



FAMILY MEDICARE POLICY

1. WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UNITED INDIA INSURANCE COMPANY (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.
- 1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.
- 1.2 In the event of any claim(s) becoming admissible under this scheme, the company will pay through TPA to the Hospital / Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.
- A. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home upto 1% of Sum Insured per day. This also includes Nursing Care, RMO charges, IV Fluids/Blood Transfusion/Injection administration charges and the like.
- B. If admitted in IC Unit, the Company will pay 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 FOR EACH HOSPITALISATION
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 & Post Hospitalisation 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..

1.3 Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

2. DEFINITIONS:

2.1 HOSPITAL / NURSING HOME means any institution in India established for indoor care and treatment of sickness and injuries and which

Either

(a) has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

Or

(b) Should comply with minimum criteria as under:-

- i) It should have at least 15 inpatient beds.
- ii) Fully equipped operation theatre of its own wherever surgical operations are carried out. iii)
Fully qualified Nursing Staff under its employment round the clock.
- iv) Fully qualified Doctor (s) should be in-charge round the clock.

N.B: In class 'C' towns condition 2.1 b(i) in respect of number of beds be reduced to 10.

2.1.1 The term ' 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.

2.2 'Surgical Operation' means manual and / or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.3 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, i.e, Dialysis, Chemotherapy, Radiotherapy; Eye Surgery, Dental Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy taken in the Hospital / Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in hospital of less than 24 hours provided

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- a) The treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals.
- b) Due to technological advances hospitalisation is required for less than 24 hours only.
- c) They are carried out in Day Care Centre networked by TPAs where requirement of minimum number of beds is overlooked but having (i) fully equipped Operation Theatre, (ii) fully qualified Day Care Staff (c) fully qualified Surgeons/Post-Operative attending Doctors.

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.

2.4 Reasonable and Necessary Expenses shall mean the cost of surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalised to the extent relatable to such condition.

Note: When treatment such as dialysis, Chemotherapy, Radiotherapy., etc is taken in the hospital / nursing home/Day-care centre and the insured is discharged on the same day the treatment will be considered to be taken under hospitalisation benefit section.

3.0 ANY ONE ILLNESS: -

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.



3.1 PRE - HOSPITALISATION:-

Relevant medical expenses incurred during period up to 30 days prior to Hospitalisation on disease / illness / injury sustained will be considered as part of claim as mentioned under item 1.2 above

3.2 POST HOSPITALISATION: -

Relevant medical expenses incurred during period up to 60 days after hospitalisation on disease / illness / injury sustained will be considered as part of claim as mentioned under item 1.2 above

3.3 MEDICAL PRACTITIONER means a person who holds a degree / diploma of a recognised institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

3.4 QUALIFIED NURSE means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

3.5 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 empanelled by the Company for the provision of health services as specified in the agreement between the Company and TPA.

4. EXCLUSIONS:-

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 4.1 Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person have elapsed, since inception of his/her first Policy with the Company.
Pre-Existing Condition/Disease definition – Any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to his/her first policy with the Company.
- 4.2 Any disease other than those stated in clause 4.3, contracted by the Insured person during the first 30 days from the commencement date of the policy. This condition 4.2 shall not however, apply in case of the Insured person having been covered under **any Health Insurance Policy** or Group Insurance Scheme with the Company for a continuous period of preceding 12 months without any break.
- 4.3 During the first two years of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, 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.
- 4.4 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)
- 4.5 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.
- 4.6 Cost of spectacles, contact lenses and hearing aids.
- 4.7 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.8 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



- 4.9 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - 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.
- 4.10 Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home
- 4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.11.1 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- 4.12 Treatment arising from or traceable to pregnancy (including voluntary Termination of pregnancy) and childbirth (including caesarean section).
- 4.13 Naturopathy Treatment, acupuncture, magnetic and such other therapies.
- 4.14 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 i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc., of any kind, Diabetic foot wear, Glucometer/Thermometer and similar related items and also any medical equipment, which are subsequently used at home.
- 4.15 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital.
- 4.16 All non-Medical expenses of any kind whatsoever.

5. CONDITIONS:

The Proposal form, Prospectus, Pre-acceptance Health check-up and the Policy issued shall constitute complete Contract of Insurance.

- 5.1 Every notice or communication regarding hospitalisation or claim under this policy shall be delivered in writing at the address of the TPA office as shown in the Schedule. Other matters with regard to the policy may be communicated to the Police Issuing Office and the TPA.
- 5.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
- 5.3 Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency Hospitalisation, within 24 hours from the time of Hospitalisation.
- 5.4 All supporting documents relating to the claim must be filed with TPA within 15 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 7 days after completion of such treatment.

Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

- 5.5 The Insured Person shall obtain and furnish to the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may



require in dealing with the claim.

- 5.6 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/Company.
- 5.7 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 5.8 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 5.9 Renewal Clause :
1. 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.
 2. The Company shall be entitled to decline renewal if;
 - a) any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
 - b) 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

Cancellation Clause :

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	3/4 th of the annual rate
Exceeding six months	Full annual rate.

- 5.10 If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be



conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

5.11 If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.12 **SPECIAL CONDITIONS**

The following pre-acceptance health check-ups as indicated below at his own cost has to be submitted according to the age mentioned below

AGE EXCEEDING 45 YEARS	
1	Medical Examination
2	CBC & ESR
3	Urine Routine & Microscopic
4	Cholesterol
5	SGPT
6	Sr. Creatinine
7	ECG
8	Stress Test

At the inception of the policy, if the insured declares the existence of Diabetes, Hypertension, Elevated Cholesterol levels or if any of these are detected in the Pre-acceptance Medical Checkup, then 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.

6. **PAYMENT OF CLAIM**

All claims under this policy shall be payable in Indian currency. All medical/surgical treatments for the purpose of this insurance will have to be taken in India only. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

7. **CLAIMS LOADING / NO CLAIM DISCOUNT**

At each renewal, the Company will review the claims experience and apply a loading/discount based on the claims incurred as given below.

No Claim Discount - The insured shall be entitled for No Claim Discount of 3% after three **continuous** claim free years **under Family Medicare Policy** on renewal premium **and** for every subsequent claim free year subject to a maximum of 15%.

N.B: No Claim Discount will be withdrawn if policy is not renewed within the grace period allowed under the policy or in the event of any claim reported under the expiring policy.

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

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.



8. COST OF HEALTH CHECK UP

The persons insured shall be entitled for a Medical check-up at the end of block of every three underwriting years provided there are no claims reported during the block. This may be availed by any insured person/s who has/have been continuously insured for three claim free years with the Company. Such expenses during the policy period will be reimbursed up to a maximum of 1% of the average sum insured of the preceding three years and will be carried out by the Company authorised TPAs..

OPTIONAL COVERS

Attached to and forming part of "Family Medicare Policy" No.

Ambulance Charges

IN CONSIDERATION OF PAYMENT of additional premium of Rs.100/-, the Company through the TPA will pay to the insured person/Hospital the road ambulance charges 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. This benefit shall be subject to the terms and conditions stipulated in the Policy and will be payable only if the claim is otherwise admitted under the Policy.

OPTIONAL COVERS

Attached to and forming part of "Family Medicare Policy" No.

Hospital Daily Cash Benefit

IN CONSIDERATION OF payment of following additional premium, the Company through the TPA will pay to the insured person a Daily Cash Allowance as given below from the third day onwards for the period of hospitalisation subject to a maximum stated below

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

This benefit shall be subject to the terms and conditions stipulated in the Policy and will be payable only if the claim is otherwise admitted under the Policy.

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