18-25	4,740	5,850	7,140	9,180	9,730	10,580	11,310	11,690	12,310	13,960	14,800
26-35	5,280	6,560	8,040	10,600	11,450	12,290	13,450	13,860	14,570	17,160	18,150
36-40	5,950	7,420	9,130	12,170	13,270	14,340	15,820	16,270	17,070	20,210	21,350
41-45	6,460	8,080	9,970	13,290	14,460	15,600	17,170	17,640	18,530	21,960	23,220
46-50	8,080	10,000	12,210	16,080	17,390	18,670	20,410	21,550	22,590	26,590	28,090
51-55	10,370	12,930	15,900	21,070	22,740	24,390	26,590	27,850	29,260	34,630	36,650
56-60	13,440	16,910	20,900	27,840	29,970	32,070	34,860	36,290	38,250	45,470	48,230
61-65	18,180	23,100	28,740	38,380	41,120	43,780	47,370	49,100	51,990	62,050	65,970
66-70	24,370	31,140	38,920	52,190	55,870	59,480	64,250	66,330	70,260	84,100	89,540
71+	36,540	46,920	58,880	79,260	84,840	90,310	97,440	1,00,210	1,06,270	1,27,550	1,35,950

2nd Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
18-25	2,070	2,570	3,150	4,070	4,320	4,700	5,590	5,780	6,090	8,290	8,800
26-35	2,320	2,890	3,560	4,710	5,100	5,470	6,660	6,870	7,220	10,220	10,810
36-40	2,620	3,280	4,050	5,420	5,910	6,390	7,840	8,070	8,470	12,050	12,730
41-45	2,850	3,580	4,430	5,920	6,450	6,960	8,520	8,760	9,200	13,100	13,850
46-50	3,580	4,440	5,430	7,180	7,770	8,340	10,140	10,710	11,230	15,880	16,770
51-55	4,610	5,760	7,090	9,420	10,180	10,920	13,230	13,860	14,570	20,700	21,910
56-60	5,990	7,550	9,350	12,470	13,430	14,370	17,360	18,080	19,060	27,200	28,860
61-65	10,830	13,780	17,160	22,950	24,590	26,190	28,340	29,380	31,110	37,150	39,500
66-70	14,550	18,610	23,270	31,230	33,450	35,610	38,470	39,720	42,080	50,380	53,640
71+	21,840	28,070	35,250	47,480	50,820	54,110	58,380	60,050	63,680	76,450	81,490

Child

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	2,140	2,640	3,230	4,160	4,420	5,030	5,370	5,540	5,800	6,280	6,660
18-25	2,300	2,860	3,500	4,530	4,800	5,220	5,590	5,780	6,090	6,910	7,340

Parents

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
41-45	5,380	6,760	8,360	11,190	12,180	13,150	14,480	14,880	15,640	18,550	19,620
46-50	6,760	8,390	10,260	13,560	14,670	15,760	17,240	18,210	19,090	22,490	23,760
51-55	8,700	10,880	13,400	17,800	19,220	20,620	22,490	23,560	24,760	29,320	31,040
56-60	11,310	14,260	17,660	23,550	25,360	27,150	29,520	30,740	32,400	38,530	40,880
61-65	15,340	19,520	24,320	32,520	34,840	37,110	40,150	41,620	44,080	52,630	55,960
66-70	20,610	26,360	32,970	44,250	47,380	50,450	54,500	56,270	59,610	71,380	76,000
71+	30,950	39,770	49,940	67,260	72,000	76,660	82,710	85,070	90,220	1,08,310	1,15,450

