



Individual Health Insurance Policy

Prospectus

1. Product – Key Features

Individual Health Insurance Policy is an Indemnity-based health insurance product for you and your family that offers a wide Health Insurance cover. Our cashless hospitalisation network spans 14000+ hospitals pan India.

COVERAGE AT A GLANCE:

Base Cover
In-Patient Hospitalisation Expenses
All Day Care Treatments
Pre-Hospitalisation & Post-Hospitalisation Expenses
Domiciliary Treatment
Road Ambulance Expenses
Modern Treatment Methods & Advancement in Technology
Cost of Health Check-Up
Home Care Treatment Expenses

Optional Cover
Daily Cash Allowance on Hospitalisation

2. Cover Type

The Policy provides cover on an Individual Sum Insured basis only i.e., a separate Sum Insured for each Insured Person, as specified in the Policy Schedule is provided.

3. Family

An adult person can take a policy for himself or his/her family consisting of all or either of Self, Spouse, dependent children, and Parents.

4. Eligibility

Any person residing in India and aged between 18 years and 60 years is eligible to get coverage under Individual Health Insurance Policy as per the Family composition above.

The eligible plan will be based on the age of entry of a particular member in the Policy. A Person crossing the maximum entry age prescribed for a plan will continue to be covered under the same plan provided the policy is renewed with us without break.

Plan	Eligible Entry Age
Platinum	Adult – 18 years – 35 years
	Children – 91 days to 17 years
Gold	36 years to 60 years

Dependent Children aged between 91 days to 17 years shall be covered, provided either or both parents are covered concurrently. In case, where both the parents of the child(ren) are already deceased, the minor child(ren) can be covered by the guardian without covering himself/herself.

Children aged 18 years or above will continue to be covered along with parents till the age of 26 years, provided they are unmarried/unemployed and dependent.



The upper age limit will not apply to mentally challenged children.

In the event of children becoming independent, employed, getting married, or attaining an age above 26 years, a separate policy can be taken on the expiry of the current policy for which continuity benefits will be provided.

Beyond 60 years, only renewals are allowed.

Midterm inclusion of family members is allowed at pro-rata premium only in case of:

- i. Newly married spouse within 60 (sixty) days of marriage.
- ii. New born baby, between the ages of 91 days to 180 days, born to mother, insured under the policy.

5. Policy Term

One Year. Renewable annually.

6. Co-Payment

Not Applicable.

7. Sum Insured

Sum Insured Options for fresh issuance of policy:

- i. **Platinum** : 2 Lakhs, 3 Lakhs, 5 Lakhs, 8 Lakhs, 10 Lakhs, 15 Lakhs, 20 Lakhs
- ii. **Gold** : 2 Lakhs, 3 Lakhs, 5 Lakhs, 8 Lakhs, 10 Lakhs

8. Coverage

The coverages available under this policy are classified as **Base Cover** and **Optional Cover**. Base Cover refers to the coverage available as default under Individual Health Insurance Policy whereas Optional Cover is available only upon payment of additional premium.

IMPORTANT: Please note that the coverage mentioned below is applicable for BOTH the plans i.e., Platinum and Gold Plan, under Individual Health Insurance Policy unless explicitly mentioned otherwise.

A. Base Cover

The Policy provides base coverage as described below in this section provided that the expenses are incurred on the written Medical Advice of a Medical Practitioner/Mental Health Professional (in case of mental illness) and are incurred on Medically Necessary Treatment of the Insured Person.

1. In-patient Hospitalisation Expenses Cover

We will pay the Reasonable and Customary Charges for the following Medical Expenses of an Insured Person in case of Medically Necessary Treatment taken during Hospitalisation provided that the admission date of the Hospitalisation due to Illness or Injury is within the Policy Period:

- i. Room, Boarding and Nursing expenses (all inclusive) incurred as provided by the Hospital/Nursing Home up to 1% of Sum Insured per day or actual expenses whichever is less. These expenses will include nursing care, RMO charges, patient's diet charges, IV Fluids/Blood transfusion/injection administration charges and similar expenses.
- ii. Charges for accommodation in Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) up to 2% of Sum Insured per day or actual expenses whichever is less.
- iii. The fees charged by the Medical Practitioner, Surgeon, Specialists, Consultants and Anesthetists treating the Insured Person.
- iv. Operation theatre charges; Expenses incurred for Anesthetics, Blood, Oxygen, Surgical Appliances and/or Medical Appliances; Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory/ diagnostic tests, X-Ray and such other similar medical expenses related to the treatment.

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- v. All hospitalisation expenses (excluding cost of organ) incurred for donor in respect of organ transplant to the Insured Person provided the donation conforms to The Transplantation of Human Organs Act 1994.
- vi. All day care treatments as per definition in Clause II.A.12 of the policy wording are covered.

1.1 Note

- i. PROPORTIONATE PAYMENT CLAUSE: In case of admission to a room at rates exceeding the aforesaid limits in *Clause 8.A.1.i above*, the reimbursement/payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.
Proportionate Deductions shall not be applied in respect of those hospitals where differential billing is not followed or for those expenses where differential billing is not adopted based on the room category.
- ii. No payment shall be made under *clause 8.A.1.iii above* other than as part of the hospitalisation bill. However, the bills raised by Surgeon, Anesthetist directly and not forming part of the hospital bill shall be paid provided a pre-numbered bill/receipt is produced in support thereof, when such payment is made ONLY by cheque/ credit card/debit card or digital/online transfer.

