

AROGYA SANJEEVANI, UNITED INDIA INSURANCE CO. LTD.
PROSPECTUS

I. PRODUCT- KEY FEATURES

The Policy provides cover on an Individual or Family Floater basis. A separate Sum Insured for each Insured Person is provided under Individual basis while under Family Floater basis, the Sum Insured limit is shared by the whole family of the Insured as specified in the Policy Schedule and our total liability for the family cannot exceed the Sum Insured in a Policy period. The cover type basis shall be as specified in the Policy Schedule.

Cover at a glance:

1. In-patient Hospitalization, Day care Treatment, Road Ambulance
2. AYUSH Treatment
3. Cataract Treatment
4. Pre-hospitalization expenses
5. Post- hospitalization expenses
6. Named Modern Treatment Methods & Advancement in Technology

II. ELIGIBILITY:

- a. Any person aged between 18 years and 65 years can take this insurance for himself and his/her family consisting of Self, Spouse, dependent children, Parents and Parents-in-law, either on Individual Sum Insured basis or on floater basis. Beyond 65 years, only renewals are allowed.
- b. Dependent children between the age of 3 months and 18 years shall be covered provided either or both parents are covered concurrently. Children above 18 years will continue to be covered along with parents till the age of 25 years. If the child is above 18 years of age and is financially independent, he or she shall be ineligible for coverage under the same policy in the subsequent renewals. However, a separate policy can be taken for him or her on expiry of the current policy for which continuity benefits will be provided.

III. SUM INSURED:

Various options are available as under:

Rs. 50,000, 1 Lakh, 1.5 Lakhs, 2 Lakhs, 2.5 Lakhs, 3 Lakhs, 3.5 Lakhs, 4 Lakhs, 4.5 Lakhs, 5 Lakhs, 5.5 Lakhs, 6 Lakhs, 6.5 Lakhs, 7 Lakhs, 7.5 Lakhs, 8 Lakhs, 8.5 Lakhs, 9 Lakhs, 9.5 Lakhs and 10 Lakhs

IV. TERM OF POLICY:

One Year. Renewable annually.

V. COVERAGE:

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

1. Hospitalisation

The company shall indemnify medical expenses incurred for Hospitalisation of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for:

- A. Room Rent, Boarding, Nursing Expenses as provided by the Hospital/Nursing Home up to 2% of the sum insured subject to a maximum of Rs. 5000/- per day.
- B. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of the sum insured subject to a maximum of Rs. 10,000/- per day.
- C. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- D. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

1.1 Other Expenses

- i. Expenses incurred on treatment of cataract subject to the sub limit as mentioned in clause V.3 below.
- ii. Dental treatment, necessitated due to disease or injury.
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All the day care treatments.
- v. Expenses incurred on road Ambulance subject to a maximum of Rs. 2000/- per hospitalisation.

Note

- a. Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
- b. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

2. AYUSH Treatment

The company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

3. Cataract Treatment

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per each eye in one policy year.

4. Pre Hospitalisation

The company shall indemnify pre-hospitalisation medical expenses incurred, related to an admissible hospitalisation requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalisation covered under the policy.

5. Post Hospitalisation

The company shall indemnify post hospitalisation medical expenses incurred, related to an admissible hospitalisation requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalisation covered under the policy.

6. The following procedures:

will be covered (wherever medically indicated) either as inpatient care or as part of day care treatment in a hospital **up to 50% of Sum Insured**, specified in the policy schedule, during the policy period:

Sr. No.	Treatment Methods & Advancement in Technology
A	Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU)
B	Balloon Sinuplasty
C	Deep Brain Stimulation
D	Oral Chemotherapy
E	Immunotherapy- Monoclonal Antibody to be given as injection
F	Intra vitreal Injections
G	Robotic Surgeries
H	Stereotactic Radio Surgeries
I	Bronchial Thermoplasty
J	Vaporisation of the Prostate (Green laser treatment or holmium laser treatment)
K	Intra Operative Neuro Monitoring (IONM)
L	Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered only

- 7. The expenses that are not covered in this policy:** are placed under *List-I of Annexure-A*.
The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment: are placed under *List-II, List-III, and List-IV of Annexure-A* respectively.

