

UNITED INDIA INSURANCE COMPANY LIMITED

Divisional Office : 010500

Catholic Centre, 64, Armenian Street, Chennai 600001

POLICY-CUM-CERTIFICATE FOR AROGYA RAKSHA

Policy Particulars			
Policy Number	0105002021484100000930751	Bank Reference Number	27583656
Policy Validity Period		From Date	To Date
		1/9/2021	31/8/2022
Policy Plan	PLANB2A	Sum Insured	200000

Bank Details			
Branch Code	Branch Name	Account Number	Voucher Date
K086	KALLUMKADAVU	null	20210901

Previous Insurance history			
Previous Policy	From Date	To Date	SUM INSURED
2020/01050020204841000009/ 19503	03/09/2020	31/08/2021	
2019/01050020194841000009/73667	18/09/2019	31/08/2020	
null	null	null	
null	null	null	

Premium Overview				
Proposer Details	Mediclaim Premium	PA Premium	GST	Total Amount (Incl. GST)
GOPAKUMAR R THEKKEDATHU VEEDU ; manchalloor; Pathanapuram Kollam KOLLAM,Kerala, Pin:689695, Mob : 9497481493 / Phone: - Mail: gopakumarr0300@gmail.com	6558	118	IGST@18% : 1202	7878

In case you have a policy other than Arogya Raksha, the onus is on you to give the copy of the previous year policy details as well as the claim details.

NOMINEE DETAILS: Name: BINDHU GOPAN, Relation: spouse

Third Party Administrator Details (For Claim and E card)	
Vidal Health TPA	Vidal Health Insurance TPA Pvt. Ltd (Formerly TTK Health care Limited) 'ANMOLPALANI', NO:88, G. N. Chetty Road, T. Nagar, Chennai 600017 E-mail: ibkarokya@vidalhealthtpa.com, Contact: 7010030371 TOLL FREE: 18604250251 Web: www.vidalhealthtpa.com


Policy Issuing Office Details
United India Insurance Company Ltd., DO CATHOLIC CENTRE , Office Code 010500 , Catholic Centre, NO.64, Armenian street, Chennai - 600001, OFFICE GST No.: 33AAACU5552C1ZQ, Phone: 044-25389793/25389794/25386298 ,E-mail: arogyaraksha@uiic.co.in Download policies/ provisional e-cards at: http://portal.uiic.in/ArogyaSuraksha/renewLandingCustomer.jsp

Details of family members covered (* Pre-existing disease exclusion clause will be applicable as per Terms and Conditions of the Insurance Policy.)

Sl. No	Name	Birth Date	Sex	Relation	Medical History	Treatment Taken
1	GOPAKUMAR R	10/5/1967	M	SELF		
2	BINDHU GOPAN	10/3/1976	F	SPOUSE		

*Dependent children means age less than 25 years or till employment for male children, till marriage or employment for female children

Declaration
Policy subject to terms, conditions, exclusion and definitions. Terms and Conditions of the policy can be downloaded from <http://portal.uiic.in/ArogyaSuraksha/renewLandingCustomer.jsp> or www.indianbank.net.in. The detailed terms and conditions can be obtained from Indian Bank branch or United Inda Insurance Company Office . The proposal and declaration by the insured is the basis of this contract and deemed to be incorporated.

Policy Created on: Specified Person: S.P Code:	20210901 GEO JOSSY SP0108239620	Authorized signatory	
--	---------------------------------------	----------------------	---

Policy Re-Printed on: 19/05/2024 16:01:14

Page 1/4

UNITED INDIA INSURANCE COMPANY LIMITED

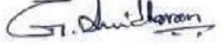
Divisional Office : 010500

Catholic Centre, 64, Armenian Street, Chennai 600001

CERTIFICATE OF MEDICAL INSURANCE PREMIUM PAID

(for the purpose of deduction u/s 80 D of the Income Tax Act, 1986)

This is to certify that	Mr.GOPAKUMAR R	having account number	null
with Indian Bank, has paid	Rs 7878/-	at Indian Bank branch	KALLUMKADAVU
for Medical Insurance	as premium for policy no:	0105002021484100000930751	on 20210901
for Indian Bank	Arogya Raksha Policy	under PLAN	PLANB2A

Date	20210901	AFFIX SEALHERE	For United India Insurance Co.Ltd.  Authorized signatory
------	----------	-------------------	--



Arogya Raksha (Group Health Insurance Scheme)

Summary of Terms and Conditions

A. TABLE OF BENEFITS

(Details mentioned below are indicative and brief in nature. Please refer to Policy Wordings for complete information on your coverage)

