



FAMILY MEDICARE POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

- This document has been prepared to give you a brief and quick introduction to your Family Medicare Policy.
- The CIS must be read concurrently with Policy Wording as there are references to various clauses in the Policy Wordings.
- The CIS only provides a summary of the key features of the policy. Please refer to your Policy Schedule along with the Policy Wordings for complete information on what your policy covers.

(Description is illustrative and not exhaustive)

TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
Product Name	Family Medicare Policy	-
What am I covered for?	<p>BASE COVERS</p> <ol style="list-style-type: none"> In-Patient Hospitalisation Expenses <ol style="list-style-type: none"> Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses. All Day Care Treatments are covered Pre-Hospitalisation and Post-Hospitalisation Expenses Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre & Post combined. Ayurvedic/Homeopathic/Unani treatment Covers expenses incurred for availing treatment under Ayurvedic/Homeopathic/Unani systems of medicine in a registered AYUSH Hospital. Limits under this cover are linked to the Sum Insured opted. Donor Expenses Cover Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person. Restoration of Sum Insured If Sum Insured is exhausted completely or partially, then a Restored Sum Insured equal to 100% of the Sum Insured will be automatically and instantly available for the particular Policy Period. Modern Treatment Methods & Advancement in Technologies Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc. Road Ambulance Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency. Cost of Health Check-Up Insured Person is entitled to a health check-up for a block of every three claim-free years. Organ Donor Benefit A lump sum payment of 10% of Sum Insured, to take care of medical and other incidental expenses is payable to the Insured Person donating an organ. 	<p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p> <p>III.A.5</p> <p>III.A.6</p> <p>III.A.7</p> <p>III.A.8</p> <p>III.A.9</p>