Diamond Plan

1st Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	6,210	7,270	8,490	10,420	10,940	12,210	12,900	13,260	13,800	14,800	15,600
18-25	6,550	7,700	9,050	11,170	11,730	12,610	13,350	13,750	14,390	16,100	16,980
26-35	7,120	8,450	10,000	12,640	13,520	14,370	15,540	15,960	16,700	19,390	20,410
36-40	7,820	9,360	11,140	14,280	15,400	16,480	17,990	18,440	19,280	22,530	23,710
41-45	8,340	10,050	12,010	15,450	16,640	17,800	19,390	19,880	20,800	24,350	25,660
46-50	10,010	12,020	14,330	18,340	19,670	20,980	22,740	23,900	24,980	29,120	30,680
51-55	12,390	15,110	18,190	23,550	25,260	26,940	29,180	30,450	31,920	37,480	39,590
56-60	15,580	19,270	23,440	30,630	32,810	34,950	37,790	39,240	41,280	48,760	51,640
61-65	20,530	25,760	31,650	41,660	44,470	47,190	50,840	52,610	55,610	66,040	70,130
66-70	26,980	34,160	42,310	56,090	59,880	63,570	68,430	70,550	74,650	89,000	94,670
71+	39,650	50,660	63,240	84,410	90,130	95,740	1,03,010	1,05,860	1,12,160	1,34,240	1,43,010

2nd Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
18-25	2,890	3,410	4,010	4,970	5,220	5,610	6,610	6,810	7,130	9,580	10,110
26-35	3,140	3,740	4,440	5,630	6,020	6,410	7,710	7,920	8,280	11,550	12,170
36-40	3,460	4,150	4,950	6,370	6,870	7,360	8,930	9,160	9,580	13,440	14,150
41-45	3,700	4,460	5,350	6,890	7,430	7,950	9,630	9,870	10,330	14,530	15,320
46-50	4,440	5,350	6,390	8,190	8,790	9,380	11,310	11,880	12,420	17,400	18,330
51-55	5,520	6,740	8,130	10,540	11,310	12,060	14,520	15,160	15,900	22,410	23,680
56-60	6,950	8,610	10,490	13,730	14,710	15,670	18,830	19,560	20,570	29,180	30,910
61-65	12,240	15,380	18,910	24,920	26,600	28,230	30,430	31,480	33,290	39,550	42,000
66-70	16,110	20,420	25,310	33,580	35,850	38,060	40,980	42,250	44,710	53,320	56,730
71+	23,710	30,320	37,870	50,570	54,000	57,370	61,730	63,440	67,220	80,460	85,720

Child

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	3,040	3,570	4,180	5,140	5,410	6,040	6,390	6,570	6,830	7,330	7,730
18-25	3,210	3,790	4,460	5,520	5,800	6,240	6,610	6,810	7,130	7,980	8,430

Parents

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
41-45	6,980	8,430	10,100	13,020	14,030	15,020	16,370	16,780	17,570	20,580	21,700
46-50	8,390	10,110	12,070	15,480	16,610	17,720	19,220	20,200	21,120	24,640	25,970
51-55	10,420	12,730	15,350	19,910	21,360	22,780	24,690	25,770	27,020	31,750	33,540
56-60	13,140	16,270	19,810	25,930	27,780	29,590	32,010	33,250	34,980	41,330	43,780
61-65	17,340	21,780	26,790	35,300	37,690	40,000	43,100	44,600	47,160	56,020	59,500
66-70	22,820	28,920	35,860	47,570	50,780	53,920	58,050	59,860	63,340	75,540	80,360
71+	33,590	42,950	53,650	71,630	76,500	81,270	87,450	89,870	95,220	1,13,990	1,21,440

Zone 2
Silver Plan
1st Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	3,550	4,450	5,490	7,140	7,600	8,690	9,290	9,610	10,060	10,920	11,600
18-25	3,840	4,830	5,970	7,790	8,280	9,040	9,690	10,030	10,580	12,040	12,790
26-35	4,320	5,460	6,780	9,050	9,810	10,560	11,600	11,970	12,590	14,900	15,780
36-40	4,920	6,230	7,750	10,450	11,430	12,390	13,710	14,120	14,830	17,620	18,630
41-45	5,370	6,810	8,480	11,440	12,480	13,510	14,910	15,340	16,120	19,170	20,290
46-50	6,830	8,520	10,480	13,930	15,100	16,250	17,800	18,830	19,740	23,310	24,630
51-55	8,860	11,130	13,760	18,360	19,860	21,330	23,310	24,430	25,680	30,450	32,250
56-60	11,590	14,660	18,210	24,380	26,280	28,160	30,650	31,940	33,660	40,090	42,530
61-65	15,800	20,160	25,160	33,740	36,180	38,570	41,770	43,320	45,870	54,820	58,300
66-70	21,310	27,310	34,180	45,980	49,270	52,520	56,780	58,640	62,130	74,430	79,240
71+	32,130	41,320	51,890	70,010	74,990	79,920	86,290	88,770	94,150	1,13,050	1,20,500