1.2 Sub-limit

(Applicable only for Gold Plan)

Surgery / Illness / Disease / Procedure	Maximum Limits per Surgery/Hospitalisation restricted to
Cataract	Up to 25% of Sum Insured or Rs. 40,000 per eye, whichever is less
Hernia & Hysterectomy	Up to 25% of Sum Insured or Rs. 1,00,000, whichever is less

2. Pre-Hospitalisation and Post-Hospitalisation Expenses –

We will cover, on a reimbursement basis, the Insured Person's

- i. Pre-hospitalisation Medical Expenses incurred due to an Illness or Injury during the period up to 30 days prior to hospitalisation; and
- ii. Post- hospitalisation Medical Expenses incurred due to an Illness or Injury during the period up to 60 days after the discharge from the hospital,

Subject to a maximum of 10% of Sum Insured for Pre- and Post-Hospitalisation combined, provided that:

- a. We have accepted a claim for primary In-patient Hospitalization under *Clause 8.A.1 above*.
- b. The Pre-hospitalisation and Post-hospitalisation Medical Expenses are related to the same Illness or Injury.
- c. Home Care Treatment also will be deemed as hospitalisation for this cover

Note: The maximum limit of 10% of Sum Insured will not be applicable for Platinum Plan.

3. Domiciliary Hospitalisation

We will cover, on a reimbursement basis, expenses for Domiciliary Hospitalisation of an Insured person in case of Medically Necessary Treatment at home due to illness/disease/injury. However, the charges for the first three days of duration of Domiciliary Hospitalisation will not be payable.

Domiciliary Hospitalisation benefits shall not cover expenses incurred for treatment for any of the following diseases:

Asthma	Epilepsy
Hypertension	Bronchitis
Influenza, Cough and Cold	Arthritis, Gout and Rheumatism
Diabetes Mellitus and Insipidus	All Psychiatric or Psychosomatic Disorders

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Chronic Nephritis and Nephritic Syndrome

Pyrexia of unknown Origin for less than 10 days

Tonsillitis and Upper Respiratory Tract infection
including Laryngitis and pharyngitis

Diarrhoea and all types of Dysenteries including
Gastroenteritis

Liability of the Company under this clause is restricted as stated in the Schedule as per *clauses in Annexure – 3* of the policy wordings.

4. Road Ambulance Cover

We will cover the costs incurred up to Rs. 2500 per person per policy period on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. The necessity of use of an Ambulance must be certified by the treating Medical Practitioner and becomes payable if a claim has been admitted under Clause 8.A.1 *above* and the expenses are related to the same Illness or Injury.

We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified above under this cover, if:

- it is medically required to transfer the Insured Person to another Hospital or diagnostic Centre during Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;
- it is medically required to transfer the Insured Person to another Hospital during Hospitalization due to lack of super specialty treatment in the existing Hospital.

5. Modern Treatment Methods & Advancement in Technologies:

In case of an admissible claim under *Clause 8.A.1*, expenses incurred on the following procedures (wherever medically indicated) shall be covered.

- Uterine Artery Embolization and HIFU (High Intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy - Monoclonal Antibody to be given as an injection
- Intra-vitreal injections
- Robotic Surgeries
- Stereotactic Radio Surgeries
- Bronchial Thermoplasty
- Vaporization of the Prostate (Green Laser Treatment or Holmium Laser Treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem Cell Therapy; Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered

6. Cost of Health Check-up

We will cover expenses incurred towards the cost of health check-ups up to 1% of the average Sum Insured of the preceding 3 policy years, subject to a maximum of Rs. 5,000 per person per policy period for a block of every three claim-free years provided the health check-up is done at hospitals/diagnostic Centre authorised by us within a year from the date when it got due and the policy is in force. Payment under this benefit does not reduce the sum insured.

Note: Payment of expenses towards cost of health check-up will not prejudice the company's right to deal with a claim in case of non-disclosure of material fact and /or Pre-Existing Diseases in terms of the policy.



7. 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.

B. Optional Cover:

1. Daily Cash Allowance on Hospitalisation

We will pay Daily Cash Allowance to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation, subject to the hospitalisation claim being admissible under the policy, as per the table below:

Daily Cash Allowance Limit (in Rs.)
Rs. 500 per day, subject to a maximum of Rs. 5,000 per policy period
Rs. 1,000 per day, subject to a maximum of Rs. 10,000 per policy period
Rs. 2,000 per day, subject to a maximum of Rs. 20,000 per policy period

- i. The aggregate of Daily Cash Allowance during the policy period shall not exceed 'per policy period limits' as mentioned in the table above.
- ii. Daily Cash Allowance will not be payable for Day Care Treatment claims.
- iii. Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalization will be levied on each Hospitalisation during the Policy Period.

