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

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 65 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 max. 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
Senior Citizen	61 years to 65 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 65 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
iii. **Senior Citizen** : 2 Lakhs, 3 Lakhs, 5 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 ALL the plans i.e., Platinum/ Gold/ Senior Citizen, 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 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.

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.

1.1 Note

i. PROPORTIONATE PAYMENT CLAUSE: In case of admission to a room at rates exceeding the aforesaid limits in *Clause III.A.1.i of the policy wordings*, 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 III.A.1.iii of the policy wordings* 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.

iii. All day care treatments as per definition in *Clause II.A.9 of the policy wordings* are covered.

1.2 Sub-limit

(Applicable only for Gold and Senior Citizen plans)

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
Major surgeries which include Cardiac Surgeries; Brain Tumour Surgeries; Pace Maker Implantation for Sick Sinus Syndrome; Cancer Surgeries; Hip, Knee, Joint Replacement Surgery; Organ Transplant	Up to 70% of the Sum Insured

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 III.A.1 of the policy wordings*.
b. The Pre-hospitalisation and Post-hospitalisation Medical Expenses are related to the same Illness or Injury.

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
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 III.A.1 *of the policy wordings* 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:

a. 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;
b. 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 III.A.1 of the policy wordings*, expenses incurred on the following procedures (wherever medically indicated) shall be covered.

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

Note: The claims under *Oral Chemotherapy and Immunotherapy-Monoclonal Antibody to be given as injection* shall be treated as post-Hospitalisation claim(s). However, the time and monetary limits as mentioned in *Clause III.A.2 of the policy wordings* shall not be applied.

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.

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:

Additional Annual Premium (excl. GST)	**Daily Cash Allowance Limit (Rs.)**
Rs. 150/-	Rs. 250 per day subject to a maximum of Rs. 2500 per policy period
Rs. 300/-	Rs. 500 per day subject to a maximum of Rs. 5000 per policy period

The aggregate of Daily Cash Allowance during the policy period shall not exceed 'per policy period limits' as mentioned in the table above.

Daily Cash Allowance will not be payable for Day Care Treatment claims. 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 & Senior Citizen Plans)

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:

1. Pre-Existing Diseases (Code – Excl01)

i. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 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 (Health Insurance) 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 48 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 48 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. 48 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.
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.

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; including optometric therapy.

10. Cost of routine medical examination and preventive health check-up unless as provided for in *clause III.A.6 of the policy wordings.*
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.
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. Treatments other than Allopathy and AYUSH branches of medicine.
17. 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.
18. Vaccination or inoculation of any kind unless post animal bite.
19. 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 ICD Codes.

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. However, maximum risk loading per individual shall not exceed 200% of Premium excluding applicable Taxes.

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

1. The policyholder may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

Cancellation Grid – Refund of Premium (basis Policy period)	
Timing of Cancellation	**Refund (%)**
Up to One Month	75%
> 1 Month and up to 3 Months	50%
> 3 Months and up to 6 Months	25%
Exceeding 6 Months	NIL

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.

2. 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 15 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. 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 15 days from date of receipt of the policy document 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:

i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

16. Renewal Of Policy

The policy shall ordinarily be renewable except on grounds of fraud 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.
v. No loading shall apply on renewals based on individual claims experience.

17. Migration Of Policy

The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. 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. For Detailed Guidelines on Migration, kindly refer the link: https://irdai.gov.in/document-detail?documentId=393128

18. Portability

The Insured Person will have the option to port the policy 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 45 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. For Detailed Guidelines on Portability, kindly refer the link – https://irdai.gov.in/document-detail?documentId=393128

19. 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.

20. Tax Benefit

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

21. 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 (if claim is processed by TPA)/company (if claim is processed by the 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 network hospitals only shall be available to Insured if opted for claim processing by TPA.

ii. Treatment may be taken in a network provider/PPN hospital and is subject to pre authorization by the TPA. 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.

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 (if claim is processed by TPA)/company (if claim is processed by the 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 V.B.5.iv of the policy wordings* 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.