VI. CUMULATIVE BONUS:

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Notes:

- In case where the policy is on individual basis, the CB shall be available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- In case where the policy is on floater basis, the CB shall be available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- CB shall be available only if the Policy is renewed/premium paid within the Grace Period.

- d. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
- e. In case of floater policies where Insured Persons renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such renewed Policies in the proportion of the Sum Insured of each renewed Policy.
- f. If the Sum Insured has been reduced at the time of renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- g. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- h. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

VII. WHAT POLICY DOES NOT COVER:

A. WAITING PERIOD - EXCLUSIONS

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

1. Pre-Existing Diseases (Code- Excl01):

- a. 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.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. 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. First Thirty Days Waiting Period (Code- Excl03):

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

3. Specific Disease/ Procedure Waiting Period (Code- Excl02):

- a. 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.

- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. 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.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. **List of specific diseases/procedures:**

Table A. 24 Months' waiting period

1. Benign ENT disorders	11. Gout and Rheumatism
2. Tonsillectomy	12. Hernia of all types
3. Adenoidectomy	13. Hydrocele
4. Mastoidectomy	14. Non Infective Arthritis
5. Tympanoplasty	15. Piles, Fissure and Fistula in anus
6. Hysterectomy	16. Pilonidal sinus, Sinusitis and related disorders
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps	17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
8. Benign prostate hypertrophy	18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy
9. Cataract and age related eye ailments	19. Varicose Veins and Varicose Ulcers
10. Gastric/Duodenal Ulcer	

Table B. 48 Months' waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

B. EXCLUSIONS

The company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation (Code-Excl04)

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

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

2. Obesity/Weight Control (Code-Excl06)

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

3. 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.

4. 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 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.

5. 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.

6. 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.

7. 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 in 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.

8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**
9. 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. **(Code-Excl13)**
10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **(Code-Excl14)**
11. **Refractive Error: (Code-Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
12. **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.
13. **Sterility and Infertility: (Code-Excl17)**
Expenses related to sterility and infertility. This includes:
 - i. Any type of 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
14. **Maternity Expenses (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.
15. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
16. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

- iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

17. Any expenses incurred on Domiciliary Hospitalisation and OPD Treatment

18. Treatment taken outside the geographical limits of India

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

VIII. 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 have to be submitted at proposer's cost in the following cases–
 - i. Persons with adverse medical history as revealed from the proposal form (fresh entrants)
 - ii. Persons above 60 years of age (fresh entrants)
 - iii. Persons above 60 years of age (Break in insurance)
 - iv. Persons seeking enhancement of Sum Insured.

a. Physical examination (report to be signed by the Doctor with minimum MD/MS qualification)	f. Serum Creatinine
b. CBC	g. SGOT & SGPT
c. Urine Routine & Microscopic	h. ECG
d. HbA1c (Glycosylated Haemoglobin)	i. Stress Test if necessitated.
e. Lipid Profile	j. Any other investigation required by the company

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

Note:

- i. Pre-acceptance medical check-up shall be conducted at designated centres authorized by us.
- ii. 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.

IX. PAYMENT OF PREMIUM

- a. Premium payable annually or in Half Yearly, Quarterly or Monthly installments – As per Premium Table attached.
- b. Premium can be paid online for both, new policy and renewals.

- c. If the Half Yearly, Quarterly or Monthly installments option is chosen, then the mode of payment shall be through ECS (auto debit) only.
- d. If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule, the following Conditions shall apply (not withstanding any terms contrary elsewhere in the Policy)
 - i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.
 - ii. During such grace period, coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.
 - iii. The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace period.
 - iv. No interest will be charged if the installment premium is not paid on due date.
 - v. In case of installment premium due not received within the grace period, the Policy will get cancelled.
- e. **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 50% of Premium excluding applicable Taxes. In case of floater policies, where more than one individual has applicable loading for preexisting condition, the highest of the total loading of the individuals irrespective of age, shall be applied on the total premium upto a maximum of 50% of premium.
Note: The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Waiting period as mentioned in Section VII.A.1 above shall be applied on illness/condition, as applicable.
- f. **On-line Discount:** A Discount of 10% will be applicable for fresh policies purchased online through the Company’s website. For on-line renewals, the same discount of 10% shall be offered provided the original policy was purchased directly (without any intermediary) from our office or on-line and all subsequent renewals are only made through the Company’s website.