9. What Policy Does Not Cover

A. Waiting Periods (Only Applicable for Gold Plan)

The Company shall not be liable to make any payment under the policy in connection with or in respect of any expenses till the expiry of waiting period mentioned below:

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1. Pre-Existing Diseases (Code – Excl01)
 - i. Expenses related to the treatment of a pre-existing disease (PED) disclosed by the insured person 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.
 - ii. In case of enhancement of the Sum Insured, the exclusion shall apply afresh to the extent of the Sum Insured increase.
 - iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Product) Regulations, then the waiting period for the same would be reduced to the extent of prior coverage.
 - iv. 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. Specified Disease/Procedure Waiting Period (Code – Excl02)
 - i. 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 after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
 - ii. In case of enhancement of the sum insured the exclusion shall apply afresh to the extent of the sum insured increase.
 - iii. 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.
 - iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then the waiting period for the same would be reduced to the extent of prior coverage.
 - vi. List of specific diseases/procedures:

Table A. 24 Months' waiting period

Cataract	Piles, Fissures and Fistula-in-Ano
Benign Prostatic Hypertrophy	Sinusitis and related disorders
Treatment for Menorrhagia/ Fibromyoma, Myoma and Prolapse of Uterus	Gout and Rheumatism
Hernia of all types	Calculus diseases
Hydrocele	Congenital Internal diseases

Table B. 36 Months' waiting period

Joint Replacement due to Degenerative condition, unless necessitated due to an accident.	Age-related Osteoarthritis & Osteoporosis
Age-related Macular Degeneration (ARMD)	All Neurodegenerative disorders

3. 30-Day Waiting Period (Code – Excl03)

- i. 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.

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- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within-referred waiting period is made applicable to the enhanced sum insured in the event of granting a higher sum insured subsequently.

B. Standard Permanent Exclusions (Applicable for ALL Plans)

The Company shall not be liable to make any payment under this Policy in respect of any expenses incurred by You in connection with or in respect of:

4. Investigation & Evaluation (Code – Excl04)

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. 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, and moving around either by skilled nurses or assistants or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Code – Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil 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:
 - b.1.Obesity-related cardiomyopathy
 - b.2.Coronary heart disease
 - b.3.Severe Sleep Apnoea
 - b.4.Uncontrolled Type2 Diabetes

7. 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.

8. 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 the 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.

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9. 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.

10. 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.

11. 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 on 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.

12. (Code – Excl12)

Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

13. (Code – Excl13)

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.

14. (Code – Excl14)

Dietary supplements and substances that can be purchased without a prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of a hospitalisation claim or day care procedure.

15. Refractive Error (Code – Excl15)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

16. 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.

17. Sterility and Infertility (Code – Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, 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

18. Maternity (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.



C. Specific Permanent Exclusions (Applicable for ALL Plans)

1. All expenses caused by or arising from or attributable to foreign invasion, an act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
2. All Illnesses/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or any nuclear waste from the combustion of nuclear fuel, nuclear/chemical/biological attack.
3. Any expenses incurred on Out-patient treatment (OPD treatment). Procedures/treatments usually done in outpatient department are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.
4. Any item(s) or treatment specified in 'List of Non-Medical Expenses under this Policy' as per clauses in Annexure – 1 of the policy wordings, unless specifically covered under the Policy.
5. Artificial life maintenance including life support machine use, from the date of confirmation by the treating doctor that the patient is in a vegetative state.
6. Change of treatment from one system of medicine to another system unless recommended by the consultant/hospital under whom the treatment is taken.
7. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
8. Congenital External Diseases or Defects or anomalies.
9. Cost of hearing aids.
10. Cost of routine medical examination and preventive health check-up unless as provided for in *clause 8.A.6* above.
11. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation.
12. Intentional self-inflicted Injury or attempted suicide.
13. Routine eye-examination expenses, cost of spectacles, contact lenses; including optometric therapy.
14. Stem cell implantation/Surgery/Therapy, harvesting, storage or any kind of treatment using stem cells except Hematopoietic stem cells for bone marrow transplant for haematological conditions; growth hormone therapy.
15. Treatments including Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, chondrocyte or osteocyte implantation, procedures using platelet rich plasma, Trans Cutaneous Electric Nerve Stimulation; Use of oral immunomodulatory/ supplemental drugs.
16. Unless used intra-operatively, any expenses incurred on prosthesis, corrective devices, External and/or durable Medical/ Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including instruments used in treatment of sleep apnoea syndrome; Infusion pump, Oxygen concentrator, Ambulatory devices, sub cutaneous insulin pump and also any medical equipment, which are subsequently used at home. This is indicative. Please refer to *clauses in Annexure-1 of the policy wordings* for the complete list of non-payable items.
17. Vaccination or inoculation of any kind, except when required as part of hospitalization or a day care procedure for treatment following an animal bite.



18. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), insured person is not entitled to get the coverage for specified disease.

10. 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 must be submitted at proposer's cost.

Notes

- The date of medical reports should not exceed 30 (thirty) days prior to the date of proposal.
- 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.

11. Payment Of Premium

1. Applicable premium must be paid before the commencement of risk for this Policy to come into effect.
2. Premium payable – As per the Premium calculator. The Premium can be paid online for renewals.
3. PAN details must be submitted by the insured. In case PAN is not available, Form 60 or Form 61 must be submitted.

12. Loadings And Discount

1. Family Discount

A Discount of 5% is offered on the total premium if the policy covers the insured person and any one or more of the Spouse, Dependent Children or Parent(s).

2. Direct Channel Discount

A discount is applicable for fresh policies purchased online through the Company's website or directly from United India's office, without any agent or an intermediary.

For renewals, the discount shall be offered provided that both the renewing policy and expiring policy are without any agent or an intermediary.

3. 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 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 *Clause IV.A.1 of the policy wordings* shall be applied on illness/condition, as applicable.

13. Change Of Sum Insured

1. The Insured can apply for change of Sum Insured at the time of renewal, by submitting a fresh proposal form/written request to the company.



