

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545



Corona Kavach Policy, United India

Prospectus

This document enumerates all the salient features of the product along with the exclusions applicable. Therefore, the customers should use this document concurrently with the Policy Wordings, to assist their understanding of the product.

IMPORTANT NOTE: Information given below is only a summary of the Coverage and Exclusions; for complete information on what the Corona Kavach Policy covers, please refer to the Policy Wordings and your Policy Schedule

DISCLAIMER: In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

1. PRODUCT – KEY FEATURES

The Policy provides cover on an Individual Sum Insured or Family Floater basis. A separate Sum Insured for each Insured Person is provided under Individual Sum Insured basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the Policyholder as specified in the Policy Schedule and our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule.

COVERAGE AT A GLANCE:

Base Cover (Indemnity)
COVID Hospitalisation Expenses
COVID Home Care Treatment Expenses
AYUSH In-Patient Treatment for COVID
Pre-Hospitalisation Expenses
Post Hospitalisation Expenses

Optional Cover (Fixed Benefit)
Hospital Daily Cash

2. ELIGIBILITY

- Any person aged between 18 years and 65 years can take this insurance for himself/herself and his/her family consisting of Self, Spouse, Dependent Children, Parents and Parents-in-Law, either on Individual Sum Insured or Family Floater basis.
- Dependent children (i.e. Natural or legally adopted) between the age of 1 day to 25 years shall be covered provided either or both parents are covered concurrently. If the child is above 18 years of age and is financially independent, he or she shall be ineligible for coverage under the same policy. However, a separate policy can be taken for him or her on expiry of the current policy.
- Midterm inclusion of family members is allowed at pro-rata premium only in case of:
 - Newly married spouse within 60 (sixty) days of marriage.
 - New born baby, between the ages of 1 day to 180 days, born to mother insured under the policy.

3. SUM INSURED

The various Sum Insured options available are as follows:

₹ 50,000, ₹ 1 Lakh, ₹ 1.5 Lakhs, ₹ 2 Lakhs, ₹ 2.5 Lakhs, ₹ 3 Lakhs, ₹ 3.5 Lakhs, ₹ 4 Lakhs, ₹ 4.5 Lakhs and ₹ 5 Lakhs

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4. POLICY PERIOD

Three and Half months (3 ½ months), Six and Half months (6 ½ months) and Nine and half months (9 ½ months) including waiting period i.e., 105 days, 195 days and 285 days, respectively.

5. COVERAGE

BASE COVER

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

5.1 COVID Hospitalisation Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital/Nursing Home
- ii. Intensive Care Unit (ICU)/Intensive Cardiac Care Unit (ICCU) expenses
- iii. Surgeon, Anaesthetists, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Doctor/Surgeon or to the hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses
- v. Road Ambulance subject to a maximum of Rs. 2000/- per hospitalisation for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalisation for which the Company has accepted a claim under this section. This also includes the cost of the transportation of the Insured Person from a Hospital to another Hospital as prescribed by a Medical Practitioner.

Note:

1. Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible.

5.2 Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorised diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- i. The Medical Practitioner advises the Insured Person to undergo treatment at home
- ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- iv. Insured shall be permitted to avail the services as prescribed by the Medical Practitioner. Cashless or reimbursement facility shall be offered under home care expenses subject to claim settlement policy disclosed on the website
- v. In case the Insured intends to avail the services of non-network provider, claim shall be subject to reimbursement and a prior approval from the Insurer needs to be taken before availing such services

In this benefit, the following shall be covered if prescribed by the treating Medical Practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines

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f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

5.3 AYUSH Treatment

The Company shall indemnify medical expenses incurred for in-patient care treatment for Covid on positive diagnosis of COVID test in a government authorised diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy period up to the limit of Sum Insured as specified in the Policy Schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalisation Expenses (Section 5.1)

5.4 Pre-Hospitalisation

The Company shall indemnify Pre-Hospitalisation/home care treatment medical expenses incurred, related to an admissible hospitalisation/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalisation/home care treatment covered under the policy.

5.5 Post Hospitalisation

The Company shall indemnify Post Hospitalisation/home care treatment medical expenses incurred, related to an admissible hospitalisation/home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalisation covered under the Policy.

5.6 The expenses that are not covered in this policy are placed under List-I of Annexure-A of the Policy Wordings. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively in the Policy Wordings.

OPTIONAL COVER

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy if the listed cover is opted.

5.7 Hospital Daily Cash

The Company shall pay the Insured Person 0.5% of Sum Insured per day for each 24 hours of continuous hospitalisation for which the Company has accepted a claim under Section 5.1 (Covid Hospitalisation Cover).

