

# United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



## 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.
- 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	<b>Super Top Up Medicare Policy</b>	-								
What is Super Top Up Medicare Policy?	<p>a. A health insurance product for you and your family, that offers enhanced coverage over and above your chosen deductible/threshold limit.</p> <p>b. Coverage on Individual/Family Floater Sum Insured basis. A separate Sum Insured for each Insured Person is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the Insured as specified in the Policy Schedule</p> <p>c. Sum Insured Options:</p> <table border="1"> <thead> <tr> <th>Threshold/Aggregate Deductible</th> <th>Sum Insured Options</th> </tr> </thead> <tbody> <tr> <td>2 Lakhs</td> <td>3 Lakhs, 5 Lakhs</td> </tr> <tr> <td>3 Lakhs</td> <td>3 Lakhs, 5 Lakhs, 7 Lakhs</td> </tr> <tr> <td>5 Lakhs</td> <td>5 Lakhs, 10 Lakhs, 15 Lakhs</td> </tr> </tbody> </table> <p>d. Cashless hospitalisation in a network spanning 8000+ hospitals</p>	Threshold/Aggregate Deductible	Sum Insured Options	2 Lakhs	3 Lakhs, 5 Lakhs	3 Lakhs	3 Lakhs, 5 Lakhs, 7 Lakhs	5 Lakhs	5 Lakhs, 10 Lakhs, 15 Lakhs	-
Threshold/Aggregate Deductible	Sum Insured Options									
2 Lakhs	3 Lakhs, 5 Lakhs									
3 Lakhs	3 Lakhs, 5 Lakhs, 7 Lakhs									
5 Lakhs	5 Lakhs, 10 Lakhs, 15 Lakhs									
What am I covered for?	<p>a. <b>In-Patient Hospitalisation:</b> Covers expenses related to hospitalisation for a minimum period of 24 hours. These include expenses for Room Rent, Surgeon Fees, Oxygen, Diagnostic Tests, Organ Donor expenses etc.</p> <p>b. <b>Ayurvedic Treatment:</b> Covers expenses incurred for availing treatment under Ayurvedic system of medicine in a registered AYUSH Hospital</p> <p>c. <b>Modern Treatments:</b> Covers expenses for advanced medical procedures such as Robotic Surgery, Balloon Sinuplasty, Bronchial Thermoplasty, Deep Brain Stimulation, etc.</p>	<p><b>5.1</b></p> <p><b>5.2</b></p> <p><b>5.3</b></p>								
What are the major exclusions in the policy?	<p><b>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</b></p> <p>a. Expenses due to foreign invasion, warlike operations, civil war, revolution, etc.</p> <p>b. Congenital External Diseases or Defects or Anomalies</p> <p>c. <b>Excl04:</b> Investigation &amp; Evaluation</p> <p>d. <b>Excl08:</b> Cosmetic or Plastic Surgery unless as a part of medically necessary treatment</p> <p>e. <b>Excl12:</b> Treatment for Alcoholism, drug or substance abuse or any addictive condition</p> <p>f. <b>Excl17:</b> Sterility &amp; Infertility</p> <p>g. <b>Excl18:</b> Expenses incurred for Maternity except Ectopic Pregnancy</p> <p>h. Intentional Self-inflicted injury or attempted suicide</p> <p>i. Naturopathy Treatment, acupressure, acupuncture, magnetic and such other experimental treatment including drug experimental therapy</p>	<p><b>6.2</b></p> <p><b>6.4</b></p> <p><b>6.8</b></p> <p><b>6.11</b></p> <p><b>6.17</b></p> <p><b>6.5</b></p> <p><b>6.6</b></p> <p><b>6.18</b></p> <p><b>6.20</b></p>								
Waiting Period	a. <b>Pre-Existing Diseases (Excl01):</b> Covered after 48 Months of continuous coverage	<b>6.1</b>								
Payment	The payout will be on Indemnity basis, which means that we will pay you, as per the terms and	<b>2</b>								

