

You focus on your recovery; we take care of your medical cost



SUD Life Smart Healthcare is fixed benefit health insurance plan that covers minor or major stages of covered critical illness conditions related to Cancer, Heart, Liver or Kidney.

Flexibility to choose from 3 Plan Options:



Cancer Cover



Heart Cover



Heart, Cancer, Liver & Kidney Cover

Key Features:



Lumpsum payment on the diagnosis of major/minor condition of the Critical Illness covered under the product¹



Receive fixed pay-out based on severity of condition, irrespective of actual billing



³Tax Benefits: under Section 80D of Income Tax Act 1961



Waiver of premium² for 3 policy years on diagnosis with Minor Critical illness condition



Flexibility to choose Sum Insured and Policy Term



Available through **Online Channel⁴**

When life gets tough, we help you become tougher.

¹ First Minor CI condition- Lumpsum payout of 25% of Sum Insured. Major CI condition 100% of Sum Insured less Minor CI conditions claims paid, if any. | ² WOP is applicable only on first claim under minor CI condition. In case the outstanding policy term is less than 3 years, then the premiums will be waived for the outstanding policy term only. The WOP benefit is not applicable if minor CI condition is claimed for the second time. | ³As per prevailing norms under the Income Tax Act 1961, amended from time to time. | ⁴Online channel is through Company's website only. | The benefits under the products will be available subject to fulfillment of definitions, exclusions, waiting period, survival period, cooling period, as applicable. Kindly read the sales brochure carefully w.r.t the above-mentioned terms.



WHY READ THIS BROCHURE?

This brochure helps you understand if this is the right plan for you. It gives you details about how it will work throughout the plan term in ensuring your needs are met. We believe this is an important document to understand before you decide to buy the policy.



IDEAL STEPS TO FOLLOW

1. Read the brochure carefully
2. Understand the benefits and remember the important points before buying the insurance plan
3. Meet our representatives or call 1800 266 8833 to clarify any pending doubts



YOU WILL COME ACROSS THE FOLLOWING SECTIONS IN THE BROCHURE

1. Key Features
2. Know your plan better
3. Making the most of your plan
4. Terms & Conditions

The greatest blessing for all people is health. In this aspect, the adage "**Health is Wealth**" is true. If you are in good health, you will be in the correct state of mind to overcome any obstacles that come your way. Your health is not always predictable, though, just like life, which has its ups and downs. Everybody in the world today is aware that sicknesses are becoming more prevalent which will impact you financially in case of medical emergency. For the majority of us, it raises the issue of affordability. Due to this, it is crucial that we focus on our healthcare requirements now, before time begins to intervene.

Presenting **SUD Life Smart Healthcare** a fixed benefit health insurance plan which covers minor or major stages of Critical Illness conditions related to Cancer, Heart, Liver or Kidney. Customize your insurance needs by choosing from three Plan Options available under the product, take a step ahead and get your future secured to enjoy treatment without any compromise.

You will come across the following sections in the Sales Literature:

1. Key Features
2. Know your plan better
3. Making the most of your plan
4. Terms & Conditions

01 Key Features



Flexibility to choose from three Plan Options

Cancer Cover | Heart Cover | Heart, Cancer, Liver & Kidney Cover



Receive fixed pay-out based on severity of condition, irrespective of actual billing



Flexibility to choose Sum Insured and Policy Term



Lump sum payout is provided on diagnosis of major as well as minor Critical illness conditions(CI)



Tax Benefits: as per prevailing norms under the Income Tax Act, 1961 as amended from time to time



Waiver of premium for 3 policy years on diagnosis of first minor CI condition



Available through Online Channel

What is SUD Life Smart Healthcare?

SUD Life Smart Healthcare is a Non-Linked Non-Participating Individual Health Insurance plan that ensures protection against major or minor-stage Critical Illness conditions related to Cancer, Heart, Liver, or Kidney disorders that could otherwise deplete your lifetime savings. Here you receive payouts not only on diagnosis of major critical illness condition but also on minor critical illness condition. We also waive premiums for 3 policy years following the first diagnosis of any covered minor CI condition.