The benefit shall be payable maximum up to 15 days during a Policy Period in respect of every Insured Person.

The total amount payable in respect of Covers 5.1, 5.2, 5.3, 5.4, 5.5 and 5.7 shall not exceed 100% of the Sum Insured during a Policy Period.

6. WHAT POLICY DOES NOT COVER

A. WAITING PERIODS

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:

6.1 First Fifteen Days Waiting Period

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Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

B. 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:

6.2 Investigation & Evaluation (Code-Excl04):

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

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

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.

6.4 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 hospitalisation claim or Home Care treatment.

6.5 Unproven Treatments:

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. However, treatment authorised by the Government for the treatment of COVID shall be covered.

6.6 Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date

6.7 Any expenses incurred on Day Care treatment and OPD treatment

6.8 Diagnosis/Treatment outside the geographical limits of India

6.9 Testing done at a Diagnostic centre which is not authorised by the Government shall not be recognised under this Policy

6.10 All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

7. PROCEDURE FOR TAKING A POLICY

- a. The duly completed and signed Proposal form giving details of all Insured persons should be submitted to the nearest office of the Company.
- b. Alternatively, this policy can be purchased online by visiting our website at www.uiic.co.in

8. PREMIUM

- a. The premium under this product shall be pan India basis
- b. Please refer to the Premium tables attached at the end of this document for more information
- c. Full premium must be paid before commencement of risk for this Policy to have effect.
- d. Single Premium payable:
 - i. Premium can be paid online
 - ii. PAN details must be submitted by the Insured. In case PAN is not available, Form 60 or Form 61 must be submitted.

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9. DISCOUNTS

- i. **Health Care Worker Discount:** A 5% discount in premium shall be provided to health care workers as defined in the Policy Terms & Conditions
- ii. **Rural Discount:** A discount factor of 10% will be applicable for policies where the address of the proposer is in a rural area
- iii. **Direct (Online) Discount:** A discount factor of 10% will be applicable for policies purchased directly online through UIIC website.

10. CANCELLATION

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 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

11. AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the Insured Person. However, the cover shall continue for the remaining Insured Persons till the end of the Policy Period. All relevant particulars in respect of such person (including his/her relationship with the Insured Person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased Insured Person for the balance period of the policy will be effective.

12. NOMINATION

The 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. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

13. TAX BENEFIT

Tax rebate is available as per provision of Income Tax Rules under Section 80-D.

14. RENEWAL, PORTABILITY & MIGRATION

Lifelong renewability, Migration & Portability stipulated under Regulation 13 and 17 of IRDAI (Health Insurance) Regulations, 2016 respectively are **NOT** applicable.

15. CLAIM PROCEDURE

A. Procedure for Cashless Claims

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- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorised TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorisation.
- iii. The Company/TPA upon getting cashless request form and related medical information from the Insured Person/Network Provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the Insured Person has to verify and sign the discharge papers and pay for non-medical and inadmissible expenses.
- v. The Company/TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the Insured Person may obtain treatment as per treating doctor's advice and submit the claim documents to the Company/TPA for reimbursement.

B. Procedure for Reimbursement of Claims

For reimbursement of claims, the Insured Person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

Sr. No.	Type of Claim	Prescribed Time Limit
1	Reimbursement of hospitalisation and pre hospitalisation expenses	Within thirty days of date of discharge from hospital
2	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

C. Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalisation/cashless home care treatment.
- ii. At least 48 hours prior to admission in Hospital in case of a planned hospitalisation.

D. Documents to be submitted

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalisation Cover	<ol style="list-style-type: none">i. Duly filled and signed Claim Formii. Copy of Insured Person's passport, if available (All pages)iii. Photo Identity proof of the patient (if Insured Person does not own a passport)iv. Medical practitioner's prescription advising admissionv. Original bills with itemized break-upvi. Payment receiptsvii. Discharge summary including complete medical history of the patient along with other detailsviii. Investigation reports including Insured Person's test reports from authorised diagnostic centre for COVIDix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicablex. Sticker/Invoice of the Implants, wherever applicablexi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled chequexii. KYC (Identity proof with Address) of the Proposer, where claim liability is above Rs. 1 Lakh as per AML Guidelinesxiii. Legal heir/succession certificate, wherever applicablexiv. Any other relevant document required by Company/TPA for assessment of the claim
2. Home Care treatment expenses	<ol style="list-style-type: none">i. Duly filled and signed Claim Formii. Copy of Insured Person's passport, if available (All pages)iii. Photo Identity proof of the patient (if Insured Person does not own a passport)