Type of Claim	Time Limit for Submission of Documents to Company / TPA
Reimbursement of post hospitalisation expenses	Within 15 (fifteen) days from completion of post-hospitalisation treatment.
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 V.B.5.v 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.

22. 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.

23. 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

24. 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- 600034

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/

25. REGULATIONS

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (Health Insurance) Regulations, 2016 and IRDAI (Protection of Policyholders' Interest) Regulations, 2017 as amended from time to time.

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Insurance is the subject matter of Solicitation.

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	Senior Citizen 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	61-65 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	2 Lakh, 3 Lakh, and 5 Lakh
Policy Period	1 Year		
Base Cover			
Room Rent	1% of SI	1% of SI	1% of SI
ICU/ICCU	2% of SI	2% of SI	2% of SI
Proportionate Deduction	Applicable	Applicable	Applicable
Organ Donor Medical Expenses	Covered	Covered	Covered
Day Care Treatments	All as per Definition	All as per Definition	All as per Definition
Cataract	Actuals	Up to 25% of SI or Rs. 40,000 per eye, whichever is less	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/-	25% of Sum Insured subject to maximum Rs. 1,00,000/-
Major Surgeries#	Actuals	Up to 70% of SI	Up to 70% of SI
Pre-Hospitalisation	30 Days	30 Days subject to max of 10% of SI (Limit for Pre-Post is combined to 10% of SI)	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)	60 Days subject to max of 10% of SI (Limit for Pre-Post is combined to 10% of SI)
Domiciliary Hospitalisation	Covered	Covered	Covered
Ayurvedic Treatment	Covered	Covered	Covered
Modern Treatment Methods	Covered	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.	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.	Every three claim free years up to 1% of average SI per Insured Person subject to a maximum of Rs. 5,000.
Optional Cover			
Daily Cash	Up to Rs. 5,000 per person per policy period	Up to Rs. 5,000 per person per policy period	Up to Rs. 5,000 per person per policy period

#Please refer to Policy Wordings for details on what constitutes Major Surgeries

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 65 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 three plans, namely '**Platinum Plan**', '**Gold Plan**' and '**Senior Citizen 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*
  - *Senior Citizen Plan* : *Insured Persons whose age of entry in IHP > 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.