2. Any request for enhancement of Sum Insured must be accompanied by a declaration that the Insured or any other Insured Person(s) in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such Insured Person/s to undergo a medical examination to enable the Company to take a decision on accepting the request for enhancement in the Sum Insured.
3. The acceptance of enhancement of Sum Insured would be at the discretion of the company, subject to underwriting, based on the health condition of the Insured Persons & claim history of the policy.
4. All waiting periods as defined in the Policy shall apply for the incremental portion of the Sum Insured from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

14. Cancellation

- i. The policyholder may cancel his/her Policy at any time during the term, 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.
- ii. 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.

15. 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 account which is mentioned by the policy holder in the "Letter to the Insurer" submitted by the policy holder.

16. Free Look Period

The free look period shall be applicable on new individual health insurance 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.

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.

17. Renewal Of Policy

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

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy periods.
- 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 when premium is paid in instalments.



- 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.

18. Migration Of Policy

The Insured Person will be provided facility to migrate the policy (including all members) to other health insurance products/plans offered by the company by applying for migration of the policy. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

19. Portability

The Insured Person will be provided facility to port the policy (including all members) to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health Insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

20. 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. 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.

21. Tax Benefit

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

22. Claim Procedure

1. *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/ Company in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:

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

2. *Procedure for Cashless Claims*

- i. Cashless facility for treatment 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.

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- 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. The TPA upon getting cashless request form and related medical information from the Insured Person/network provider/PPN shall issue pre-authorization letter to the hospital after verification.
- vi. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.
- vii. The 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.

3. 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/Company) within the prescribed time limit.
- ii. Claims for Domiciliary Hospitalisation and 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.

4. Supporting Documents

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

- a. Duly completed claim form
- b. 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.
- c. 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.
- d. Discharge certificate/ summary from the hospital.
- e. Cash-memos from the Diagnostic Centre(s)/ hospital(s)/ chemist(s) supported by proper prescription.
- f. Payment receipts from doctors, surgeons and anesthetists.
- g. Bills, receipts, Stickers of the Implants.
- h. 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 22.4 above* and claim settlement advice duly certified by the other Insurer subject to satisfaction of the company.

5. Time Limit for submission of documents

Type of Claim	Time Limit for Submission of Documents to Company / TPA
Reimbursement of hospitalisation and pre-hospitalisation expenses	Within 15 (fifteen) days of date of discharge from hospital.
Reimbursement of post hospitalisation expenses	Within 15 (fifteen) days from completion of post-hospitalisation treatment.

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Reimbursement of Cost of Health Check-up - Within 15 (fifteen) days from Health Check-up

Notes:

- i. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- ii. Waiver of *clause 22.5 above of the policy wordings* 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.
- iii. 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.
- iv. All the documents submitted to TPA shall be electronically collected by us for settlement/denial of the claims by the appropriate authority.
- v. 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.

6. 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:

- i. Claim settlement and claim rejection;
- ii. 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.

23. Possibility Of Revision of Terms of The Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

24. Withdrawal Of Policy

1. In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholders about the same 90 days prior to expiry of the policy.
2. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

25. Redressal Of Grievance

In case of any grievance the Insured Person may contact the company through:

Website: www.uiic.co.in

Toll-free: 1800 425 333 33

E-mail: customercare@uiic.co.in

Courier: Customer Care Department, Head Office, United India Insurance Co. Ltd.,
24, Whites Road, Chennai, Tamil Nadu- 600014

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Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at customercare@uiic.co.in

For updated details of grievance officer, kindly refer the link <https://uiic.co.in/en/customercare/grievance>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the **Office of Insurance Ombudsman** of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure – 3 of the Policy Wordings.

The grievance may also be lodged at IRDAI Integrated Grievance Management System: <https://igms.irda.gov.in/>

26. REGULATIONS

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

Insurance is the subject matter of Solicitation.

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Individual Health Insurance Policy

Table of Benefits

The following table of Benefits is intended as a brief indicative list for quick and easy reference. For details of what your coverage is, please refer to your Policy Schedule along with the Policy Wordings.

Features	Platinum Plan	Gold Plan
Age of Entry	18-35 years (Children above 91 days of age can be covered provided one or both the parents are covered)	36-60 years
Sum Insured Options	2 Lakh, 3 Lakh, 5 Lakh, 8 Lakh, 10 Lakh, 15 Lakh and 20 Lakh	2 Lakh, 3 Lakh, 5 Lakh, 8 Lakh and 10 Lakh
Policy Period	1 year	1 year
Room Rent	1% of SI	1% of SI
ICU/ICCU	2% of SI	2% of SI
Proportionate Deduction	Applicable	Applicable
Organ Donor Medical Expenses	Covered	Covered
Day Care Treatments	All as per Definition	All as per Definition
Cataract	Actuals	Up to 25% of SI or Rs. 40,000 per eye, whichever is less
Hernia & Hysterectomy	Actuals	25% of Sum Insured subject to maximum Rs. 1,00,000/-
Pre-Hospitalisation	30 Days	30 Days subject to max of 10% of SI (Limit for Pre-Post is combined to 10% of SI)
Post Hospitalisation	60 Days	60 Days subject to max of 10% of SI (Limit for Pre-Post is combined to 10% of SI)
Domiciliary Hospitalisation	Covered	Covered
AYUSH Treatment	Covered	Covered
Modern Treatment Methods	Covered	Covered
Road Ambulance	Up to a maximum of Rs.2, 500/- per person per policy period.	Up to a maximum of Rs.2, 500/- per person per policy period.
Cost of Health Check Up	Every three claim free years up to 1% of average SI per Insured Person subject to a maximum of Rs. 5,000.	Every three claim free years up to 1% of average SI per Insured Person subject to a maximum of Rs. 5,000.
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 (in case of epidemic and pandemic)	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 (in case of epidemic and pandemic)
Daily Cash	Up to Rs. 20000 per person per policy period	Up to Rs. 20000 per person per policy period