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| | <ul style="list-style-type: none">iv. Medical Practitioner's prescription advising hospitalisationv. A certificate from medical practitioner advising treatment at home or consent from the Insured Person on availing home care benefitvi. Discharge Certificate from Medical Practitioner specifying date of start and completion of home care treatmentvii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. |
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Note

- i. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- ii. In the event of a claim lodged under the Policy and the original documents having been submitted to any other Insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other Insurer subject to satisfaction of the Company.
- iii. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

E. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

F. Services Offered by TPA

Servicing of claims i.e. claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- i. Claim settlement and claim rejection;
- ii. Any services directly to any Insured Person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

G. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

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16. REDRESSAL OF GRIEVANCE

In case of any grievance the Insured Person may contact the company through:

Website: www.uiic.co.in

Toll free: 1800 425 333 33

E-mail: customercare@uiic.co.in

Courier: Customer Care Department, Head Office, United India Insurance Co. Ltd., 19, IV Lane, Nungambakkam High Road, Chennai, Tamil Nadu- 600034

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 customercare@uiic.co.in

For updated details of grievance officer, kindly refer the link <https://uiic.co.in/en/customercare/grievance>

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

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. The contact details of the Insurance Ombudsman offices have been provided as Annexure – B of the Policy Wordings.

Insurance is the subject matter of Solicitation.

17. REGULATIONS

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (Health Insurance) Regulations, 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 as amended from time to time.

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Table of Benefits

The following table of Benefits is intended as a brief indicative list for quick and easy reference. For details of what your coverage is, please refer to your Policy Schedule along with the Policy Wordings.

Name	Covid Standard Health Policy, United India Insurance Company Limited
Product Type	Individual/Floater
Category of Cover	Indemnity/Benefit
Sum Insured	Rs. 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) [in the multiples of fifty thousand] On Individual Basis – SI shall apply to each individual family member On Floater Basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3 ½ Months), Six and Half Months (6 ½ Months), Nine and Half Months (9 ½ Months) including waiting period i.e., 105 days, 195 days and 285 days, respectively.
Eligibility	Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering Self. Policy can be availed for Self and the following family members i. Legally wedded spouse ii. Parents and Parents-in-law iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible
Hospitalisation Expenses	Medical Expenses of Hospitalisation for Covid for a minimum period of 24 consecutive hours only shall be admissible
Pre-Hospitalisation	For 15 days prior to the date of hospitalisation/home care treatment
Post Hospitalisation	For 30 days from the date of discharge from the hospital/completion of home care treatment
Sub-Limits	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a Policy Period for every insured member Home Care Treatment: Maximum up to 14 days per incident
AYUSH	Medical Expenses incurred for in-patient care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to Sum Insured during the Policy period as specified in the Policy Schedule
Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured Person on availing treatment at home for Covid on positive diagnosis of Covid in a government authorised diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.

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Corona Kavach Policy, United India –Premium Rates

- All premium rates in this document are in **INR (₹)** and are **exclusive of Goods & Service Tax (GST) & Cess (if any)**.
- The various Policy Periods offered under this product are as follows:
 - 3 ½ Months
 - 6 ½ Months
 - 9 ½ Months

Premium Rates for Policies on Individual Sum Insured Basis

Premiums (excl. GST) for Policy Period of 3 ½ Months [105 days]										
Age Band / Sum Insured	50,000	1 Lakh	1.5 Lakh	2 Lakh	2.5 Lakh	3 Lakh	3.5 Lakh	4 Lakh	4.5 Lakh	5 Lakh
Up to 25 Years	177	216	265	313	342	371	400	429	458	487
26–35 Years	204	256	321	386	425	464	503	542	581	620
36–40 Years	228	293	374	454	502	550	598	646	695	743
41–45 Years	260	340	441	541	601	661	722	782	842	902
46–50 Years	326	440	583	725	810	895	980	1,065	1,150	1,235
51–55 Years	386	530	710	890	998	1,105	1,213	1,320	1,428	1,536
56–60 Years	524	739	1,006	1,272	1,432	1,592	1,752	1,911	2,071	2,230
61–65 Years	648	926	1,272	1,617	1,824	2,030	2,237	2,443	2,650	2,856