X. CANCELLATION CLAUSE-

- a. The Insured may cancel this Policy by giving 15 days’ written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

TIMING OF CANCELLATION	RATE OF PREMIUM TO BE REFUNDED
Up to 30 Days	75.00%
31 to 90 Days	50.00%
3 to 6 Months	25.00%
6 to 12 Months	00.00%

Notwithstanding 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.

- b. 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.

XI. AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY

The coverage for the Insured Person(s) shall automatically terminate:

1. In the case of his/her (Insured Person) demise; however, the cover shall continue for the remaining Insured Persons till the end of the Policy Period. The other insured persons may also apply to renew the policy.
Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.
2. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

XII. FREE LOOK PERIOD

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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, a deduction towards the proportionate risk premium for period of cover or
- iii. where only a part of insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

XIII. RENEWAL

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

XIV. CHANGE OF SUM INSURED

Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

XV. MIGRATION OF POLICY

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to 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, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Section VII.A shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link:

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

XVI. PORTABILITY

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section VI shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For detailed Guidelines on Portability, kindly refer the link:

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

XVII. 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.

XVIII. THE TAX BENEFIT

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

XIX. CLAIM PROCEDURE

A. Procedure for Cashless Claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.

- iii. The Company/TPA upon getting cashless request form and related medical information from the insured person/network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insurer person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company/TPA for treatment.

B. Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder:

Sr. No.	Type of Claim	Prescribed Time Limit
1.	Reimbursement of hospitalisation, day care and pre hospitalisation expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment

1. Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

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

2. Documents to be submitted:

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

- i. Duly completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First Information Report) if registered, wherever applicable)
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled Cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs. 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable.
- xiv. Any other relevant document required by Company/TPA for assessment of the claim

Note A: The Company may specify the documents required in original and waive off any of above required as per our claim procedure.

Note B:

- a. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
- b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
- c. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insurer Person

3. Co-payment:

Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to a claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the copayment.

4. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of last receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

5. Services offered by TPA (where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

- i. Claim settlement and 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.

6. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

XX. REVISION/ MODIFICATION OF THE POLICY

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of

revision/modification of the product, intimation shall be sent to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

XXI. WITHDRAWAL OF POLICY

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the company reserves its right to do so with an intimation of 3 months to all the existing insured **members**. In such an event of withdrawal of this product, at the time of the Insured seeking renewal of this Policy, he/she can choose, among Our available similar Health insurance products. Upon the Insured so choosing Our new product, he/she will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

XXII. GRIEVANCE REDRESSAL/INSURANCE OMBUDSMAN

Grievance – In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the policy issuing office or Uni-Customer Care Department at Regional Office of the company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office in person or through post/email to customercare@uiic.co.in

For details of grievance officer, kindly refer the link: <https://uiic.co.in/en/customercare/grievance>
IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

Insurance Ombudsman – The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure – B

***No loading shall apply on renewals based on individual claims experience.
Insurance is the subject matter of solicitation.***

XXIII. IRDAI 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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TABLE OF BENEFITS

Name	Arogya Sanjeevani Policy, United India Insurance Company Limited
Product Type	Individual/Floater
Category of Cover	Indemnity
Sum Insured	INR 0.5 Lakh to 10 Lakh (going up in multiples of Rs. 50,000) On Individual Basis – SI shall apply to each individual family member On Floater Basis – SI shall apply to the entire family
Policy Period	1 Year
Eligibility	Policy can be availed by persons between the age of 18 years and 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. Legally wedded spouse ii. Parents and Parents-in-law iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Grace Period	For yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days to be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible Time limit of 24 hours shall not apply when treatment is undergone in a Day Care Centre.
Pre Hospitalisation	For 30 days prior to hospitalisation
Post Hospitalisation	For 60 days from the date of discharge from the hospital.
Sub limit for room/doctors fee	1. Room Rent, Boarding, nursing expenses all-inclusive as provided by the Hospital/Nursing Home up to 2% of the sum insured subject to maximum of Rs. 5000/- per day. 2. Intensive Care Unit (ICU) charges/Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/Nursing Home up to 5% of the sum insured subject to a maximum of Rs. 10,000/- per day.
Cataract Treatment	Up to 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per eye, under one policy year.
AYUSH	Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicine shall be covered up to sum insured, during each policy year as specified in the policy schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 4 years.
Cumulative Bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim, the cumulative bonus shall be reduced at the same rate.
Co Pay	5% co pay on all claims.

