



**UNITED INDIA INSURANCE COMPANY LIMITED  
HEAD OFFICE**

**CUSTOMER INFORMATION SHEET**  
Description is illustrative and not exhaustive

<b>S.No.</b>	<b>TITLE</b>	<b>DESCRIPTION</b>	<b>REFER TO POLICY CLAUSE NO.</b>
1	Product Name	Top Up Medicare Policy	
2	What am I covered for	<p>a. In Patient Hospitalisation – Expenses for each and every hospitalization more than 24 hours exceeding the chosen Threshold Limit –</p> <p>i. Room, Boarding and Nursing Expenses including RMO charges, IV fluids/Blood Transfusion/ Injection administration charges.</p> <p>ii. Surgeon fees, Anesthetist, Medical Practitioners, Consultants, Specialist's fees, etc.</p> <p>iii. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines &amp; drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial limbs, cost of prosthetic devices implanted during surgical procedure viz. Pacemaker, Orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant diagnostic tests.</p> <p>iv. Ambulance charges by road not exceeding Rs.2,500/-</p> <p>b. Pre and Post Hospitalisation -- Related medical expenses incurred 30 days prior to hospitalization and within 60 days from the date of discharge.</p>	<p>2.1 A</p> <p>2.1 B</p> <p>2.1 C</p> <p>2.1 F</p> <p>2.1 E</p>
3	What are the major exclusions in the policy	<p>a. Domiciliary treatment, treatment outside India</p> <p>b. War and warlike operations</p> <p>c. Circumcision, vaccination and plastic surgery unless forming part of treatment and requires hospitalization.</p> <p>d. Spectacles, contact lens and hearing aids</p> <p>e. Dental treatment unless arising due to an accident</p> <p>f. HIV, AIDS and sexually transmitted diseases</p> <p>g. Any hospitalization primarily for investigation/diagnostic purposes.</p> <p>h. Vitamins, tonics unless necessitated for treatment</p> <p>i. Pregnancy and related disorders</p> <p>j. Naturopathy and Experimental treatment</p> <p>k. External Medical equipments</p> <p>l. Any kind of service charges, admission fees/registration charges</p> <p>m. Non-medical expenses</p> <p>(Note : the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	<p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.11</p> <p>4.12</p> <p>4.13</p> <p>4.14</p> <p>4.15</p>
4	Waiting period	a. Waiting period of 48 months for Pre-existing diseases	4.1
5	Payment basis	<ul style="list-style-type: none"> <li>➤ Reimbursement of covered expenses up to specified limits</li> <li>➤ Cashless payment of covered expenses upto specified limits in Network Hospitals.</li> <li>➤ In cities where PPN Network is applicable, cashless will be restricted to PPN Hospitals and claim payments as per agreed tariff.</li> </ul>	

6	Cost sharing	Not applicable	
7	Renewal condition	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.  Enhancement of sum Insured at renewal will be considered at the discretion of the Company.	5.10 5.10.3  5.11
8	Renewal benefits	Nil	
9	Cancellation	This policy would be cancelled and no claim or refund would be due to you if : a. you have not correctly disclosed details about your current and past health status or b. have otherwise encouraged or participated in any <u>fraudulent claim under the policy.</u>	5.12
10	Special condition and special benefit	At least 15 days from the issuance of first policy would be given as free-look period to the insured to review the terms and conditions	7

**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.

For details, please refer to policy clauses for full details.