

United India Insurance Company Limited

CIN: U93090TN1938GOI000108

UIN NO. UIIHLIP22070V042122



Customer Information Sheet

Description is illustrative and not exhaustive

Sr. No	Title	Description	Refer to Policy Clause No.	
1	Product Name	Family Medicare Policy	Page 1 of Policy Document	
2	What am I covered for	Basic Cover:		
		1. In-patient Hospitalisation Expenses	V.1	
		2. Day Care Procedures	V.2	
		3. Pre and Post-Hospitalisation Expenses	V.3	
		4. Ayurvedic/Homeopathic/Unani treatment	V.4	
		5. Donor Expenses Cover	V.5	
		6. Organ Donor Benefit- When Insured Person is the Donor	V.6	
		7. Road Ambulance Cover	V.7	
		8. Cost of Health Check-up	V.8	
		9. Modern Treatment Methods & Advancement in Technology	V.9	
		Optional Covers:		
		10. Restoration of Sum Insured (For SI Rs.3 Lac & Above)	V.10	
11. Maternity Expenses and New Born Baby Cover (For SI > 3 Lacs)	V.11			
12. Daily Cash Allowance on Hospitalisation	V.12			
3	What are the major exclusions in the policy?	1. War & War like operations	VI.C.15	
		2. Injury or Disease due to nuclear weapon / materials	VI.C.16	

		3. Stem cell implantation/surgery/therapy, harvesting, storage except for Hematopoietic stem cells for bone marrow transplant for haematological conditions	VI.C.17a
		4. Congenital external disease or defects or anomalies	VI.C.18
		5. Expenses related to Sterility and infertility (Code-Excl17)	VI.B.13
		6. a. Treatment traceable to childbirth except ectopic pregnancy b. Expenses towards miscarriage and lawful medical termination of pregnancy (Code-Excl18)	VI.B.14
		7. Investigation & Evaluation (Code-Excl04)	VI.B.1
		8. Expenses related to any unproven treatment/ services (Code-Excl16)	VI.B.12
		9. Cosmetic or plastic surgery or any treatment unless as a part of medically necessary treatment. (Code-Excl08)	VI.B.5
		10. Expenses related to the surgical treatment of obesity that does not fulfil all the specified conditions in the policy (Code-Excl06)	VI.B.3
		11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition (Code-Excl12)	VI.B.8
		12. Treatments other than Allopathy and Ayurvedic, Homeopathic & Unani branches of medicine.	VI.C.27
		13. Any expenses incurred on Domiciliary Treatment	VI.C.28
		14. Any expenses incurred on Outpatient Treatment	VI.C.29
		15. Unless used intra-operatively, expenses on prosthesis, corrective devices; External and or durable Medical / Non-medical equipment used for diagnosis/treatment/ monitoring/maintenance/support.	VI.C.30
		16. Treatments including Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, chondrocyte or osteocyte implantation, procedures using platelet rich plasma, Trans Cutaneous Electric Nerve Stimulation; Use of oral immunomodulatory/ supplemental drugs	VI.C.32
		17. Any item(s) or treatment specified in list of expenses (non-medical)	Annexure 1, VI.C.34
4	Waiting Period	Basic Cover: <ul style="list-style-type: none"> ▪ Organ Donor Benefit (Where insured person is donor)- 12 months ▪ Pre-existing disease(s) covered after 48 months of continuous coverage. (Code-Excl01) 	V.6 VI.A.1