2nd Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
18-25	1,670	2,110	2,630	3,450	3,670	4,010	4,780	4,950	5,220	7,150	7,600
26-35	1,890	2,400	2,990	4,010	4,360	4,690	5,730	5,920	6,230	8,860	9,390
36-40	2,160	2,740	3,430	4,640	5,080	5,520	6,790	6,990	7,350	10,490	11,100
41-45	2,360	3,010	3,760	5,090	5,560	6,020	7,390	7,600	7,990	11,420	12,100
46-50	3,010	3,770	4,660	6,210	6,740	7,250	8,840	9,350	9,810	13,910	14,700
51-55	3,930	4,950	6,130	8,200	8,880	9,540	11,590	12,150	12,770	18,190	19,270
56-60	5,160	6,540	8,130	10,910	11,770	12,610	15,260	15,900	16,770	23,970	25,440
61-65	9,400	12,020	15,020	20,170	21,630	23,060	24,980	25,910	27,440	32,810	34,900
66-70	12,710	16,310	20,430	27,510	29,480	31,430	33,990	35,100	37,200	44,580	47,470
71+	19,200	24,710	31,060	41,930	44,910	47,880	51,690	53,180	56,410	67,750	72,220

Child

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	1,710	2,160	2,680	3,510	3,730	4,280	4,580	4,740	4,970	5,390	5,730
18-25	1,860	2,350	2,920	3,830	4,070	4,450	4,780	4,950	5,220	5,950	6,330

Parents

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
41-45	4,460	5,680	7,100	9,620	10,500	11,370	12,570	12,930	13,590	16,190	17,130
46-50	5,690	7,130	8,800	11,730	12,720	13,700	15,020	15,890	16,670	19,700	20,830
51-55	7,420	9,350	11,580	15,500	16,770	18,020	19,700	20,650	21,710	25,770	27,300
56-60	9,740	12,350	15,360	20,610	22,230	23,820	25,940	27,030	28,500	33,960	36,040
61-65	13,320	17,030	21,280	28,570	30,640	32,670	35,390	36,710	38,880	46,490	49,440
66-70	18,000	23,100	28,940	38,970	41,770	44,530	48,150	49,730	52,700	63,150	67,250
71+	27,200	35,010	44,000	59,400	63,630	67,820	73,230	75,340	79,910	95,980	1,02,310

Gold Plan
1st Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	3,970	4,880	5,930	7,610	8,070	9,170	9,780	10,090	10,560	11,420	12,110
18-25	4,260	5,260	6,430	8,270	8,760	9,520	10,180	10,520	11,080	12,560	13,320
26-35	4,750	5,900	7,240	9,540	10,310	11,060	12,100	12,480	13,110	15,450	16,330
36-40	5,360	6,680	8,220	10,960	11,940	12,900	14,240	14,640	15,360	18,190	19,210
41-45	5,810	7,270	8,970	11,960	13,010	14,040	15,450	15,880	16,670	19,760	20,890
46-50	7,280	9,000	10,990	14,470	15,650	16,800	18,370	19,400	20,330	23,930	25,280

51-55	9,330	11,640	14,310	18,960	20,470	21,950	23,940	25,060	26,330	31,160	32,990
56-60	12,090	15,220	18,810	25,060	26,970	28,860	31,370	32,660	34,420	40,920	43,400
61-65	16,360	20,790	25,860	34,550	37,010	39,410	42,630	44,190	46,790	55,840	59,370
66-70	21,940	28,030	35,030	46,970	50,290	53,530	57,820	59,690	63,240	75,690	80,580
71+	32,890	42,230	52,990	71,330	76,350	81,280	87,690	90,190	95,640	1,14,800	1,22,360

