

**UNITED INDIA INSURANCE COMPANY LTD.  
DIVISIONAL OFFICE - 1  
KALYANI NAGAR, PUNE - 411006.**

ସମସ୍ତଙ୍କୁ ଲାଭଦାୟକ କରିବା ପାଇଁ ଉଦ୍ଦେଶ୍ୟରେ ଉପସ୍ଥାପନ କରାଯାଇଥିବା ଉପାଦାନ

1. ସମସ୍ତଙ୍କୁ ଲାଭଦାୟକ କରିବା ପାଇଁ ଉପସ୍ଥାପନ କରାଯାଇଥିବା ଉପାଦାନ

1.1 The Policy can be availed by employers in respect of their employees persons who are in the age group of 3 months to 80 years can be covered under the policy. Employees can cover their spouse / dependent children and dependent parents.

1.2 In the event of any claim becoming admissible under this scheme, the company will pay through TPA to the Hospital / Nursing Home or insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonable and necessarily incurred thereof by or on behalf of such insured person.

- Room, Boarding Expenses as provided by the Hospital / nursing home
- Nursing Expenses,
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees,
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray.
- Dialysis, Chemotherapy, Radiotherapy Cost of Pacemaker, Artificial Limbs & Cost of organs and similar expenses.
- For claims arising out of persons aged more than <sup>35</sup> years, the expenses on following illnesses would be limited to <sup>65</sup>

Hospitalisation Benefits	Limits restricted to
a. Cataract	10% of SI or Max. Rs.25,000/-
b. Hernia	15% of SI or Max. Rs.30,000/-
c. Hysterectomy	20% of SI or Max. Rs.50,000/-
d. Major surgery eg. Angioplasty	70% of SI or Max. Rs. 2 lacs
e. Pre & Post Hospitalisation	Maximum 10% of the sum insured

- In addition to the above, the following would apply to claims arising out of persons aged more than 60 years.

EXPENSES ON MAJOR ILLNESS CHARGED AS A TOTAL PACKAGE	TO BE SETTLED WITH A CO-PAY ON 80:20 BASIS.
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(N.B.: Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person as mentioned in the schedule)

2. **DEFINITIONS :**

- **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 theatre 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.

N.B. In class 'C' towns condition of number of beds be reduced to 10.

- 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.
- **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 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, such 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.

- 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.

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.

- 3 **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 from where treatment was taken. Occurrence of 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 upto 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 of Hospitalisation on disease / illness injury sustained will be considered as part of claim 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 degree / diploma 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 disease other than those stated in clause 4.2 contracted by the insured person during the first 30 days from the commencement date of the policy. This condition shall not however apply in case of the insured person having been covered under this scheme or Group Insurance Scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.

- 4.2 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, Gout & Rheumatism, Calculus Diseases, Joint Replacement due to Degenerative condition and age-related Osteoarthritis & Osteoporosis are not payable. If these diseases (other than Congenital Internal Diseases) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal. If the Insured is aware of the existence of congenital internal disease before inception of the policy, the same will be treated as pre-existing.
- 4.3 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).
- 4.4 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as apart of any illness.
- 4.5 Cost of spectacles and contact lenses, hearing aids.
- 4.6 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.7 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.
- 4.8 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.

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- 4.9 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 of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home or at home under domiciliary hospitalisation as defined.
- 4.10 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.11 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
- 4.14 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, etc., of any kind. Diabetic foot wear, Glucometer / Thermometer and similar related items etc., and also any medical equipment, which subsequently used at home etc.
- 4.15 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital

5. **AGE LIMIT :**

Persons between the age of 3 months and 80 years are covered under the policy. Dependent Children from the age of 3 months are covered provided the parents are covered concurrently.

6 **NOTICE OF CLAIM:**

Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA office as shown in the Schedule.

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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 7 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.

## **7 PAYMENT OF CLAIM**

All claims under this policy shall be payable in Indian currency. All medical 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.

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

From: "PRAKASH KOKANE" <pgkokane@uiic.co.in>  
Subject: Group Health Insurance Policy  
Date: Thu, November 20, 2008 11:17 am  
To: fao@unipune.ernet.in

Dear Sir,

Please see the attachment regarding Salient Features of the Group Health Insurance Policy.

With regards,

[P G KOKANE]

Sr.Div.Manager

This E-mail is confidential and may also be privileged.

If you are not the intended recipient, please notify us immediately.

You should not copy or use it for any purpose, nor disclose its contents to any other person.

United India Insurance Company Limited , 24, Whites Road,  
Chennai-600014.

Support at [support@uiic.co.in](mailto:support@uiic.co.in)

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