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Basis	conditions of the policy, for expenses that you incur.					
Loss Sharing	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. 7.6.F of Section 7.	2, 7.7.6.F				
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>	7.10				
Renewal Benefits	Not Applicable	-				
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>	7.9				
How to Claim?	<p>a. <b>Notification:</b> 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. <b>Cashless Procedure:</b></p> <ol style="list-style-type: none"> <li>Intimate TPA of the claim using toll-free number given in health ID card.</li> <li>Upon admission in hospital, cashless request form shall be completed and sent to TPA for authorisation. After verification, TPA issues pre-authorisation letter.</li> <li>At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.</li> <li>Hospital Network details can be obtained at: <a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a></li> </ol> <p>c. <b>Reimbursement Procedure:</b></p> <ol style="list-style-type: none"> <li>Submit the necessary documents to TPA/UIIC within the prescribed time limit as mentioned below:</li> </ol> <table border="1" data-bbox="363 1491 1310 1559"> <thead> <tr> <th>Type of Reimbursement Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation expenses</td> <td>Within 15 (fifteen) days of date of discharge from hospital</td> </tr> </tbody> </table>	Type of Reimbursement Claim	Prescribed Time Limit	Hospitalisation expenses	Within 15 (fifteen) days of date of discharge from hospital	<p>7.6.A</p> <p>7.6.B</p> <p>7.6.(C,D,E)</p>
Type of Reimbursement Claim	Prescribed Time Limit					
Hospitalisation expenses	Within 15 (fifteen) days of date of discharge from hospital					
Policy Servicing/ Grievance/ Complaints	<p><b>Policy Servicing</b> Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p> <p><b>Grievance/Complaints</b> In case of any grievance, you may contact UIIC through:</p> <ol style="list-style-type: none"> <li>Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></li> <li>Toll Free Number: 1800 425 333 33</li> <li>E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></li> </ol> <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 (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>) OR approach the <b>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>	8				

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Insured's Rights	a. <b>Free Look Period:</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.	7.14
	b. <b>Renewal:</b> The policy is ordinarily lifelong renewable except on certain specific grounds.	7.10
	c. <b>Enhancement of Sum Insured:</b> The Insured Person can apply for a change of Sum Insured at the time of renewal. The acceptance of any enhancement of Sum Insured would be at the discretion of UIIC.	7.11
	d. <b>Migration:</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.	7.15
	e. <b>Portability:</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.	7.16
	f. <b>Turn Around Time (TAT):</b> For reimbursement claims, the company shall settle or reject a claim within 30 days from date of receipt of last necessary document.	7.6.G
Insured's Obligations	a. <b>Disclosure of Information:</b> 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.	7.1 7.17
	b. <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.	

**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 Policy

#### Please note:

- Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.
- Rates shown below are for Sum Insured of 3 Lakhs with a threshold level of 3 Lakhs.

### 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	1,700	3,00,000	1,700	0%	1,700	3,00,000	6,800	50%	3,400	3,00,000
40	1,700	3,00,000	1,700	0%	1,700	3,00,000				
21	1,700	3,00,000	1,700	0%	1,700	3,00,000				
18	1,700	3,00,000	1,700	0%	1,700	3,00,000				
Total Premium for all members of the family is Rs. 6,800, when each member is covered separately.			Total Premium for all members of the family is Rs. 6,800, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 3,400.			
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 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	2,300	3,00,000	2,300	0%	2,300	3,00,000	4,400	16%	3,700	3,00,000
56	2,100	3,00,000	2,100	0%	2,100	3,00,000				
Total Premium for all members of the family is Rs. 4,400, when each member is covered separately.			Total Premium for all members of the family is Rs. 4,400, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 3,700.			
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

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	2,300	3,00,000	2,300	0%	2,300	3,00,000	4,600	20%	3,700	3,00,000
62	2,300	3,00,000	2,300	0%	2,300	3,00,000				
Total Premium for all members of the family is Rs. 4,600, when each member is covered separately.			Total Premium for all members of the family is Rs. 4,600, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 3,700.			
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/-			