2nd Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
18-25	1,860	2,310	2,830	3,660	3,880	4,230	5,020	5,200	5,470	7,460	7,910
26-35	2,080	2,600	3,200	4,230	4,580	4,920	5,990	6,170	6,490	9,190	9,720
36-40	2,350	2,950	3,640	4,870	5,310	5,750	7,050	7,250	7,620	10,830	11,450
41-45	2,560	3,210	3,980	5,320	5,800	6,260	7,660	7,870	8,270	11,780	12,460
46-50	3,210	3,990	4,880	6,450	6,980	7,500	9,120	9,630	10,100	14,280	15,090
51-55	4,140	5,180	6,380	8,470	9,150	9,820	11,900	12,470	13,100	18,620	19,710
56-60	5,380	6,790	8,410	11,220	12,080	12,930	15,620	16,270	17,150	24,470	25,960
61-65	9,740	12,400	15,440	20,650	22,130	23,560	25,500	26,430	27,990	33,430	35,540
66-70	13,080	16,740	20,940	28,100	30,090	32,040	34,620	35,740	37,860	45,340	48,270
71+	19,650	25,260	31,720	42,720	45,730	48,690	52,540	54,040	57,310	68,800	73,340

Child

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	1,920	2,370	2,900	3,740	3,970	4,520	4,820	4,980	5,210	5,650	5,990
18-25	2,070	2,570	3,150	4,070	4,310	4,700	5,020	5,200	5,470	6,210	6,600

Parents

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
41-45	4,830	6,070	7,510	10,060	10,950	11,820	13,020	13,380	14,060	16,690	17,650
46-50	6,070	7,540	9,230	12,190	13,190	14,170	15,500	16,370	17,170	20,230	21,380
51-55	7,820	9,780	12,050	16,010	17,290	18,550	20,230	21,190	22,270	26,380	27,930
56-60	10,170	12,830	15,880	21,190	22,820	24,420	26,550	27,650	29,150	34,670	36,780
61-65	13,800	17,560	21,870	29,250	31,350	33,380	36,120	37,450	39,660	47,360	50,350
66-70	18,530	23,710	29,660	39,810	42,630	45,390	49,040	50,630	53,640	64,230	68,380
71+	27,840	35,780	44,930	60,520	64,790	68,980	74,430	76,550	81,190	97,470	1,03,890

Diamond Plan

1st Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	5,590	6,540	7,640	9,380	9,850	10,990	11,610	11,940	12,420	13,320	14,040
18-25	5,890	6,930	8,150	10,050	10,560	11,350	12,020	12,370	12,950	14,490	15,280
26-35	6,410	7,610	9,000	11,380	12,170	12,930	13,990	14,370	15,030	17,450	18,370
36-40	7,040	8,420	10,030	12,860	13,860	14,840	16,190	16,600	17,350	20,270	21,340
41-45	7,510	9,040	10,810	13,910	14,980	16,020	17,450	17,890	18,720	21,910	23,100
46-50	9,010	10,820	12,890	16,510	17,710	18,880	20,470	21,510	22,480	26,210	27,620
51-55	11,150	13,600	16,370	21,200	22,740	24,240	26,260	27,410	28,730	33,730	35,630
56-60	14,030	17,350	21,090	27,570	29,530	31,450	34,010	35,320	37,150	43,880	46,480
61-65	18,470	23,180	28,480	37,490	40,020	42,470	45,760	47,340	50,050	59,440	63,120
66-70	24,280	30,740	38,080	50,480	53,890	57,210	61,590	63,500	67,180	80,100	85,210
71+	35,690	45,590	56,920	75,970	81,120	86,170	92,710	95,270	1,00,940	1,20,810	1,28,700

2nd Adult

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
18-25	2,590	3,060	3,610	4,470	4,690	5,050	5,940	6,120	6,410	8,610	9,090
26-35	2,820	3,360	3,990	5,060	5,420	5,760	6,930	7,120	7,450	10,390	10,940
36-40	3,110	3,730	4,450	5,730	6,180	6,620	8,030	8,230	8,610	12,090	12,730

