



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 not covered under any Health Insurance Policy/Benefit Scheme.
- 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.

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.

DEFINITION

HOSPITAL / NURSING HOME should be registered as a Hospital or Nursing Home. Should comply with minimum criteria of having 15 inpatient beds fully equipped, operating theatre, Qualified Doctor and Qualified Nursing staff in employment round the clock. In Class "C" Towns, the minimum number of beds is 10.

However, Hospital/Nursing Home shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

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.

E.g. Existing Policyholder has a sum insured of Rs.5 Lac
 First Inception date of Policy - 1.10.2005 - SI - Rs.4 lacs
 Enhanced to Rs.5 Lac w.e.f. 1.10.2007
 Opts for - 5 lacs Xs 3 Lac from 1.10.2008.
 Four years during which pre-existing disease will be excluded will be reckoned from dates as under -

- | | | | |
|----|-----------------------------|---|---------------------|
| 1. | From 1.10.2005 to 30.9.2009 | - | for SI of Rs.1 lac |
| 2. | From 1.10.2007 to 30.9.2011 | - | for SI of Rs.1 lac |
| 3. | From 1.10.2008 to 30.9.2012 | - | for SI of Rs.3 Lac. |

- 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 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, 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.

In case of hospitalisation where the expenses are likely to involve both the TPAs of regular Health Policy and Top Up Medicare Policy, the intimation/pre-authorisation request with regard to a hospitalisation is to be given to both the TPAs of these Policies.

In the case of a covered hospitalisation, the costs of which were not initially estimated to exceed the Threshold Level but were subsequently found likely to exceed the Threshold Level, the intimation to the named TPA should be submitted along with a copy of intimation made to the Primary Health Policy TPA/Reimbursement Provider immediately on knowing that the Threshold Level is likely to be exceeded.

The payment will be made either to Hospital/Nursing Home in case of Cashless treatment and to the Proposer/insured person in other cases.

The TPA of the regular Health Insurance Policy/Reimbursement Provider will first process the claims and the TPA for this policy will make the balance payments either to the Hospital in the case of cashless settlement or to insured in case of reimbursement. The insured has to submit the details of settlement made by the TPA of regular Health Insurance Policy in the case of cashless settlement. In the case of reimbursement, the above details along with photo-copies of bills attested by Primary TPA/Reimbursement Provider are to be submitted to TPA of Top Up Medicare Policy.

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

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.

<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED.</u>
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4 th 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 15 days from the date of expiry of the current policy.

If, during the grace period of 15 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 15 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.

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