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# UCO Medi + Care Bima Policy

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## 1. Salient Feature

Uco Medi + Care Bima is a unique Health cum Accident Policy designed especially for the a/c holders of Uco Bank. The entire family consisting of the a/c holder, spouse and 2 dependent children and two dependant parents can be covered under this policy.

**Age:** 3 months to 65 years.

## Scope of cover

Insured may opt cover either under Plan- A or under Plan B. Under Plan A –Insured, his/her spouse and two dependant children up to 21 years of age will be covered. Under Plan-B Insured, his/her spouse, two dependant children up to 21 years of age and dependant parents will be covered. Under both the plans there are two sections.

## 2. Section I - Hospitalization expenses for a/c. holder and family

In case of **Section-I**, i.e., Hospitalization Expenses, the entire family is covered for the Floater Sum Insured as opted, ie., either one or all members of the family can utilize the Sum Insured during the policy period.

### a. Scope Of Cover

- 1) Room, Boarding expenses as provided by the Hospital/Nursing Home.
- 2) Nursing expenses.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.

4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines & Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs and cost of organs and similar expenses.

**b. Additional covers**

1) Ambulance charges not exceeding Rs.1000/- (Rupees one thousand only) per Policy period.

2) In case of Hospitalisation of children below 12 years, a lump sum amount of Rs.1000/- (Rupees one thousand only) per policy period towards the out-of-pocket expenses. The payment will be made on the basis of a declaration from the parent without insisting on any supporting bill/cash memo.

3) Cost of health check-up : It is allowed at the rate of 1% of the sum insured after completion of three continuous claim free years under this policy.

4) Pre & Post Hospitalisation Expenses for first 30 days and 60 days respectively.

5) Pre-existing diseases covered after three consecutive continuous claims free policy years in respect of all diseases provided, there was no hospitalisation for pre-existing ailment during such three years of insurance.

6) Maternity and baby care expenses to be covered up to a limit of 5% of the S.I. for two children only.

7) Treatment in Nepal and Bhutan will also be covered but claim will be paid only in Indian currency.

### **c. Other Features**

1. Tax benefit available under Section 80D of IT Act.
2. The premium will be deducted from Bank a/c. of the a/c. holder.
3. The claims will be serviced by TPAs.
4. Minimum hospitalisation for 24 hours.

### **d. Major Exclusions**

1. All diseases/injuries, which are pre-existing when the cover incepts for the first time. This exclusion will be deleted after three consecutive continuous claims free years under this policy in respect of all Pre existing diseases provided, there was no hospitalisation for pre-existing ailment during such three years of insurance.
2. Any hospitalization expenses incurred in the first 30 days from the commencement date of Insurance cover except in case of Injury arising out of accident.
3. During the 1st year of operation of insurance cover the expenses on treatment of diseases such as Cataract, Benign, Prostatic Hypertrophy, and Hysterectomy for Hemorrhagic, or Fibromyoma, Hernia, Hydrocele, congenital internal disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre existing it will be covered after three consecutive continuous claims free policy years.
4. Circumcision, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as apart of any illness.
5. Cost of spectacles and contact lenses, hearing aids.
6. Dental treatment or surgery of any kind unless requiring hospitalization.

7. Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies, Sterility, Infertility, Venereal disease, intentional self injury and use of intoxication drugs/alcohol, AIDS.
8. Charges incurred at Hospital or Nursing Home primarily for diagnosis purpose.
9. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
10. Expenses in excess of 5% of the Sum Insured as mentioned in the schedule due to treatment arising from or traceable to pregnancy and child birth (including Caesarean Section) and allied maternity benefits. No expenses will be payable for any treatment arising from or traceable to Voluntary Termination of Pregnancy.
11. Naturopathy Treatment.
12. Domiciliary Hospitalization benefits
13. The benefits including continuity, enjoyed under the previous Policy/Policies, issued by any other Insurance Company shall not be available under this Policy.

(N.B. Company's Liability in respect of all claims admitted during the period of Insurance shall not exceed the Floater Sum Insured per FAMILY as mentioned in the schedule).

