**UNITED INDIA INSURANCE COMPANY LIMITED**

Registered Office: 24 Whites Road, Chennai – 600014

# AROGYA SANJEEVANI, UNITED INDIA INSURANCE CO. LTD.
# PROSPECTUS

## I. PRODUCT- KEY FEATURES

The Policy provides cover on an Individual or Family Floater 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 and our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule.

**Cover at a glance:**

| |
|---|
| 1. In-patient Hospitalization, Day care Treatment, Road Ambulance |
| 2. AYUSH Treatment |
| 3. Cataract Treatment |
| 4. Pre-hospitalization expenses |
| 5. Post- hospitalization expenses |
| 6. Named Modern Treatment Methods & Advancement in Technology |

## II. ELIGIBILITY:

a. Any person aged between 18 years and 65 years can take this insurance for himself and his/her family consisting of Self, Spouse, dependent children, Parents and Parents-in-law, either on Individual Sum Insured basis or on floater basis. Beyond 65 years, only renewals are allowed.

b. Dependent children between the age of 3 months and 18 years shall be covered provided either or both parents are covered concurrently. Children above 18 years will continue to be covered along with parents till the age of 25 years. If the child is above 18 years of age and is financially independent, he or she shall be ineligible for coverage under the same policy in the subsequent renewals. However, a separate policy can be taken for him or her on expiry of the current policy for which continuity benefits will be provided.

## III. SUM INSURED:

Various options are available as under:

Rs. 1 lacs, 1.5 lacs, 2 lacs, 2.5 lacs, 3 lacs, 3.5 lacs, 4 lacs, 4.5 lacs, 5 Lacs.

## IV. TERM OF POLICY:

One Year. Renewable annually.

## V. COVERAGE:

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

### 1. Hospitalisation

The company shall indemnify medical expenses incurred for Hospitalisation of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for,

A. Room Rent, Boarding, Nursing Expenses as provided by the Hospital/Nursing Home up to 2% of the sum insured subject to a maximum of Rs. 5000/- per day.
B. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of the sum insured subject to a maximum of Rs. 10,000/- per day.
C. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
D. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

**1.1 Other Expenses**

i. Expenses incurred on treatment of cataract subject to the sub limit as mentioned in clause V.3 below.
ii. Dental treatment, necessitated due to disease or injury
iii. Plastic surgery necessitated due to disease or injury
iv. All the day care treatments
v. Expenses incurred on road Ambulance subject to a maximum of Rs. 2000/- per hospitalisation.

**Note**

a. Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
b. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

**2. AYUSH Treatment**

The company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

**3. Cataract Treatment**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per each eye in one policy year.

**4. Pre Hospitalisation**

The company shall indemnify pre-hospitalisation medical expenses incurred, related to an admissible hospitalisation requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalisation covered under the policy.

**5. Post Hospitalisation**

The company shall indemnify post hospitalisation medical expenses incurred, related to an admissible hospitalisation requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalisation covered under the policy.

**6. The following procedures:**

will be covered (wherever medically indicated) either as inpatient care or as part of day care treatment in a hospital ***up to 50% of Sum Insured***, specified in the policy schedule, during the policy period:

| Sr. No. | Treatment Methods & Advancement in Technology |
|---|---|
| A | Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU) |
| B | Balloon Sinuplasty |
| C | Deep Brain Stimulation |
| D | Oral Chemotherapy |
| E | Immunotherapy- Monoclonal Antibody to be given as injection |
| F | Intra vitreal Injections |
| G | Robotic Surgeries |
| H | Stereotactic Radio Surgeries |
| I | Bronchial Thermoplasty |
| J | Vaporisation of the Prostate (Green laser treatment or holmium laser treatment) |
| K | Intra Operative Neuro Monitoring (IONM) |
| L | Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered only |

7. **The expenses that are not covered in this policy:** are placed under *List–I of Annexure–A*.
   **The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment:** are placed under *List–II, List–III, and List–IV of Annexure–A* respectively.