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	954	1,609	1,788	2,146	2,608	2,608	3,152	3,782	5,431	6,207	7,583	8,561	9,876
75,000	1,272	2,146	2,384	2,861	3,477	3,477	4,202	5,043	7,241	8,276	10,110	11,415	13,168
1,00,000	1,590	2,682	2,980	3,576	4,346	4,346	5,253	6,303	9,051	10,345	12,638	14,269	16,460
1,25,000	1,743	2,942	3,269	3,923	4,768	4,812	5,816	6,979	10,021	12,069	14,744	16,647	19,203
1,50,000	1,897	3,202	3,558	4,270	5,189	5,278	6,378	7,654	10,990	13,793	16,851	19,025	21,947
1,75,000	2,051	3,461	3,847	4,617	5,611	5,743	6,941	8,329	11,960	15,517	18,957	21,403	24,690
2,00,000	2,205	3,721	4,136	4,963	6,032	6,209	7,504	9,005	12,930	17,241	21,063	23,781	27,433
2,25,000	2,353	3,971	4,413	5,296	6,436	6,830	8,254	9,905	14,223	18,965	23,170	26,159	30,176
2,50,000	2,501	4,221	4,691	5,629	6,841	7,451	9,005	10,806	15,516	20,690	25,276	28,537	32,920
2,75,000	2,649	4,471	4,968	5,962	7,245	8,072	9,755	11,706	16,809	22,414	27,382	30,915	35,663
3,00,000	2,798	4,721	5,245	6,295	7,650	8,693	10,506	12,607	18,102	24,138	29,489	33,293	38,406
3,25,000	2,845	4,801	5,335	6,402	7,780	9,158	11,068	13,282	19,072	25,431	31,068	35,077	40,464
3,50,000	2,893	4,882	5,424	6,509	7,910	9,624	11,631	13,957	20,041	26,724	32,648	36,861	42,521
3,75,000	2,941	4,962	5,514	6,616	8,041	10,090	12,194	14,633	21,011	28,017	34,228	38,644	44,579
4,00,000	2,988	5,043	5,603	6,724	8,171	10,555	12,757	15,308	21,981	29,310	35,807	40,428	46,636
4,25,000	3,036	5,123	5,692	6,831	8,302	11,021	13,320	15,983	22,951	30,603	37,387	42,211	48,694
4,50,000	3,084	5,204	5,782	6,938	8,432	11,487	13,882	16,659	23,920	31,896	38,967	43,995	50,751
4,75,000	3,131	5,284	5,871	7,046	8,562	11,952	14,445	17,334	24,890	33,189	40,547	45,779	52,809
5,00,000	3,179	5,365	5,961	7,153	8,693	12,418	15,008	18,010	25,860	34,483	42,126	47,562	54,866
5,25,000	3,227	5,445	6,050	7,260	8,823	12,604	15,233	18,280	26,248	35,172	42,969	48,513	55,964
5,50,000	3,274	5,526	6,140	7,367	8,953	12,791	15,458	18,550	26,636	35,862	43,812	49,465	57,061
5,75,000	3,322	5,606	6,229	7,475	9,084	12,977	15,683	18,820	27,024	36,551	44,654	50,416	58,158
6,00,000	3,370	5,687	6,318	7,582	9,214	13,163	15,908	19,090	27,411	37,241	45,497	51,367	59,256
6,25,000	3,417	5,767	6,408	7,689	9,345	13,350	16,134	19,360	27,799	37,931	46,339	52,318	60,353
6,50,000	3,465	5,847	6,497	7,797	9,475	13,536	16,359	19,630	28,187	38,620	47,182	53,270	61,450
6,75,000	3,513	5,928	6,587	7,904	9,605	13,722	16,584	19,901	28,575	39,310	48,024	54,221	62,548
7,00,000	3,561	6,008	6,676	8,011	9,736	13,908	16,809	20,171	28,963	40,000	48,867	55,172	63,645
7,25,000	3,608	6,089	6,765	8,118	9,866	14,095	17,034	20,441	29,351	40,689	49,709	56,123	64,742
7,50,000	3,656	6,169	6,855	8,226	9,997	14,281	17,259	20,711	29,739	41,379	50,552	57,075	65,840
7,75,000	3,704	6,250	6,944	8,333	10,127	14,467	17,484	20,981	30,127	42,069	51,394	58,026	66,937
8,00,000	3,751	6,330	7,034	8,440	10,257	14,653	17,709	21,251	30,515	42,758	52,237	58,977	68,034
8,25,000	3,799	6,411	7,123	8,548	10,388	14,840	17,934	21,521	30,902	43,448	53,079	59,928	69,132
8,50,000	3,847	6,491	7,212	8,655	10,518	15,026	18,160	21,792	31,290	44,138	53,922	60,880	70,229
8,75,000	3,894	6,572	7,302	8,762	10,649	15,212	18,385	22,062	31,678	44,827	54,764	61,831	71,326
9,00,000	3,942	6,652	7,391	8,870	10,779	15,399	18,610	22,332	32,066	45,517	55,607	62,782	72,424
9,25,000	3,990	6,733	7,481	8,977	10,909	15,585	18,835	22,602	32,454	46,207	56,449	63,733	73,521
9,50,000	4,037	6,813	7,570	9,084	11,040	15,771	19,060	22,872	32,842	46,896	57,292	64,685	74,618
9,75,000	4,085	6,894	7,660	9,191	11,170	15,957	19,285	23,142	33,230	47,586	58,135	65,636	75,716
10,00,000	4,133	6,974	7,749	9,299	11,301	16,144	19,510	23,412	33,618	48,276	58,977	66,587	76,813
15,00,000	4,649	7,846	8,718	10,461	12,713	18,162	21,949	26,339	37,820	54,310	66,349	74,910	86,414
20,00,000	4,998	8,434	9,371	11,246	13,667	19,524	23,595	28,314	40,657	58,383	71,325	80,529	92,896