Plan Options offered under the product?

Policyholder has option to choose any one of the below Plan options at inception of the policy. Once chosen, the Plan option cannot be changed during the policy term.



For each plan option, the premium will vary based on Entry Age, Gender of the Life Assured, Sum Insured and Policy Term chosen.

The Types of illness that are covered under each option have been classified as Minor illness conditions and Major Illness conditions. The list is attached as an Annexure 1-A. The benefits payable under the plan will vary based on claims made under Minor or Major CI conditions, subject to conditions stipulated thereat.

What are the Benefits under this Plan?

I. Benefits upon being diagnosed by covered conditions

In case the life assured is diagnosed with conditions listed in Annexure 1-A, the policyholder will receive a lumpsum benefit based on the severity of the condition. Benefit will be payable to the policyholder as per the Plan Option & Sum Insured chosen.

Level	Payout (as % of Sum Insured)
Minor Critical Illness Condition	25%
Major Critical Illness Condition	100% less minor claims already paid

Where, Sum Insured (SI) is Highest of

- 10 times of Annualized Premium
OR
- 105% of all Total Premium Paid (excluding tax and extra premium, if any) as on date of diagnosis of Critical Illness
OR
- Basic Sum Insured

Where, "Annualized Premium" shall be the premium amount payable in a year chosen by the policyholder, excluding the taxes, rider premiums, underwriting extra premiums and loadings for modal premiums, if any.

"Total premiums" paid mean total of all the premiums received by the Company, excluding any extra premium, any rider premium and taxes.

Minor CI Condition

1. Under a particular Plan Option, Maximum 2 minor CI condition claims are payable during the policy term subject to Cooling-off period, as defined below :

2. No multiple claims will be admitted by the Company for same Minor CI conditions under the selected Plan Option. In case if you have opted for Plan Option Cancer Cover, in order to qualify for a minor cancer claim benefit under this for the second time, the minor second cancer claim of the organs should be different from the organ of the first claim for which benefit has been paid. For the avoidance of doubt, for those organs with left and right component (including but not limited to breast, ear, eye, fallopian tube, kidney, lung, ovary and testicle), both components will be considered as one and the same organ. Further, each group of the following sites are also treated as one organ:
 - Basal cell and squamous skin cancer
 - Corpus uteri, vagina, cervix uteri
 - Colon and rectum
 - Penis and testis
 - Stomach and esophagus

Similarly, no claim will be paid for the same minor condition under Heart/ Liver/ Kidney Plan Options.

Waiver of Premium: On a valid minor CI condition claim, premium will be waived for a period of 3 policy years. In case the outstanding policy term is less than 3 years, then premium for outstanding policy term will be waived. The waiver of premium is applicable on diagnosis of first minor CI condition only.

Cooling-off Period: Cooling off period is the time between two minor CI claims when no second minor condition claim shall be admitted. Cooling Off period is of 180 days from the date of diagnosis of a Minor CI condition claim and date of diagnosis of subsequent Minor CI Condition claim. However, this requirement of 180 days is not applicable in case of diagnosis with any of the CI specified under Major CI condition claim following a Minor CI condition claim.

Major CI Condition

1. On diagnosis of major CI condition covered under the plan, an amount equal to sum insured less any minor claims already paid, if any will be paid to the policyholder.
2. Only one major CI claim will be admitted during the term of policy.

Waiting Period: There is a waiting period of 90 days for all major CI conditions covered and 180 days for all minor CI conditions from the policy commencement date, or policy revival date, whichever is later. In case the insured event happens during this period, no benefit shall be payable.

However, 100% of the premium will be refunded from the Date of commencement of risk of the policy or from the date of revival as applicable and the policy will terminate with immediate effect.