### **3. Section II - Personal Accident for a/c. holder and family**

In case of **Section-II** – Death due to Personal Accident, the capital Sum Insured per person under this section will be as under:

- a) For Primary member: 100% of the family S.I. under Hospitalization & Personal Accident cover
- (b) Spouse :50% of the family S.I. under Hospitalization & Personal Accident cover

(c) Each Dependant Children : 25% of the family S.I. under Hospitalization & Personal Accident cover

(d) Each Dependant Parent : 20% of the family S.I. under Hospitalization & Personal Accident cover

### **a. Scope of Cover**

Provides as a benefit the Sum Insured opted under Section-I of the Policy in the unfortunate event the a/c. holder and his family members sustain bodily injury solely and directly caused by accidental violent external and visible means resulting in death within 12 calendar months of the accident.

### **b. Additional covers**

**Education Fund:** Education fund for the dependent children of the insured following death of the a/c. holder only.

If the insured has one dependent child below the age of 23 years, an amount equal to 10% of the Capital Sum Insured subject to a maximum of Rs.5,000/-

If the Insured has more than one dependent child below the age of 23 years an amount equal to 10% of Capital Sum Insured subject to a maximum of Rs.10,000.

**Coverage of Dead Body:** Transport cost of insured's dead body to the place of residence subject to maximum of Rs.2500/-. This benefit will be available only in case of death of primary member.

## **b. Major Exclusions**

1. Payment of compensation in respect of death of the insured (a) from intentional self injury, suicide or attempted suicide(b) whilst under influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning, whilst Mounting into, Dismounting from or Travelling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world (d) directly or indirectly caused by venereal disease or insanity, (e) arising or resulting from the insured committing any breach of the law with criminal intent.
2. Death due to War and Nuclear Perils.
3. Pregnancy Exclusion Clause: The insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by or contributed to by or aggravated to prolonged by childbirth or pregnancy or in consequence thereof.

## **4. Premium Payable**

### **Plan- A**

Sum Insured(Rs.)	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
Premium (Rs.)inclusive of Service Tax	925	1789	2620	3372	4040	4709	5294	5880	6468	7053

### **Plan -B**

Sum Insured(Rs.)	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
Premium (Rs.)inclusive of Service Tax	1543	2986	4373	5622	6733	7844	8816	9786	10761	11731

## **5. Claims Procedure**

**Section-I : Claims will be settled by the Third Party Administrators (TPA).** They will send details of the claims procedure for emergency/planned hospitals.

### **Documents to be submitted**

- 1.Claim form
- 2.Discharge Summary
- 3.Prescription with bills
- 4.Test Reports
- 5.Any other document required by TPA.

The amount payable under this section will be paid to the nominee mentioned in the proposal form or the a/c. holder as the case may be.

### **Procedure for availing Cashless Access Services in Network Hospital/Nursing Home**

Claims in respect of Cashless Access Services will be through the list of the network of Hospitals/Nursing Homes and is subject to pre admission authorization. The TPA shall, upon getting the related medical information from the insured persons/ network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorisation letter/ guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as a patient.

The TPA reserves the right to deny pre-authorisation in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctors advice and later on submit the full claim papers to the TPA for reimbursement.

The TPA may repudiate the claim, giving reasons, if not covered under the terms of the policy. The insured person shall have right of appeal to the insurance company if he/she feels that the claim is payable. The insurance company's decision in this regard will be final and binding on TPA.”

**Section-II: Claims will be dealt by the local u/w Office of NICL**

**Documents to be submitted:**

- FIR
- Death Certificate
- Post Mortem Certificate
- Any other Documents required by Company.

**6. General Instructions**

- The proposal form attached to this Prospectus should be duly filled and submitted to the UCO Bank Branch, where the a/c. holder has an a/c.
- 2 stamp size photographs to be affixed in the Proposal form.
- A receipt will be given by the Bank.
- The Prospectus contains the details of the policy and no individual policy will be issued.
- Details of the policy will be available with UCO Bank, National Insurance Company Ltd., Third Party Administrators.
- IT Certificate will be issued by NICL and given to the bank. The a/c. holder can collect the same from the bank.
- Premium for Section I only eligible for IT benefit.
- The premium will be deducted from the a/c. by the bank and paid to National Insurance Co. Ltd.,

The **a/c. holder** will be given:

1. Prospectus – which broadly contains the details of the policy.
2. Receipt
3. IT Certificate
4. ID Card / Instructions from TPA