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	815	1,375	1,527	1,833	2,228	2,228	2,692	3,230	4,639	5,302	6,477	7,313	8,436
75,000	1,086	1,833	2,037	2,444	2,970	2,970	3,589	4,307	6,185	7,069	8,636	9,750	11,248
1,00,000	1,358	2,291	2,546	3,055	3,713	3,713	4,487	5,384	7,731	8,836	10,795	12,188	14,059
1,25,000	1,489	2,513	2,792	3,351	4,072	4,110	4,967	5,961	8,559	10,309	12,594	14,219	16,403
1,50,000	1,621	2,735	3,039	3,647	4,432	4,508	5,448	6,538	9,388	11,782	14,393	16,250	18,746
1,75,000	1,752	2,957	3,286	3,943	4,792	4,906	5,929	7,115	10,216	13,254	16,192	18,282	21,089
2,00,000	1,883	3,178	3,533	4,239	5,152	5,304	6,410	7,692	11,044	14,727	17,992	20,313	23,432
2,25,000	2,010	3,392	3,770	4,524	5,498	5,834	7,051	8,461	12,149	16,200	19,791	22,344	25,776
2,50,000	2,137	3,605	4,007	4,808	5,843	6,364	7,692	9,230	13,253	17,672	21,590	24,376	28,119
2,75,000	2,263	3,819	4,244	5,092	6,189	6,895	8,333	9,999	14,358	19,145	23,389	26,407	30,462
3,00,000	2,390	4,032	4,480	5,377	6,534	7,425	8,973	10,768	15,462	20,618	25,188	28,438	32,805
3,25,000	2,430	4,101	4,557	5,468	6,645	7,823	9,454	11,345	16,290	21,722	26,537	29,962	34,563
3,50,000	2,471	4,170	4,633	5,560	6,757	8,221	9,935	11,922	17,119	22,827	27,887	31,485	36,320
3,75,000	2,512	4,239	4,710	5,652	6,868	8,618	10,416	12,499	17,947	23,931	29,236	33,009	38,078
4,00,000	2,553	4,307	4,786	5,743	6,980	9,016	10,896	13,076	18,775	25,036	30,586	34,532	39,835
4,25,000	2,593	4,376	4,862	5,835	7,091	9,414	11,377	13,653	19,604	26,140	31,935	36,056	41,593
4,50,000	2,634	4,445	4,939	5,926	7,202	9,812	11,858	14,229	20,432	27,245	33,284	37,579	43,350
4,75,000	2,675	4,514	5,015	6,018	7,314	10,209	12,339	14,806	21,260	28,349	34,634	39,103	45,108
5,00,000	2,715	4,582	5,091	6,110	7,425	10,607	12,819	15,383	22,089	29,454	35,983	40,626	46,865
5,25,000	2,756	4,651	5,168	6,201	7,536	10,766	13,012	15,614	22,420	30,043	36,703	41,439	47,802
5,50,000	2,797	4,720	5,244	6,293	7,648	10,925	13,204	15,845	22,751	30,632	37,422	42,251	48,740
5,75,000	2,838	4,789	5,321	6,385	7,759	11,084	13,396	16,075	23,083	31,221	38,142	43,064	49,677
6,00,000	2,878	4,857	5,397	6,476	7,871	11,244	13,588	16,306	23,414	31,810	38,862	43,876	50,614
6,25,000	2,919	4,926	5,473	6,568	7,982	11,403	13,781	16,537	23,745	32,399	39,581	44,689	51,551
6,50,000	2,960	4,995	5,550	6,660	8,093	11,562	13,973	16,768	24,077	32,988	40,301	45,501	52,489
6,75,000	3,001	5,063	5,626	6,751	8,205	11,721	14,165	16,998	24,408	33,577	41,021	46,314	53,426
7,00,000	3,041	5,132	5,702	6,843	8,316	11,880	14,358	17,229	24,739	34,166	41,740	47,126	54,363
7,25,000	3,082	5,201	5,779	6,935	8,427	12,039	14,550	17,460	25,071	34,756	42,460	47,939	55,301
7,50,000	3,123	5,270	5,855	7,026	8,539	12,198	14,742	17,691	25,402	35,345	43,180	48,751	56,238
7,75,000	3,163	5,338	5,932	7,118	8,650	12,357	14,934	17,921	25,733	35,934	43,899	49,564	57,175
8,00,000	3,204	5,407	6,008	7,209	8,762	12,516	15,127	18,152	26,065	36,523	44,619	50,376	58,113
8,25,000	3,245	5,476	6,084	7,301	8,873	12,676	15,319	18,383	26,396	37,112	45,339	51,189	59,050
8,50,000	3,286	5,545	6,161	7,393	8,984	12,835	15,511	18,614	26,727	37,701	46,058	52,001	59,987
8,75,000	3,326	5,613	6,237	7,484	9,096	12,994	15,704	18,844	27,059	38,290	46,778	52,814	60,924
9,00,000	3,367	5,682	6,313	7,576	9,207	13,153	15,896	19,075	27,390	38,879	47,498	53,626	61,862
9,25,000	3,408	5,751	6,390	7,668	9,318	13,312	16,088	19,306	27,721	39,468	48,217	54,439	62,799
9,50,000	3,449	5,820	6,466	7,759	9,430	13,471	16,280	19,537	28,053	40,057	48,937	55,251	63,736
9,75,000	3,489	5,888	6,543	7,851	9,541	13,630	16,473	19,767	28,384	40,646	49,657	56,064	64,674
10,00,000	3,530	5,957	6,619	7,943	9,653	13,789	16,665	19,998	28,715	41,235	50,376	56,876	65,611
15,00,000	3,971	6,702	7,446	8,935	10,859	15,513	18,748	22,498	32,305	46,390	56,673	63,986	73,812
20,00,000	4,269	7,204	8,005	9,606	11,674	16,676	20,154	24,185	34,727	49,869	60,924	68,785	79,348

