AROGYA SANJEEVANI, UNITED INDIA INSURANCE COMPANY LIMITED

Prospectus

I. PRODUCT- KEY FEATURES

The Policy provides cover on an Individual Sum Insured Basis or Family Floater Sum Insured basis. A separate Sum Insured for each Insured Person is provided on Individual Sum insured basis while under Family Floater sum insured basis, the Sum Insured 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 and applicable Cumulative Bonus 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
7. Home Care Treatment Expenses

II. ELIGIBILITY:

a. Any person aged between 18 years and 60 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 Sum Insured basis. Beyond 60 years, only renewals are allowed.

b. Dependent children (i.e natural or legally adopted) 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. 0.5 lakh, Rs. 1 lakh, 1.5 lakhs, 2 lakhs, 2.5 lakhs, 3 lakhs, 3.5 lakhs, 4 lakhs, 4.5 lakhs, 5 Lakhs, 5.5 lakhs, 6 lakhs, 6.5 lakhs, 7 lakhs, 7.5 lakhs, 8 lakhs, 8.5 lakhs, 9 lakhs, 9.5 lakhs and 10 Lakhs.

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 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, implants and cost of diagnostic 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. Home Care Treatment also will be deemed as hospitalisation for this cover.

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. Home Care Treatment also will be deemed as hospitalisation for this cover.

6. Modern Treatment Methods & Advancement in Technologies:

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 of the policy wordings*.
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 of the policy wordings* respectively.

8. Home Care Treatment Expenses

We will indemnify the Reasonable and Customary Charges for Home Care Treatment for any epidemic/ pandemic subject to a maximum of 10% of the Sum Insured or Rs. 30,000 per person per policy period, whichever is lower.

Home Care Treatment means Treatment availed by the Insured Person at home for any epidemic/ pandemic on positive diagnosis of the epidemic/ pandemic in a Government-authorised diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

i. The Medical Practitioner advises the Insured Person to undergo treatment at home
ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day throughout the duration of the home care treatment
iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

iv. In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating Medical Practitioner and is related to treatment of epidemic/ pandemic,

a. Diagnostic tests undergone at home or at diagnostics centre
b. Medicines prescribed in writing
c. Consultation charges of the medical practitioner
d. Nursing charges related to medical staff
e. Medical procedures limited to parenteral administration of medicines
f. Cost of Pulse oximeter, Nebulizer and Rental cost for Oxygen cylinder, oxygen concentrator, if needed.

VI. 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 disclosed pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 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 (Insurance Product) 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 36 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, provided the same are covered.
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 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 36 months respectively of continuous coverage, as may be the case 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	20. Internal Congenital Anomalies

Table B. 36 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.

2. 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.

3. **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

4. **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.
5. **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.
6. **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.

7. **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.

8. **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.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**
10. 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)**
11. 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)**
12. **Refractive Error: (Code-Excl15)**
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
13. **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.

14. **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

15. **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.

16. 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.
17. 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.
18. Any expenses incurred on Domiciliary Hospitalisation and OPD Treatment
19. Treatment taken outside the geographical limits of India
20. 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.

VII. 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.

VIII. 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, if the premium is paid as monthly installments. For other installment basis, the grace period will be 30 days.
   ii. During such grace period, coverage will be available.
   iii. The Benefits provided under – "Waiting Periods", "Specific Waiting Periods" Clause 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.
   vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
   vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

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 an additive basis.

Note: The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section VI.A.1 above shall be applied on illness/condition, as applicable.

f. **On-line Discount:** A Discount 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.

IX. CANCELLATION CLAUSE-

a. The Policyholder may cancel his/her Policy by giving 7 days' notice in writing. The insurer shall refund proportionate premium for unexpired Policy Period if there is no claim(s) reported during the policy period.
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 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

X. Policy cancellation for Premium payment through Lending Partner

If the premium tendered/paid towards the policy has been financed through a Lending Partner, and the policy is cancelled by invocation of the terms stated by the policy holder in the "*Letter* to the Insurer" or If the refund of premium is due for any reason whatsoever, the refund will be effected to the *a*ccount which is mentioned by the policy holder in the "Letter to the Insurer" submitted by the policy holder

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. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

   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

1. The free look period shall be applicable on new Arogya Sanjeevani policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy and to return the same if not acceptable.
2. If the Insured has not made any claim during the free look period, the Insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

XIII. RENEWAL

The policy shall ordinarily be renewable except on grounds of fraud, non-disclosure or misrepresentation by the insured person.

i. The Company will give notice for renewal.
ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period except in case of installment premium.
v. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.
vi. No loading shall apply on renewals based on individual claims experience.

