



The New India Assurance Co. Ltd.

(Wholly owned by the Government of India)
Bancassurance D.O.No. 131200, New India Centre, 8th Floor, 17/A,
Cooperage Road, Mumbai 400 039. Tel. : 2202 1180, 2202 2539, 2202
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Union Bank
of India
Good people to bank with

PROSPECTUS UNION HEALTH CARE POLICY

1 SALIENT FEATURES OF THE POLICY :

1.1 The policy covers reimbursement of Hospitalisation expenses for illness/diseases or injury sustained.

1.2 In the event of any claim becoming admissible under this scheme, The New India Assurance Company Limited will pay to the 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, but not exceeding the Sum Insured in aggregate in any one period of Insurance stated in the schedule hereto.

- i) Room, boarding and nursing expenses as provided by the Hospital /Nursing home not exceeding 1.0% of the sum insured per day or actual amount, whichever is less (If customer goes for higher room rent then there will be proportionate deductions in the claim amount except for Medicines & disposable)
- ii) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2.0% of the sum insured (If customer goes for higher room rent then there will be proportionate deductions in the claim amount except for Medicines & disposable) per day, or actual amount, whichever is less.
- iii) **LIMIT ON PAYMENT FOR CATARACT:**
Our liability for payment of any claim relating to Cataract shall not exceed, for each eye, subject to a maximum of 20% of the Sum Insured or Rs.40000 whichever is less.
- iv) Nursing Expenses
- v) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. However, the bills raised by Surgeon, Anesthetist directly and not included in the hospitalisation bill may be reimbursed in the following manner:
 - a. The reasonable, customary and necessary Surgeon fee and Anesthetist fee would be reimbursed, limited to the maximum of 25% of Sum Insured. The payment shall be reimbursed provided the insured pays such fee(s) through Cheque and the Surgeon / Anesthetist provides a numbered bill. Bills given on letter-head of the Surgeon, Anesthetist would not be entertained
 - b. Fees paid in cash will be reimbursed up to a limit of Rs.10000/-only provided the Surgeon/Anesthetist provides a numbered bill.



- vi) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic materials and X-ray, Dialysis, **Parental** Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of organs and similar expenses.
- vii) Expenses incurred for Ayurvedic / Homeopathic/ Unani Treatment are admissible up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, is taken in the registered hospitals which are qualifying the definition of hospitals, excluding centers for spas, massage and health rejuvenation procedures.

(N.B. :

- a) Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person mentioned in the schedule.
- b) Renewal of Insurance without break is essential.
- c) The amounts payable under para "iv & v" above shall be at the rate applicable to the entitled room category. In case Insured opts for a room with rent higher than the entitled category as under para "a" above, the charges payable under para "iv & v" above shall be limited to the charges applicable to the entitled category.

1.3 Personal Accident Insurance Cover : If at any time during the period of this policy, the insured person shall sustain death resulting solely and directly accident caused by external, violent & visible means, then the company shall pay to the insured a sum of Rs. 1,00,000/- (Refer Table D-benefit (a) of P.A. Clause)

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 atleast 15 in-patient 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' town 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.

2.1.2 "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.



- 2.1.3 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments as mentioned in **para 3.6** 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.

When treatment such as Dialysis, Chemotherapy, Radiotherapy etc. is taken in Hospital/Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation Benefit section.

3 Liability of the Company under this clause is restricted as stated in the scheme attached hereto.

- 3.1 **ANY ONE ILLNESS** :- Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.
- 3.2 **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 mentioned under item 1.2 above.
- 3.3 **POST – HOSPITALISATION** :- Relevant medical expenses incurred during period upto 60 days after hospitalisation on disease/illness/injury, sustained will be considered as part of claim mentioned under item 1.2 above.
- 3.4 **MEDICAL PRACTITIONER** means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- 3.5 **QUALIFIED NURSE** means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
- 3.6 **HOSPITALISATION** means admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. The time limit of 24 hours will not be applicable for following surgeries / procedures