		<ul style="list-style-type: none"> ▪ Any disease contracted by the Insured person during the first 30 days from the commencement date of the policy. (Not applicable in case of renewal policies; in case of accidental injuries.) (Code-Excl03) ▪ Two year for named diseases. ▪ Four Years for Joint Replacement due to Degenerative condition; Age-related Osteoarthritis & Osteoporosis; Age-related Macular Degeneration; Named Mental Illnesses; All Neurodegenerative disorders <p>Optional Cover:</p> <ul style="list-style-type: none"> ▪ Maternity Expenses & New Born Baby Cover: 24 months of continuous coverage. 	<p align="center">VI.A.3</p> <p>VI.A.2.Table A VI.A.2.Table B</p> <p align="center">V.11.a.i</p>
5	Pay out Basis	<ul style="list-style-type: none"> ▪ Cashless facility for treatment in network hospitals if insured has opted for claim processing by TPA. ▪ Reimbursement for treatment in non-network hospitals or on policies opted without TPA ▪ Reimbursement for pre-hospitalisation and post-hospitalisation claims. ▪ Reimbursement for Cost of Health Check-up. 	<p align="center">VII.B.15.b.i</p> <p align="center">VII.B.15.c.i</p> <p align="center">VII.B.15.c.ii VII.B.15.c.iii</p>
6	Cost Sharing	<p>Applicable only for Policies with Sum Insured < Rs. 5 Lacs:</p> <ul style="list-style-type: none"> ▪ Expenses exceeding the following Sub-limits: <ul style="list-style-type: none"> a) Room charges beyond 1% of Sum Insured per day b) ICU/ICCU charges beyond 2% of Sum Insured per day. c) In case of admission to a room at rates exceeding the aforesaid limits in Clause V.1.A, the reimbursement/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>Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.</p>	<p>V.1.A V.1.B V.1.1, Note a</p>
		<p>Applicable for Policies with Sum Insured Rs. 5 Lacs and above:</p> <ul style="list-style-type: none"> a) Expenses exceeding the following Sub-limits: 	

		<p>b) 1% of Sum Insured or Single Occupancy Standard Air-Conditioned Room Charges whichever is higher</p> <p>c) In case of admission to a room at rates exceeding the aforesaid limits in Clause V.1.A, the reimbursement/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> <p>Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.</p>	<p>V.1.A</p> <p>V.1.1 Note a</p>
		<p>For persons with age of entry above 60 years in Family Medicare Policy, every admissible claim under V.1 to V.5, V.7, V.9 and V.10 shall be subject to a Co-payment of 10% on the admissible claim amount.</p>	<p>Note on Co-Payment after Section V.9 & Section V.10.2</p>
<p align="center">6</p>	<p align="center">Cost Sharing</p>	<p>Other sub-limits:</p> <p>a) Cataract– Actual expenses or 10% of Sum Insured whichever is less, subject to a maximum of Rs. 50000 only per hospitalisation/surgery</p> <p>b) Ayurvedic/Homeopathic/Unani Treatment: Limits vary as per SI as follows</p> <p style="padding-left: 40px;">a. Upto 3 Lacs: 10,000</p> <p style="padding-left: 40px;">b. > 3 Lacs and upto 15 Lacs: 15,000</p> <p style="padding-left: 40px;">c. > 15 Lacs and upto 25 Lacs: 25,000</p> <p>c) Mental Illness Cover Limit: In case of following mental illnesses the actual Inpatient Hospitalization expenses will be covered upto 25% of Sum Insured subject to a maximum of Rs. 3,00,000 per policy year;</p> <p style="padding-left: 40px;">a. Schizophrenia (ICD - F20; F21; F25)</p> <p style="padding-left: 40px;">b. Bipolar Affective Disorders (ICD - F31; F34)</p> <p style="padding-left: 40px;">c. Depression (ICD - F32; F33)</p> <p style="padding-left: 40px;">d. Obsessive Compulsive Disorders (ICD - F42; F60.5)</p> <p style="padding-left: 40px;">e. Psychosis (ICD - F 22; F23; F28; F29)</p> <p>d) Pre & Post Hospitalisation is limited to actual expenses incurred subject to maximum of 10% of</p>	<p>V.1.2.a</p> <p>V.4</p> <p>V.1.2.b</p> <p>V.3</p> <p>V.9</p>