Premium Rate Tables

IMPORTANT INFORMATION

- All premium rates shown 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.
- Premium rates are applicable per individual insured person and will be based on their completed age.
- Premium rates in Section I are for standard healthy individuals. The final premium payable may change post underwriting of proposal based on medical tests (where applicable) and information provided in the proposal form.
- Entry Age:
 - Adults: 18 to 60 years
 - Children: 91 days to 17 years
- Premium rates vary depending on the Proposer's place of residence. In this regard, the country is divided into three geographical zones: **Zone A, Zone B, Zone C**. The Zones are based on the following districts in India:

Zone	Districts
A	All Districts in NCT of Delhi (incl. Shahdara), Faridabad, Palwal, Gurugram, Rohtak, Jhajjar, Ghaziabad, Gautam Buddh Nagar, Bulandshahr, Ahmedabad, Ahmedabad City, Gandhi Nagar, Vadodara, Surat, Mumbai, Mumbai Suburban, Thane, Raigad (MH), Palghar
B	Ahmed Nagar, Amritsar, Anand, Bengaluru, Bhopal, Chennai, Coimbatore, Dakshina Kannada, Ernakulam, Howrah, Hyderabad, Indore, Jaipur, Jalgaon, Jodhpur, Kanpur Nagar, Kheda, Kolhapur, Kolkata, Kottayam, Krishna, Lucknow, Ludhiana, Nagpur, Nashik, North 24 Parganas, Pune, Rajkot, Ranga Reddy, Solapur, Thiruvananthapuram, Tiruvallur, Valsad, Visakhapatnam.
C	Rest of India

- This product has two plans, namely '**Platinum Plan**' and '**Gold Plan**'. An Insured Person cannot opt for a particular plan, instead, the plan is determined solely based on age of initial entry into this product:
 - *Platinum Plan : Insured Persons whose age of entry ≤ 35 Years*
 - *Gold Plan : Insured Persons whose age of entry > 35 Years and ≤ 60 Years*

Note: The Insured Person will continue to be in the same plan they started in, till the time they are insured under this product, subject to no break in policy.

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I. BASE COVER PREMIUM RATES (EXCL. GST)