**VI. CUMULATIVE BONUS:**

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

**Notes:**

a. In case where the policy is on individual basis, the CB shall be available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
b. In case where the policy is on floater basis, the CB shall be available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
c. CB shall be available only if the Policy is renewed/premium paid within the Grace Period.
d. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring

policy, and such expiring policy has been renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons

e. In case of floater policies where Insured Persons renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such renewed Policies in the proportion of the Sum Insured of each renewed Policy.
f. If the Sum Insured has been reduced at the time of renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
g. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
h. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

## VII. WHAT POLICY DOES NOT COVER:

### A. WAITING PERIOD - EXCLUSIONS

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

**1. Pre-Existing Diseases (Code- Excl01):**

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

**2. First Thirty Days Waiting Period (Code- Excl03):**

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.
b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**3. Specific Disease/ Procedure Waiting Period (Code- Excl02):**

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments as per Table A and Table B below, shall be excluded until the expiry of 24 months and 48 months respectively of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for pre Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f. **List of specific diseases/procedures**:

**Table A. 24 Months' waiting period**

| | |
|---|---|
| 1. Benign ENT disorders | 11. Gout and Rheumatism |
| 2. Tonsillectomy | 12. Hernia of all types |
| 3. Adenoidectomy | 13. Hydrocele |
| 4. Mastoidectomy | 14. Non Infective Arthritis |
| 5. Tympanoplasty | 15. Piles, Fissure and Fistula in anus |
| 6. Hysterectomy | 16. Pilonidal sinus, Sinusitis and related disorders |
| 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps | 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident |
| 8. Benign prostate hypertrophy | 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy |
| 9. Cataract and age related eye ailments | 19. Varicose Veins and Varicose Ulcers |
| 10. Gastric/Duodenal Ulcer | |

**Table B. 48 Months' waiting period**

| |
|---|
| 1. Treatment for joint replacement unless arising from accident |
| 2. Age-related Osteoarthritis & Osteoporosis |

**B. EXCLUSIONS**

The company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

**1. Investigation & Evaluation (Code-Excl04)**

i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

**1. Rest Cure, rehabilitation and respite care (Code-Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**2. Obesity/Weight Control (Code-Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

i. Surgery to be conducted is upon the advice of the Doctor
ii. The surgery/procedure conducted should be supported by clinical protocols
iii. The member has to be 18 years of age or older and
iv. Body Mass Index (BMI);
    a. greater than or equal to 40 or
    b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
        1. Obesity-related cardiomyopathy
        2. Coronary heart disease
        3. Severe Sleep Apnoea
        4. Uncontrolled Type2 Diabetes

**3. Change-of-Gender Treatments: (Code-Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**4. Cosmetic or Plastic Surgery: (Code-Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

**5. Hazardous or Adventure sports: (Code-Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**6. Breach of law: (Code-Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

**7. Excluded Providers: (Code-Excl11)**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

**8.** Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**

9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code-Excl13)**

10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **(Code-Excl14)**

11. **Refractive Error: (Code-Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

12. **Unproven Treatments: (Code-Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

13. **Sterility and Infertility: (Code-Excl17)**
Expenses related to sterility and infertility. This includes:

i. Any type of sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of Sterilization

14. **Maternity Expenses (Code-Excl18):**

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

15. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

16. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

**17.** Any expenses incurred on Domiciliary Hospitalisation and OPD Treatment

**18.** Treatment taken outside the geographical limits of India

**19.** In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD Codes.

## VIII. PROCEDURE FOR TAKING A POLICY

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

**2.** The pre-acceptance health check-up reports, wherever required at Company's discretion have to be submitted at proposer's cost in the following cases–

i. Persons with adverse medical history as revealed from the proposal form (fresh entrants)
ii. Persons above 60 years of age (fresh entrants)
iii. Persons above 60 years of age (Break in insurance)
iv. Persons seeking enhancement of Sum Insured.

| | |
|---|---|
| a. Physical examination (report to be signed by the Doctor with minimum MD/MS qualification | f. Serum Creatinine |
| b. CBC | g. SGOT & SGPT |
| c. Urine Routine & Microscopic | h. ECG |
| d. HbA1c (Glycosylated Haemoglobin) | i. Stress Test if necessitated. |
| e. Lipid Profile | j. Any other investigation required by the company |

***The date of medical reports should not exceed 30 (thirty) days prior to the date of proposal***.

**Note:**

i. Pre–acceptance medical check–up shall be conducted at designated centres authorized by us.
ii. 50% of the cost of Pre-Acceptance Health check-up shall be reimbursed to the insured in cases where the proposal is accepted by the Company.