No waiting period applies for Critical Illness claims arising solely due to an accident.

Survival Period: 15 days survival period is applicable. This refers to the period from date of diagnosis during which the life assured must survive before the CI benefit will be paid. The benefit shall be payable when the CI is diagnosed during the policy term irrespective of when the survival period of 15 days is completed.

A. Maturity Benefit:

On survival of the Life Assured to the end of the policy term, no benefit will be paid and the contract ceases.

B. Death Benefit:

No benefit will be paid on death of the Life Assured. The policy shall terminate immediately on death of the Life Assured.

Eligibility & Plan Summary

Eligibility Criteria	Minimum	Maximum
Entry Age	18 Years	65 Years
Maturity Age	23 Years	80 Years
Policy Term	5 Years	30 Years
Annualised Premium	₹ 348	₹ 3,44,058
Premium Payment Term	Equal to Policy Term	
Premium Payment Mode	Regular Pay	
Premium Payment Frequency	Yearly Half Yearly Quarterly Monthly	
Sum Insured*	₹ 5,00,000	₹ 50,00,000

(Age is age last birthday)

*Sum Insured to increase to multiple of ₹ 1 lakhs

In this plan, the Life Assured will choose the Sum Insured, Cover Option and Policy Term.

II. List of CI conditions Covered

Details of Critical Illness (Refer Annexure 1 for Definitions)

1. Cancer Cover

Sr. No	Name of CI	Level
1	Early-Stage Cancer	Minor
2	Carcinoma in situ	Minor
3	Cancer of Specified Severity	Major
4	Aplastic Anaemia	Major
5	Bone Marrow Transplant	Major

2. Heart Cover

Sr. No	Name of CI	Level
1	Angioplasty	Minor
2	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD Insertion	Minor
3	Carotid Artery Surgery	Minor
4	Pericardectomy	Minor
5	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy	Minor
6	Infective Endocarditis	Major
7	Cardiomyopathy	Major
8	Myocardial Infarction (First Heart Attack of specified severity)	Major
9	Open Chest CABG (Coronary Artery Bypass Graft)	Major
10	Open Heart Replacement or Repair of Heart Valves	Major
11	Primary (Idiopathic) Pulmonary Hypertension	Major
12	Heart transplant	Major
13	Stroke resulting in permanent symptoms	Major
14	Dissecting Aortic Aneurysm	Major
15	Eisenmenger's Syndrome	Major
16	Aorta Graft Surgery	Major

3. Heart, Cancer, Liver & Kidney

Sr. No	Name of CI	Level
1	Angioplasty	Minor
2	Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion	Minor
3	Carotid Artery Surgery	Minor
4	Pericardectomy	Minor
5	Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy	Minor
6	Infective Endocarditis	Major
7	Cardiomyopathy	Major
8	Myocardial Infarction (First Heart Attack of specified severity)	Major
9	Open Chest CABG (Coronary Artery Bypass Graft)	Major
10	Open Heart Replacement or Repair of Heart Valves	Major
11	Primary (Idiopathic) Pulmonary Hypertension	Major
12	Stroke resulting in permanent symptoms	Major
13	Dissecting Aortic Aneurysm	Major
14	Eisenmenger's Syndrome	Major
15	Aorta Graft Surgery	Major
16	Fulminant Hepatitis	Minor
17	Surgical Removal of One Kidney	Minor
18	Heart / Liver / Kidney Transplant	Major
19	Kidney failure requiring regular dialysis	Major
20	Medullary Cystic Disease	Major
21	Systemic Lupus Erythematosus with Lupus Nephritis	Major
22	End Stage Liver Failure	Major
23	Specified Early-Stage Cancer	Minor
24	Carcinoma in situ	Minor
25	Cancer of Specified Severity	Major
26	Aplastic Anaemia	Major
27	Major Organ / Bone Marrow Transplant	Major

Benefit explained with Example:

