



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

SALIENT FEATURES OF THE POLICY

This policy covers all the members of a family under a single sum insured.

Eligibility : Family comprising of Self, 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 Institution.

Sum Insured : Beginning from Rs.1 lac in multiples of Rs.50,000/- upto Rs.5 Lac and from Rs.5 Lac to Rs.10 Lac in multiples of Rs.1 lac.

Existing Health Policyholders of the Company can also opt for Family Medicare Policy on expiry of their current policy if there has been no claim for the preceding two years in respect of insured persons. If parents are covered under existing health policy of the company they can opt for a separate Family Medicare Policy. Either parent or son/daughter can be the proposer for such a policy.

No Claim Discount/Cumulative Bonus, if any, under existing policy will not be carried forward.

COVERAGES

Policy covers Hospitalisation Expenses.

Expenses prior to and after hospitalisation are also covered. Further details of coverage are given below:

Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments as detailed in the policy.

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.

Hospitalisation Expenses:

- A. Room/ Boarding/ Nursing Expenses and other expenses as specified in policy upto 1% of sum insured per day. 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. IC Unit upto 2% of Sum Insured per day.
- C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
- D. Anaesthetist, 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.

- E. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant.

Expenses in respect of the following specified illnesses will be restricted as detailed below:

Hospitalisation Benefits	LIMITS RESTRICTED TO
a. Cataract	a. 10% of SI subject to maximum of Rs.25,000/-
b. Hernia	b. 15% of the SI subject to maximum of Rs.30,000/-
c. Hysterectomy	c. 20% of the SI subject to maximum of Rs.50,000/-
d. Following Specified major surgeries -	d. 70% of the SI subject to maximum of Rs.4 Lac
i. Cardiac Surgeries	
ii. Cancer Surgeries	
iii. Brain Tumour Surgeries	
iv. Pacemaker implantation for sick sinus syndrome	
v. Hip replacement	
vi. Knee joint replacement	

Pre-Hospitalisation (30 days) & Post Hospitalisation (60 days) in respect of any illness --- Actual expenses subject to maximum of 10% of Sum Insured.

In respect of persons above 60 years, 10% deductible will be applied on all admissible claims.

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 105 days from the date of discharge from the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 105 days as stated above will be considered as fresh illness for the purpose of this policy.

DEFINITION

HOSPITAL / NURSING HOME should be registered as a Hospital or Nursing Home. Should comply with minimum criteria of having 15 inpatient beds, operating theatre, Qualified Doctor and qualified Nurse.

EXCLUSIONS:-

- Pre-existing disease coverage will not be available for an insured person during the first four years since inception of his/her first policy with the Company
Explanatory Note : The “first policy” shall mean the Family Medicare Policy if insurance is taken for the first time or if previous insurance was with other Company.
In case of existing Medclaim/Health Policyholders, the “first policy” shall mean the first Medclaim/Health Policy obtained and renewed without any break 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 his/her first policy with the Company”.
- Any disease contracted by the Insured person during the first 30 days from the commencement date of the policy. This does not apply if the person has been insured under a Health Policy issued by our Company for the twelve months immediately preceding the commencement of this Policy.
- During the first two years of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall

Bladder Stone removal, Gout & Rheumatism, Calculus Diseases, Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis are not payable.

- 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, 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.

PROCEDURE FOR TAKING A POLICY

The duly completed and signed Proposal form giving details of all Insured persons and a signed copy of the Prospectus along with Health Check-up reports, if any, should be submitted to the Company.

The pre-acceptance health check-up reports as detailed below have to be submitted at proposer's cost in the following cases-

- i. Persons above 45 years of age (fresh entrants)
- ii. Persons above 45 years of age (Break in insurance)
- iii. Persons above 45 years of age and seeking enhancement of Sum Insured of Family Medicare Policy by more than two slabs.
- iv. Our Existing policyholders above 45 years opting for Sum Insured under Family Medicare Policy which is more than twice the maximum existing individual Sum Insured.