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 be provided facility 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 VI.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.

XVI. PORTABILITY

The Insured Person will be provided facility 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.

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. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named

in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

XVIII. THE TAX BENEFIT

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

XIX. CLAIM PROCEDURE

A. Notification of Claim

Upon the happening of any event which may give rise to a claim under this Policy, the Insured Person/Insured Person's representative shall notify the TPA (if claim is processed by TPA)/company (if claim is processed by the company) in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:

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

B. Procedure for Cashless Claims:

i. Cashless facility for Treatment taken in a hospital is subject to pre authorization by the TPA.
ii. Booklet containing list of network provider/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company (https://uiic.co.in/en/tpa-ppn-network-hospitals) and the TPA mentioned in the schedule.
iii. The customer may call the TPA's toll free phone number provided in the policy copy/on the health ID card for intimation of claim and related assistance. Please keep the ID number handy for easy reference.
iv. On admission in the network provider/PPN hospital, please produce the ID card issued by the TPA at the Hospital Helpdesk. Cashless request form available with the network provider/PPN and TPA shall be filled and submitted to the TPA for authorization.
v. 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.
vi. At the time of discharge, the insurer person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.
vii. The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
viii. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person may get the treatment as per treating doctor's advice and submit the claim documents to the TPA for possible reimbursement

C. Procedure for reimbursement of claims:

i. In non-network hospitals payment must be made up-front and for reimbursement of claims the Insured Person may submit the necessary documents to TPA within the prescribed time limit.
ii. Claims for Pre- and Post-Hospitalisation will be settled on reimbursement basis on production of relevant claim papers and cash receipts within the prescribed time limit.
iii. Claims for Cost of Health Check-up will be settled on reimbursement basis on production of test reports and cash receipts within the prescribed time limit.

D. Documents to be submitted:

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

i. Duly completed claim form
ii. Attending medical practitioner's / surgeon's certificate regarding diagnosis/ nature of operation performed, along with date of diagnosis, advise for admission, investigation test reports etc. supported by the prescription from attending medical practitioner.
iii. Medical history of the patient as recorded, bills (including break up of charges) and payment receipts duly supported by the prescription from attending medical practitioner/ hospital.
iv. Discharge certificate/ summary from the hospital.
v. Cash-memos from the Diagnostic Centre(s)/ hospital(s)/ chemist(s) supported by proper prescription.
vi. Payment receipts from doctors, surgeons and anesthetists.
vii. Bills, receipts, Stickers of the Implants.
viii. Any other document required by Company/TPA

Note: In the event of a claim lodged as per Settlement under multiple policies clause and the original documents having been submitted to the other Insurer, the company may accept the duly certified documents listed under *Clause XIX.D* and claim settlement advice duly certified by the other Insurer subject to satisfaction of the company.

E. Time Limit for submission of documents

Sr. No.	Type of Claim	Prescribed Time Limit
1.	Reimbursement of hospitalisation, day care and pre hospitalisation expenses	Within 15 (fifteen) days of date of discharge from hospital
2.	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment

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. Waiver of *clause XIX.E 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.
c. The Insured Person shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.
d. All the documents submitted to TPA shall be electronically collected by us for settlement/denial of the claims by the appropriate authority.
e. Any medical practitioner or Authorised Person authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation if so required.

F. Services offered by TPA

Servicing of claims i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims, as per the terms and conditions of the policy.

The services offered by a TPA shall not include:

a. Claim settlement and claim rejection;
b. 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.

XIX. 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.

XX. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 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.