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

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	<p>OPTIONAL COVERS</p> <p>1. Maternity Expenses and New Born Baby Cover</p> <p>i. Expenses incurred for a delivery (including caesarean section), or lawful medical termination of pregnancy are covered up to 10% of Sum Insured subject to a maximum of Rs. 40,000 for normal deliveries and Rs. 60,000 for caesarean deliveries</p> <p>ii. Hospitalisation expenses for New born Baby are covered from day one up to the age of 90 days and is subject to a limit of 10% of Sum Insured.</p> <p>2. Daily Cash Allowance on Hospitalisation</p> <p>A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.</p>	<p>III.B.1.a</p> <p>III.B.1.b</p> <p>III.B.1.2</p>				
<p>What are the major exclusions in the policy?</p>	<p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> <ol style="list-style-type: none"> Admission primarily for investigation & evaluation (Code – Excl04) Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05) Any expenses incurred on Out-patient treatment (OPD treatment) Any treatment related to sleep disorder or sleep apnoea syndrome Congenital External Diseases or Defects or anomalies Cost of hearing aids; including optometric therapy Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation Intentional self-inflicted Injury or attempted suicide Routine eye-examination expenses, cost of spectacles, contact lenses Vaccination or inoculation of any kind unless it is post animal bite 	<p>IV.B.4</p> <p>IV.B.5</p> <p>IV.C.4</p> <p>IV.C.6</p> <p>IV.C.10</p> <p>IV.C.11</p> <p>IV.C.13</p> <p>IV.C.14</p> <p>IV.C.15</p> <p>IV.C.20</p>				
<p>Waiting Period</p>	<p>Initial Waiting Period: 30 days for all illness (not applicable on renewal or for accidents)</p> <p>Specific Waiting Periods</p> <ol style="list-style-type: none"> 24 months for certain specified diseases/procedures/treatments 48 months for certain specified diseases/procedures/treatments 24 months for Maternity Expenses and New Born Baby Optional Cover 12 months for Organ Donor Benefit (When Insured Person is the Donor) <p>Pre-Existing Diseases: Covered after forty-eight (48) months of continuous coverage.</p>	<p>IV.A.3</p> <p>IV.A.2 Table A</p> <p>IV.A.2 Table B</p> <p>III.B.1.a.i</p> <p>III.A.9</p> <p>IV.A.1</p>				
<p>Payment Basis</p>	<ol style="list-style-type: none"> Cashless facility for treatment in network hospitals Reimbursement for treatment in non-network hospitals Reimbursement for pre-hospitalisation and post-hospitalisation claims Reimbursement for Cost of Health Check-up. For Daily Cash and Organ Donor Benefit, fixed benefit amount will be paid to the Insured Person. 	<p>V.B.5.ii.a</p> <p>V.B.5.iii.a</p> <p>V.B.5.iii.b</p> <p>V.B.5.iii.c</p> <p>III.A.9 & III.B.2</p>				
<p>Loss Sharing</p>	<p>In case of a claim, this policy requires you to share expenses exceeding the following sub-limits:</p> <p>1. In-Patient Hospitalisation expenses</p> <table border="1" data-bbox="336 1727 1203 1872"> <tr> <td data-bbox="336 1727 560 1816">Room Rent</td> <td data-bbox="568 1727 1203 1816"> <ul style="list-style-type: none"> SI < 5 Lakhs: 1% of Sum Insured per day SI ≥ 5 Lakhs: 1% of Sum Insured or Single Occupancy Standard AC Room Charges </td> </tr> <tr> <td data-bbox="336 1827 560 1872">ICU/ICCU charges</td> <td data-bbox="568 1827 1203 1872">SI < 5 Lakhs: 2% of Sum Insured per day</td> </tr> </table> <p>Proportionate Payment Clause: In case of admission to a room at rates exceeding the aforesaid limits, the payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.</p>	Room Rent	<ul style="list-style-type: none"> SI < 5 Lakhs: 1% of Sum Insured per day SI ≥ 5 Lakhs: 1% of Sum Insured or Single Occupancy Standard AC Room Charges 	ICU/ICCU charges	SI < 5 Lakhs: 2% of Sum Insured per day	<p>III.A.1.i</p> <p>III.A.1.ii</p> <p>III.A.(1.1).i</p>
Room Rent	<ul style="list-style-type: none"> SI < 5 Lakhs: 1% of Sum Insured per day SI ≥ 5 Lakhs: 1% of Sum Insured or Single Occupancy Standard AC Room Charges 					
ICU/ICCU charges	SI < 5 Lakhs: 2% of Sum Insured per day					