ANNUAL PREMIUM RATES (excluding Goods & Services Tax & Cess (if any) in INR)

RATES FOR POLICIES ON INDIVIDUAL SUM INSURED BASIS

Sum Insured /Age	Premium Rate per Eligible Member											
	91d-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	>75
50,000	2,254	2,693	2,837	3,203	3,654	4,340	5,011	6,768	8,372	9,522	11,332	12,878
1 Lakh	3,005	3,591	3,782	4,270	4,872	5,786	6,681	9,024	11,163	12,696	15,109	17,170
1.5 Lakh	3,478	4,157	4,383	5,014	5,703	7,118	8,700	11,392	14,119	17,355	20,266	23,240
2 Lakh	3,951	4,723	4,985	5,757	6,533	8,450	10,718	13,761	17,074	22,015	25,422	29,310
2.5 Lakh	4,253	5,082	5,462	6,287	7,659	9,456	11,974	15,949	20,203	25,583	29,532	34,259
3 Lakh	4,554	5,441	5,939	6,818	8,785	10,461	13,230	18,138	23,332	29,151	33,643	39,209
3.5 Lakh	4,606	5,504	6,061	6,925	9,179	10,919	13,699	18,907	24,725	30,479	35,179	41,434
4 Lakh	4,658	5,567	6,183	7,033	9,573	11,377	14,168	19,677	26,118	31,807	36,716	43,659
4.5 Lakh	4,736	5,659	6,263	7,099	9,639	11,739	14,639	20,298	27,592	33,731	38,938	46,045
5 Lakh	4,813	5,751	6,343	7,165	9,705	12,100	15,111	20,920	29,066	35,655	41,160	48,431
5.5 Lakh	4,981	5,952	6,565	7,416	10,045	12,524	15,640	21,652	30,083	36,903	42,601	50,126
6 Lakh	5,150	6,154	6,787	7,667	10,384	12,947	16,169	22,384	31,101	38,151	44,041	51,821
6.5 Lakh	5,318	6,355	7,009	7,917	10,724	13,371	16,698	23,117	32,118	39,399	45,482	53,516
7 Lakh	5,463	6,527	7,199	8,132	11,015	13,734	17,151	23,744	32,990	40,468	46,717	54,969
7.5 Lakh	5,607	6,700	7,390	8,347	11,306	14,097	17,604	24,372	33,862	41,538	47,951	56,422
8 Lakh	5,752	6,872	7,580	8,562	11,597	14,460	18,058	24,999	34,734	42,608	49,186	57,875
8.5 Lakh	5,848	6,987	7,707	8,705	11,792	14,702	18,360	25,418	35,315	43,321	50,009	58,844
9 Lakh	5,944	7,102	7,834	8,849	11,986	14,944	18,662	25,836	35,897	44,034	50,833	59,812
9.5 Lakh	6,040	7,218	7,960	8,992	12,180	15,186	18,964	26,255	36,478	44,747	51,656	60,781
10 Lakh	6,137	7,333	8,087	9,135	12,374	15,428	19,267	26,673	37,059	45,460	52,479	61,750

To arrive at the final premium applicable for a family which takes policy on Individual SI basis, rate for EACH individual member of the family (including children) shall be arrived at based on their Age/SI combination from the table above.

All these rates shall be aggregated to arrive at the final premium (excl. GST) for the policy.

