



## SUPER TOP-UP MEDICARE POLICY

### CUSTOMER INFORMATION SHEET (CIS)

#### Guide to the CIS

- This document provides key information about your Super Top-Up Health Insurance Policy. You are also advised to go through your policy document.

(Description is illustrative and not exhaustive)

Sl No	Title	Description	Policy Clause No
1	Name of Insurance Policy	Super To-up Medicare Policy	-
2	Policy Number		-
3	Type of Insurance Policy	Indemnity Policy	
4	Sum Insured Basis Sum Insured		3.A
5	Policy Coverage (What the Policy Covers?)	<p>Base Covers</p> <p><b>1. In-Patient Hospitalisation Expenses</b></p> <p>i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses.</p> <p>ii. All Day Care Treatments are covered</p> <p><b>2. Pre-Hospitalisation:</b> Covers expenses incurred during pre-defined number of days prior to hospitalization</p> <p><b>3. Post-Hospitalisation:</b> Covers expenses incurred during pre-defined number of days post discharge from the hospital</p>	<p>3.13.1.1 .iii</p> <p>3.2.a</p> <p>3.2.b</p> <p>3.3</p>



6	Exclusions (What the hospital doesn't cover)	<p><b>5. Home Care Treatment:</b> Covers expenses incurred for availing treatment of epidemic/ pandemic at home which would otherwise require hospitalisation</p>	3.3
		<p><b>6. Donor Expenses Cover:</b> Covers hospitalisation expenses for Organ Donor in respect of Organ transplant to the Insured</p>	3.4
		<p><b>7. Road Ambulance:</b> Covers expenses for transporting the Insured by Road Ambulance to a Hospital for treatment</p>	3.5
		<p><b>8. Modern Treatments:</b> Covers expenses for advanced medical procedures such as Robotic Surgery, Balloon Sinuplasty, Bronchial Thermoplasty, Deep Brain Stimulation, etc.</p>	3.6
		<p><b><u>OPTIONAL COVERS</u></b></p>	
		<p><b>1. Daily Cash Allowance:</b> A cash amount is paid daily for every continuous and completed period of 24 hours of hospitalisation.</p>	3.7
		<p><b>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions</b></p>	
		<p>1. <b>Excl04:</b> Investigation &amp; Evaluation</p>	4.2
		<p>2. <b>Excl06:</b> Surgical treatment for Obesity that does not fulfil all specified conditions in the Policy</p>	4.4
		<p>3. <b>Excl08:</b> Plastic or Cosmetic Surgery unless as a part of medically necessary treatment</p>	4.6
<p>4. <b>Excl12:</b> Treatment for Alcoholism, drug or substance abuse or any addictive condition</p>	4.10		
<p>5. <b>Excl17:</b> Sterility &amp; Infertility</p>	4.15		
<p>6. <b>Excl18:</b> Expenses incurred for Maternity except Ectopic Pregnancy</p>	4.16		
<p>7. Expenses due to foreign invasion, warlike operations, civil war, revolution, etc.</p>	4.17		
<p>8. Congenital External Diseases or Defects or Anomalies</p>	4.20		
<p>9. Intentional self-inflicted Injury or attempted suicide</p>	4.22		
<p>10. Treatments other than Allopathic and AYUSH branches of Medicine</p>	4.23		

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7	Waiting Period	<b>Pre-Existing Diseases (Excl01):</b> Covered after 48 Months of continuous coverage	4.1
8	Financial Limits of Coverage:	Any claim under this policy shall be payable only if the aggregate of covered Medical Expenses in a policy year in respect of Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Threshold stated in the Schedule; subject to 'Basis of Payment' Clause no.5.22.g.	1,19
9	i.Sub-Limits	Further, a. The Policy has various sub-limits as under: i. linked to Threshold, for Pre and Post Hospitalisation expenses; Home Care Treatment ii. Road Ambulance cover; Modern Treatment Methods All expenses in excess of these sub-limits shall be borne by the Insured Person.  No co-payment	3.2, 3.4 & 3.8 3.6, 3.7
	ii.Noco-payment	A deductible equivalent to Daily Cash Allowance for the first 24 hours hospitalization will be levied on each admissible claim under the Daily Cash Allowance Optional Cover.	3.8.1
	iii. Deductible	Turn Around Time (TAT) for claims settlement: i.TAT for preauthorization of cashless facility 2 hours ii.TAT for cashless final bill authorization 3 hours	5.22.b.iii
9	Claims Procedure	Link for below: i.Network Hospitals details: <a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a>  ii.Helpline number: <a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a>  iii.Excluded Providers: <a href="https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf">https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf</a>  Downloading claim form: <a href="https://uiic.co.in/en/claims/claim-forms">https://uiic.co.in/en/claims/claim-forms</a>  <b>Call service number of insurer:</b> Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.	4.9