XXI. Payment of Claim

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

XXII. 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.

XXIII. 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.

XXIV. 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

XXV. *No Claim Rewards*

The Insured Person(s) shall be eligible for a No Claim Reward if no claim is reported under the expiring policy and the policy is renewed with Us without any break in policy. The No Claim Reward may either be a No Claim Discount (NCD), calculated as a percentage of the renewal premium, or a Cumulative Bonus (CB), calculated as a percentage of the expiring policy's Sum Insured. There are a maximum of 10 slabs of NCR, with each slab representing one claim-free year.

If no claim is reported, the Policyholder must choose one of the following options at the time of renewal. If no choice is explicitly made as per clause 11.6, the option selected in the expiring policy will be deemed chosen. If the option to choose an NCR is not exercised at the first renewal, the policyholder will automatically be entitled to the Cumulative Bonus.

a. No Claim Discount (NCD):

The Insured Person(s) shall receive a 2.5% discount on the renewal premium for each slab, up to a maximum of 25%.

b. Cumulative Bonus (CB):

The Cumulative Bonus shall increase by 5% for each slab, up to a maximum of 50% of the Sum Insured under the current policy year.

Notes on Cumulative Bonus (CB):

i. If the Insured Person(s) were covered under the expiring policy on an Individual Sum Insured Basis and had accumulated a CB, but renewed on a Floater Sum Insured Basis, only the lowest CB slab among the insured persons will be carried forward in the renewed policy.
ii. If the Insured Person(s) covered under a floater policy with an accumulated CB choose to split the policy into two or more floater or individual policies upon renewal, the CB from the expiring policy will be apportioned among the renewed policies in proportion to their respective Sum Insured.
iii. If the Sum Insured is enhanced at the time of renewal, the CB will be calculated on the Sum Insured from the last completed policy year.
iv. If the Sum Insured is reduced at the time of renewal, the CB will be reduced in the same proportion as the decrease in the Sum Insured in the current policy.

Notes on No Claim Rewards (NCR):

i. If a claim is reported in any particular year, the NCR accrued shall be reduced at the same rate at which it has accrued.
ii. Where the policy is on individual sum insured basis, the NCR shall be available to each insured person separately. If a claim is reported, the NCR will reduce by one slab as it was accrued for that person only.
iii. Where the policy is on floater sum insured basis, the NCR shall be available for the entire family. If a claim is reported from any insured person, the NCR will reduce by one slab as it was accrued for the entire family.
iv. If the policyholder opts to switch from the No Claim Discount (NCD) to the Cumulative Bonus (CB) or vice versa at the time of renewal, the premium and sum insured shall be suitably adjusted to ensure that the policyholder gets the benefit of either of the options.

v. If a claim is reported in the expiring policy and notified to us after acceptance of the renewal ***premium, applicable No Claim Rewards will be adjusted accordingly.***

XXVI. IRDAI REGULATIONS

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (Health Insurance) Regulations 2024 and IRDAI (Protection of Policyholders' Interest) Regulations 2024 as amended from time to time.

PREMIUM RATE TABLES

NOTE:

- All premium rates in this document are **Annual Premium Rates in INR (₹)** and are **exclusive of Goods & Service Tax (GST) & Cess (if any)**. GST as applicable will be charged extra.
- **ELIGIBILITY:**
  - Policy can be availed by persons between the age of 18 years and 60 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self.
  - Policy can be availed for Self and the following family members:
    - Legally wedded spouse
    - Parents and Parents-in-law
    - 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