1	Medical Examination	6.	Sr.Creatinine
2	CBC & ESR	7.	ECG
3	Urine Routine & Microscopic	8.	Stress Test
4	Cholesterol		
5	SGPT		

The insured should declare the existence of Diabetes, Hypertension, Elevated Cholesterol levels, if any, at the time of taking the first policy. The policy will not pay for the expenses incurred for the direct treatment of these illnesses as per Pre-existing Disease Exclusion. An additional premium of 30% will be charged on the basic premium.

PAYMENT OF PREMIUM : As per table attached plus applicable loading if any. Age of the oldest person of the family is considered while referring to the Premium table.

RENEWAL

Premium shall currently be payable as per table attached being the prevailing rates of the company.

The Premium for renewal shall ordinarily be payable at the said rates unless the Company deems it necessary to

- a) revise the rates of premium for such Policies, in which event the Insured shall be liable to pay the revised rates of premium prevailing at the time of renewal**
- and/or**
- b) load the Premium for the Insured, depending upon the claims experience under the Policy held by the Insured, as detailed below.**

Renewal Clause:

The Company shall renew this Policy if the Insured shall remit the requisite Premium to the Company prior to expiry of the Period of Insurance stated in the Schedule.

The Company shall be entitled to decline renewal if;

- 1 any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,**
- 2 the Company has discontinued issue of the Policy, in which event the Insured shall however have the option for renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy.**
- 3 If the Insured fails to remit Premium for renewal before expiry of the Period of Insurance, but within 15 days thereafter, admissibility of any claim during the period of subsequent Policy shall be considered in the same manner as under a Policy renewed without break. The Company however shall not be liable for any claim arising out of ailment suffered or hospitalisation commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.**
- 4 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.**

NO CLAIM DISCOUNT/CLAIMS LOADING

At renewal, the Company will review the claims experience and apply a No Claim Discount/Loading based on the claims incurred as given below.

No Claim Discount - 3% on renewal premium after three continuous claim free *Family Medicare Policies* and for every subsequent claim free year subject to a maximum of 15%.

If any claim is reported or if the policy is not renewed within the grace period, the Policy will not be eligible for any No Claim discount.

Loading - If three or more claims are lodged during the two immediately preceding two policy periods-

Upto 25% of Sum Insured	-	25% loading on applicable premium
26 to 50% of Sum Insured	-	50% loading on applicable premium
51 to 75% of Sum Insured	-	75% loading on applicable premium
Above 75%	-	100% loading on applicable premium

The sum insured referred to above will be the total of sum insureds of immediately preceding two years.

The applicable premium refers to policy premium only without any premium for add on covers.

This loading will be removed after three continuous claim free years. The No Claim Discount will apply only after completion of four claim free years in such cases.

TAX REBATE

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

HEALTH CHECK-UP BENEFIT

For every block of three claim free years, the insured person(s) will be eligible for Cost of Health check-up up to a maximum of 1% of average SI of preceding three years.

OPTIONAL COVERS

The following optional covers are available on payment of additional premium as given below

1. Ambulance Charges

The Policy will cover Ambulance charges in connection with admitted claim incurred 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, upto a maximum of Rs.2500/- per policy period - Additional Premium Rs.100/-.

2 Hospital Daily Cash Benefit

The Policy will pay to the insured person a Daily Cash Allowance as given below from the third day onwards for the period of hospitalisation in connection with admitted claims subject to a maximum stated below on payment of additional premium as under -

	<u>Additional Premium</u>	<u>Allowance per day</u>	<u>Subject to maximum of</u>
period	Rs.150/-	Rs.250/-	Rs.2,500/- per policy
	Rs.300/-	Rs.500/-	Rs.5,000/- per policy period

CLAIM PROCEDURE

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

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

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

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 or not later than 24 hours.

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

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.

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

Signature

Name

Place

Date

