



SUPER TOP-UP 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 Super Top-Up Medicare Policy (STUMP).
- 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 | REFER TO POLICY CLAUSE NUMBER |
|---------------------------------------|---|--|
| Product Name | Super Top-Up Medicare Policy | - |
| What is Super Top-Up Medicare Policy? | a. Indemnity-based health insurance product with annual aggregate deductible (threshold) for accumulated medical expenses during the policy period for you and your family that offers a wide cover above the opted Threshold level b. Coverage on Individual Sum Insured basis as well as Family Floater basis, as opted c. Cashless hospitalisation in a network spanning 15000+ hospitals | - |
| What am I covered for? | <p>Base Cover</p> a. In-Patient Hospitalisation: Covers expenses related to hospitalisation for a minimum period of 24 hours. These include expenses for Room Rent, Surgeon Fees, Medicines, Diagnostic Tests etc. b. Day Care Procedures c. Pre-Hospitalisation: Covers expenses incurred during pre-defined number of days prior to hospitalisation d. Post-Hospitalisation: Covers expenses incurred during pre-defined number of days post discharge from the hospital e. Ayurvedic/Unani/Siddha/Homeopathic treatment: Covers expenses incurred for availing treatment under Ayurvedic/Unani/Siddha/Homeopathic system of Medicine in a registered AYUSH Hospital f. Home Care Treatment: Covers expenses incurred for availing treatment of epidemic/ pandemic at home which would otherwise require hospitalisation g. Donor Expenses Cover: Covers hospitalisation expenses for Organ Donor in respect of Organ transplant to the Insured h. Road Ambulance: Covers expenses for transporting the Insured by Road Ambulance to a Hospital for treatment i. Modern Treatments: Covers expenses for advanced medical procedures such as Robotic Surgery, Balloon Sinuplasty, Bronchial Thermoplasty, Deep Brain Stimulation, etc. <p>Optional Covers (only available upon payment of additional premium)</p> j. Daily Cash Allowance: A cash amount is paid daily for every continuous and completed period of 24 hours of hospitalisation | 3.1 3.1.1.iii 3.2.a 3.2.b 3.3 3.4 3.5 3.6 3.7 3.8 |
| What are the major exclusions | <p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> a. Excl04: Investigation & Evaluation | 4.2 |

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| in the policy? | <p>b. Excl06: Surgical treatment for Obesity that does not fulfil all specified conditions in the Policy</p> <p>c. Excl08: Plastic or Cosmetic Surgery unless as a part of medically necessary treatment</p> <p>d. Excl12: Treatment for Alcoholism, drug or substance abuse or any addictive condition</p> <p>e. Excl17: Sterility & Infertility</p> <p>f. Excl18: Expenses incurred for Maternity except Ectopic Pregnancy</p> <p>g. Expenses due to foreign invasion, warlike operations, civil war, revolution, etc.</p> <p>h. Congenital External Diseases or Defects or Anomalies</p> <p>i. Intentional Self-inflicted injury or attempted suicide</p> <p>j. Treatments other than Allopathic, Unani, Ayurvedic and Homeopathic systems of Medicine</p> | <p>4.4</p> <p>4.6</p> <p>4.10</p> <p>4.15</p> <p>4.16</p> <p>4.17</p> <p>4.20</p> <p>4.22</p> <p>4.23</p> |
| Waiting Period | a. Pre-Existing Diseases (Excl01): Covered after 48 Months of continuous coverage | 4.1 |
| Payment Basis | The payout will be on Indemnity basis, which means that we will pay you, as per the terms and conditions of the policy, for expenses that you incur. | 1 |
| Loss Sharing | <p>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.</p> <p>Further,</p> <p>a. The Policy has various sub-limits as under:</p> <p>i. linked to Threshold, for Pre and Post Hospitalisation expenses; Home Care Treatment</p> <p>ii. Road Ambulance cover; Modern Treatment Methods</p> <p>All expenses in excess of these sub-limits shall be borne by the Insured Person.</p> <p>b. 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.</p> | <p>1,19</p> <p>3.2, 3.4 & 3.8</p> <p>3.6, 3.7</p> <p>3.8.1</p> |
| Renewal Conditions | <p>a. The policy is ordinarily life-long renewable, except on grounds of fraud, misrepresentation, or non-disclosure of material facts by the Insured.</p> <p>b. 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>c. 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>d. 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> | 5.9 |
| Renewal Benefits | None | N.A. |
| Cancellation | <p>a. 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.</p> <p>b. 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.</p> | 5.7 |
| How to Claim? | <p>a. Notification: Please notify the TPA/UIIC in writing 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.</p> <p>b. Cashless Procedure:</p> <p>i. Intimate TPA of the claim using toll-free number given in health ID card.</p> <p>ii. Upon admission in hospital, cashless request form shall be completed and sent to TPA for authorisation. After verification, TPA issues pre-authorisation letter.</p> | <p>5.22.a</p> <p>5.22.b</p> |

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| | <p>iii. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.</p> <p>iv. Hospital Network details can be obtained at: https://uiic.co.in/en/tpa-ppn-network-hospitals</p> <p>c. Reimbursement Procedure:</p> <p>i. Submit the necessary documents to TPA/UIIC within the prescribed time limit as mentioned below:</p> <table border="1" data-bbox="376 450 1326 613"> <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 (fifteen) days of date of discharge from hospital</td> </tr> <tr> <td>Post hospitalisation expenses</td> <td>Within 15 (fifteen) 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 (fifteen) days of date of discharge from hospital | Post hospitalisation expenses | Within 15 (fifteen) days from completion of post hospitalisation treatment | <p>5.22.c, 5.22.e</p> |
|--|--|--|-----------------------|--|---|-------------------------------|--|---------------------------|
| Type of Reimbursement Claim | Prescribed Time Limit | | | | | | | |
| Hospitalisation and Pre-hospitalisation expenses | Within 15 (fifteen) days of date of discharge from hospital | | | | | | | |
| Post hospitalisation expenses | Within 15 (fifteen) days from completion of post hospitalisation treatment | | | | | | | |
| <p>Policy Servicing/ Grievance/ Complaints</p> | <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> <p>a. Website: www.uiic.co.in b. Toll Free Number: 1800 425 333 33 c. E-Mail: customercare@uiic.co.in</p> <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> | <p>5.15</p> | | | | | | |
| <p>Insured's Rights</p> | <p>a. 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.</p> <p>b. Renewability: The policy is ordinarily lifelong renewable except on certain specific grounds.</p> <p>c. 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.</p> <p>d. 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>e. Portability: Insured Person has the option to port the entire policy to an Super Top-Up Medicare product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p> <p>f. 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>g. Moratorium Period: After the expiry of Moratorium Period of eight years, no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> | <p>5.6 5.9 5.23 5.13 5.14 5.8 5.11</p> | | | | | | |
| <p>Insured's Obligations</p> | <p>a. 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>b. 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>5.1 5.16</p> | | | | | | |

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and 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

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/- | | | |

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/- | | | |

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Illustration 3: Self and Spouse

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|---|--|-------------------|---|------------------|------------------------|-------------------|---|-------------------------|------------------------------|-------------------|
| | 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/- | | | |