RATES FOR POLICIES ON INDIVIDUAL SUM INSURED BASIS

Sum Insured /Age	Premium Rate per Eligible Member											
	91d-25	26-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
50,000	2,713	3,242	3,415	3,855	4,399	5,224	6,032	8,148	8,705	9,901	11,782	13,389
1 Lakh	3,618	4,323	4,553	5,141	5,865	6,966	8,043	10,864	11,607	13,201	15,710	17,853
1.5 Lakh	4,187	5,004	5,277	6,036	6,866	8,569	10,474	13,714	14,680	18,045	21,072	24,164
2 Lakh	4,756	5,686	6,001	6,931	7,865	10,173	12,903	16,566	17,753	22,890	26,433	30,475
2.5 Lakh	5,120	6,118	6,576	7,569	9,220	11,384	14,415	19,200	21,006	26,600	30,706	35,621
3 Lakh	5,482	6,550	7,150	8,208	10,576	12,594	15,927	21,836	24,259	30,310	34,980	40,768
3.5 Lakh	5,545	6,626	7,297	8,337	11,050	13,145	16,492	22,762	25,708	31,691	36,577	43,081
4 Lakh	5,608	6,702	7,444	8,467	11,525	13,696	17,056	23,689	27,156	33,071	38,176	45,394
4.5 Lakh	5,702	6,813	7,540	8,546	11,604	14,132	17,623	24,436	28,689	35,072	40,486	47,875
5 Lakh	5,794	6,923	7,636	8,626	11,684	14,567	18,192	25,185	30,221	37,072	42,796	50,356
5.5 Lakh	5,997	7,166	7,903	8,928	12,092	15,077	18,828	26,066	31,279	38,370	44,294	52,119
6 Lakh	6,200	7,408	8,171	9,230	12,501	15,586	19,465	26,948	32,337	39,667	45,792	53,881
6.5 Lakh	6,403	7,650	8,438	9,531	12,910	16,096	20,102	27,829	33,395	40,965	47,290	55,644
7 Lakh	6,576	7,858	8,667	9,790	13,261	16,533	20,648	28,585	34,301	42,077	48,574	57,154

Sum Insured /Age	Premium Rate per Eligible Member											
	91d-25	26-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
7.5 Lakh	6,750	8,066	8,896	10,049	13,611	16,970	21,193	29,340	35,208	43,189	49,858	58,665
8 Lakh	6,924	8,274	9,125	10,308	13,962	17,407	21,739	30,096	36,115	44,301	51,141	60,176
8.5 Lakh	7,040	8,412	9,278	10,480	14,195	17,699	22,103	30,600	36,719	45,043	51,997	61,183
9 Lakh	7,156	8,550	9,431	10,653	14,429	17,990	22,467	31,103	37,323	45,784	52,853	62,190
9.5 Lakh	7,272	8,689	9,583	10,825	14,663	18,281	22,831	31,607	37,928	46,526	53,709	63,197
10 Lakh	7,388	8,827	9,736	10,998	14,897	18,573	23,194	32,111	38,532	47,267	54,565	64,204

To arrive at the final premium applicable for a family which takes policy on Individual SI basis, rate for EACH individual member of the family (including children) shall be arrived at based on their Age/SI combination from the table above.

All these rates shall be aggregated to arrive at the final premium (excl. GST) for the policy.

RATES FOR POLICIES ON FAMILY FLOATER SUM INSURED BASIS

Sum Insured /Age	Premium Rate for 1 Adult (Self/Spouse) + 1 Child											
	18-25	26-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
50,000	4,095	4,624	4,796	5,237	5,780	6,606	7,414	9,529	9,898	11,094	12,975	14,583
1 Lakh	5,460	6,165	6,395	6,982	7,707	8,807	9,885	12,706	13,198	14,791	17,300	19,443
1.5 Lakh	6,437	7,255	7,527	8,286	9,116	10,819	12,724	15,964	16,624	19,988	23,015	26,107
2 Lakh	7,415	8,344	8,659	9,589	10,523	12,831	15,561	19,225	20,048	25,186	28,728	32,771
2.5 Lakh	8,045	9,043	9,501	10,494	12,146	14,309	17,341	22,126	23,533	29,127	33,233	38,147
3 Lakh	8,675	9,743	10,342	11,401	13,769	15,786	19,120	25,028	27,017	33,067	37,738	43,525
3.5 Lakh	8,815	9,896	10,566	11,606	14,320	16,415	19,761	26,031	28,532	34,515	39,401	45,905
4 Lakh	8,954	10,049	10,790	11,814	14,871	17,043	20,403	27,035	30,047	35,962	41,066	48,285
4.5 Lakh	9,133	10,244	10,971	11,977	15,035	17,563	21,054	27,867	31,652	38,035	43,449	50,839
5 Lakh	9,311	10,440	11,153	12,142	15,200	18,083	21,708	28,701	33,259	40,109	45,833	53,393
5.5 Lakh	9,637	10,805	11,543	12,567	15,732	18,716	22,468	29,706	34,423	41,513	47,437	55,262
6 Lakh	9,962	11,171	11,933	12,992	16,264	19,349	23,228	30,711	35,587	42,917	49,042	57,131
6.5 Lakh	10,288	11,536	12,324	13,417	16,796	19,982	23,987	31,715	36,751	44,321	50,646	59,000
7 Lakh	10,568	11,849	12,658	13,781	17,252	20,525	24,639	32,576	37,748	45,524	52,021	60,601
7.5 Lakh	10,847	12,163	12,993	14,146	17,708	21,067	25,290	33,437	38,746	46,727	53,396	62,203
8 Lakh	11,126	12,476	13,327	14,510	18,164	21,610	25,941	34,298	39,744	47,931	54,771	63,805
8.5 Lakh	11,313	12,685	13,550	14,753	18,468	21,971	26,375	34,872	40,409	48,733	55,687	64,873
9 Lakh	11,499	12,893	13,773	14,996	18,772	22,333	26,810	35,446	41,074	49,535	56,604	65,941
9.5 Lakh	11,685	13,102	13,997	15,238	19,076	22,695	27,244	36,020	41,739	50,337	57,521	67,009
10 Lakh	11,871	13,311	14,220	15,481	19,380	23,056	27,678	36,594	42,405	51,140	58,437	68,076