41-45	3,320	4,010	4,810	6,200	6,680	7,150	8,660	8,880	9,290	13,070	13,780
46-50	3,990	4,810	5,740	7,370	7,910	8,440	10,170	10,690	11,180	15,650	16,490
51-55	4,960	6,060	7,310	9,480	10,170	10,850	13,060	13,640	14,300	20,160	21,300
56-60	6,250	7,750	9,430	12,350	13,230	14,090	16,940	17,590	18,510	26,250	27,810
61-65	11,010	13,830	17,010	22,420	23,930	25,400	27,380	28,330	29,950	35,580	37,790
66-70	14,490	18,370	22,770	30,210	32,260	34,250	36,870	38,020	40,230	47,980	51,050
71+	21,330	27,280	34,070	45,500	48,590	51,620	55,550	57,080	60,490	72,410	77,140

Child

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	2,730	3,200	3,760	4,620	4,860	5,430	5,740	5,900	6,140	6,590	6,950
18-25	2,880	3,400	4,010	4,960	5,210	5,610	5,940	6,120	6,410	7,180	7,580

Parents

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
41-45	6,270	7,580	9,080	11,710	12,620	13,500	14,720	15,090	15,800	18,510	19,520
46-50	7,540	9,090	10,850	13,920	14,940	15,940	17,290	18,170	19,000	22,170	23,360
51-55	9,370	11,440	13,810	17,910	19,220	20,490	22,210	23,180	24,310	28,560	30,180
56-60	11,810	14,630	17,820	23,320	24,990	26,620	28,790	29,910	31,470	37,190	39,390
61-65	15,590	19,590	24,100	31,760	33,910	35,990	38,780	40,130	42,430	50,410	53,540
66-70	20,530	26,020	32,260	42,800	45,700	48,520	52,240	53,860	56,990	67,980	72,310
71+	30,220	38,640	48,270	64,460	68,840	73,130	78,690	80,870	85,690	1,02,580	1,09,290

2. Pre-existing disease waiting period waiver

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	740	970	1,220	1,630	1,710	1,950	2,030	2,080	2,200	2,400	2,580
18-25	820	1,060	1,350	1,800	1,880	2,050	2,120	2,170	2,290	2,660	2,860
26-35	950	1,230	1,570	2,090	2,180	2,280	2,370	2,420	2,550	3,080	3,320
36-40	1,110	1,430	1,820	2,420	2,520	2,650	2,750	2,800	2,970	3,570	3,850
41-45	1,220	1,580	2,000	2,680	2,800	2,920	3,050	3,110	3,280	3,950	4,260
46-50	1,450	1,880	2,380	3,170	3,320	3,460	3,600	3,680	3,890	4,690	5,050
51-55	1,950	2,540	3,230	4,310	4,490	4,690	4,890	4,980	5,280	6,350	6,850
56-60	2,660	3,460	4,400	5,860	6,120	6,400	6,660	6,800	7,200	8,660	9,320
61-65	3,780	4,920	6,250	8,320	8,710	9,080	9,460	9,650	10,220	12,310	13,250
66-70	5,250	6,820	8,660	11,540	12,060	12,580	13,120	13,380	14,170	17,050	18,370
71+	8,110	10,540	13,380	17,850	18,660	19,460	20,280	20,680	21,910	26,370	28,380