BASE COVER	Coverage Details
Hospitalisation	<ul style="list-style-type: none"> ▪ Room Rent, Boarding & Nursing expenses up to Rs. (1.5% of Sum Insured) per day. ▪ ICU/ICCU expenses up to Rs. (3% of Sum Insured) per day. ▪ Surgeon, Anaesthetist, Specialist Fees, Blood, Oxygen, Operation Theatre Charges, medicines and drugs, diagnostic tests, etc. <i>(For detailed list of covered expenses, please refer to Policy Terms & Conditions)</i> ▪ Hospitalisation expenses (excluding cost of organ) incurred for donor in respect of organ transplant to the Insured Person. ▪ Expenses for the following illnesses/surgeries shall be restricted as follows: <ul style="list-style-type: none"> ○ Cataract: Up to Rs. (10% of Sum Insured) subject to a maximum of Rs. 40,000/-. ○ Hernia: Up to Rs. (15% of Sum Insured) subject to a maximum of Rs. 50,000/-. ○ Hysterectomy: Up to Rs. (20% of Sum Insured) subject to a maximum of Rs. 50,000/-. ○ Major Surgeries*: Actual expenses incurred or 80% of the SI whichever is less. <p><i>(* Please refer to Policy Terms & Conditions for what constitutes as major surgeries) Above limits are applicable per Surgery/Hospitalisation</i></p>
Day Care Treatments	All medical treatments and/or surgical procedures which fall under the definition of Day Care Treatment, under Section 3.15 (Definitions) of the Policy Wordings, are covered
Pre & Post Hospitalisation	We will cover your medical expenses up to 30 days before hospitalisation & up to 60 days after your discharge from hospital, subject to a maximum of 10% of Sum Insured put together.
Ayurvedic Treatment	We will cover reasonable & customary medical expenses incurred for inpatient care treatment under Ayurvedic system of medicine in an AYUSH hospital/AYUSH Day Care Centre
Modern Treatments	<p>The below mentioned advanced medical procedures shall covered up to the following limits:</p> <ul style="list-style-type: none"> ▪ Uterine Artery Embolization and HIFU up to Rs. (20% * Sum Insured), subject to a maximum of Rs. 2 Lakhs per Policy Period ▪ Balloon Sinuplasty up to Rs. (10% * Sum Insured), subject to a maximum of Rs. 1 Lakh per Policy Period ▪ Deep Brain stimulation up to Rs. (70% * Sum Insured) per Policy Period ▪ Oral Chemotherapy up to Rs. (20% * Sum Insured) per Policy Period, subject to a maximum of Rs. 2 Lakhs per Policy Period ▪ Immunotherapy – Monoclonal Antibody to be given as injection up to Rs. (20% * Sum Insured), subject to a maximum of Rs. 2 Lakhs per Policy Period ▪ Intra vitreal injections up to Rs. (10% * Sum Insured), subject to a maximum of Rs. 1 Lakh per Policy Period ▪ Robotic Surgeries up to: <ul style="list-style-type: none"> ○ Rs. (75% * Sum Insured) per Policy Period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies ○ Rs. (50% * Sum Insured) per Policy Period for claims involving Robotic Surgeries for other diseases ▪ Stereotactic radio surgeries up to Rs. (50% * Sum Insured) per Policy Period ▪ Bronchial Thermoplasty up to Rs. (30% * Sum Insured), subject to a maximum of Rs. 3 Lakhs per Policy Period ▪ Vaporization of the Prostate up to Rs. (30% * Sum Insured), subject to a maximum of Rs. 2 Lakhs per Policy Period ▪ IONM (Intra Operative Neuro Monitoring) up to Rs. (15% * Sum Insured), subject to a maximum of Rs. 1 Lakh per Policy Period ▪ No sub-limit for Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions
Maternity Expenses	We will cover Medical expenses up to Rs. (5% of Sum Insured) in respect of female Insured Person above 18 years during the Policy Period for treatment taken in a Hospital/Nursing home arising from or traceable to Pregnancy childbirth including normal caesarean section during the Policy Period or for



United India Insurance Company Limited

Regd. Office: 24 Whites Road, Chennai – 600 014

	medically required and lawful medical termination of pregnancy. The hospitalization expenses in respect of treatment given to the new-born baby in the Hospital as an in-patient for a maximum period of 90 days from the date of its birth shall be covered within the Mother's Maternity expenses.
Road Ambulance	We will cover Road Ambulance expenses up to Rs. 1,000 per Policy Period
Hospital Cash	We will pay a daily cash allowance of Rs. 100 per day subject to a maximum of Rs. 1000 per policy period, to Parents/Guardians of Insured Children up to the age of 12, for each continuous and completed period of 24 hours of hospitalisation
Health Check-Up	We will reimburse expenses incurred towards cost of health check-up up to Rs. (1% of average Sum Insured) of preceding 4 claim-free years for a block of every three claim-free years
Funeral Expenses	We shall reimburse funeral expenses of Rs.1,000 in case the Insured or any of his/her family members die following hospitalization due to an illness/accident and their eyes have been donated to a recognized institution
Reimbursement of Expenses – Nepal & Bhutan	We shall reimburse, in Indian Rupees, expenses in respect of Emergency Hospitalisation for treatment at Nepal or Bhutan while the Insured is away at these places either on Holiday or Business purposes.
Personal Accident (Death) Cover	<ul style="list-style-type: none"> ▪ Account Holder: 100% of Mediclaim Sum Insured ▪ Spouse: 50% of Mediclaim Sum Insured ▪ Children: 25% of Mediclaim Sum Insured for each child

B. KEY EXCLUSIONS

You will not be covered for the following:

- Change of Gender Treatments
- Refractive Error
- Cosmetic or Plastic Surgery
- Rest Cure, Rehabilitation and Respite Care
- Sterility & Infertility
- Alcoholism, Drug or Substance Abuse
- Unproven Treatments
- Obesity/Weight Control
- Nuclear, chemical, or biological attacks
- War and war like occurrences
- Vaccination or Inoculation of any kind, unless it is post animal bite
- Cost of Spectacles, Contact Lenses, Hearing Aids
- Congenital External diseases or anomalies

(This list is only indicative and not exhaustive. For full list of exclusions, please refer to Policy Wordings)

.....

Policy subject to terms, conditions, exclusions, and definitions. Summary of terms and conditions of the policy can be downloaded from <https://portal.uiic.in/ArogyaSuraksha/renewLandingCustomer.jsp> or www.indianbank.net.in. The detailed terms and conditions can be obtained from Indian Bank branch or United India Insurance Company Office. The proposal and declaration by the Insured is the basis of this contract and deemed to be incorporated.