	<p>2. Cataract 10% of Sum Insured subject to a maximum of Rs. 50,000/- per eye.</p> <p>3. Named Mental Illnesses 25% of Sum Insured subject to a maximum of Rs. 3,00,000 per policy period for the following mental illnesses: i. Schizophrenia (ICD - F20; F21; F25) ii. Bipolar Affective Disorders (ICD - F31; F34) iii. Depression (ICD - F32; F33) iv. Obsessive Compulsive Disorders (ICD - F42; F60.5) v. Psychosis (ICD - F22; F23; F28; F29)</p> <p>4. Pre-Hospitalisation and Post-Hospitalisation Expenses (combined): 10% of Sum Insured</p> <p>5. Ayurvedic/Homeopathic/Unani Treatment</p> <table border="1" data-bbox="333 741 1203 958"> <thead> <tr> <th>Sum Insured</th> <th>Limit per Policy Period (Rs.)</th> </tr> </thead> <tbody> <tr> <td>Up to 3,00,000</td> <td>10,000</td> </tr> <tr> <td>> 3,00,000 to 15,00,000</td> <td>15,000</td> </tr> <tr> <td>> 15,00,000</td> <td>25,000</td> </tr> </tbody> </table> <p>6. Road Ambulance i. 0.5% of the Sum Insured subject to a maximum of Rs. 2,500 per event and ii. 1% of the Sum Insured subject to a maximum of Rs. 5,000 per policy period</p> <p>7. Health Check-Up Up to 1% of average Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per person for policies issued on individual sum insured basis/ Rs. 10,000 per policy period for policies issued on family floater basis for a block of every three claim-free years.</p> <p>8. Co-Payment For persons with age of entry above 60 years in Family Medicare Policy, every admissible claim under Clauses III.A.1-III.A.7 of the policy wordings shall be subject to a co-payment of 10% on the admissible claim amount.</p> <p>9. Deductible - Daily Cash Allowance Deductible equivalent to Daily Cash Allowance for the first 24 hours Hospitalisation</p>	Sum Insured	Limit per Policy Period (Rs.)	Up to 3,00,000	10,000	> 3,00,000 to 15,00,000	15,000	> 15,00,000	25,000	<p>III.A.(1.2).a</p> <p>III.A.(1.2).b</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.7</p> <p>III.A.8</p> <p>V.B.6</p> <p>III.B.2</p>
Sum Insured	Limit per Policy Period (Rs.)									
Up to 3,00,000	10,000									
> 3,00,000 to 15,00,000	15,000									
> 15,00,000	25,000									
<p>Renewal Conditions</p>	<p>1. The policy is ordinarily life-long renewable, except on grounds of fraud, misrepresentation, or non-disclosure of material facts by the Insured.</p> <p>2. Renewal is subject to request for renewal and requisite premium in full having been received before the end of the policy period and realisation of premium.</p> <p>3. At the end of policy period, the policy shall terminate, and a grace period of 30 days is provided to renew policy to maintain continuity benefits. Coverage is not available during Grace period.</p> <p>4. Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding policy years. No loading shall apply at renewal based on your claims experience.</p>	<p>Clause V.A.15</p>								
<p>Renewal Benefits</p>	<p>1. Health Check-Up Insured Person is entitled to health check-up for a block of every 3 claim-free years, subject to 1% of average Sum Insured of preceding 3 policy years.</p>	<p>III.A.8</p>								

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	<p>No Claim Discount: For every claim free year, the Insured shall be entitled to a No Claim Discount of 5% on renewal premium subject to a maximum of 15%.</p>	VI.1.i								
Cancellation	<ol style="list-style-type: none"> The Policyholder may cancel the policy by giving 15 days' written notice and UIIC shall refund premium for the unexpired policy period as per short period rate table given in Policy Wordings. UIIC may cancel the policy at any time on grounds of misrepresentation, fraud, or non-disclosure of material facts by the Insured Person, by giving 15 days' written notice. There is no refund of premium in such an event. 	Clause V.A.1								
How to Claim?	<ol style="list-style-type: none"> Notification: Please notify the TPA/UIIC in writing within 24 hours from the date of emergency hospitalisation required or before discharge from Hospital, whichever is earlier; at least 48 hours prior to admission in Hospital in case of planned Hospitalisation. Cashless Procedure: <ol style="list-style-type: none"> Intimate TPA of the claim using toll-free number given in health ID card. Upon admission in hospital, cashless request form shall be completed and sent to TPA for authorisation. After verification, TPA issues pre-authorisation letter. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses. Hospital Network details can be obtained at: https://uiic.co.in/en/tpa-ppn-network-hospitals Reimbursement Procedure: <ol style="list-style-type: none"> Submit the necessary documents to TPA/UIIC within the prescribed time limit as mentioned below: <table border="1"> <thead> <tr> <th>Type of Reimbursement Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation, and Pre-Hospitalisation expenses</td> <td>Within 15 days of date of discharge from hospital</td> </tr> <tr> <td>Cost of Health Check-up</td> <td>Within 15 days of Health Check-up</td> </tr> <tr> <td>Post Hospitalisation expenses</td> <td>Within 15 days from completion of post Hospitalisation treatment</td> </tr> </tbody> </table> 	Type of Reimbursement Claim	Prescribed Time Limit	Hospitalisation, and Pre-Hospitalisation expenses	Within 15 days of date of discharge from hospital	Cost of Health Check-up	Within 15 days of Health Check-up	Post Hospitalisation expenses	Within 15 days from completion of post Hospitalisation treatment	Clause V.B.5
Type of Reimbursement Claim	Prescribed Time Limit									
Hospitalisation, and Pre-Hospitalisation expenses	Within 15 days of date of discharge from hospital									
Cost of Health Check-up	Within 15 days of Health Check-up									
Post Hospitalisation expenses	Within 15 days from completion of post Hospitalisation treatment									
Policy Servicing/ Grievance/ Complaints	<p>Policy Servicing Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p> <p>Grievance/Complaints In case of any grievance, you may contact UIIC through:</p> <ol style="list-style-type: none"> Website: www.uiic.co.in Toll Free Number: 1800 425 333 33 E-Mail: customercare@uiic.co.in <p>You may also approach the grievance cell at any of our branches with details of the grievance.</p> <p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.</p>	Clause V.A.14								
Insured's Rights	<ol style="list-style-type: none"> Free Look Period You are allowed a period of 15 days from date of receipt of the policy document to review its terms and conditions and to return the policy if not acceptable to you. This is not applicable on renewals. Renewability 	<p>V.A.7</p> <p>V.A.15</p>								