Sum Insured /Age	Premium Rate for 1 Adult (Self/Spouse) + 2 Children											
	18-25	26-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
50,000	5,476	6,005	6,178	6,618	7,162	7,987	8,795	10,911	11,091	12,287	14,168	15,776
1 Lakh	7,301	8,007	8,237	8,824	9,549	10,649	11,727	14,548	14,788	16,382	18,891	21,034
1.5 Lakh	8,687	9,505	9,777	10,536	11,366	13,069	14,974	18,215	18,567	21,931	24,958	28,050
2 Lakh	10,073	11,002	11,318	12,247	13,181	15,489	18,219	21,883	22,344	27,482	31,024	35,067
2.5 Lakh	10,971	11,969	12,426	13,420	15,071	17,235	20,266	25,051	26,059	31,653	35,759	40,674
3 Lakh	11,868	12,936	13,535	14,593	16,961	18,979	22,312	28,221	29,774	35,825	40,495	46,282
3.5 Lakh	12,084	13,165	13,836	14,876	17,590	19,684	23,031	29,301	31,356	37,339	42,225	48,729
4 Lakh	12,301	13,395	14,137	15,160	18,218	20,390	23,750	30,382	32,937	38,852	43,957	51,176
4.5 Lakh	12,564	13,675	14,402	15,408	18,466	20,994	24,485	31,298	34,615	40,998	46,412	53,802
5 Lakh	12,827	13,956	14,669	15,659	18,717	21,600	25,225	32,218	36,296	43,147	48,870	56,430

Sum Insured /Age	Premium Rate for 1 Adult (Self/Spouse) + 2 Children											
	18-25	26-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
5.5 Lakh	13,276	14,445	15,183	16,207	19,372	22,356	26,108	33,346	37,566	44,657	50,581	58,405
6 Lakh	13,725	14,933	15,696	16,755	20,027	23,112	26,990	34,473	38,836	46,167	52,291	60,381
6.5 Lakh	14,174	15,422	16,209	17,303	20,682	23,868	27,873	35,601	40,107	47,677	54,002	62,356
7 Lakh	14,559	15,841	16,649	17,773	21,243	24,516	28,630	36,567	41,196	48,971	55,468	64,049
7.5 Lakh	14,944	16,259	17,090	18,242	21,805	25,164	29,387	37,534	42,284	50,266	56,934	65,741
8 Lakh	15,329	16,678	17,530	18,712	22,366	25,812	30,143	38,500	43,373	51,560	58,400	67,434
8.5 Lakh	15,585	16,957	17,823	19,025	22,741	26,244	30,648	39,145	44,099	52,423	59,378	68,563
9 Lakh	15,842	17,236	18,116	19,339	23,115	26,676	31,152	39,789	44,825	53,286	60,355	69,692
9.5 Lakh	16,098	17,515	18,410	19,652	23,489	27,108	31,657	40,433	45,551	54,149	61,332	70,820
10 Lakh	16,355	17,794	18,703	19,965	23,864	27,540	32,161	41,078	46,277	55,012	62,310	71,949