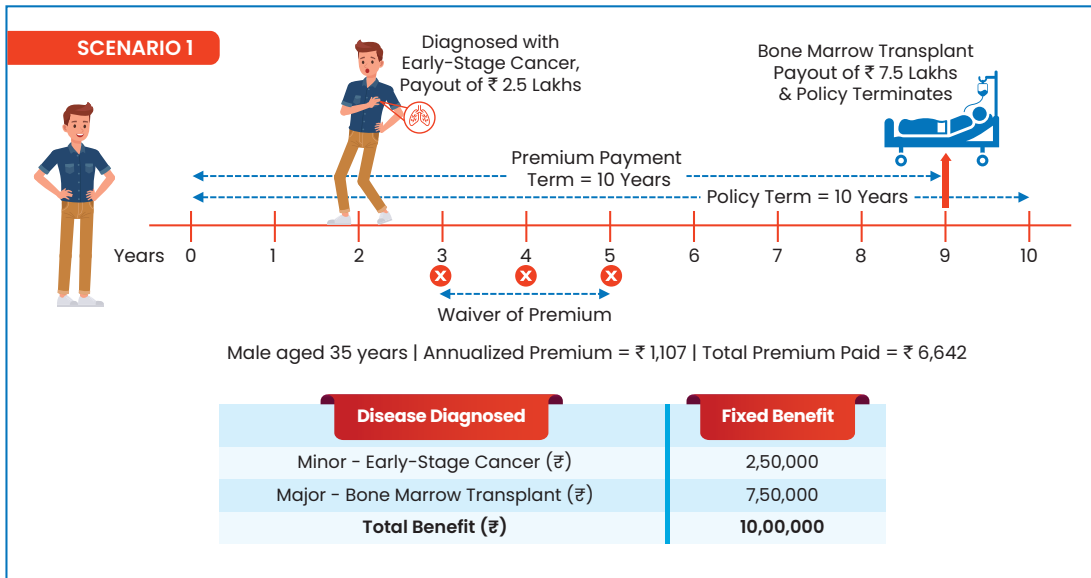
Plan Option: Cancer Cover

Mr. Rohit has opted SUD Life Smart Healthcare (Plan Option – Cancer Cover). The details are as below

Age	-	35 years
Premium Frequency	-	Yearly
Policy Term	-	10 years
Premium Paying Term	-	10 years
Sum Insured	-	₹ 10,00,000
Annualised Premium	-	₹ 1,107 (exclusive of applicable taxes)

Mr. Rohit is diagnosed with early stage cancer at the end of 2nd policy year. He received lumpsum of **₹ 2,50,000** and premiums were waived for next 3 policy years. Mr. Rohit starts paying premium again from 6th policy year, at the end of 9th policy year he had to undergo Bone Marrow Transplant. As per product feature, remaining Sum Insured of **₹ 7,50,000** is paid and policy is terminated.

Policy Year	Cancer Cover	Premium	Benefit Paid	Event
1	10,00,000	1,107	-	
2	10,00,000	1,107	2,50,000	In 2 nd Policy Year end Diagnosed with Early-Stage Cancer (Minor CI condition)
3	7,50,000	-	-	
4	7,50,000	-	-	
5	7,50,000	-	-	
6	7,50,000	1,107	-	
7	7,50,000	1,107	-	
8	7,50,000	1,107	-	
9	7,50,000	1,107	7,50,000	In 9 th Year Need to undergo Bone Marrow Transplant (Major CI condition) (Policy Terminates)