## IX. PAYMENT OF PREMIUM

a. Premium payable annually or in Half Yearly, Quarterly or Monthly installments – As per Premium Table attached.
b. Premium can be paid online for both, new policy and renewals.
c. If the Half Yearly, Quarterly or Monthly installments option is chosen, then the mode of payment shall be through ECS (auto debit) only.

d. If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule, the following Conditions shall apply (not withstanding any terms contrary elsewhere in the Policy)
   i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.
   ii. During such grace period, coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.
   iii. The Benefits provided under – "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace period.
   iv. No interest will be charged if the installment premium is not paid on due date.
   v. In case of installment premium due not received within the grace period, the Policy will get cancelled.

e. **Underwriting Loading for Pre-existing Conditions:** We may apply a risk loading on the premium payable (excluding statutory levies & taxes) based on your health status, if accepted at the time of underwriting. Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s).
   The loadings are applicable on individual ailments only. In case of loading on two or more ailments, the loadings shall apply in conjunction on additive basis. However, maximum risk loading per individual shall not exceed 50% of Premium excluding applicable Taxes.
   **Note:** The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Waiting period as mentioned in Section VII.A.1 above shall be applied on illness/condition, as applicable.
f. **On-line Discount:** A Discount of 10% will be applicable for fresh policies purchased online through the Company's website. For on-line renewals, the same discount of 10% shall be offered provided the original policy was purchased directly (without any intermediary) from our office or on-line and all subsequent renewals are only made through the Company's website.

**X. CANCELLATION CLAUSE-**

a. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

| TIMING OF CANCELLATION | RATE OF PREMIUM TO BE REFUNDED |
|---|---|
| Up to 30 Days | 75.00% |
| 31 to 90 Days | 50.00% |
| 3 to 6 Months | 25.00% |
| 6 to 12 Months | 00.00% |

   Notwithstanding contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
b. The Company may cancel the policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

## XI. AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY

The coverage for the Insured Person(s) shall automatically terminate:

1. In the case of his/her (Insured Person) demise; however, the cover shall continue for the remaining Insured Persons till the end of the Policy Period. The other insured persons may also apply to renew the policy.
   Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.
2. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

## XII. FREE LOOK PERIOD

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
iii. where only a part of insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

## XIII. RENEWAL

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

## XIV. CHANGE OF SUM INSURED

Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

## XV. MIGRATION OF POLICY

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

i. The waiting periods specified in Section VII.A shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link:
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

**XVI. PORTABILITY**

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

i. The waiting periods specified in Section VI shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For detailed Guidelines on Portability, kindly refer the link:
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

**XVII. NOMINATION**

The 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. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made.

**XVIII. THE TAX BENEFIT**

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

**XIX. CLAIM PROCEDURE**

**A. Procedure for Cashless Claims:**

i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
iii. The Company/TPA upon getting cashless request form and related medical information from the insured person/network provider will issue pre-authorization letter to the hospital after verification.
iv. At the time of discharge, the insurer person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
v. The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company/TPA for treatment.

**B. Procedure for reimbursement of claims:**

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder:

| Sr. No. | Type of Claim | Prescribed Time Limit |
|---|---|---|
| 1. | Reimbursement of hospitalisation, day care and pre hospitalisation expenses | Within thirty days of date of discharge from hospital |
| 2. | Reimbursement of post hospitalisation expenses | Within fifteen days from completion of post hospitalisation treatment |

**1. Notification of Claim**

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within 24 hours from the date of emergency hospitalisation required or before the Insured Person's discharge from the Hospital, whichever is earlier.
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalisation

**2. Documents to be submitted:**

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

i. Duly completed claim form
ii. Photo Identity proof of the patient
iii. Medical practitioner's prescription advising admission
iv. Original bills with itemized break up
v. Payment receipts
vi. Discharge summary including complete medical history of the patient along with other details.
vii. Investigation/Diagnostic test reports etc. supported by the prescription from attending medical practitioner
viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
ix. Sticker/Invoice of the Implants, wherever applicable.
x. MLR (Medico Legal Report copy if carried out and FIR (First Information Report) if registered, wherever applicable)
xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled Cheque
xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs. 1 Lakh as per AML Guidelines
xiii. Legal heir/succession certificate, wherever applicable.
xiv. Any other relevant document required by Company/TPA for assessment of the claim

**Note A:** The Company may specify the documents required in original and waive off any of above required as per our claim procedure.

**Note B:**

a. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
c. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insurer Person

**3. Co-payment:**

Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to a claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the copayment.

**4. Claim Settlement (provision for Penal Interest)**

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of last receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

**5. Services offered by TPA (where TPA is involved)**

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorisation of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

i. Claim settlement and rejection;
ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

**6. Payment of Claim**

All claims under the policy shall be payable in Indian currency only.