Sum Insured /Age of Eldest Member	**Premium Rate for 2 Adults (Self + Spouse only)**										
	18-30	**31-35**	**36-40**	**41-45**	**46-50**	**51–55**	**56–60**	**61–65**	**66–70**	**71–75**	**>75**
50,000	4,716	4,716	5,388	5,702	6,471	8,755	10,407	14,055	14,625	16,633	19,795
1 Lakh	6,288	6,288	7,183	7,602	8,628	11,674	13,876	18,741	19,501	22,178	26,393
1.5 Lakh	7,277	7,277	8,112	8,801	10,177	14,360	18,068	23,658	24,440	29,352	34,939
2 Lakh	8,267	8,267	9,040	10,001	11,726	17,046	22,260	28,577	29,381	36,525	43,483
2.5 Lakh	8,893	8,893	9,761	10,838	13,165	18,759	24,798	32,536	33,187	41,676	49,614
3 Lakh	9,519	9,519	10,482	11,676	14,605	20,473	27,336	36,494	36,993	46,827	55,744
3.5 Lakh	9,619	9,619	10,593	11,799	14,841	20,803	27,938	37,296	38,033	48,143	57,310
4 Lakh	9,720	9,720	10,702	11,922	15,076	21,133	28,539	38,099	39,072	49,458	58,876
4.5 Lakh	9,869	9,869	10,869	12,106	15,390	21,573	29,289	39,100	40,318	51,037	60,755
5 Lakh	10,020	10,020	11,033	12,290	15,704	22,014	30,040	40,103	41,566	52,616	62,635
5.5 Lakh	10,370	10,370	11,420	12,720	16,254	22,784	31,092	41,507	43,021	54,457	64,827
6 Lakh	10,721	10,721	11,806	13,151	16,804	23,555	32,143	42,910	44,476	56,299	67,019
6.5 Lakh	11,072	11,072	12,192	13,581	17,353	24,325	33,194	44,314	45,931	58,140	69,211
7 Lakh	11,372	11,372	12,523	13,949	17,825	24,986	34,096	45,517	47,178	59,719	71,090
7.5 Lakh	11,673	11,673	12,854	14,318	18,296	25,646	34,997	46,720	48,425	61,297	72,969
8 Lakh	11,974	11,974	13,185	14,687	18,767	26,307	35,898	47,923	49,672	62,876	74,848

Sum Insured /Age of Eldest Member	Premium Rate for 2 Adults (Self + Spouse only)										
	18-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
8.5 Lakh	12,174	12,174	13,406	14,933	19,081	26,747	36,499	48,725	50,503	63,928	76,101
9 Lakh	12,374	12,374	13,626	15,179	19,395	27,187	37,100	49,528	51,334	64,980	77,354
9.5 Lakh	12,575	12,575	13,847	15,424	19,709	27,627	37,700	50,330	52,165	66,033	78,606
10 Lakh	12,775	12,775	14,068	15,670	20,023	28,068	38,301	51,132	52,997	67,085	79,859