Plan Option: Heart, Cancer, Kidney & Liver Cover

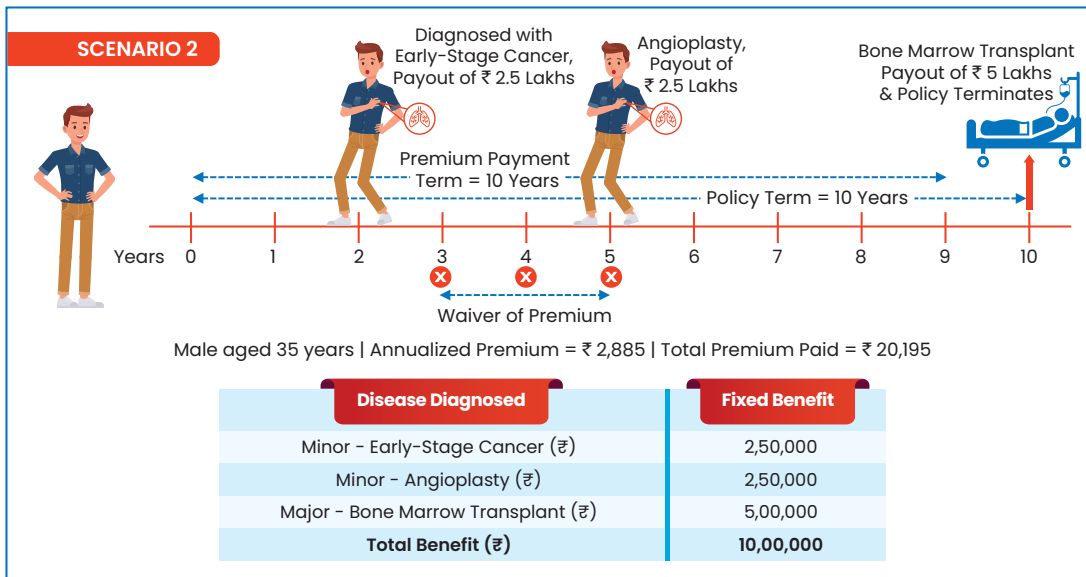
Mr. Rohit has opted SUD Life Smart Healthcare (Plan Option- Heart, Cancer, Kidney & Liver Cover).

The details are as below

- Age - 35 years
- Premium Frequency - Yearly
- Policy Term - 10 years
- Premium Paying Term - 10 years
- Sum Insured - ₹ 10,00,000
- Annualised Premium - ₹ 2,885 (exclusive of applicable taxes)

Mr. Rohit is diagnosed with early stage cancer at the end of 2nd policy year he received lumpsum of **₹ 2,50,000** and premium are waived for next 3 policy years. Further he had to undergo Angioplasty at the end of 4th policy year where he has made a claim under Minor CI condition for the second time. Here he has received a lumpsum of **₹ 2,50,000**. Mr. Rohit starts paying premium again from 6th policy year, at the end of 10th policy year he had to undergo Bone Marrow Transplant. At this stage, the remaining Sum Insured of **₹ 5,00,000** is paid and policy will terminate.

Policy Year	Cancer Cover	Premium	Benefit Paid	Event
1	10,00,000	2,885	-	
2	10,00,000	2,885	2,50,000	In 2 nd Policy Year end Diagnosed with Early-Stage Cancer (Minor CI condition)
3	7,50,000	-	-	
4	7,50,000	-	2,50,000	In 4 th Policy Year Angioplasty (Minor CI Condition)
5	5,00,000	-	-	
6	5,00,000	2,885	-	
7	5,00,000	2,885	-	
8	5,00,000	2,885	-	
9	5,00,000	2,885	-	
10	5,00,000	2,885	5,00,000	In 10 th Policy Year Need to undergo Bone Marrow Transplant (Major CI Condition) (Policy Terminates)



What Happens in case of missed Premiums?

- Should you miss paying your Premium on the due date, you get a chance to pay them within the grace period while staying fully covered. A grace period of 15 days from the due date of the first unpaid premium is available for Monthly mode and 30 days for all other modes.
- If the Life Insured is diagnosed with any major CI condition covered under the policy during the grace period, the benefit under the policy will be paid after deduction of premiums then due and is falling due during that policy year.
- If the Life Insured is diagnosed with any minor CI condition covered under the policy during the grace period, the benefit under the policy will be paid after deduction of premium then due.

