UNITED INDIA INSURANCE COMPANY LIMITED
REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014
TOP UP MEDICARE POLICY - PROSPECTUS

SALIENT FEATURES OF THE POLICY

This Policy covers In-Patient Hospitalisation Expenses, Pre and Post Hospitalisation Expenses, Ambulance charges incurred in india.

⇒ This Policy covers hospitalisation expenses up to the opted Sum Insured over and above a specified level called the Threshold Level. It gives additional protection at an affordable price when hospitalisation costs are very high. This is irrespective of whether the insured has any other Health Insurance Policy or not.

⇒ This policy will respond only when the covered hospitalisation expenses exceeds the "Threshold Level" stated in the policy.

⇒ The Policy will not cover the expenses in excess of Threshold Level, received/reimbursable from any other source whatsoever.

⇒ However, the sum insured under the policy will be available exclusively over and above any reimbursement received/receivable from any source whatsoever if such amounts exceed the Threshold Level opted for the insured person and stated in the Policy.

⇒ Thus, this Policy offers protection in excess of any Primary Health Policy/Benefit Scheme that the insured may have.

TYPES OF POLICY

The Policy can be issued individually to the family members as well as for the family as a whole on floater basis as given below.

Top Up Medicare Policy-Individual - All the family members can be covered under single policy with sum insured and threshold level to be provided for all insured persons separately. Parents can be covered under the same policy covering the proposer's family.

Top Up Medicare Policy-Family – Single Sum Insured/Threshold Level for all family members covered under the Policy. Parents can take a separate policy for themselves or the son/daughter can cover them under a separate policy.

WHO CAN TAKE THE POLICY

Any proposer fulfilling the eligibility norms given below.

The proposer may or may not have any other Health Insurance Policy.

This policy can be taken in addition to any other Health Insurance Policy.

ELIGIBILITY

Eligibility : Family comprising of Self, Legal Spouse and Dependent Children.

Age : - Proposer between 18 and 80 years

- **Dependent children between the age of 3 months and 18 years provided either or both parents are covered concurrently. However, children above 18 years will cease to be covered if they are employed/self-employed or married. For unmarried and unemployed girls, disabled children without income dependent upon Proposer, the age limit of 18 will not apply.**

- **Male child upto 26 years can be covered provided they pursue full-time higher studies and submit Bonafide Certificate from Educational Institution.**

PROCEDURE FOR TAKING A POLICY

The following are to be submitted –

⇒ **Proposal form duly completed & signed and details of insured person/s.**
⇒ **The details of existing and previous Health insurance Policies in respect of each insured person are to be provided without fail in the proposal form along with claim history. Copy of current/expiring policy may be attached.**
⇒ **Signed copy of Prospectus.**

Pre-acceptance health check-ups will be required in the following instances.

1 **Age of insured person exceeding 45 years.**
2 **Adverse Medical/claims history.**
3 **Option of high value sum insured in relation to sum insured under existing policy below threshold level.**

The following tests will have to be carried out at proposer's cost -

1 **Physical examination including Blood Pressure.**
2 **Glycosylated Haemoglobin**
3 **Serum Creatinine**
4 **Serum Urea**
5 **ECG**
6 **Stress Test unless contraindicated.**

50% of the cost of the Medical Examination will be reimbursed to the insured person on acceptance of the request for enhancement of sum insured.

Sum Insured **: Various options are available as given below.**

OPTION	Sum Insured (Rs.)	Specified Threshold Level
A	3,00,000	2,00,000
B	5,00,000	2,00,000
C	3,00,000	3,00,000
D	5,00,000	3,00,000
E	7,00,000	3,00,000
F	5,00,000	5,00,000
G	10,00,000	5,00,000
H	15,00,000	5,00,000

PAYMENT OF PREMIUM : As per table attached.

PREMIUM COMPUTATION

Top Up Medicare Policy – Individual -	**Completed age of the insured person at inception of policy to be reckoned.**
Top Up Medicare Policy – Family	**Completed age of the oldest member of family is to be considered.**

TAX REBATE

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

DETAILS OF COVERAGE

Hospitalisation Expenses,

A. Room, Boarding and other expenses as specified in policy. This also includes Nursing Care, RMO Charges, IV Fluids/Blood Transfusion/Injection administration charges and the like but does not include cost of materials.
B. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
C. Anaesthetics, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, relevant laboratory diagnostic tests, etc & similar expenses.
D. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant.
E. Pre-Hospitalisation Expenses incurred upto 30 days prior to admission.
F. Post-Hospitalisation expenses incurred upto 60 days after the discharge.
G. Ambulance charges by road incurred subject to maximum of Rs.2,500/- per hospitalisation to shift the insured person from Residence/accident site to Hospitals in emergency cases and from one Hospital/Nursing Home to another Hospital/Nursing Home/Diagnostic Centre for better care/diagnosis.

Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied for some specific treatments like Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy or where treatment involves technological advances necessitating hospitalisation for less than 24 hours.

Note: Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centres.

Relapse and readmission within 45 days of discharge from hospital for a particular illness will be considered as a part of same hospitalisation.

MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

DEFINITION

1 HOSPITAL AND HOSPITALISATION

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities

under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

Has qualified nursing staff under its employment round the clock.

- **Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;**
- **has qualified medical practitioner(s) in charge round the clock;**
- **Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;**
- **Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.**

Hospitalisation Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2 <u>MEDICALLY NECESARY</u>

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

1 Is required for the medical management of the illness or injury suffered by the insured;

2 Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;

3 Must have been prescribed by a Medical Practitioner;

Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

3 <u>MEDICAL PRACTITIONER</u>

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

4 <u>NETWORK PROVIDER</u>

Network Provider means the hospital/nursing home or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility. The list of Network Hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.

