



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

HEALTHINSURANCEPROSPECTUS-GOLD

SALIENT FEATURES OF THE POLICY

- 1.1 Entry age to the policy is 36-60 years.  
 1.2 Sum insured: Rs 1 lac to Rs 5 lacs in multiples of Rs 25,000/-

The policy covers:

- A. Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum insured per day or the actual amount whichever is less. This also includes nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges and similar expenses.  
 B. ICU expenses not exceeding 2% of the sum insured per day or actual amount whichever is less.  
 C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees  
 D. Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, **relevant laboratory/ diagnostic tests, X Ray and other medical expenses related to the treatment.**  
 E. Hospitalisation expenses (excluding cost of organ) incurred for donor in respect of organ transplant to the insured.

ND.: 1. The amount payable under C & D above shall be at the rate applicable to the entitled room category. In case Insured opts for a room with rent higher than the entitled category as in 1.2 A above, the charges payable under C & D shall be limited to the charges applicable to the entitled category. **This will not be applicable in respect of medicines&drugs and implants.**

Note: 2. **No payment shall be made under 1.2C other than as part of the hospitalisation bill.**

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

Hospitalisation Benefits	LIMITS per surgery RESTRICTED TO
a. Cataract, Hernia, Hysterectomy b. Major surgeries*	a. Actual expenses or 25% of the sum insured whichever is less b. Actual expenses or 70% of the Sum Insured whichever is less

\* Major surgeries include cardiac surgeries, brain tumour surgeries, pace maker implantation for sick sinus syndrome, cancer surgeries, hip, knee, joint replacement surgery, Organ transplant.

**The above limits specified are applicable per hospitalisation / surgery.**

Pre and Post Hospitalisation expenses payable in respect of each hospitalisation shall be the actual expenses incurred subject to a maximum of 10% of the Sum Insured, whichever is less.

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 :-
- It should have at least 15 inpatient beds.
  - Fully equipped operation theatres of its own wherever surgical operations are carried out.
  - Fully qualified Nursing Staff under its employment round the clock.
  - Fully qualified Doctor (s) should be in-charge round the clock.
  - Maintains a daily record for each of its patients.**

**N.B: 1) In class 'C' towns condition 2.1 b (i) in respect of number of beds be reduced to 10.  
 2) For Ayurvedic/Homeopathic/ Unani treatment, hospitalisation expenses are admissible only when the treatment is taken as in patient in a Government hospital/ Medical college hospital.**

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.

Expenses on Hospitalisation upon written advice of a Medical Practitioner, for minimum period of 24 consecutive hours are admissible. However, this time limit is not applied to specific treatments, such as,

1	<b>Adenoidectomy</b>	<b>19</b>	<b>FESS</b>
2	<b>Appendectomy</b>	<b>20</b>	<b>Haemo dialysis</b>
3	<b>Ascitic/Pleural tapping</b>	<b>21</b>	<b>Fissurectomy / Fistulectomy</b>
4	<b>Auroplasty</b>	<b>22</b>	<b>Mastoidectomy</b>
5	<b>Coronary angiography</b>	<b>23</b>	<b>Hydrocele</b>
6	<b>Coronary angioplasty</b>	<b>24</b>	<b>Hysterectomy</b>
7	<b>Dental surgery</b>	<b>25</b>	<b>Inguinal/ventral/ umbilical/femoral hernia</b>
8	<b>D&amp;C</b>	<b>26</b>	<b>Parenteral chemotherapy</b>
9	<b>Endoscopies</b>	<b>27</b>	<b>Polypectomy</b>
10	<b>Excision of Cyst/granuloma/lump</b>	<b>28</b>	<b>Septoplasty</b>
11	<b>Eye surgery</b>	<b>29</b>	<b>Piles/ fistula</b>
12	<b>Fracture/dislocation excluding hairline fracture</b>	<b>30</b>	<b>Prostrate</b>
13	<b>Radiotherapy</b>	<b>31</b>	<b>Sinusitis</b>
14	<b>Lithotripsy</b>	<b>32</b>	<b>Tonsillectomy</b>
15	<b>Incision and drainage of abcess</b>	<b>33</b>	<b>Liver aspiration</b>
16	<b>Colonoscopy</b>	<b>34</b>	<b>Sclerotherapy</b>
17	<b>Varicocelectomy</b>	<b>35</b>	<b>Varicose Vein Ligation</b>
18	<b>Wound suturing</b>		

Or any other surgeries / procedures agreed by the TPA/ Company which require less than 24 hours hospitalisation and for which prior approval from TPA is mandatory.

2.3.1 Further if the treatment /procedure/surgeries of above diseases are carried out, in Day Care Centres which is fully equipped with advanced technology and specialised infrastructure where the insured is discharged on the same day, the requirement of minimum beds will be overlooked provided following conditions are met.

- The operation theatre is fully equipped for the surgical operation required in respect of sickness/ailment/injury covered under the policy.
- Day Care nursing staff is fully qualified.



3. The doctor performing the surgery or procedure as well as post operative attending doctors are also fully qualified for the specific surgery/procedure.