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	755	1,274	1,416	1,699	2,065	2,065	2,495	2,994	4,299	4,914	6,003	6,778	7,818
75,000	1,007	1,699	1,888	2,265	2,753	2,753	3,327	3,992	5,732	6,552	8,004	9,037	10,425
1,00,000	1,258	2,124	2,359	2,831	3,441	3,441	4,158	4,990	7,165	8,190	10,005	11,296	13,031
1,25,000	1,380	2,329	2,588	3,106	3,775	3,810	4,604	5,525	7,933	9,555	11,673	13,179	15,203
1,50,000	1,502	2,535	2,817	3,380	4,108	4,178	5,050	6,059	8,701	10,919	13,340	15,061	17,374
1,75,000	1,624	2,740	3,046	3,655	4,442	4,547	5,495	6,594	9,468	12,284	15,008	16,944	19,546
2,00,000	1,746	2,946	3,274	3,929	4,775	4,916	5,941	7,129	10,236	13,649	16,675	18,827	21,718
2,25,000	1,863	3,144	3,494	4,193	5,096	5,407	6,535	7,842	11,260	15,014	18,343	20,709	23,890
2,50,000	1,980	3,342	3,713	4,456	5,416	5,899	7,129	8,555	12,283	16,379	20,010	22,592	26,062
2,75,000	2,097	3,539	3,933	4,720	5,736	6,390	7,723	9,267	13,307	17,744	21,678	24,475	28,233
3,00,000	2,215	3,737	4,153	4,983	6,056	6,882	8,317	9,980	14,331	19,109	23,345	26,357	30,405
3,25,000	2,252	3,801	4,223	5,068	6,159	7,250	8,762	10,515	15,098	20,133	24,596	27,769	32,034
3,50,000	2,290	3,865	4,294	5,153	6,262	7,619	9,208	11,050	15,866	21,156	25,846	29,181	33,663
3,75,000	2,328	3,928	4,365	5,238	6,366	7,988	9,654	11,584	16,634	22,180	27,097	30,593	35,292
4,00,000	2,366	3,992	4,436	5,323	6,469	8,356	10,099	12,119	17,402	23,204	28,348	32,005	36,920
4,25,000	2,403	4,056	4,507	5,408	6,572	8,725	10,545	12,654	18,169	24,228	29,598	33,417	38,549
4,50,000	2,441	4,120	4,577	5,493	6,675	9,094	10,990	13,188	18,937	25,251	30,849	34,829	40,178
4,75,000	2,479	4,183	4,648	5,578	6,779	9,462	11,436	13,723	19,705	26,275	32,099	36,241	41,807
5,00,000	2,517	4,247	4,719	5,663	6,882	9,831	11,881	14,258	20,472	27,299	33,350	37,653	43,436
5,25,000	2,554	4,311	4,790	5,748	6,985	9,979	12,060	14,471	20,779	27,845	34,017	38,406	44,305
5,50,000	2,592	4,374	4,860	5,833	7,088	10,126	12,238	14,685	21,087	28,391	34,684	39,159	45,173
5,75,000	2,630	4,438	4,931	5,918	7,191	10,273	12,416	14,899	21,394	28,937	35,351	39,913	46,042
