



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

HEALTH INSURANCE POLICY - GROUP

- 1 WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to UNITED INDIA INSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.
- 1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/domiciliary hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through TPA to the Hospital / Nursing Home or Insured the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.
- 1.2 In the event of any claim 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 reasonably and necessarily incurred thereof by or on behalf of such insured person.
- A) Room, Boarding Expenses as provided by the Hospital / nursing home
 - B) Nursing Expenses
 - C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
 - D) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray.
 - E) Dialysis, Chemotherapy, Radiotherapy Cost of Pacemaker, Artificial Limbs & Cost of organs and similar expenses.
 - F) For claims arising out of persons aged more than 35 years, the expenses on following illnesses would be limited to

HOSPITALIZATION BENEFITS	REVISED
Cataract	Actual Exp. or 25% of the S.I whichever is less
Hernia	Actual Exp. Or 25% of the S.I whichever is less
Hysterectomy	Actual Exp. Or 25% of the S.I whichever is less
Major Surgeries	Actual Exp. Or 70% of the S.I whichever is less

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

Major Surgeries include cardiac surgeries, brain tumour surgeries, pace maker implantation for sick sinus syndrome, cancer surgeries, Kidney transplant and renal surgeries, hip, knee, joint replacement surgeries.

Room, Boarding & Nursing Expenses	Restricted to 1% of the S.I per day or the actual amount whichever is less. This also includes nursing care, RMO Charges, I.V fluids/blood transfusion/injection administration charges and similar expenses.
ICU Expenses	Restricted to 2% of the Sum Insured per day or actual amount whichever is less.

The amount payable under other heads 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, then other charges payable shall be limited to the charges applicable to the entitled category.

2. DEFINITIONS:

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

Either

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

Or

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

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

- 2.1.1 The term 'Hospital / Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics a hotel or a similar place.
- 2.2 'Surgical Operation' means manual and / or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
- 2.3 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, i.e, Dialysis, Chemotherapy, Radiotherapy; Eye Surgery, Dental Surgery, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the Hospital / Nursing Home and the Insured is discharged on the same day, 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

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

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

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 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 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 mentioned under item 1.2 above.

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

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

3.5 **MATERNITY EXPENSES BENEFIT** means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarean Section. This is an optional benefit available on payment of additional premium. When Maternity Expenses Benefit is opted for in the policy, Exclusion 4.12 of the policy stands deleted. The hospitalisation expenses in respect of the new born child can be covered within the Mother's Maternity expenses subject to an overall limit of Rs.50,000/-.

3.6 **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 All diseases/injuries, which are pre-existing when the cover incept for the first time. For the purpose of applying this condition, the date of inception of the initial Mediclaim policy taken from any of the Indian insurance companies shall be taken, provided the renewals have been continuous and without any break.

4.2 Any disease other than those stated in clause 4.3, contracted by the Insured person during the first 30 days from the commencement date of the policy. This condition 4.2 shall not however, apply in case of the Insured person having been covered under this scheme or Group Insurance Scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.

Note: These exclusions 4.1 and 4.2 shall not however apply if,

a. In the opinion of a Panel of Medical Practitioners constituted by the Company for the purpose, the Insured Person could not have known of the existence of the disease or any symptoms or complaints thereof at the time of making the proposal for insurance to the Company.

b. The insured had not taken any consultation, treatment or medication, in respect of the hospitalisation for which claim has been lodged under the policy prior to taking the insurance.

4.3 During the first year of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign, Prostatic, Hypertrophy, Hysterectomy for Menorrhagia, or Fibromyoma, Hemia, 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.

- 4.4 Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 4.5 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.
- 4.6 Cost of spectacles and contact lenses, hearing aids.
- 4.7 Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalization are excluded under the policy.
- 4.8 Convalescence, general debility; run-down condition or rest cure, Congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol.
- 4.9 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (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.
- 4.10 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence 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.
- 4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.11.1 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 4.12 Treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy) and childbirth (including caesarean section).
- 4.13 Naturopathy Treatment, acupressure acupuncture, experimental and unproven treatment/therapies such as REQMR, EEGG are not covered under the policy.
- 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 Expenses on vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description such as correction of eye sight, etc are not payable under the policy.
- 4.16 Any kind of Service charges, Surcharges, Admission
- 4.17 Fees/Registration Charges levied by the hospital

5. CONDITIONS:

- 5.1 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.
- 5.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
- 5.3 Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency within 24 hours of Hospitalisation/Domiciliary Hospitalisation
- 5.4 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.
- 5.5 The Insured Person shall obtain and furnish the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/ Company such additional information and assistance as the TPA/Company may require in dealing with the claim.
- 5.6 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the Company.
- 5.7 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 5.8 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 5.9 The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. In any case not later than 15 days from the date of expiry of the current policy. If, however, during the grace period, if any insured person incurs any hospitalisation expenses, he shall not be entitled for any claim. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

Cancellation Clause :

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

<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 th of the annual rate
Exceeding six months	Full annual rate.

- 5.10 If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

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

- 5.11 If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 5.12 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

5.13 Low Claim Ratio Discount (Bonus)

Low Claim Ratio Discount at the following scale will be allowed on the total premium at renewal only depending upon the incurred claim ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal where the Group Mediclaim Insurance Policy has not been in force for 3 completed years, such

shorter period of completed years excluding the year immediately preceding the date of renewal will be taken in to account

Incurred Claim ratio under the group policy	Discount %
Not exceeding 60%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	35
Not exceeding 25%	40

5.14 High Claims Ratio Loading (MALUS)

The total premium payable at renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Medclaim Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal, where the Group Medclaim Policy has not been in force for the three completed years, such shorter periods of completed years, excluding the year immediately preceding the date of renewal will be taken into account.

Incurred claims ratio under this group policy	Loading
Between 70% and 100%	25 %
Between 101% and 125 %	55 %
Between 126 % and 150 %	90 %
Between 151 % and 175 %	120 %
Between 176 and 200	150%
Over 200 %	Cover to be reviewed

Note:

1. Low Claim Ratio Discount (Bonus) or High Claim Ratio loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims Ratio for the entire Group Insured.
2. Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/ Organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

Unless otherwise expressly declared and agreed to be covered by the company all the insured persons covered within under this policy are free from any disability /defect which shall be the subject matter of liability under the policy.