Sr. No	3.7 Surgeries / procedures	Sr No	3.8 Surgeries / procedures
A	Anti Rabies Vaccination	l	Hysterectomy
B	Dilatation & Curettage (D & C) of Cervix	m	Inguinal/ Ventral/ Umbilical/ Femoral Hernia Repair
C	Dental surgery following an accident	n	Lithotripsy (Kidney Stone Removal)
D	Appendectomy	o	Parenteral Chemotherapy
E	Coronary Angiography	p	Piles / Fistula
F	Coronary Angioplasty	q	Prostate
G	Eye surgery	r	Radiotherapy
H	Fracture / dislocation excluding hairline Fracture	s	Stone in Gall Bladder, Pancreas, and Bile Duct
I	Gastrointestinal Tract system	t	Sinusitis



J	Haemo-Dialysis	u	Tonsillectomy,
K	Hydrocele	v	Urinary Tract System

OR any other Surgeries / Procedures agreed by TPA/COMPANY which require less than 24 hours hospitalisation due to subsequent advancement in Medical Technology *which is agreed by Insurance Co & TPA*

3.8 We will pay you charges for Ambulance services not exceeding 1% of Sum Insured or Maximum Rs. 2500/- whichever is less when patient is required to be admitted in emergency ward Or ICU or from one hospital to other hospital for the better medical facility.

3.9 MEDICAL EXPENSES FOR ORGAN TRANSPLANT:

If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient shall not exceed the aggregate of the Sum Insured, if any, of the Insured Person receiving the organ.

4. EXCLUSIONS :

The company shall not be liable to make any payment under this policy in respect of any expense whatsoever incurred by any Insured person in connection with or in respect of :-

- 4.1 PRE-EXISTING DISEASES/CONDITION BENEFITS will not be available for any condition(s) as defined in the policy, until 36 months of continuous coverage have elapsed, since inception of the first policy with us. This exclusion will be deleted after three consecutive claim free full policy year provided there was no hospitalisation for the pre-Existing disease/ailment/condition/injury during the said three years of insurance with our Company.
- 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 exclusion shall not however, apply in the opinion of 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. This condition 4.2 shall not however apply in case of the Insured person having been covered under the scheme or group insurance scheme with any of the Indian Insurance Companies for a continuous period of preceding 12 months without any break.
- 4.3 During the first year of the operation of Insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable. Any Age related Osteoarthritis & Osteoporosis Replacement & Joint Replacements due to Degenerative Condition will be excluded in first year.
Note: However the above Illnesses will not be covered if they arise from a Pre-existing Condition, until 36 months of Continuous Coverage have elapsed since inception of the first Policy with the Company.
- 4.4 Vaccination & Inoculation.



- 4.5 Dental treatment or Surgery of any kind unless necessitated by Accident.
- 4.6 Bodily Injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save a human life), intentional self-inflicted injury, attempted suicide and arising out of non-adherence to any medical advice.
- 4.7 Exclusion of any disease which arises due to intake of Tobacco/Gutaka from the scope of the policy. However same will be covered 36 months of Continuous Coverage have elapsed since inception of the first Policy with the Company.
- 4.8 Treatment of any Bodily injury sustained whilst or as a result of active participation in hazardous sports of any kind.
- 4.9 Treatment of any Bodily injury sustained whilst or as a result of participating in any criminal act.
- 4.10 Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T- Cell Lymphotropic Virus Type III (HTLB-III) or Lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.11 Charges incurred at Hospitals / Nursing Homes primarily for Diagnostic, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 4.12 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- 4.13 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.
- 4.13.1 Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- 4.14 Any Naturopathy Treatment Acupressure, Acupuncture, Magnetic Therapies will not be covered under this policy
- 4.15 Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- 4.16 Genetic disorders and stem cell implantation / surgery.
- 4.17 Any Domiciliary Hospitalisation /Treatment.
- 4.18 Treatment taken outside India.
- 4.19 Experimental and Unproven treatment/therapies (not recognized by Indian Medical Council).
- 4.20 Change of treatment from one system of medicine to another unless recommended by the Consultant / Hospital under whom the treatment is taken.



