



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**HEAD OFFICE – TECHNICAL MISC. DEPT.**

**CUSTOMER INFORMATION SHEET**

Description is illustrative and not exhaustive

<b>S.No.</b>	<b>TITLE</b>	<b>DESCRIPTION</b>	<b>REFER TO POLICY CLAUSE NO.</b>
1	Product Name	Family Medicare Policy	
2	What am I covered for	<p>a. In Patient Hospitalisation – Expenses for hospitalization more than 24 hours subject to following limits –</p> <p>i. Room, Boarding and Nursing Expenses including RMO charges, IV fluids/Blood Transfusion/Injection administration charges - upto 1% of Sum Insured per day.</p> <p>ii. ICU – 2% of SI per day or actual amount whichever is less.</p> <p>iii. Surgeon fees, Anesthetist, Medical Practitioners, Consultants, Specialist's fees, etc.</p> <p>iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines &amp; drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial limbs, cost of prosthetic devices implanted during surgical procedure viz. Pacemaker, Orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant diagnostic tests, x-ray.</p> <p>b. Day care Procedures – Listed in the policy which require less than 24 hours hospitalization.</p> <p>c. Pre and Post Hospitalisation – expenses related to medical diagnosis or procedure that resulted in hospitalization and incurred during the period upto 30 days prior to hospitalization and upto 60 days after discharge from the hospital and will be considered as part of hospitalization claim.</p> <p>d. Ayurvedic Treatment is covered only if taken in Government Hospital or any institution recognized by Government/accredited by QCI/National Accreditation Board on Health</p> <p>e. Remote Medical Second Opinion for certain qualified medical condition.</p> <p>Add-on covers</p> <p>f. Ambulance charges upto maximum of Rs.2500/- per policy period on payment of additional premium of Rs.100/-</p> <p>g. Hospital daily cash benefit of Rs.250/500 per day subject to max. of 2500/5000 per hospitalization on payment of additional premium of Rs.150/300.</p>	<p>1.2 A</p> <p>1.2 B</p> <p>1.2 C</p> <p>1.2 D</p> <p>1.2 I</p> <p>1.2 G</p> <p>1.2 J</p> <p>2.0</p>
3	What are the major exclusions in the policy	<p>a. Domiciliary treatment, treatment outside India</p> <p>b. War and warlike operations</p> <p>c. Circumcision, vaccination and plastic surgery unless forming part of treatment and requires hospitalization.</p> <p>d. Spectacles, contact lens and hearing aids</p> <p>e. Dental treatment unless arising due to an accident</p> <p>f. HIV, AIDS and sexually transmitted diseases</p>	<p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.10</p>

		<p>g. Any hospitalization primarily for investigation/diagnostic purposes. 4.11</p> <p>h. Vitamins, tonics unless necessitated for treatment 4.12</p> <p>i. Pregnancy and related disorders 4.14</p> <p>j. Naturopathy and Experimental treatment 4.15</p> <p>k. External Medical equipments 4.16</p> <p>l. Treatment for Genetic disorders and stem cell therapy. 4.17</p> <p>m. Change of system of treatment or medicine 4.18</p> <p>n. ARMD, RFQMR and EECF treatment 4.19</p> <p>o. Non-Medical expenses 4.20</p> <p>p. Any kind of service charges, admission fees/registration charges 4.21</p> <p>(Note : the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	
4	Waiting period	<p>a. Pre-existing diseases will be covered after a waiting period of 48 months. 4.1</p> <p>b. Any disease contracted within the first 30 days from the commencement of first policy. 4.2</p> <p>c. Some specified diseases are covered after a waiting period of 24 or 48 months. 4.3 &amp; 4.4</p> <p>Two years waiting period</p> <p>Cataract, Benign Prostatic Hyperthrohy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, Piles, Sinusitis and related disorders, Gall Bladder Stone Removal, Gout &amp; Rheumatism, Calculus Diseases 4.3</p> <p>Four years waiting period</p> <p>Joint replacement due to degenerative condition, age related Osteoarthritis or Osteophorosis 4.4</p>	
5	Payment basis	<p>➤ Reimbursement of covered expenses up to specified limits</p> <p>➤ Cashless payment of covered expenses upto specified limits in Network Hospitals.</p>	
6	Cost sharing	<p>In case of a claim, this policy requires you to share the following costs :</p> <p>a. Expenses exceeding the following Sub-limits</p> <p>i. Room /ICU charges beyond 1% of Sum Insured per day or beyond 2% of Sum Insured per day for ICU charges. 1.2 A &amp; B</p> <p>ii. Other sub-limits –</p> <p>Cataract – 10% of Sum Insured subject to maximum of Rs.25,000/- per eye. 1.2F</p> <p>Hernia – 15% of Sum Insured subject to maximum of Rs.1,00,000/-.</p> <p>Hysterectomy – 20% of Sum Insured subject to maximum of Rs.1,00,000/-.</p> <p>iii. 10% of admissible claim amount on each claim as co-payment in respect of persons above 60 years. 1.2 H</p>	
7	Renewal condition	<p>The policy can be renewed annually throughout the lifetime of the insured. In the event of break in the policy a grace period of 30 days is allowed.</p> <p>Enhancement of sum Insured at renewal will be considered at the discretion of the Company.</p>	<p>5.13</p> <p>5.13.3</p> <p>5.14</p>
8	Renewal benefits	<p>➤ No claim discount of 3% after three continuous claim free years on renewal premium and for every subsequent claim free years subject to maximum of 15%. NCD would be withdrawn if policy not renewed within</p>	7

		<p>grace period or if any claim reported.</p> <p>➤ Expenses of Health check-up will be reimbursed once at the end of every three continuous years of insurance provided no claims are reported during the block upto 1% of average sum insured of previous three policies</p>	9
9	Cancellation	The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending 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 in the policy provided no claim has occurred upto the date of cancellation.	5.15
10	Special condition and special benefit	<ol style="list-style-type: none"> <li>1 Pre-acceptance Health check-ups to be carried out for persons above 45 years seeking Health cover</li> <li>2 50% of cost of Pre-acceptance Health check-up would be reimbursed if the proposal is accepted.</li> <li>3 At least 15 days from the issuance of first policy would be given as free-look period to the insured to review the terms and conditions</li> </ol>	8

**LEGAL DISCLAIMER**

The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information sheet and policy document the terms and conditions mentioned in the policy document shall prevail.

For details, please refer to policy clauses for full details.