## XX. REVISION/ MODIFICATION OF THE POLICY

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be sent to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

## XXI. WITHDRAWAL OF POLICY

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the company reserves its right to do so with an intimation of 3 months to all the existing insured **members**. In such an event of withdrawal of this product, at the time of the Insured seeking renewal of this Policy, he/she can choose, among Our available similar Health insurance products. Upon the Insured so choosing Our new product, he/she will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

## XXII. GRIEVANCE REDRESSAL/INSURANCE OMBUDSMAN

**Grievance –** In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the policy issuing office or Uni-Customer Care Department at Regional Office of the company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office in person or through post/email to customercare@uiic.co.in

For details of grievance officer, kindly refer the link: https://uiic.co.in/en/customercare/grievance
**IRDAI Integrated Grievance Management System –** https://igms.irda.gov.in/
**Insurance Ombudsman –** The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure – B

***No loading shall apply on renewals based on individual claims experience.***
***Insurance is the subject matter of solicitation.***

## XXIII. IRDAI REGULATIONS

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (Health Insurance) Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations 2017 as amended from time to time.

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## TABLE OF BENEFITS

| | |
|---|---|
| **Name** | Arogya Sanjeevani Policy, United India Insurance Company Limited |
| **Product Type** | Individual/Floater |
| **Category of Cover** | Indemnity |
| **Sum Insured** | INR 1 Lakh to 5 Lakh (going up in multiples of Rs. 50,000)<br>On Individual Basis – SI shall apply to each individual family member<br>On Floater Basis – SI shall apply to the entire family |
| **Policy Period** | 1 Year |
| **Eligibility** | Policy can be availed by persons between the age of 18 years and 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self.<br>Policy can be availed for Self and the following family members<br>i. Legally wedded spouse<br>ii. Parents and Parents-in-law<br>iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals |
| **Grace Period** | For yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days to be allowed as grace period. |
| **Hospitalisation Expenses** | Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible |
| | Time limit of 24 hours shall not apply when treatment is undergone in a Day Care Centre. |
| **Pre Hospitalisation** | For 30 days prior to hospitalisation |
| **Post Hospitalisation** | For 60 days from the date of discharge from the hospital. |
| **Sub limit for room/doctors fee** | 1. Room Rent, Boarding, nursing expenses all-inclusive as provided by the Hospital/Nursing Home up to 2% of the sum insured subject to maximum of Rs. 5000/- per day.<br>2. Intensive Care Unit (ICU) charges/Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/Nursing Home up to 5% of the sum insured subject to a maximum of Rs. 10,000/- per day. |
| **Cataract Treatment** | Up to 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per eye, under one policy year. |
| **AYUSH** | Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicine shall be covered up to sum insured, during each policy year as specified in the policy schedule. |
| **Pre Existing Disease** | Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 4 years. |
| **Cumulative Bonus** | Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim, the cumulative bonus shall be reduced at the same rate. |
| **Co Pay** | 5% co pay on all claims. |

## ANNUAL PREMIUM RATES (Excluding GST)

| Rate per member under Individual SI basis / Rate for 1 Adult under Family Floater SI Basis | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **SI/Age** | **1 Lakh** | **1.5 Lakh** | **2 Lakh** | **2.5 Lakh** | **3 Lakh** | **3.5 Lakh** | **4 Lakh** | **4.5 Lakh** | **5 Lakh** |
| **91d–25** | 3,005 | 3,478 | 3,951 | 4,253 | 4,554 | 4,606 | 4,658 | 4,736 | 4,813 |
| **26–30** | 3,591 | 4,157 | 4,723 | 5,082 | 5,441 | 5,504 | 5,567 | 5,659 | 5,751 |
| **31–35** | 3,782 | 4,383 | 4,985 | 5,462 | 5,939 | 6,061 | 6,183 | 6,263 | 6,343 |
| **36–40** | 4,270 | 5,014 | 5,757 | 6,287 | 6,818 | 6,925 | 7,033 | 7,099 | 7,165 |
| **41–45** | 4,872 | 5,703 | 6,533 | 7,659 | 8,785 | 9,179 | 9,573 | 9,639 | 9,705 |
| **46–50** | 5,786 | 7,118 | 8,450 | 9,456 | 10,461 | 10,919 | 11,377 | 11,739 | 12,100 |
| **51–55** | 6,681 | 8,700 | 10,718 | 11,974 | 13,230 | 13,699 | 14,168 | 14,639 | 15,111 |
| **56–60** | 9,024 | 11,392 | 13,761 | 15,949 | 18,138 | 18,907 | 19,677 | 20,298 | 20,920 |
| **61–65** | 11,163 | 14,119 | 17,074 | 20,203 | 23,332 | 24,725 | 26,118 | 27,592 | 29,066 |
| **66–70** | 12,696 | 17,355 | 22,015 | 25,583 | 29,151 | 30,479 | 31,807 | 33,731 | 35,655 |
| **71–75** | 15,109 | 20,266 | 25,422 | 29,532 | 33,643 | 35,179 | 36,716 | 38,938 | 41,160 |
| **> 75** | 17,170 | 23,240 | 29,310 | 34,259 | 39,209 | 41,434 | 43,659 | 46,045 | 48,431 |