Preferred Provider Network means a network of hospitals which have agreed to a cashless packaged pricing for certain procedures for the insured person. The list is available with the company/TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

5 REASONABLE AND CUSTOMARY CHARGES

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

6 <u>PRE – HOSPITALISATION MEDICAL EXPENSES</u>

Relevant medical expenses incurred immediately 30 days before the Insured person is hospitalised provided that ;

a. **Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and**
b. **The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company**

7 POST HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 60 days after the Insured person is discharged from the hospital provided that ;

- **Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and**
- **The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.**

8 THIRD PARTY ADMINISTRATOR

TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

EXCLUSIONS:-

- **Pre-existing disease coverage will not be available for an insured person during the first four years of continuous coverage since inception of his/her Top Up Medicare policy with the Company.**
  N.B.: A Pre-existing disease is defined as "any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and /or was diagnosed and/or received medical advice/treatment within 48 months prior to Top Up Medicare Policy with the Company".

  In case of persons having any other Health Insurance Policy from any Company with a Sum Insured above Threshold Level at the time of taking this policy, the exclusion period of 48 months for Pre-existing Disease/Condition will be reckoned from the date of inception of the policy for such portion of Sum Insured, including Cumulative Bonus earned if any, above the Threshold Level. If expiring policy sum insured has increased over the years, the 48 months of continuous coverage has to be completed for the incremental sum insured.

- **Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)**
  a. **Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.**
  b. **vaccination or inoculation of any kind unless it is post animal bite or change of life or cosmetic or aesthetic treatment of any description**
  c. **plastic surgery other than as may be necessitated due to an accident or as a part of any illness.**
- **Cost of spectacles, contact lenses and hearing aids.**
- **Dental treatment or surgery of any kind unless requiring hospitalisation.**
- **Convalescence, general debility; run-down condition or rest cure, Congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol**
- **All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.**
- **Charges incurred at Hospital or Nursing Home primarily for diagnosis**
- **Expenses on vitamins and tonics unless forming part of treatment.**

- **Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials**
- **Treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy) and childbirth (including caesarean section).**
- **Naturopathy Treatment, acupressure, acupuncture, magnetic and such other therapies.**
- **External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CAPD, Infusion Pump, Oxygen Concentrator etc., Ambulatory devices ie. walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc. of any kind, Diabetic footwear, Glucometer/Thermometer and similar related items and also any medical equipment, which are subsequently used at home.**
- **Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital.**
- **All non-Medical expenses of any kind whatsoever.**

CLAIM PROCEDURE

All claims will be processed and settled by specified Third Party Administrator (TPA) licensed by IRDA.

Intimation of Hospitalisation - to be made immediately to the TPA.

- ***Basically the intimation to the TPA is to be given when the insured persons realise that the expenses are likely to exceed the Threshold level.***

To avail Cashless facility - Pre-authorisation request to be sent or faxed to TPA immediately on admission.

In Reimbursement cases - Insured to intimate TPA about hospitalisation of insured persons immediately on admission.

Claim bills to be submitted to TPA within 15 days of discharge.

All claims under this policy shall be payable in Indian currency.

FREE LOOK PERIOD

Free Look Period – The policy have a free look period which shall be applicable at the inception of the policy and;

The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if nor acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to –

A. **A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or**

B. **Where the risk has already commenced and the opinion of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;**

Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

ENHANCEMENT OF SUM INSURED

The Insured may seek enhancement of Sum Insured in writing at or before payment of premium for renewal, which may be granted at the discretion of the Company. However, notwithstanding enhancement, for claims arising in respect of ailment, disease or injury contracted or suffered during a preceding Policy period, liability of the Company shall be only

to the extent of the Sum Insured under the Policy in force at the time when it was contracted or suffered

Any such request for enhancement must be accompanied by a declaration that the insured or any other insured person in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such insured person/s to undergo a Medical examination to enable the company to take a decision on accepting the request for enhancement in the Sum Insured. 50% of the cost of the Medical examination will be reimbursed to the insured person on acceptance of the request for enhancement of sum insured.

CANCELLATION

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy.

The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED.
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

RENEWAL

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof and in any case not later than 30 days from the date of expiry of the current policy.

If, during the grace period of 30 days, any insured person incurs any hospitalisation expenses, he shall not be entitled for any claim.

The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

A policy that is sought to be renewed after the grace period of 30 days will be underwritten as a Fresh Policy.

Break-in insurance for persons above 60 years and request for much higher value Sum Insured at renewals may be considered after a satisfactory pre-acceptance health checkup.

In case of existing Health policyholders taking Top Up Medicare Policy in addition to their existing Health Policy, No Claim Discount/Cumulative Bonus, if any, under existing policy will not be carried forward.

PORTABILITY

In the event of insured porting to another insurer, the insured person must apply with details of policy and claims at least 45 days before the date of expiry of policy.

Portability shall be allowed in the following cases :

a. **All Individual Health Insurance Policies issued by non-life insurance companies including family floater policies.**
b. **Individual members, including the family members covered under any Group Health insurance policy of a non-life insurance company shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, the insured person shall be accorded the right to port to another non-life insurance company.**

IMPORTANT NOTICE

1. **The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.**
2. **The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the Authority and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.**

The Company reserves the right to accept or reject the proposal at its discretion.

This Prospectus shall form part of the proposal form. Please sign in token of having noted the contents of Prospectus.

Signature

Name
Place
Date