Zone A

Sum Insured	0-17	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	1,149	1,939	2,154	2,585	3,141	3,141	3,758	4,510	6,476	6,832	7,770	8,772	10,119
75,000	1,532	2,585	2,872	3,446	4,188	4,188	5,011	6,013	8,635	9,110	10,360	11,696	13,493
1,00,000	1,915	3,231	3,590	4,308	5,235	5,235	6,264	7,517	10,793	11,387	12,949	14,620	16,866
1,25,000	2,100	3,544	3,938	4,725	5,743	5,796	6,935	8,322	11,950	13,285	15,108	17,057	19,677
1,50,000	2,285	3,856	4,286	5,143	6,250	6,357	7,606	9,127	13,106	15,183	17,266	19,494	22,488
1,75,000	2,471	4,169	4,634	5,561	6,758	6,918	8,277	9,933	14,262	17,081	19,424	21,931	25,298
2,00,000	2,656	4,482	4,982	5,978	7,266	7,479	8,948	10,738	15,419	18,978	21,582	24,367	28,109
2,25,000	2,834	4,783	5,316	6,379	7,753	8,227	9,843	11,812	16,961	20,876	23,741	26,804	30,920
2,50,000	3,013	5,084	5,650	6,780	8,240	8,975	10,738	12,886	18,503	22,774	25,899	29,241	33,731
2,75,000	3,191	5,385	5,984	7,181	8,727	9,722	11,633	13,959	20,044	24,672	28,057	31,677	36,542
3,00,000	3,370	5,686	6,318	7,582	9,214	10,470	12,528	15,033	21,586	26,570	30,215	34,114	39,353
3,25,000	3,427	5,783	6,426	7,711	9,371	11,031	13,199	15,839	22,743	27,993	31,834	35,942	41,461
3,50,000	3,485	5,880	6,533	7,840	9,528	11,592	13,870	16,644	23,899	29,416	33,453	37,769	43,570
3,75,000	3,542	5,977	6,641	7,969	9,685	12,153	14,541	17,449	25,055	30,840	35,071	39,597	45,678
4,00,000	3,599	6,074	6,749	8,099	9,842	12,714	15,212	18,255	26,212	32,263	36,690	41,424	47,786
4,25,000	3,657	6,171	6,857	8,228	9,999	13,275	15,883	19,060	27,368	33,687	38,309	43,252	49,894
4,50,000	3,714	6,268	6,964	8,357	10,156	13,836	16,555	19,865	28,525	35,110	39,928	45,079	52,002
4,75,000	3,772	6,365	7,072	8,486	10,313	14,397	17,226	20,671	29,681	36,533	41,546	46,907	54,111
5,00,000	3,829	6,462	7,180	8,616	10,470	14,958	17,897	21,476	30,838	37,957	43,165	48,735	56,219
5,25,000	3,887	6,559	7,287	8,745	10,627	15,182	18,165	21,798	31,300	38,716	44,028	49,709	57,343
5,50,000	3,944	6,656	7,395	8,874	10,784	15,406	18,434	22,120	31,763	39,475	44,891	50,684	58,468
5,75,000	4,001	6,752	7,503	9,003	10,941	15,631	18,702	22,443	32,225	40,234	45,755	51,659	59,592
6,00,000	4,059	6,849	7,610	9,132	11,099	15,855	18,971	22,765	32,688	40,993	46,618	52,633	60,716
6,25,000	4,116	6,946	7,718	9,262	11,256	16,079	19,239	23,087	33,150	41,752	47,481	53,608	61,841
6,50,000	4,174	7,043	7,826	9,391	11,413	16,304	19,507	23,409	33,613	42,512	48,345	54,583	62,965
6,75,000	4,231	7,140	7,933	9,520	11,570	16,528	19,776	23,731	34,075	43,271	49,208	55,557	64,089
7,00,000	4,289	7,237	8,041	9,649	11,727	16,752	20,044	24,053	34,538	44,030	50,071	56,532	65,214
7,25,000	4,346	7,334	8,149	9,779	11,884	16,977	20,313	24,375	35,001	44,789	50,935	57,507	66,338
7,50,000	4,404	7,431	8,257	9,908	12,041	17,201	20,581	24,698	35,463	45,548	51,798	58,481	67,463
7,75,000	4,461	7,528	8,364	10,037	12,198	17,426	20,850	25,020	35,926	46,307	52,661	59,456	68,587
8,00,000	4,518	7,625	8,472	10,166	12,355	17,650	21,118	25,342	36,388	47,066	53,524	60,431	69,711
8,25,000	4,576	7,722	8,580	10,296	12,512	17,874	21,387	25,664	36,851	47,825	54,388	61,406	70,836
8,50,000	4,633	7,819	8,687	10,425	12,669	18,099	21,655	25,986	37,313	48,585	55,251	62,380	71,960
8,75,000	4,691	7,916	8,795	10,554	12,826	18,323	21,924	26,308	37,776	49,344	56,114	63,355	73,084
9,00,000	4,748	8,012	8,903	10,683	12,983	18,547	22,192	26,630	38,239	50,103	56,978	64,330	74,209
9,25,000	4,806	8,109	9,010	10,813	13,140	18,772	22,460	26,953	38,701	50,862	57,841	65,304	75,333
9,50,000	4,863	8,206	9,118	10,942	13,297	18,996	22,729	27,275	39,164	51,621	58,704	66,279	76,458
9,75,000	4,920	8,303	9,226	11,071	13,454	19,220	22,997	27,597	39,626	52,380	59,568	67,254	77,582
10,00,000	4,978	8,400	9,334	11,200	13,611	19,445	23,266	27,919	40,089	53,139	60,431	68,228	78,706
15,00,000	5,600	9,450	10,500	12,600	15,313	21,875	26,174	31,409	45,100	59,782	67,985	76,757	88,545

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Zone A

Sum Insured	0-17	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	75+
20,00,000	6,020	10,159	11,288	13,545	16,461	23,516	28,137	33,765	48,482	64,265	73,084	82,514	95,185