Sum Insured /Age of Eldest Member	Premium Rate for Self + Spouse + 1 Child										
	18-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
50,000	6,097	6,097	6,769	7,083	7,853	10,137	11,788	15,437	15,819	17,827	20,988
1 Lakh	8,130	8,130	9,025	9,444	10,470	13,516	15,718	20,583	21,091	23,769	27,984
1.5 Lakh	9,527	9,527	10,362	11,052	12,428	16,610	20,318	25,908	26,384	31,295	36,882
2 Lakh	10,925	10,925	11,698	12,659	14,384	19,704	24,918	31,236	31,677	38,821	45,779
2.5 Lakh	11,818	11,818	12,686	13,764	16,091	21,684	27,724	35,461	35,713	44,203	52,140
3 Lakh	12,712	12,712	13,675	14,869	17,798	23,666	30,529	39,687	39,751	49,585	58,502
3.5 Lakh	12,889	12,889	13,863	15,069	18,111	24,073	31,208	40,566	40,857	50,967	60,134
4 Lakh	13,067	13,067	14,049	15,269	18,423	24,479	31,886	41,446	41,962	52,348	61,766
4.5 Lakh	13,300	13,300	14,300	15,537	18,821	25,004	32,720	42,531	43,282	54,001	63,718
5 Lakh	13,536	13,536	14,550	15,807	19,221	25,530	33,557	43,620	44,603	55,653	65,672
5.5 Lakh	14,010	14,010	15,059	16,360	19,894	26,424	34,731	45,146	46,164	57,601	67,970
6 Lakh	14,484	14,484	15,568	16,913	20,566	27,318	35,906	46,673	47,725	59,548	70,269
6.5 Lakh	14,958	14,958	16,078	17,466	21,239	28,211	37,080	48,200	49,287	61,496	72,567
7 Lakh	15,364	15,364	16,514	17,941	21,816	28,977	38,087	49,508	50,625	63,166	74,537
7.5 Lakh	15,770	15,770	16,951	18,415	22,392	29,743	39,093	50,817	51,963	64,835	76,508
8 Lakh	16,176	16,176	17,387	18,889	22,969	30,509	40,100	52,126	53,301	66,505	78,478
8.5 Lakh	16,447	16,447	17,678	19,205	23,353	31,019	40,771	52,998	54,193	67,618	79,791
9 Lakh	16,717	16,717	17,969	19,521	23,738	31,530	41,442	53,870	55,085	68,731	81,105
9.5 Lakh	16,988	16,988	18,260	19,838	24,122	32,041	42,114	54,743	55,977	69,844	82,418
10 Lakh	17,259	17,259	18,551	20,154	24,507	32,551	42,785	55,615	56,869	70,957	83,731

Sum Insured /Age of Eldest Member	Premium Rate for Self + Spouse + 2 Children										
	18-30	31-35	36-40	41-45	46-50	51–55	56–60	61–65	66–70	71–75	>75
50,000	7,479	7,479	8,150	8,465	9,234	11,518	13,170	16,818	17,012	19,020	22,181
1 Lakh	9,972	9,972	10,867	11,286	12,312	15,358	17,560	22,424	22,682	25,360	29,575
1.5 Lakh	11,777	11,777	12,612	13,302	14,678	18,860	22,568	28,158	28,327	33,239	38,825
2 Lakh	13,583	13,583	14,356	15,317	17,042	22,362	27,576	33,894	33,973	41,117	48,075
2.5 Lakh	14,744	14,744	15,612	16,689	19,016	24,609	30,649	38,387	38,240	46,730	54,667
3 Lakh	15,904	15,904	16,867	18,062	20,991	26,858	33,722	42,879	42,508	52,342	61,259
3.5 Lakh	16,158	16,158	17,132	18,339	21,381	27,342	34,478	43,835	43,681	53,790	62,958
4 Lakh	16,414	16,414	17,396	18,615	21,770	27,826	35,232	44,792	44,853	55,239	64,657
4.5 Lakh	16,731	16,731	17,731	18,968	22,252	28,435	36,151	45,962	46,245	56,964	66,681
5 Lakh	17,053	17,053	18,066	19,323	22,737	29,047	37,073	47,136	47,640	58,690	68,709
5.5 Lakh	17,650	17,650	18,699	20,000	23,533	30,064	38,371	48,786	49,308	60,744	71,114
6 Lakh	18,246	18,246	19,331	20,676	24,329	31,080	39,668	50,436	50,975	62,798	73,518
6.5 Lakh	18,843	18,843	19,963	21,352	25,125	32,097	40,966	52,086	52,643	64,852	75,923
7 Lakh	19,355	19,355	20,505	21,932	25,807	32,968	42,078	53,500	54,072	66,613	77,985
7.5 Lakh	19,866	19,866	21,047	22,512	26,489	33,840	43,190	54,914	55,501	68,374	80,046
8 Lakh	20,378	20,378	21,589	23,091	27,171	34,711	44,302	56,328	56,930	70,134	82,107
8.5 Lakh	20,719	20,719	21,951	23,478	27,626	35,292	45,044	57,271	57,883	71,308	83,481
9 Lakh	21,060	21,060	22,312	23,864	28,081	35,873	45,785	58,213	58,836	72,482	84,855
9.5 Lakh	21,401	21,401	22,673	24,251	28,535	36,454	46,527	59,156	59,789	73,656	86,230
10 Lakh	21,742	21,742	23,035	24,637	28,990	37,035	47,268	60,099	60,741	74,829	87,604