- 4.21 All non-medical expenses including convenience items for personal comfort such as telephone, television, Ayah, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, Sanitary pads, toiletry items and similar incidental expenses. However, the exclusion for Congenital Internal Disease or Defects or anomalies shall not apply after twenty four months of Continuous Coverage.
- 4.22 Service charges or any other charges levied by hospital, except registration/admission charges.
- 4.23 Convalescence, general debility, "Run-down" condition or rest cure, congenital external / internal disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
- 4.24 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 Variations Deficiency Syndrome or any Syndrome or condition of a similar Kind commonly referred to as AIDS.
- 4.25 In addition to above following conditions are also applicable ,All treatments like age related macular degeneration(ARMD) & or choroidal Neo vascular Membrane done by administration of Lucentis/Avantis/Macugen/Avastin & other related Drugs as intravertal injections rotational Field Quantum Magnetic Resonance(RFQMR) External counter Pulsation(ECP/ECCP) & Hyperbaric Oxygen Therapy are Excluded under this policy

5. AGE LIMIT

This insurance is available to persons between the age of 5 years and 65 years and those covered will continue throughout his life. Children between the age of 3 months and 5 years can be covered provided one or both parents are covered concurrently. Maximum age of dependent Girl child should be below/equal to 25 years (or till she gets married/become non dependent whichever is earlier) & for male child it is below or Equal to 21 years only

6. NOTICE OF CLAIM

- Preliminary notice of claim with particulars relating to Policy Numbers, Name of insured person in respect of whom claim is made, Nature of illness/Injury and Name and Address of the attending medical practitioner/Hospital/Nursing Home should be given to the TPA within seven days from the date of Hospitalisation/Injury/Death.
- Final claim alongwith hospital receipted bills/Cash memos, claim form and list of documents as listed in the claim form etc. should be submitted to the TPA within 30 days of discharge from the Hospital.

Note : Waiver of this Condition may be considered in extreme case 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.

8. This insurance policy is issued for a period of one year and subject to review, continuation of insurance cover will be available if the renewal premium is paid in time. On continuation of insurance cover and



timely remittance of premium insured becomes eligible for Payment for hospitalisation cost for diseases/illness/injury sustained even during 30 days of renewal (Refer Exclusion 4.2 and 4.3)

Renewal of insurance cover: A further period of 7 days from the date of expiry will be permissible in exceptional cases subject to Health Certificate from Medical Practitioner.

(N.B. : Any diseases contracted during the period of 7 days extension will be excluded from the date of renewal in addition to other diseases excluded in the expiring policy.)

9. Payment of Premium (Amount of Rs.) :

Proposed Premium for the year 2016 with 10% decrease in age up 45 to 5% in age group of 45-55

Sum Insured	50000	100000	150000	200000	250000	300000	500000	600000	700000	800000	900000	1000000
Age upto 45	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
1 Person	883	1365	1984	2458	2967	3477	3954	5182	6165	7083	8010	8956
2 Person	971	1502	2182	2703	3263	3826	4350	5702	6782	7792	8812	9853
3 Person	1015	1570	2281	2826	3412	3999	4547	5960	7090	8146	9213	10300
4 Person	1058	1638	2381	2949	3561	4172	4745	6218	7398	8500	9613	10748
Sum Insured	50000	100000	150000	200000	250000	300000	500000	600000	700000	800000	900000	1000000
Age - 45-55	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
1 Person	1195	1806	2727	3418	4333	4855	6363	7761	9292	10657	12036	13442
2 Person	1315	1986	3000	3751	4766	5340	6982	8520	10195	11706	13232	14789
3 Person	1375	2077	3138	3921	4982	5583	7317	8924	10676	12255	13850	15476
4 Person	1435	2167	3273	4092	5198	5825	7635	9312	11141	12788	14451	16148
Sum Insured	50000	100000	150000	200000	250000	300000	500000	600000	700000	800000	900000	1000000
Age - 55 & Above	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
1 Person	1598	2346	3544	4432	5630	6308	8268	10614	12700	14576	16471	18403
2 Person	1758	2581	3899	4874	6193	6939	9095	11676	13969	16034	18120	20247
3 Person	1838	2699	4076	5096	6473	7255	9509	12208	14605	16764	18945	21169
4 Person	1918	2815	4253	5317	6755	7570	9922	12737	15239	17492	19768	22089

Plus Service Tax @ 14.5%

10. Payment of Premium for Midterm Inclusion :-

The new additions in the policy will be charged premium on the remaining period of Insurance on prorata basis starting from 1st day of the respective month of joining the scheme.