		<p>Sum Insured per hospitalisation/surgery</p> <p>e) Modern Treatment Methods & Advancement in Technology: In case of an admissible claims under Section V.1/ V.2 as applicable, Expenses incurred on the following procedures are covered subject to limits:</p> <ul style="list-style-type: none"> a. Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU): Upto 20% of Sum Insured subject to a maximum of Rs. 2 Lacs per policy period b. Balloon Sinuplasty: Upto 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period c. Deep Brain Stimulation: Upto 70% of Sum Insured per policy period d. Oral Chemotherapy: Upto 20% of Sum Insured subject to a maximum of Rs. 2 Lacs per policy period e. Immunotherapy- Monoclonal Antibody to be given as injection: Upto 20% of Sum Insured subject to a maximum of Rs. 2 Lacs per policy period f. Intra vitreal Injections: Upto 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period g. Robotic Surgeries (including Robotic Assisted Surgeries): <ul style="list-style-type: none"> i. Upto 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies ii. Upto 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases h. Stereotactic Radio Surgeries: Upto 50% of Sum Insured per policy period i. Bronchial Thermoplasty: Upto 30% of Sum Insured subject to a maximum of Rs. 3 Lacs per policy period j. Vaporisation of the Prostate (Green laser treatment or holmium laser treatment): Upto 30% of Sum Insured subject to a maximum of Rs. 2 Lacs per policy period k. Intra Operative Neuro Monitoring (IONM): Upto 15% of Sum Insured per policy period l. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered only: No additional sub-limit 	
6	Cost Sharing	<ul style="list-style-type: none"> ▪ Deductible: Daily Cash Allowance on Hospitalisation: Daily Cash Allowance for the first 24 hours Hospitalization 	V.12
7	Cancellation	<ul style="list-style-type: none"> ▪ The Policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company 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, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There is no refund of premium in such an 	VII.A.6.i

		<p>event.</p>	<p>VII.A.6.ii</p>								
<p align="center">8</p>	<p align="center">Claims</p>	<ul style="list-style-type: none"> ▪ Notification of Claim within 24 hours from the date of emergency hospitalization required or before discharge from Hospital, whichever is earlier; At least 48 hours prior to admission in Hospital in case of planned Hospitalization. ▪ Procedure for Cashless claims ▪ Procedure for reimbursement of claims ▪ List of documents required ▪ Time limit for submission of documents <table border="1" data-bbox="552 1279 1299 1706"> <thead> <tr> <th data-bbox="552 1279 948 1386">Type of claim</th> <th data-bbox="948 1279 1299 1386">Time limit for submission of documents to company/TPA</th> </tr> </thead> <tbody> <tr> <td data-bbox="552 1386 948 1525">Reimbursement of hospitalisation and pre-hospitalisation expenses (limited to 30 days)</td> <td data-bbox="948 1386 1299 1525">Within 15 days of date of discharge from hospital</td> </tr> <tr> <td data-bbox="552 1525 948 1632">Reimbursement of post hospitalisation expenses (limited to 60 days)</td> <td data-bbox="948 1525 1299 1632">Within 15 days from completion of post hospitalisation treatment</td> </tr> <tr> <td data-bbox="552 1632 948 1706">Reimbursement of Cost of Health Check-up</td> <td data-bbox="948 1632 1299 1706">Within 15 (fifteen) days from Health Check-up</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ▪ Claim settlement ▪ Services Offered by TPA 	Type of claim	Time limit for submission of documents to company/TPA	Reimbursement of hospitalisation and pre-hospitalisation expenses (limited to 30 days)	Within 15 days of date of discharge from hospital	Reimbursement of post hospitalisation expenses (limited to 60 days)	Within 15 days from completion of post hospitalisation treatment	Reimbursement of Cost of Health Check-up	Within 15 (fifteen) days from Health Check-up	<p>VII.B.15.a</p> <p>VII.B.15.b</p> <p>VII.B.15.c</p> <p>VII.B.15.d</p> <p>VII.B.15.e</p>
Type of claim	Time limit for submission of documents to company/TPA										
Reimbursement of hospitalisation and pre-hospitalisation expenses (limited to 30 days)	Within 15 days of date of discharge from hospital										
Reimbursement of post hospitalisation expenses (limited to 60 days)	Within 15 days from completion of post hospitalisation treatment										
Reimbursement of Cost of Health Check-up	Within 15 (fifteen) days from Health Check-up										