RATES FOR POLICIES ON FAMILY FLOATER SUM INSURED BASIS

Sum Insured /Age of Adult	Premium Rate for 1 Adult (Self/Spouse) + 1 Child											
	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	3,401	3,841	3,984	4,350	4,802	5,487	6,158	7,916	9,520	10,670	12,479	14,025
1 Lakh	4,535	5,121	5,312	5,800	6,402	7,316	8,211	10,554	12,693	14,226	16,639	18,700
1.5 Lakh	5,347	6,026	6,252	6,883	7,572	8,987	10,569	13,261	15,988	19,224	22,135	25,109
2 Lakh	6,159	6,931	7,193	7,965	8,741	10,658	12,926	15,969	19,282	24,223	27,630	31,518
2.5 Lakh	6,683	7,512	7,892	8,717	10,089	11,886	14,404	18,379	22,633	28,013	31,962	36,689
3 Lakh	7,206	8,093	8,591	9,470	11,437	13,113	15,882	20,790	25,984	31,803	36,295	41,861

Sum Insured /Age of Adult	Premium Rate for 1 Adult (Self/Spouse) + 1 Child											
	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	>75
3.5 Lakh	7,322	8,220	8,777	9,641	11,895	13,635	16,415	21,623	27,441	33,195	37,895	44,150
4 Lakh	7,438	8,347	8,963	9,813	12,353	14,157	16,948	22,457	28,898	34,587	39,496	46,439
4.5 Lakh	7,586	8,509	9,113	9,949	12,489	14,589	17,489	23,148	30,442	36,581	41,788	48,895
5 Lakh	7,734	8,672	9,264	10,086	12,626	15,021	18,032	23,841	31,987	38,576	44,081	51,352
5.5 Lakh	8,005	8,976	9,588	10,439	13,068	15,547	18,663	24,675	33,107	39,926	45,624	53,149
6 Lakh	8,275	9,279	9,912	10,792	13,510	16,072	19,294	25,510	34,226	41,276	47,167	54,947
6.5 Lakh	8,546	9,583	10,237	11,145	13,952	16,598	19,925	26,344	35,346	42,626	48,710	56,744
7 Lakh	8,778	9,843	10,515	11,448	14,331	17,049	20,466	27,060	36,305	43,784	50,032	58,285
7.5 Lakh	9,010	10,103	10,793	11,750	14,709	17,499	21,007	27,775	37,265	44,941	51,354	59,825
8 Lakh	9,242	10,363	11,070	12,053	15,088	17,950	21,548	28,490	38,224	46,098	52,677	61,366
8.5 Lakh	9,397	10,536	11,256	12,254	15,341	18,251	21,909	28,967	38,864	46,870	53,558	62,393
9 Lakh	9,551	10,710	11,441	12,456	15,593	18,551	22,270	29,444	39,504	47,641	54,440	63,420
9.5 Lakh	9,706	10,883	11,626	12,658	15,846	18,851	22,630	29,920	40,144	48,413	55,322	64,447
10 Lakh	9,861	11,057	11,812	12,860	16,098	19,152	22,991	30,397	40,783	49,184	56,203	65,474

Sum Insured /Age of Adult	Premium Rate for 1 Adult (Self/Spouse) + 2 Children											
	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	4,549	4,988	5,132	5,498	5,949	6,635	7,306	9,063	10,667	11,817	13,627	15,173
1 Lakh	6,065	6,651	6,842	7,330	7,932	8,846	9,741	12,084	14,223	15,756	18,169	20,230
1.5 Lakh	7,216	7,895	8,121	8,752	9,441	10,856	12,438	15,130	17,857	21,093	24,004	26,978
2 Lakh	8,367	9,139	9,401	10,173	10,949	12,866	15,134	18,177	21,490	26,431	29,838	33,726
2.5 Lakh	9,113	9,942	10,322	11,147	12,519	14,316	16,834	20,809	25,063	30,443	34,392	39,119
3 Lakh	9,858	10,745	11,243	12,122	14,089	15,765	18,534	23,442	28,636	34,455	38,947	44,513
3.5 Lakh	10,038	10,936	11,493	12,357	14,611	16,351	19,131	24,339	30,157	35,911	40,611	46,866
4 Lakh	10,218	11,127	11,743	12,593	15,133	16,937	19,728	25,237	31,678	37,367	42,276	49,219
4.5 Lakh	10,436	11,359	11,963	12,799	15,339	17,439	20,339	25,998	33,292	39,431	44,638	51,745
5 Lakh	10,655	11,593	12,185	13,007	15,547	17,942	20,953	26,762	34,908	41,497	47,002	54,273
5.5 Lakh	11,028	11,999	12,611	13,462	16,091	18,570	21,686	27,699	36,130	42,949	48,647	56,173
6 Lakh	11,401	12,405	13,038	13,917	16,635	19,198	22,420	28,635	37,352	44,402	50,292	58,072
6.5 Lakh	11,774	12,810	13,464	14,373	17,179	19,826	23,153	29,572	38,573	45,854	51,937	59,972
7 Lakh	12,093	13,158	13,830	14,763	17,646	20,364	23,782	30,375	39,621	47,099	53,347	61,600
7.5 Lakh	12,413	13,506	14,196	15,153	18,112	20,902	24,410	31,178	40,668	48,344	54,757	63,228
8 Lakh	12,733	13,854	14,561	15,543	18,579	21,441	25,039	31,981	41,715	49,589	56,167	64,856
8.5 Lakh	12,946	14,085	14,805	15,804	18,890	21,800	25,458	32,516	42,413	50,419	57,107	65,942
9 Lakh	13,159	14,317	15,048	16,064	19,201	22,158	25,877	33,051	43,111	51,249	58,047	67,027
9.5 Lakh	13,372	14,549	15,292	16,324	19,511	22,517	26,296	33,586	43,810	52,079	58,988	68,113
10 Lakh	13,585	14,781	15,536	16,584	19,822	22,876	26,715	34,122	44,508	52,909	59,928	69,198