What happens once your policy Lapses?

- If the due premiums have not been paid within the grace period, then the policy will lapse.
- Cover will cease and no benefits shall become payable under the lapsed policy.

Can you restore your Lapsed to the original benefit levels?

You have an option to revive a lapsed policy within a period of 5 years from the due date of the first unpaid premium, subject to satisfactory proof of insurability as required by us from time to time.

The revival of the policy is subject to the submission of the satisfactory medical evidence as per the Board approved underwriting policy applicable at that time. The cost of the required medical examination, if any will be borne by the Life Assured/Policyholder.

You can revive your lapsed policy by following these simple steps:

- Giving a written request to the Company within 5 years from the due date of first unpaid premium and producing a proof of continued insurability.
- Paying the outstanding premium amount with the applicable interest rate, currently 9% p.a. for FY 23-24 and compounded on half yearly basis.

The prevailing interest rate is calculated as equal to 10 year G-sec benchmark interest rate as on last working day of the previous financial year +1.50%, rounded up to the next multiple of 25 basis points and will be compounded on half yearly basis. The 10 year G-Sec rate on 31st March 2023 was 7.31% and the rate of interest for revival for FY 2023-24 is 9% (7.31% + 1.5% + rounding to next multiple of 25 basis points). Any change in basis shall be with prior approval of the Authority. The Company will review the revival interest rate on every 1st of April.

Once the Policy is revived, all benefits will be restored to its original benefit level (i.e. level of benefits payable/paid as if the policy is in force) subject to completion of waiting period.

Surrender Benefit:

No Surrender Benefit available under this plan option.

Reviewability on Premiums:

- The premium rates are guaranteed for an initial period of 5 policy years from the date of commencement of the policy after which it can be reviewed every five year and if revised, it will apply prospectively and will be guaranteed for a period of 5 consecutive years.
- Any revision in the Premium rates shall be notified to the Policyholder at least three months prior to the date of such revision. If the policyholder does not agree to the revised premium rates, the policyholder shall have an option to discontinue the policy.

Are there any Riders available?

No riders are available under this product.

What if you realize this is not the right plan for you?

Freelook - If you disagree to any of those terms or conditions in the policy, you have an option to return the policy to us within 15 days (30 days, if the policy is opted through Electronic Mode/ Distance Marketing mode) from the date of the receipt of the policy document, stating the reasons for your objection. In this case we will return your premium as follows – Premium paid less:

- i. Proportionate risk premium for the period on cover
- ii. Expenses incurred by us on medical examination, if any
- iii. Stamp duty charges

Distance Marketing mode includes every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) voice mode, which includes telephone-calling (ii) short messaging service (SMS) (iii) electronic mode which includes e-mail and interactive television (iv) physical mode which includes direct postal mail and newspaper & magazine inserts and (v) solicitation through any means of communication other than in person.

Modal Loading

Loadings for various modes of premium payment are given below:

Mode of Premium	Modal Factor
Yearly	1
Half Yearly	0.5108
Quarterly	0.2582
Monthly	0.0867

(A) Policy Loan:

No Loan facility available under this plan option.

(B) Other Exclusion:

The Company shall not be liable to make any payment towards a covered Critical Illness, caused by, based on, arising out of or aggravated by any of the listed exclusion:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any Pre-existing Disease or any complication arising therefrom.
Pre-existing Disease means any condition, ailment, injury or disease / critical illness /disability:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement; or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
3. Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
5. Any Critical Illness caused due to intentional self-injury, suicide or attempted suicide
6. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
8. Congenital External Anomalies or any complications or conditions arising therefrom including any developmental conditions of the Insured;
9. Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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
10. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
11. Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with

any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
14. Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
15. Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary 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.
16. Any Critical Illness caused due to surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The Surgery / Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI):
 - greater than or equal to 40 or
 - 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 Type 2 Diabetes
17. Any Critical Illness caused due to 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 reason.
18. Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Any Critical Illness caused by sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization

(C) Termination of Policy:

Policy shall terminate on the occurrence of the earliest of the following:

- On policy being lapsed by non-payment of due premium and not revived within the revival period.
- On Payment of the 100% of the Sum Insured.
- On Maturity i.e. expiry of the policy term

- On death of the Life Assured
- On the date of payment of free look cancellation
- On policy being discontinued by policyholder on revision of premium rates
- On occurrence of the Major CI condition or Minor CI condition during the waiting period

(D) Alteration in Premium Payment Frequency:

During the Premium Payment Term, you have an option to alter/ change the premium payment frequency as available under the policy. This option can be exercised only on Policy Anniversary.

(E) Nomination:

Nomination shall be as per the Section 39 of Insurance Act 1938 and as amended from time to time

(F) Assignment:

Assignment shall be as per Section 38 of Insurance Act 1938 and as amended from time to time.

(G) Prohibition of Rebates:

Section 41 of The Insurance Act, 1938 as amended from time to time:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer:
2. Any person making default in complying with the provisions of this section shall be liable with penalty which may extend to ten lakh rupees.

(H) Tax Benefit:

Income tax benefits may be available as per prevailing norms under the Income Tax Act 1961, amended from time to time. Please consult your tax advisor for further details.

(I) Goods and Services Tax:

Statutory Taxes, if any, imposed on such insurance plans by the Govt. of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax as applicable from time to time.

(J) Section 45 of the Insurance Act 1938:

Fraud and Misstatement would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938, as amended from time to time. For provisions of this Section, please contact the insurance company or refer to sample policy contract of this product on our website www.sudlife.in



For more details, contact the Branch Manager

 1800 266 8833  www.sudlife.in

Star Union Dai-ichi Life Insurance Company Limited is the name of the Insurance Company and “SUD Life Smart Healthcare” is the name of the plan. Neither the name of the Insurance Company nor the name of the plan in anyway indicates the quality of the plan, its future prospects or returns.

SUD Life Smart Healthcare | UIN: 142N089V01 | A Non-Linked Non-Participating Individual Health Insurance Plan

Star Union Dai-ichi Life Insurance Company Limited | IRDAI Regn. No: 142 | CIN: U66010MH2007PLC174472

Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703 | 1800 266 8833 (Toll Free) | Timing: 9:00 am - 7:00 pm (Mon - Sat) | Email ID: customercare@sudlife.in | Visit: www.sudlife.in | Participation by the Bank's customers in Insurance Business shall be purely on a voluntary basis. It is strictly on a non-risk participation basis from the Bank. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Trade-logo displayed belongs to M/s Bank of India, M/s Union Bank of India and M/s Dai-ichi Life International Holding LLC and are being used by Star Union Dai-ichi Life Insurance Co. Ltd. under license. The benefits under the products will be available subject to fulfillment of definitions, exclusions, waiting period, survival period, cooling period, as applicable. Kindly read the sales brochure carefully w.r.t the above-mentioned terms.

BEWARE OF SPURIOUS/FRAUD PHONE CALLS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Annexure 1 – Critical Illness

A. Major CI Definitions

1. Cancer of Specified Severity

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

The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, 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 tumors 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 Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. 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

3. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- a. Blood product transfusion;
- b. Marrow stimulating agents;
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of less than 500/mm³ or less
- b. Platelets count less than 20,000/mm³ or less
- c. Reticulocyte count of less than 20,000/mm³ or less

Temporary or reversible Aplastic Anaemia is excluded.