Zone B

Sum Insured	0-17	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	981	1,656	1,840	2,208	2,683	2,683	3,210	3,852	5,531	5,836	6,637	7,493	8,644
75,000	1,308	2,208	2,453	2,944	3,577	3,577	4,280	5,136	7,375	7,781	8,849	9,991	11,525
1,00,000	1,635	2,760	3,066	3,680	4,472	4,472	5,350	6,420	9,219	9,726	11,061	12,488	14,406
1,25,000	1,794	3,027	3,364	4,036	4,905	4,951	5,924	7,108	10,207	11,347	12,905	14,570	16,807
1,50,000	1,952	3,294	3,661	4,393	5,339	5,430	6,497	7,796	11,195	12,969	14,748	16,651	19,208
1,75,000	2,110	3,561	3,958	4,750	5,772	5,909	7,070	8,484	12,182	14,590	16,592	18,732	21,609
2,00,000	2,269	3,828	4,255	5,106	6,206	6,388	7,643	9,172	13,170	16,211	18,435	20,814	24,010
2,25,000	2,421	4,085	4,541	5,449	6,622	7,027	8,408	10,089	14,487	17,832	20,279	22,895	26,411
2,50,000	2,573	4,343	4,826	5,791	7,038	7,666	9,172	11,007	15,804	19,453	22,122	24,976	28,812
2,75,000	2,726	4,600	5,111	6,134	7,454	8,305	9,936	11,924	17,121	21,074	23,966	27,058	31,213
3,00,000	2,878	4,857	5,397	6,476	7,870	8,943	10,701	12,841	18,438	22,695	25,809	29,139	33,614
3,25,000	2,927	4,940	5,489	6,586	8,004	9,422	11,274	13,529	19,426	23,911	27,192	30,700	35,415
3,50,000	2,976	5,023	5,581	6,697	8,138	9,902	11,847	14,217	20,414	25,127	28,574	32,261	37,216
3,75,000	3,025	5,105	5,673	6,807	8,273	10,381	12,421	14,905	21,402	26,342	29,957	33,822	39,016
4,00,000	3,074	5,188	5,765	6,918	8,407	10,860	12,994	15,593	22,389	27,558	31,340	35,383	40,817
4,25,000	3,124	5,271	5,857	7,028	8,541	11,339	13,567	16,280	23,377	28,774	32,722	36,944	42,618
4,50,000	3,173	5,354	5,949	7,138	8,675	11,818	14,140	16,968	24,365	29,990	34,105	38,505	44,419
4,75,000	3,222	5,437	6,041	7,249	8,809	12,297	14,714	17,656	25,353	31,206	35,487	40,066	46,219
5,00,000	3,271	5,519	6,133	7,359	8,943	12,776	15,287	18,344	26,340	32,421	36,870	41,627	48,020
5,25,000	3,320	5,602	6,225	7,470	9,078	12,968	15,516	18,619	26,735	33,070	37,607	42,460	48,981
5,50,000	3,369	5,685	6,317	7,580	9,212	13,160	15,745	18,895	27,131	33,718	38,345	43,293	49,941
5,75,000	3,418	5,768	6,409	7,690	9,346	13,351	15,975	19,170	27,526	34,367	39,082	44,125	50,901
6,00,000	3,467	5,851	6,501	7,801	9,480	13,543	16,204	19,445	27,921	35,015	39,820	44,958	51,862
6,25,000	3,516	5,933	6,593	7,911	9,614	13,734	16,433	19,720	28,316	35,664	40,557	45,790	52,822
6,50,000	3,565	6,016	6,685	8,021	9,748	13,926	16,663	19,995	28,711	36,312	41,294	46,623	53,783
6,75,000	3,614	6,099	6,777	8,132	9,882	14,118	16,892	20,270	29,106	36,960	42,032	47,455	54,743
7,00,000	3,663	6,182	6,869	8,242	10,017	14,309	17,121	20,545	29,501	37,609	42,769	48,288	55,703
7,25,000	3,712	6,264	6,961	8,353	10,151	14,501	17,351	20,821	29,896	38,257	43,507	49,120	56,664
7,50,000	3,761	6,347	7,052	8,463	10,285	14,693	17,580	21,096	30,291	38,906	44,244	49,953	57,624
7,75,000	3,810	6,430	7,144	8,573	10,419	14,884	17,809	21,371	30,687	39,554	44,981	50,785	58,585
8,00,000	3,859	6,513	7,236	8,684	10,553	15,076	18,038	21,646	31,082	40,202	45,719	51,618	59,545
8,25,000	3,909	6,596	7,328	8,794	10,687	15,268	18,268	21,921	31,477	40,851	46,456	52,451	60,505
8,50,000	3,958	6,678	7,420	8,905	10,821	15,459	18,497	22,196	31,872	41,499	47,194	53,283	61,466
8,75,000	4,007	6,761	7,512	9,015	10,956	15,651	18,726	22,472	32,267	42,148	47,931	54,116	62,426
9,00,000	4,056	6,844	7,604	9,125	11,090	15,843	18,956	22,747	32,662	42,796	48,668	54,948	63,387
9,25,000	4,105	6,927	7,696	9,236	11,224	16,034	19,185	23,022	33,057	43,445	49,406	55,781	64,347
9,50,000	4,154	7,010	7,788	9,346	11,358	16,226	19,414	23,297	33,452	44,093	50,143	56,613	65,308

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

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Zone B

Sum Insured	0-17	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	75+
9,75,000	4,203	7,092	7,880	9,456	11,492	16,417	19,644	23,572	33,847	44,741	50,881	57,446	66,268
10,00,000	4,252	7,175	7,972	9,567	11,626	16,609	19,873	23,847	34,242	45,390	51,618	58,278	67,228
15,00,000	4,783	8,072	8,969	10,763	13,080	18,685	22,357	26,828	38,523	51,064	58,070	65,563	75,632
20,00,000	5,142	8,677	9,642	11,570	14,061	20,087	24,034	28,841	41,412	54,893	62,426	70,480	81,304