5.11 ENHANCEMENT OF SUM INSURED:

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at our discretion. Before granting such request for enhancement of Sum Insured, We have the right to have your examined by a Medical Practitioner authorized by us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner.

Enhancement of Sum Insured will not be considered for Insured Persons over 60 years of age.

In respect of any enhancement of Sum Insured, exclusions 4.1, 4.2 and 4.3 would apply to the additional Sum Insured from such date.



12. Cancellation Clause: The policy may be renewed by mutual consent. The company shall not however be bound to give notice that it is due for renewal and the Company may at any time cancel this policy by sending the insured 30 days notice by registered letter, at the Insured's last known address and in such event the company shall refund to the insured a pro-rata premium for unexpired period of insurance. The company shall, however, remain liable for any claim which arose prior to the date of cancellation. 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 only (table given herebelow) provided no claim has occurred upto the date of Cancellation.

PERIOD ON RISK

upto one month

Upto three months

Upto six months

Exceeding six months

* Conditions apply.

RATE OF PREMIUM TO BE CHARGED

1/4th of the annual rate

1/2 of the annual rate

3/4 of the annual rate

Full annual rate

This prospectus shall form part of your proposal form, however the terms and conditions governing master policy would supersede overall other for the purpose of interpretation in case of any dispute. Hence please sign as you have noted the contents of this prospectus.

Signature

Name

Place

Date

Disclaimer :

Union Bank's role under the scheme would be purely to facilitate the payment of premium by charging the premium due to the UBI customer's account. The bank does not hold any insurance and does not make any representation on claim processing or any other matters connected with insurance for which the full responsibility will be that of the New India Assurance Co. Ltd.

Section 41 of Insurance Act 1938

- PROHIBITION OF REBATES -

1. No person shall allow or offer to allow either directly or indirectly as inducement to any person to take out or renew or continue an insurance, in respect of any kind of risk relating to lives or property in India any rebate of the whole or a part of the commission payable or any rebates of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers..
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

IMPORTANT

Premium paid under Mediclaim (Hospitalisation and Domiciliary Hospitalisation) Insurance is eligible for Income Tax deduction as per provisions under Section 80-D of the Income Tax (Amendment) Act, 1986 subject to payment of premium by cheque only.



Cashless Service through TPA

We welcome esteemed customer of The New India Assurance Company Ltd. As a part of our continuing efforts for better service to our customers, we are pleased to provide service of a Third Party Administrator which will enable availing pre-authorised cashless access service in select hospitals. This service will be subject to the limits, terms, conditions, exclusions of the mediclaim policy issued to you.

* *Conditions apply.*

Notwithstanding anything herein contained to the contrary, it is hereby declared that the TPA for the said policy will be as stated hereunder.

The TPA allotted to provide service to Union Bank Customer is as under :

MEDICARE TPA Services (I) Pvt.Ltd.

Mumbai Office : 58/64, Hari Chambers,
3rd Floor, Shahid Bhagat Singh Marg,
NEAR Old Custom House, Fort, MUMBAI - 400 023
Board Lines Phone --- 022 66377744/66377766
Customer care ---- 02266377744

Appointments ----- 022 66377766

Tele fax ----- 022 22616650

Cash less Assistance -- 9819686736

Email ids ---- medicaremumbai@medicaretpa.co.in
mumbai.corp@medicaretpa.co.in

HEAD OFFICE :

6, BISHOP LEFROY ROAD, PAUL MANSION, GROUND FLOOR, KOLKATA - 700 020
PHONE : 033-22809510 / 22809791 Ex 219 /222/4007 9999 /
FAX : 033 - 22892882 /2280 6111 /
TOLL FREE : 1800 345 3322 from MTNL

Subject otherwise to the terms, provisions and conditions of this policy.

The TPA shall be providing you an identity Card and a guidebook which shall guide you through the procedures to be adopted for availing cashless service. Kindly note that this arrangement is restricted for providing pre-authorised cashless service and in no case the insurer or the TPA will be responsible for the quality of care/treatment provided in the hospitals. Your option to avail treatment in non network hospitals remains on reimbursement basis. In the event of making a claim you are requested to contact the TPA for assistance.

In case of any difficulty please contact the policy issuing office.