Sum Insured	Premium Rate for 2 Adults (Self + Spouse only)
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/Age of Eldest Member	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	>75
50,000	3,917	4,475	4,736	5,375	7,273	8,645	11,675	14,066	15,998	19,038	21,634
1 Lakh	5,223	5,967	6,315	7,167	9,697	11,526	15,567	18,755	21,330	25,384	28,845
1.5 Lakh	6,045	6,738	7,311	8,454	11,928	15,008	19,652	23,506	28,230	33,603	37,705
2 Lakh	6,867	7,509	8,307	9,740	14,159	18,490	23,738	28,258	35,129	41,821	46,565
2.5 Lakh	7,387	8,108	9,003	10,936	15,582	20,599	27,026	31,918	40,083	47,717	53,445
3 Lakh	7,907	8,707	9,699	12,132	17,006	22,707	30,314	35,579	45,037	53,613	60,326
3.5 Lakh	7,990	8,799	9,801	12,328	17,280	23,207	30,980	36,579	46,302	55,119	62,020
4 Lakh	8,074	8,890	9,903	12,523	17,554	23,706	31,647	37,578	47,567	56,625	63,715
4.5 Lakh	8,198	9,028	10,056	12,784	17,920	24,329	32,479	38,777	49,086	58,432	65,748
5 Lakh	8,323	9,165	10,209	13,045	18,286	24,953	33,312	39,977	50,604	60,240	67,782
5.5 Lakh	8,614	9,486	10,566	13,502	18,926	25,826	34,478	41,376	52,375	62,348	70,154
6 Lakh	8,906	9,807	10,924	13,958	19,566	26,700	35,644	42,775	54,146	64,457	72,527
6.5 Lakh	9,197	10,127	11,281	14,415	20,206	27,573	36,810	44,175	55,917	66,565	74,899
7 Lakh	9,447	10,402	11,587	14,806	20,755	28,322	37,809	45,374	57,436	68,372	76,933
7.5 Lakh	9,696	10,677	11,893	15,197	21,303	29,070	38,808	46,573	58,954	70,180	78,966
8 Lakh	9,946	10,952	12,200	15,589	21,852	29,819	39,808	47,773	60,472	71,987	80,999
8.5 Lakh	10,112	11,135	12,404	15,850	22,217	30,318	40,474	48,572	61,484	73,192	82,355
9 Lakh	10,279	11,319	12,608	16,111	22,583	30,817	41,140	49,372	62,496	74,396	83,711
9.5 Lakh	10,445	11,502	12,812	16,371	22,949	31,316	41,807	50,171	63,508	75,601	85,066
10 Lakh	10,612	11,685	13,016	16,632	23,315	31,815	42,473	50,971	64,520	76,806	86,422