Premiums (excl. GST) for Policy Period of 6 ½ Months [195 days]										
Age Band / Sum Insured	50,000	1 Lakh	1.5 Lakh	2 Lakh	2.5 Lakh	3 Lakh	3.5 Lakh	4 Lakh	4.5 Lakh	5 Lakh
Up to 25 Years	254	332	430	526	584	642	700	758	816	874
26–35 Years	308	412	542	672	750	828	906	984	1,062	1,140
36–40 Years	356	486	648	808	904	1,000	1,096	1,192	1,290	1,386
41–45 Years	420	580	782	982	1,102	1,222	1,344	1,464	1,584	1,704
46–50 Years	552	780	1,066	1,350	1,520	1,690	1,860	2,030	2,200	2,370
51–55 Years	672	960	1,320	1,680	1,896	2,110	2,326	2,540	2,756	2,972
56–60 Years	948	1,378	1,912	2,444	2,764	3,084	3,404	3,722	4,042	4,360
61–65 Years	1,196	1,752	2,444	3,134	3,548	3,960	4,374	4,786	5,200	5,612

Premiums (excl. GST) for Policy Period of 9 ½ Months [285 days]										
Age Band / Sum Insured	50,000	1 Lakh	1.5 Lakh	2 Lakh	2.5 Lakh	3 Lakh	3.5 Lakh	4 Lakh	4.5 Lakh	5 Lakh
Up to 25 Years	331	448	595	739	826	913	1,000	1,087	1,174	1,261
26–35 Years	412	568	763	958	1,075	1,192	1,309	1,426	1,543	1,660
36–40 Years	484	679	922	1,162	1,306	1,450	1,594	1,738	1,885	2,029
41–45 Years	580	820	1,123	1,423	1,603	1,783	1,966	2,146	2,326	2,506
46–50 Years	778	1,120	1,549	1,975	2,230	2,485	2,740	2,995	3,250	3,505
51–55 Years	958	1,390	1,930	2,470	2,794	3,115	3,439	3,760	4,084	4,408
56–60 Years	1,372	2,017	2,818	3,616	4,096	4,576	5,056	5,533	6,013	6,490
61–65 Years	1,744	2,578	3,616	4,651	5,272	5,890	6,511	7,129	7,750	8,368

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Premium Rates for Policies on Floater Sum Insured Basis

A reduction of 10% on above premium rates will be applicable if the policy is taken on floater sum insured basis.

Premium Rates for Hospital Daily Cash (Optional Cover)

10% of the premium for the base policy shall be charged additionally.

Discounts

- **Health Care Worker Discount:** A 5% discount in premium shall be provided to health care workers as defined in the Policy Terms & Conditions
- **Rural Discount:** A discount factor of 10% will be applicable for policies where the address of the proposer is a rural area.
- **Direct (Online) Discount:** A discount factor of 10% will be applicable for policies purchased directly online through UIC website.

Premium Illustration

Policy Period: 3 ½ months

Family Composition: Self + Spouse + 2 Children

Age of Self: 41 years

Age of Spouse: 39 years

Age of Child 1: 15 years

Age of Child 2: 12 years

Base cover premium for Self: Rs. 541

Base cover premium for Spouse: Rs. 454

Base cover premium for Child 1: Rs. 313

Base cover premium for Child 2: Rs. 313

Assume that none of the discounts are applicable.

If the policy is taken on Individual Sum Insured basis where the Sum Insured for each family member is Rs. 2 Lakh:

- Total Base Cover premium, excluding GST: Rs. 1,621
- Total Base Cover premium, including GST: Rs. 1,913

If the policy was taken on Family Floater Sum Insured basis where the Sum Insured for the entire family combined is Rs. 2 Lakh:

- Total Base Cover premium, excluding GST: Rs. 1,621*90% = Rs. 1,459
- Total Base Cover premium, including GST: Rs. 1,722

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BENEFIT / PREMIUM ILLUSTRATION

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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 3.5 Months policy tenure.

ILLUSTRATION

Family consisting of Self, Spouse, 2 Dependent Children, Father, Mother and Mother-in-Law

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	2,856	5,00,000	2,856	0%	2,856	5,00,000	10,561	20%	8,449	5,00,000
65	2,856	5,00,000	2,856	0%	2,856	5,00,000				
60	2,230	5,00,000	2,230	0%	2,230	5,00,000				
42	902	5,00,000	902	0%	902	5,00,000				
40	743	5,00,000	743	0%	743	5,00,000				
21	487	5,00,000	487	0%	487	5,00,000				
18	487	5,00,000	487	0%	487	5,00,000				
Total Premium for all members of the family is Rs. 10,561, when each member is covered separately.			Total Premium for all members of the family is Rs. 10,561, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 8,449.			
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.			