Zone C

Sum Insured	0-17	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	909	1,535	1,705	2,046	2,487	2,487	2,975	3,570	5,127	5,409	6,151	6,945	8,011
75,000	1,213	2,046	2,274	2,728	3,316	3,316	3,967	4,761	6,836	7,212	8,201	9,260	10,682
1,00,000	1,516	2,558	2,842	3,410	4,144	4,144	4,959	5,951	8,545	9,015	10,252	11,574	13,352
1,25,000	1,662	2,805	3,117	3,741	4,546	4,589	5,490	6,588	9,460	10,517	11,960	13,504	15,577
1,50,000	1,809	3,053	3,393	4,072	4,948	5,033	6,022	7,226	10,376	12,020	13,669	15,433	17,803
1,75,000	1,956	3,301	3,668	4,402	5,350	5,477	6,553	7,863	11,291	13,522	15,377	17,362	20,028
2,00,000	2,103	3,548	3,944	4,733	5,752	5,921	7,084	8,501	12,207	15,025	17,086	19,291	22,253
2,25,000	2,244	3,787	4,208	5,050	6,138	6,513	7,793	9,351	13,427	16,527	18,795	21,220	24,479
2,50,000	2,385	4,025	4,473	5,367	6,523	7,105	8,501	10,201	14,648	18,029	20,503	23,149	26,704
2,75,000	2,526	4,263	4,737	5,685	6,909	7,697	9,209	11,051	15,868	19,532	22,212	25,078	28,929
3,00,000	2,668	4,502	5,002	6,002	7,294	8,289	9,918	11,901	17,089	21,034	23,921	27,007	31,155
3,25,000	2,713	4,578	5,087	6,104	7,419	8,733	10,449	12,539	18,005	22,161	25,202	28,454	32,824
3,50,000	2,759	4,655	5,172	6,207	7,543	9,177	10,980	13,177	18,920	23,288	26,483	29,901	34,493
3,75,000	2,804	4,732	5,258	6,309	7,667	9,621	11,512	13,814	19,836	24,415	27,765	31,347	36,162
4,00,000	2,850	4,809	5,343	6,411	7,792	10,065	12,043	14,452	20,751	25,542	29,046	32,794	37,831
4,25,000	2,895	4,885	5,428	6,514	7,916	10,509	12,574	15,089	21,667	26,669	30,328	34,241	39,500
4,50,000	2,940	4,962	5,513	6,616	8,040	10,953	13,106	15,727	22,582	27,795	31,609	35,688	41,169
4,75,000	2,986	5,039	5,599	6,718	8,165	11,397	13,637	16,364	23,498	28,922	32,891	37,135	42,838
5,00,000	3,031	5,115	5,684	6,821	8,289	11,841	14,168	17,002	24,413	30,049	34,172	38,582	44,507
5,25,000	3,077	5,192	5,769	6,923	8,413	12,019	14,381	17,257	24,779	30,650	34,856	39,353	45,397
5,50,000	3,122	5,269	5,854	7,025	8,538	12,197	14,593	17,512	25,145	31,251	35,539	40,125	46,287
5,75,000	3,168	5,346	5,940	7,128	8,662	12,374	14,806	17,767	25,512	31,852	36,223	40,896	47,177
6,00,000	3,213	5,422	6,025	7,230	8,786	12,552	15,018	18,022	25,878	32,453	36,906	41,668	48,067
6,25,000	3,259	5,499	6,110	7,332	8,911	12,730	15,231	18,277	26,244	33,054	37,589	42,440	48,957
6,50,000	3,304	5,576	6,195	7,435	9,035	12,907	15,443	18,532	26,610	33,655	38,273	43,211	49,847
6,75,000	3,350	5,653	6,281	7,537	9,159	13,085	15,656	18,787	26,976	34,256	38,956	43,983	50,737
7,00,000	3,395	5,729	6,366	7,639	9,284	13,262	15,868	19,042	27,343	34,857	39,640	44,755	51,628
7,25,000	3,441	5,806	6,451	7,741	9,408	13,440	16,081	19,297	27,709	35,458	40,323	45,526	52,518
7,50,000	3,486	5,883	6,536	7,844	9,532	13,618	16,294	19,552	28,075	36,059	41,007	46,298	53,408
7,75,000	3,532	5,960	6,622	7,946	9,657	13,795	16,506	19,807	28,441	36,660	41,690	47,069	54,298
8,00,000	3,577	6,036	6,707	8,048	9,781	13,973	16,719	20,062	28,807	37,261	42,374	47,841	55,188
8,25,000	3,623	6,113	6,792	8,151	9,905	14,150	16,931	20,317	29,174	37,862	43,057	48,613	56,078
8,50,000	3,668	6,190	6,877	8,253	10,030	14,328	17,144	20,572	29,540	38,463	43,740	49,384	56,968
8,75,000	3,713	6,266	6,963	8,355	10,154	14,506	17,356	20,827	29,906	39,064	44,424	50,156	57,859

United India Insurance Company Limited

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Registered Office: 24 Whites Road, Chennai – 600014

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Zone C

Sum Insured	0-17	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	75+
9,00,000	3,759	6,343	7,048	8,458	10,278	14,683	17,569	21,082	30,272	39,665	45,107	50,928	58,749
9,25,000	3,804	6,420	7,133	8,560	10,403	14,861	17,781	21,337	30,638	40,266	45,791	51,699	59,639
9,50,000	3,850	6,497	7,219	8,662	10,527	15,039	17,994	21,592	31,005	40,867	46,474	52,471	60,529
9,75,000	3,895	6,573	7,304	8,765	10,651	15,216	18,206	21,847	31,371	41,468	47,158	53,243	61,419
10,00,000	3,941	6,650	7,389	8,867	10,776	15,394	18,419	22,103	31,737	42,069	47,841	54,014	62,309
15,00,000	4,433	7,481	8,313	9,975	12,123	17,318	20,721	24,865	35,704	47,327	53,821	60,766	70,098
20,00,000	4,766	8,043	8,936	10,723	13,032	18,617	22,275	26,730	38,382	50,877	57,858	65,323	75,355

Note for all premium tables: Premium for ages 61 years and above are applicable only for renewals.

II. OPTIONAL COVER PREMIUM RATES (EXCL. GST)

Daily Cash Allowance on Hospitalisation

All Zones, All Ages	
Daily Allowance (Rs.)	Premium (Rs.)
500	70
1,000	140
2,000	280

III. DISCOUNTS

- Family Discount:** In case a single policy covers more than one member of the family, a discount of 5% is offered on the premium of each and every member of the family.
Note: Family Discount is not applicable on Optional Cover premium rates.
- Direct Channel Discount:** A discount is applicable for fresh policies purchased online through the Company's website or directly from United India's office, without any agent or an intermediary. For renewals, the discount shall be offered provided that both the renewing policy and expiring policy are without any agent or an intermediary.

IV. 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).

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 Policy Terms and Conditions shall be applied on illness/condition, as applicable.