Sum Insured /Age of Eldest Member	Premium Rate for Self + Spouse + 1 Child										
	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	>75
50,000	5,065	5,623	5,884	6,523	8,420	9,792	12,823	15,214	17,145	20,186	22,781
1 Lakh	6,753	7,497	7,845	8,697	11,227	13,056	17,097	20,285	22,860	26,914	30,375
1.5 Lakh	7,914	8,607	9,180	10,323	13,797	16,877	21,521	25,375	30,099	35,472	39,574
2 Lakh	9,075	9,717	10,515	11,948	16,367	20,698	25,946	30,466	37,337	44,029	48,773
2.5 Lakh	9,817	10,538	11,433	13,366	18,012	23,029	29,456	34,348	42,513	50,147	55,875
3 Lakh	10,559	11,359	12,351	14,784	19,658	25,359	32,966	38,231	47,689	56,265	62,978
3.5 Lakh	10,706	11,515	12,517	15,044	19,996	25,923	33,696	39,295	49,018	57,835	64,736
4 Lakh	10,854	11,670	12,683	15,303	20,334	26,486	34,427	40,358	50,347	59,405	66,495
4.5 Lakh	11,048	11,878	12,906	15,634	20,770	27,179	35,329	41,627	51,936	61,282	68,598
5 Lakh	11,244	12,086	13,130	15,966	21,207	27,874	36,233	42,898	53,525	63,161	70,703
5.5 Lakh	11,638	12,509	13,590	16,525	21,949	28,850	37,501	44,399	55,398	65,372	73,178
6 Lakh	12,031	12,932	14,049	17,084	22,691	29,825	38,769	45,901	57,272	67,582	75,652
6.5 Lakh	12,425	13,355	14,509	17,642	23,434	30,801	40,037	47,402	59,145	69,793	78,127
7 Lakh	12,762	13,718	14,903	18,121	24,070	31,637	41,124	48,689	60,751	71,688	80,248
7.5 Lakh	13,099	14,080	15,296	18,600	24,706	32,473	42,211	49,976	62,357	73,583	82,369
8 Lakh	13,437	14,443	15,690	19,079	25,342	33,309	43,298	51,263	63,962	75,477	84,490
8.5 Lakh	13,661	14,684	15,953	19,399	25,767	33,867	44,023	52,121	65,033	76,741	85,904
9 Lakh	13,886	14,926	16,216	19,718	26,191	34,424	44,748	52,979	66,103	78,004	87,318
9.5 Lakh	14,111	15,168	16,478	20,037	26,615	34,982	45,472	53,837	67,174	79,267	88,732
10 Lakh	14,336	15,410	16,741	20,357	27,039	35,539	46,197	54,695	68,244	80,530	90,146

Sum Insured /Age of Eldest Member	Premium Rate for Self + Spouse + 2 Children										
	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	>75
50,000	6,212	6,770	7,031	7,670	9,568	10,940	13,970	16,361	18,293	21,333	23,929
1 Lakh	8,283	9,027	9,375	10,227	12,757	14,586	18,627	21,815	24,390	28,444	31,905
1.5 Lakh	9,783	10,476	11,049	12,192	15,666	18,746	23,390	27,244	31,968	37,341	41,443
2 Lakh	11,283	11,925	12,723	14,156	18,575	22,906	28,154	32,674	39,545	46,237	50,981
2.5 Lakh	12,247	12,968	13,863	15,796	20,442	25,459	31,886	36,778	44,943	52,577	58,305
3 Lakh	13,211	14,011	15,003	17,436	22,310	28,011	35,618	40,883	50,341	58,917	65,630
3.5 Lakh	13,422	14,231	15,233	17,760	22,712	28,639	36,412	42,011	51,734	60,551	67,452
4 Lakh	13,634	14,450	15,463	18,083	23,114	29,266	37,207	43,138	53,127	62,185	69,275
4.5 Lakh	13,898	14,728	15,756	18,484	23,620	30,029	38,179	44,477	54,786	64,132	71,448
5 Lakh	14,165	15,007	16,051	18,887	24,128	30,795	39,154	45,819	56,446	66,082	73,624
5.5 Lakh	14,661	15,532	16,613	19,548	24,972	31,873	40,524	47,423	58,422	68,395	76,201
6 Lakh	15,157	16,057	17,175	20,209	25,817	32,951	41,895	49,026	60,397	70,708	78,778
6.5 Lakh	15,652	16,583	17,736	20,870	26,661	34,028	43,265	50,630	62,373	73,021	81,355
7 Lakh	16,077	17,033	18,218	21,437	27,385	34,952	44,440	52,005	64,066	75,003	83,563
7.5 Lakh	16,502	17,483	18,699	22,003	28,109	35,876	45,614	53,379	65,760	76,986	85,772
8 Lakh	16,927	17,933	19,181	22,570	28,833	36,800	46,789	54,754	67,453	78,968	87,981
8.5 Lakh	17,210	18,234	19,502	22,948	29,316	37,416	47,572	55,670	68,582	80,290	89,453
9 Lakh	17,494	18,534	19,823	23,325	29,798	38,032	48,355	56,586	69,711	81,611	90,926
9.5 Lakh	17,777	18,834	20,144	23,703	30,281	38,648	49,138	57,503	70,840	82,933	92,398
10 Lakh	18,060	19,134	20,465	24,081	30,763	39,264	49,921	58,419	71,969	84,255	93,871