			<p>VII.A.3</p> <p>VII.B.15.f</p>
9	<p>Policy Servicing/ Grievance/ Complaints</p>	<p>1. Company:</p> <p>a) Policy issuing Office, b) Registered &: 24, Whites Road, Chennai – 600014 c) Company website: www.uiic.co.in d) customercare@uiic.co.in</p> <p>2. IRDAI (IGMS/Call Centre):</p> <p>a) www.irdai.gov.in b) complaints@irda.gov.in</p> <p>3. Ombudsman: http://www.ecoi.co.in/ombudsman.html</p>	<p>VII.A.13</p> <p>VII.A.13</p> <p>VII.A.13</p>
10	<p>Insured's Rights</p>	<p>1. Renewal of Policy: 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>2. Migration: The insured can opt for migration of policy to our other similar products at the time of renewal.</p> <p>3. Portability: This policy is subject to the Guidelines of IRDAI on Portability of Health Insurance Policies, as amended from time to time.</p> <p>4. Change of Sum Insured: On applying at the time of renewal. The acceptance of the enhancement would be at the discretion of the company.</p> <p>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>5. Turnaround Time (TAT): In case of reimbursement, company shall offer a settlement of the claim within</p>	<p>VII.A.9</p> <p>VII.A.7</p> <p>VII.A.8</p> <p>VII.B.20</p>

		30 days from the date of receipt of final document.	VII.A.3.i
11	Insured's Obligations	<ol style="list-style-type: none"> 1. Truth and accuracy of statements in the Proposal 2. The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy. 3. Insured will disclose all material information during the policy period in writing to the policy issuing office. 	VII.B.19.a VII.A.1 VII.B.18.c

LEGAL DISCLAIMER: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information sheet and policy document the terms and conditions mentioned in the policy document shall prevail.

BENEFIT / PREMIUM ILLUSTRATION

Family Medicare Policy

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 I of FMP which includes the following districts:
 - All districts in NCT of Delhi, Faridabad, Gurugram, Palwal, Rohtak, Jhajjar, Gautam Buddha Nagar, Ghaziabad, Bulandshahr
 - Mumbai City, Mumbai Suburban, Thane, Raigad, Palghar
 - Ahmedabad, Vadodara, Gandhinagar, Surat

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	6,752	3,00,000	6,752	5%	6,414	3,00,000	19,796	31%	13,680	3,00,000
40	5,566	3,00,000	5,566	5%	5,288	3,00,000				
21	3,739	3,00,000	3,739	5%	3,552	3,00,000				
18	3,739	3,00,000	3,739	5%	3,552	3,00,000				
Total Premium for all members of the family is Rs. 19,796, when each member is covered separately.			Total Premium for all members of the family is Rs. 18,806, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 13,680.			
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	27,682	5,00,000	27,682	5%	26,298	5,00,000	47,606	20%	38,073	5,00,000
56	19,924	5,00,000	19,924	5%	18,928	5,00,000				

FAMILY MEDICARE POLICY – CUSTOMER INFORMATION SHEET

Total Premium for all members of the family is Rs. 47,606, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000/-	Total Premium for all members of the family is Rs. 45,226, when they are covered under a single policy. Sum Insured available for each individual is Rs. 5,00,000/-	Total Premium when policy is opted on floater basis is Rs. 38,073. Sum Insured of Rs. 5,00,000 is available for the entire family.
---	--	---

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	33,957	5,00,000	33,957	5%	32,259	5,00,000	61,639	22%	48,194	5,00,000
62	27,682	5,00,000	27,682	5%	26,298	5,00,000				
Total Premium for all members of the family is Rs. 61,639, when each member is covered separately.			Total Premium for all members of the family is Rs. 58,557, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 48,194.			
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.			