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10	Policy Servicing	<p><b>Details of company officials:</b> Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p>	5.15
11	Grievance/Complaint	<p>In case of any grievance, you may contact UIIC through:</p> <p>a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a>  b. Toll Free Number: 1800 425 333 33  c. E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a>  d. 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 (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>) OR approach <b>the Office of the Insurance Ombudsman</b> in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.</p>	5.6
12	Things to remember	<p><b>Free Look cancellation:</b> 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.</p> <p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <ol style="list-style-type: none"> <li>i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period</li> </ol>	5.6.i
			5.6.ii
			5.6.iii
			5.9
			5.13
			5.14



13	Your Obligations	<p><b><u>Policy renewal:</u></b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b><u>Migration:</u></b> 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><b><u>Portability:</u></b> 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><b><u>Change in Sum Insured:</u></b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increase in S.I, the waiting period if any shall start afresh <b><i>only for the enhanced portion of the sum insured.</i></b></p> <p><b><u>Moratorium Period:</u></b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on the enhancement limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p> <p>Please disclose all pre-existing disease/s or condition/s. 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>5.23</p> <p>5.11</p> <p>5.1</p> <p>5.16</p>
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	<b>Nomination:</b> 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.	
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Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy Holder

**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.



## BENEFIT / PREMIUM ILLUSTRATION

### Super Top-Up Medicare Policy

Please note that the premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.

#### 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	1,471	3,00,000	1,471	5%	1,397.45	3,00,000	5,252	44%	2,940	3,00,000
40	1,471	3,00,000	1,471	5%	1,397.45	3,00,000				
21	1,155	3,00,000	1,155	5%	1,097.25	3,00,000				
18	1,155	3,00,000	1,155	5%	1,097.25	3,00,000				
Total Premium for all members of the family is Rs. 5,252, when each member is covered separately.			Total Premium for all members of the family is Rs. 4,989, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 2,940.			
Sum Insured available for each individual is Rs. 3,00,000 with a threshold level of Rs. 2,00,000/-			Sum Insured available for each individual is Rs. 3,00,000 with a threshold level of Rs. 2,00,000/-				Sum Insured of Rs. 3,00,000 is available for the entire family with a threshold level of Rs. 2,00,000/-			

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## 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.)
59	1,785	3,00,000	1,785	5%	1,695.75	3,00,000	3,570	19%	2,891	3,00,000
56	1,785	3,00,000	1,785	5%	1,695.75	3,00,000				
Total Premium for all members of the family is Rs. 3,570, when each member is covered separately.			Total Premium for all members of the family is Rs. 3,392, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 2,891.			
Sum Insured available for each individual is Rs. 3,00,000 with a threshold level of Rs. 3,00,000/-			Sum Insured available for each individual is Rs. 3,00,000 with a threshold level of Rs. 3,00,000/-				Sum Insured of Rs. 3,00,000 is available for the entire family with a threshold level of Rs. 3,00,000/-			

## Illustration 3: 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.)
69	21,924	95,00,000	21,924	5%	20827.8	95,00,000	41,580	19%	33,810	95,00,000
62	19,656	95,00,000	19,656	5%	18673.2	95,00,000				
Total Premium for all members of the family is Rs. 41,580, when each member is covered separately.			Total Premium for all members of the family is Rs. 39,501, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 33,810.			
Sum Insured available for each individual is Rs. 95,00,000 with a threshold level of Rs. 5,00,000/-			Sum Insured available for each individual is Rs. 95,00,000 with a threshold level of Rs. 5,00,000/-				Sum Insured of Rs. 95,00,000 is available for the entire family with a threshold level of Rs. 5,00,000/-			