| Premium Rate for 2 Adults under Family Floater SI Basis. (applicable only for Self+Spouse or Two Parents or Two Parents-In-Law combinations) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **SI/Age** | **1 Lakh** | **1.5 Lakh** | **2 Lakh** | **2.5 Lakh** | **3 Lakh** | **3.5 Lakh** | **4 Lakh** | **4.5 Lakh** | **5 Lakh** |
| **91d–25** | 5,223 | 6,045 | 6,867 | 7,387 | 7,907 | 7,990 | 8,074 | 8,198 | 8,323 |
| **26–30** | 5,223 | 6,045 | 6,867 | 7,387 | 7,907 | 7,990 | 8,074 | 8,198 | 8,323 |
| **31–35** | 5,967 | 6,738 | 7,509 | 8,108 | 8,707 | 8,799 | 8,890 | 9,028 | 9,165 |
| **36–40** | 6,315 | 7,311 | 8,307 | 9,003 | 9,699 | 9,801 | 9,903 | 10,056 | 10,209 |
| **41–45** | 7,167 | 8,454 | 9,740 | 10,936 | 12,132 | 12,328 | 12,523 | 12,784 | 13,045 |
| **46–50** | 9,697 | 11,928 | 14,159 | 15,582 | 17,006 | 17,280 | 17,554 | 17,920 | 18,286 |
| **51–55** | 11,526 | 15,008 | 18,490 | 20,599 | 22,707 | 23,207 | 23,706 | 24,329 | 24,953 |
| **56–60** | 15,567 | 19,652 | 23,738 | 27,026 | 30,314 | 30,980 | 31,647 | 32,479 | 33,312 |
| **61–65** | 18,755 | 23,506 | 28,258 | 31,918 | 35,579 | 36,579 | 37,578 | 38,777 | 39,977 |
| **66–70** | 21,330 | 28,230 | 35,129 | 40,083 | 45,037 | 46,302 | 47,567 | 49,086 | 50,604 |
| **71–75** | 25,384 | 33,603 | 41,821 | 47,717 | 53,613 | 55,119 | 56,625 | 58,432 | 60,240 |
| **> 75** | 28,845 | 37,705 | 46,565 | 53,445 | 60,326 | 62,020 | 63,715 | 65,748 | 67,782 |

| Premium Rate per Child (under Family Floater Sum Insured Option) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **SI** | **1 Lakh** | **1.5 Lakh** | **2 Lakh** | **2.5 Lakh** | **3 Lakh** | **3.5 Lakh** | **4 Lakh** | **4.5 Lakh** | **5 Lakh** |
| **Premium** | 1,530 | 1,869 | 2,208 | 2,430 | 2,652 | 2,716 | 2,780 | 2,850 | 2,921 |

# DISCOUNTS

### Family Discount under Individual Sum Insured basis option

Under this product, Individual family members can opt for a separate Sum Insured, i.e. they can be insured on an Individual Sum Insured basis.

In case the policy covers more than one member of the family on Individual Sum Insured basis, a discount of 5% is offered on the premium of each and every member of the family.

**Direct (Online) Business Discount**

A discount of 10% will be applicable for new policies purchased online through UIIC website. In the subsequent renewals, the same discount of 10% shall be offered provided the renewals are only made through UIIC website.

## LOADINGS

We may apply a risk loading on the premium payable (excluding statutory levies & taxes) based upon information declared in the proposal form and the health status of the persons proposed for insurance.

Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s). Maximum risk loading applicable shall not exceed 50% of the Premium.

## Premium Rates when Parent(s) and / or Parent(s)-in-law are also included under Family Floater SI Options

When there are more than two adults to be covered under the same policy with family floater sum insured basis, please refer to our website for the online calculator.

Even in the case of 2 adults, please refer to our website for the online rate calculator for any scenario other than the following:

1. The two adults are Self and spouse
2. The two adults are Parents
3. The two adults are Parents-In-Law

## Premium Rates when premium payment frequency is monthly or quarterly or half-yearly

Please refer to our website for the online calculator.