3. Diabetes Day 1 Cover

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	12,180	12,180	12,180	12,180	14,620	14,620	14,620	18,280	18,280	18,280	18,280
18-25	12,180	12,180	12,180	12,180	14,620	14,620	14,620	18,280	18,280	18,280	18,280
26-35	12,180	12,180	12,180	12,180	14,620	14,620	14,620	18,280	18,280	18,280	18,280
36-40	12,180	12,180	12,180	12,180	14,620	14,620	14,620	18,280	18,280	18,280	18,280
41-45	12,180	12,180	12,180	12,180	14,620	14,620	14,620	18,280	18,280	18,280	18,280
46-50	12,180	12,180	12,180	12,180	14,620	14,620	14,620	18,280	18,280	18,280	18,280
51-55	14,950	14,950	14,950	14,950	17,940	17,940	17,940	22,430	22,430	22,430	22,430
56-60	14,950	14,950	14,950	14,950	17,940	17,940	17,940	22,430	22,430	22,430	22,430
61-65	14,950	14,950	14,950	14,950	17,940	17,940	17,940	22,430	22,430	22,430	22,430
66-70	14,950	14,950	14,950	14,950	17,940	17,940	17,940	22,430	22,430	22,430	22,430
71+	14,950	14,950	14,950	14,950	17,940	17,940	17,940	22,430	22,430	22,430	22,430

4. Hypertension Day 1 Cover

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
18-25	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
26-35	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
36-40	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
41-45	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
46-50	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
51-55	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
56-60	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
61-65	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
66-70	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850
71+	9,230	9,230	9,230	9,230	11,080	11,080	11,080	13,850	13,850	13,850	13,850

5. Coverage for Non-medical Items

Age Band	3	5	7.5	10	12.5	15	20	25	50	75	100
0-17	150	200	250	320	340	380	400	420	450	480	520
18-25	170	220	280	350	370	420	430	430	460	540	570
26-35	180	250	310	420	430	460	480	480	510	620	660
36-40	220	290	370	480	510	520	550	550	600	710	770
41-45	250	320	400	540	550	580	620	620	660	780	850
46-50	290	370	480	630	660	690	720	740	780	940	1,020
51-55	380	510	650	860	890	940	980	1,000	1,060	1,280	1,370
56-60	540	690	880	1,170	1,230	1,280	1,340	1,350	1,450	1,740	1,860
61-65	750	980	1,250	1,660	1,740	1,820	1,890	1,920	2,050	2,460	2,650
66-70	1,050	1,370	1,740	2,310	2,420	2,520	2,630	2,680	2,830	3,420	3,680
71+	1,620	2,110	2,680	3,570	3,740	3,890	4,060	4,140	4,380	5,280	5,680

6. Maternity Benefit

Age Band	Silver	Gold	Diamond
18-25	6,910	9,030	13,020
26-35	6,910	9,030	13,020
36-40	6,090	7,970	11,490
41-45	5,690	7,440	10,720
46-50	5,690	7,440	10,720
51-55	5,260	6,880	9,920
56-60	4,360	5,700	8,220
61-65	2,910	3,800	5,480
66-70	2,910	3,800	5,480
71+	2,910	3,800	5,480

14. Other Clauses

1. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

2. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the

entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability of Health Insurance policies.

3. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

4. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

5. Premium Installment Clause

- Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.
- The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- No interest will be charged if the installment premium is not paid on due date
- In case of installment premium due not received within the grace period, the policy will get cancelled.
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- The company has the right to recover and deduct all the pending installments from the claim amount due under the policy

15. Premium Illustration

A Plus Health Insurance (Silver Plan)

Benefit Illustration in respect of policies offered on Individual and family floater basis

Age of the Members to be Insured (in Years)	Coverage Opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual Basis covering multiple members of the family a under single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (Rs.), if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount (Rs.), if any	Premium after discount (Rs.)	Sum Insured (Rs.)
41	7,570	5,00,000	7,570	341	13,289	5,00,000	7,570	0	10,240	5,00,000
35	6,060	5,00,000	6,060			5,00,000	2,670			

* Illustration - 2 Adult members (Self & Spouse) & Policy period of 1 year	Total Premium for all members of the family is Rs. 13,630/-, when each member covered separately. Sum Insured available for each Individual is Rs. 5,00,000/-	Total Premium for all members of the family is Rs. 13,289/-, when they are covered under single policy. Sum Insured available for each family member is Rs. 5,00,000/-	Total Premium when policy opted for family floater basis is Rs. 10240/-, Sum Insured of Rs. 5,00,000/- is available for entire family.
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* Premium exclusive of GST & applicable for Zone 1

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.