6,00,000	2,668	4,502	5,002	6,002	7,295	10,421	12,594	15,113	21,701	29,483	36,018	40,666	46,911
6,25,000	2,706	4,566	5,073	6,087	7,398	10,568	12,772	15,327	22,008	30,029	36,685	41,419	47,779
6,50,000	2,743	4,629	5,144	6,172	7,501	10,716	12,951	15,541	22,315	30,575	37,352	42,172	48,648
6,75,000	2,781	4,693	5,214	6,257	7,604	10,863	13,129	15,755	22,622	31,120	38,019	42,925	49,517
7,00,000	2,819	4,757	5,285	6,342	7,708	11,011	13,307	15,968	22,929	31,666	38,686	43,678	50,386
7,25,000	2,857	4,820	5,356	6,427	7,811	11,158	13,485	16,182	23,236	32,212	39,353	44,431	51,254
7,50,000	2,894	4,884	5,427	6,512	7,914	11,306	13,663	16,396	23,543	32,758	40,020	45,184	52,123
7,75,000	2,932	4,948	5,498	6,597	8,017	11,453	13,842	16,610	23,850	33,304	40,687	45,937	52,992
8,00,000	2,970	5,011	5,568	6,682	8,120	11,601	14,020	16,824	24,157	33,850	41,354	46,690	53,860
8,25,000	3,008	5,075	5,639	6,767	8,224	11,748	14,198	17,038	24,464	34,396	42,021	47,443	54,729
8,50,000	3,045	5,139	5,710	6,852	8,327	11,896	14,376	17,252	24,772	34,942	42,688	48,196	55,598
8,75,000	3,083	5,203	5,781	6,937	8,430	12,043	14,555	17,465	25,079	35,488	43,355	48,949	56,467
9,00,000	3,121	5,266	5,851	7,022	8,533	12,190	14,733	17,679	25,386	36,034	44,022	49,702	57,335
9,25,000	3,159	5,330	5,922	7,107	8,637	12,338	14,911	17,893	25,693	36,580	44,689	50,455	58,204
9,50,000	3,196	5,394	5,993	7,192	8,740	12,485	15,089	18,107	26,000	37,126	45,356	51,209	59,073
9,75,000	3,234	5,457	6,064	7,277	8,843	12,633	15,267	18,321	26,307	37,672	46,023	51,962	59,941
10,00,000	3,272	5,521	6,135	7,361	8,946	12,780	15,446	18,535	26,614	38,218	46,690	52,715	60,810
15,00,000	3,681	6,211	6,901	8,282	10,065	14,378	17,376	20,852	29,941	42,995	52,526	59,304	68,411
20,00,000	3,957	6,677	7,419	8,903	10,819	15,456	18,680	22,416	32,186	46,220	56,466	63,752	73,542

***Note for all premium tables**: Premium for ages 66 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.)**
250	150
500	300

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.