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	<p>The policy can be renewed annually throughout the lifetime of the insured. In the event of break in the policy a grace period of 30 days is allowed.</p> <p>3. Change of Sum Insured The Insured Person can apply for an enhancement of Sum Insured at the time of renewal. The acceptance of such enhancement would be at the discretion of UIIC. All waiting periods as defined in the Policy shall apply for the incremental portion of the Sum Insured from the effective date of enhancement of such Sum Insured.</p> <p>4. Migration Insured Person has the option to migrate the policy to other health insurance products/plans offered by UIIC by applying at least 30 days before the policy renewal date.</p> <p>5. Portability Insured Person has the option to port the entire policy to an individual health insurance product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p> <p>6. Turn Around Time (TAT) For reimbursement claims, the company shall settle or reject a claim within 30 days from date of receipt of last necessary document.</p>	<p>V.B.4</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.A.2</p>
<p>Insured's Obligations</p>	<p>1. Disclosure of Information: Policyholder is required to disclose all material information such as, but not limited to, pre-existing diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. Non-disclosure, misrepresentation or misdescription of such information may result in claim not being paid and shall make the policy void and all premium paid thereon shall be forfeited to UIIC.</p> <p>2. Nomination: Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Policyholder.</p>	<p><i>Clause I</i></p> <p>&</p> <p><i>Clause V.A.5</i></p> <p>&</p> <p><i>Clause V.A.11</i></p>

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.

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Benefit/Premium Illustration

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.
2. Rates shown below are for Zone A of FMP.

ILLUSTRATIONS

Illustration 1: Self, Spouse and 2 Dependent Children

Age of Insured Member	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 under a 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, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
45	9,560	3,00,000	9,560	5%	9,082	3,00,000	27,927	25%	20,945	3,00,000
40	8,221	3,00,000	8,221	5%	7,810	3,00,000				
21	5,073	3,00,000	5,073	5%	4,820	3,00,000				
18	5,073	3,00,000	5,073	5%	4,819	3,00,000				
Total Premium for all members of the family is Rs. 27,927, when each member is covered separately.			Total Premium for all members of the family is Rs. 26,531, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 20,945.			
Sum Insured available for each individual is Rs. 3,00,000/-			Sum Insured available for each individual is Rs. 3,00,000/-				Sum Insured of Rs. 3,00,000 is available for the entire family.			

Illustration 2: Self and Spouse

Age of Insured Member	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 under a 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, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
62	39,852	5,00,000	39,852	5%	28,116	5,00,000	69,448	25%	52,086	5,00,000
56	29,596	5,00,000	29,596	5%	37,859	5,00,000				
Total Premium for all members of the family is Rs. 69,448, when each member is covered separately.			Total Premium for all members of the family is Rs. 65,976, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 55,559.			
Sum Insured available for each individual is Rs. 5,00,000/-			Sum Insured available for each individual is Rs. 5,00,000/-				Sum Insured of Rs. 5,00,000 is available for the entire family.			