Premium Rate for each additional Child on Family Floater SI basis*	
Sum Insured	Premium
50,000	1,148
1 Lakh	1,530
1.5 Lakh	1,869
2 Lakh	2,208
2.5 Lakh	2,430
3 Lakh	2,652
3.5 Lakh	2,716
4 Lakh	2,780
4.5 Lakh	2,850
5 Lakh	2,921
5.5 Lakh	3,023
6 Lakh	3,125
6.5 Lakh	3,228
7 Lakh	3,315
7.5 Lakh	3,403
8 Lakh	3,491
8.5 Lakh	3,549
9.5 Lakh	3,607
9.5 Lakh	3,666
10 Lakh	3,724

Rates for other family compositions under Family Floater SI Basis

When there are more than two adults to be covered under the same policy with family floater sum insured basis, please refer to our website for the online calculator. Even in the case of 2 adults, please refer to our website for the online rate calculator for any scenario other than the following:

1. The two adults are only Self and spouse
2. The two adults are only Parents
3. The two adults are only Parents-In-Law

Link: <https://www.uiic.in/CustomerPortalWeb/data/ArogyaSanjeevani.html#/SanjeevaniQuote?p=new>

DISCOUNTS

A. Family Discount under Individual Sum Insured basis option

Under this product, Individual family members can opt for a separate Sum Insured, i.e. they can be insured on an Individual Sum Insured basis. In case the policy covers more than one member of the family on Individual Sum Insured basis, a discount of 5% is offered on the premium of each and every member of the family.

B. Direct (Online) Business

A discount factor of 10% will be applicable for new policies purchased online through UIIC website. In the subsequent renewals, the same discount of 10% shall be offered provided the renewals were / are only made through UIIC website.

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). The maximum risk loading applicable shall not exceed 50% of the Premium (excluding taxes).

Rates when premium payment frequency is monthly, quarterly, or half-yearly

Please refer to our online calculator:

<https://www.uiic.in/CustomerPortalWeb/data/ArogyaSanjeevani.html#/SanjeevaniQuote?p=new>

BENEFIT / PREMIUM ILLUSTRATION

Arogya Sanjeevani Policy, UIIC

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.

ILLUSTRATION

Family consisting of Self, Spouse, 2 Dependent Children, Father, Mother and Mother-in-Law.

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
69	12,696	1,00,000	12,696	5%	12,061	1,00,000	48,035	28%	34,415	1,00,000
65	11,163	1,00,000	11,163	5%	10,605	1,00,000				
60	9,024	1,00,000	9,024	5%	8,573	1,00,000				
42	4,872	1,00,000	4,872	5%	4,628	1,00,000				
40	4,270	1,00,000	4,270	5%	4,057	1,00,000				
21	3,005	1,00,000	3,005	5%	2,855	1,00,000				
18	3,005	1,00,000	3,005	5%	2,855	1,00,000				
Total Premium for all members of the family is Rs. 48,035, when each member is covered separately.			Total Premium for all members of the family is Rs. 45,633, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 34,415.			
Sum Insured available for each individual is Rs. 1,00,000/-			Sum Insured available for each individual is Rs. 1,00,000/-				Sum Insured of Rs. 1,00,000 is available for the entire family.			