4. Myocardial Infarction (First Heart Attack of Specific Severity)

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

5. Open Chest CABG

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

6. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

7. Heart/Liver/Kidney Transplant

The actual undergoing of a transplant of one of the following organs: heart, liver, kidney that resulted from irreversible end-stage failure of the relevant organ.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only Islets of Langerhans are transplanted

8. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

9. Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The insured person understand and agrees that we will not cover:

- a. Surgery performed using only minimally invasive or intra arterial techniques.
- b. Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

10. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

11. Cardiomyopathy

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

NYHA Class IV – Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

12. Eisenmenger's Syndrome

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterisation and supported by the following criteria:

- Mean pulmonary artery pressure > 40 mm Hg;
- Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- Normal pulmonary wedge pressure < 15 mm Hg.

13. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

14. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

15. Medullary Cystic Disease

Medullary Cystic Disease where the following criteria are met:

- The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

16. Systemic Lupus Erythematosus with Lupus Nephritis

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus

erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

- Class I Minimal Change Lupus Glomerulonephritis
- Class II Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

17. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- i. permanent jaundice; and
- ii. ascites; and
- iii. hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

18. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

B. Minor CI Definitions

1. Specified Early-Stage Cancers

Specified Early Cancers shall mean first ever presence of one of the following malignant conditions:

- i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
- ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
- iii. Tumors of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
- iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.

- v. Malignant melanoma that has not caused invasion beyond the epidermis.
- vi. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- vii. The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

Pre - malignant lesions and conditions, unless listed above, are excluded.

2. Carcinoma In-Situ (CIS)

Carcinoma-in-situ shall mean first ever histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any of the following covered organ groups, and subject to any classification stated:

- i. Breast, where the tumor is classified as Tis according to the NM Staging method
- ii. Corpus uteri, vagina, vulva or fallopian tubes where the tumor is classified as Tis according to the TNM Staging method or FIGO (staging method of the Federation Internationale de Gynecologie et d'Obstetrique) Stage 0
- iii. Cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO Stage 0
- iv. Ovary -include borderline ovarian tumors with intact capsule, no tumor on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TNM Staging) or FIGO 1A, FIGO 1B
- v. Colon and rectum; Penis; Testis; Lung; Liver; Stomach, Nasopharynx and oesophagus
- vi. Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary Carcinoma is included

The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma In-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

Pre-malignant lesion and carcinoma in situ of any organ, unless listed above, are excluded.

3. Angioplasty

- i. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- ii. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- iii. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

4. Cardiac Arrest requiring permanent Cardiac Pacemaker or ICD insertion

Insertion of a Permanent Cardiac Pacemaker, Implantable Cardioverter-defibrillatory (ICD) or Cardiac resynchronisation therapy with defibrillator (CRT-D) that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. The insertion of such device must be certified as absolutely necessary by a consultant cardiologist and evidence of surgery to be provided.

Cardiac arrest secondary to illegal drug abuse is excluded.

5. Pericardiectomy (Irrespective of Technique)

The actual undergoing of surgical procedure, where all or part of the pericardium is removed to treat fibrosis and scarring of the pericardium, which occurred as a result of chronic pericarditis. This must be confirmed by a specialist cardiologist and supported by 2D echo findings.

6. Carotid Artery Surgery

The undergoing of carotid artery endarterectomy or carotid artery stenting of symptomatic stenosis of the carotid artery. The procedure must be considered necessary by a qualified Specialist which has been necessitated as a result of an experience of Transient Ischaemic Attacks (TIA).

Endarterectomy of blood vessels other than the carotid artery is specifically excluded.

7. Percutaneous Transluminal Balloon Valvuloplasty or Valvotomy

The actual undergoing of Valvotomy or Valvuloplasty where the treatment is performed totally via intravascular procedure necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available. For purpose of this Benefit, procedures done for treatment of Congenital Heart Disease are excluded.

8. Surgical Removal of One Kidney

The complete surgical removal of one kidney necessitated by any disease or accident of the Life Assured. The need for the surgical removal of the kidney must be certified to be absolutely necessary by a specialist in the relevant field.

Removal of kidney as a donor and removal of congenital kidney condition including renal agenesis and non-functioning kidney are excluded.

9. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.