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

2.4 DOMICILIARY HOSPITALISATION BENEFIT means: - Medical treatment for a period exceeding three days for such illness / disease / injury which in the normal course would require care and treatment at a hospital / nursing home but actually taken whilst confined at home in India under any of the following circumstances namely: -

- i) The condition of the patient is such that he / she cannot be removed to the hospital / nursing home or
- ii) The patient cannot be removed to Hospital / Nursing home for lack of accommodation therein

Subject however that domiciliary hospitalisation benefits shall not cover:

- I) Expenses incurred for pre and post hospital treatment and
- II) Expenses incurred for treatment for any of the following diseases :-

- 1) Asthma
- 2) Bronchitis
- 3) Chronic Nephritis and Nephritic Syndrome
- 4) Diarrhoea and all type of Dysenteries including Gastroenteritis
- 5) Diabetes Mellitus and Insipidus
- 6) Epilepsy
- 7) Hypertension
- 8) Influenza, Cough and Cold
- 9) All Psychiatric or Psychosomatic Disorders
- 10) Pyrexia of unknown Origin for less than 10 days
- 11) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and pharangitis
- 12) Arthritis, Gout and Rheumatism

Liability of the company under this clause is restricted as stated in the Schedule attached hereto.

3.0 ANY ONE ILLNESS: -

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 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 45 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 with Medical Council of respective State of India. The term Medical Practitioner includes Physician, Specialist and Surgeon.



3.4 QUALIFIED NURSE means a person who holds a certificate of 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.

3.6 **Network Hospital: means the hospital/ nursing home or such other medical aid provider that has agreed with the TPA to provide cashless access services to policy holders. The list of Network Hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.**

3.7 Cashless facility: means facility whereby the TPA agrees on the insured's request to settle the admissible claim directly to the network hospital.

3.8 ID Card: means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

3.9 Day care procedure: means the course of medical treatment / surgical procedure in specialized day care centres which enables the insured to be discharged on the same day.

3.10 Pre-Existing Condition/Disease – 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

3.11 REASONABLE AND NECESSARY EXPENSES:

For a networked hospital, it shall mean the rate agreed between Networked Hospital and the TPA for surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which the insured person was hospitalised.

For any other hospital, it 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.

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.

4.2 Any disease other than those stated in clause 4.3 below, contracted by the Insured person during the first 30 days from the commencement date of the policy. This exclusion shall not however, apply in case of the Insured person having been covered under an Insurance Scheme with our 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 are not payable.**



- 4.4 **During the first four years of the operation of the policy, the expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis are not payable.**  
**If these diseases mentioned in Exclusion no.4.3 and 4.4 (other than congenital internal disease) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal subject to the pre-existing disease exclusion clause. If the insured is aware of the existence of congenital internal disease before inception of policy, the same will be treated as pre-existing.**
- 4.5 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 4.6 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  
c. change of life or cosmetic or aesthetic treatment of any description such as correction of eye sight, etc  
d. Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 4.7 Cost of spectacles and contact lenses, hearing aids.
- 4.8 Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.
- 4.9 Convalescence, general debility; run-down condition or rest cure, **obesity treatment and its complications including morbid obesity**, Congenital external disease/ defects or anomalies, **treatment relating to all psychiatric and psychosomatic disorders, infertility**, sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol.
- 4.10 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.
- 4.11 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
- 4.12 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.13 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- 4.14 **Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extrauterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.**
- 4.15 Naturopathy Treatment, acupressure, acupuncture, experimental and unproven treatments/ therapies
- 4.16 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear,



Glucometer / Thermometer, alpha / water bed and similar related items etc., and also any medical equipment, which is subsequently used at home etc.

**4.17 Genetic disorders and stem cell implantation/ surgery**

**4.18 Change of treatment from one system of medicine to another unless recommended by the consultant/ hospital under whom the treatment is taken**

**4.19 Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc.**

**4.20**

**All non medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing/ barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.**

**4.21 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, Luxury Tax and similar charges levied by the hospital**

**6. FAMILY DISCOUNT**

A family discount of 5% of the total premium will be allowed comprising the insured and any one or more of the following:

- a. Spouse,
- b. Dependent children (i.e. Legitimate or legally adopted children)
- c. Dependent Parents.

**7 NOTICE OF CLAIM:**

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 / Domiciliary Hospitalisation.

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.

**8 SPECIALCONDITIONS**

The following pre-acceptance health check-ups as indicated below at his own cost have to be submitted-

1	Physical Examination
2	Glycosolated Haemoglobin
3	Urine Routine & Microscopic
4	Lipid Profile
5	SGPT
6	Sr. Creatinine
7	ECG
8	Stress Test if needed

NOTE: 50% of the cost of Health check-up, shall be reimbursed to the Insured in cases where the proposal is accepted by the Company.



9 PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance shall 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.

10 COST OF HEALTH CHECK UP

The insured shall be entitled for reimbursement of the cost of Medical check-up once at the end of block of every three underwriting years provided there are no claims reported during the block and subject to the policy being renewed without break. The amount of such reimbursement shall be limited to 1% of the average SI for the preceding three policy periods.

11 PREMIUM PAYMENT:

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, at such rate as uniformly adopted by the Company, but not exceeding 200% of the expiring premium.

12 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;

any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,

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.

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.

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

13 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 **fifteen** 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 <sup>th</sup> of the annual rate
Exceeding six months	Full annual rate.

This Prospectus shall form part of your proposal form hence please sign as you have noted the contents of this prospectus.

Signature  
Name  
Place  
Date