Premium Rate for each additional Child on Family Floater SI basis*	
Sum Insured	**Premium**
50,000	1,381
1 Lakh	1,842
1.5 Lakh	2,250
2 Lakh	2,658
2.5 Lakh	2,925
3 Lakh	3,193
3.5 Lakh	3,270
4 Lakh	3,347
4.5 Lakh	3,431
5 Lakh	3,516
5.5 Lakh	3,640
6 Lakh	3,763
6.5 Lakh	3,886
7 Lakh	3,991
7.5 Lakh	4,097
8 Lakh	4,202
8.5 Lakh	4,273

Premium Rate for each additional Child on Family Floater SI basis*	
Sum Insured	**Premium**
9.5 Lakh	4,343
9.5 Lakh	4,413
10 Lakh	4,484

*** (Applicable only for the above Family Compositions)**

Rates for different family compositions under Family Floater SI Basis

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 family composition other than the following:

- The two adults are Self and Spouse

Link: https://www.uiic.in/CustomerPortalWeb/data/ArogyaSanjeevani.html#/SanjeevaniQuote?p=new

DISCOUNTS:

A. **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.

B. **Direct (Online) Business**

A discount factor 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 were / 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). The maximum risk loading applicable shall not exceed 50% of the Premium (excluding taxes).

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

Please refer to our website for the online calculator.
Link: https://www.uiic.in/CustomerPortalWeb/data/ArogyaSanjeevani.html#/SanjeevaniQuote?p=new

TABLE OF BENEFITS	
Name	Arogya Sanjeevani Policy, United India Insurance Company Limited
Product Type	Individual Sum Insured basis/Floater Sum Insured basis
Category of Cover	Indemnity
Sum Insured	INR 1 Lakh to 10 Lakh (going up in multiples of Rs. 50,000) On Individual Basis – SI shall apply to each individual family member 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 60 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. Legally wedded spouse ii. Parents and Parents-in-law 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 all mode of payment, a fixed period of 30 days is to be allowed as Grace Period and for monthly installment 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. 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.
Modern Treatment Methods & Advancement in Technologies	In-patient 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
Home Care Treatment Expenses	Home Care Treatment for any epidemic/ pandemic subject to a maximum of 10% of the Sum Insured or Rs. 30,000 per person per policy period, whichever is lower
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 36 months.

No Claim Rewards (NCR)	In case of no claim Insured shall have a choice of reward, either as no claim discount up to 25% or cumulative bonus up to 50%, which shall be reduced at the same rate if there is a claim.
Co Pay	5% co pay on all claims.

Benefit/Premium Illustration

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.
2. Rates shown below are for Zone A of Arogya Sanjeevani Policy, United India Insurance Company Limited**ILLUSTRATIONS**

Illustration 1: Self, Spouse and 2 Dependent Children

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
36	10,998	10 lakh	10,998	5%	10,448	10 lakh	10,998	35%	23,035	10 lakh
31	9,736	10 lakh	9,736	5%	9,249	10 lakh	9,736			
10	7,388	10 lakh	7,388	5%	7,019	10 lakh	7,388			
20	7,388	10 lakh	7,388	5%	7,019	10 lakh	7,388			
Total Premium for all members of the family is Rs. 35,510/-, when each member is covered separately.			Total Premium for all members of the family is Rs. 33,735/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 23,035/-			
Sum Insured available for each individual is Rs. 10,00,000/-			Sum Insured available for each individual is Rs. 10,00,000/-				Sum Insured of Rs. 10,00,000 is available for the entire family.			