

Staff Medical Insurance



UNITED INDIA INSURANCE COMPANY LIMITED

DO4 TRICHY, 19/1 FIRST FLOOR, KALPANA COMPLEX, BIRDS ROAD
TIRUCHCHIRAPPALLI - 620001 TAMIL NADU
PH: (431) 2400217 FAX: EMAIL:

UNI GROUP HEALTH INSURANCE POLICY
UIN NO. UIIHLGP20043V011920
POLICY NO.: 0921002820P113156907

PERIOD OF INSURANCE
FROM 14:00 Hrs on 26/01/2021
To Midnight on 25/01/2022

Insured
MS PATRICIAN COLLEGE OF ARTS AND SCIENCE
CANAL BANK ROAD, GANDHI NAGAR, ADYAR, CHENNAI
CHENNAI
TAMIL NADU
600020

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 6B. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name	: WALTER RAJENDIRAM G
Agent Code	: AGN1033492
Mobile/Landline Number/Email	: 9841070808 walterraj@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.ulic.co.in.

For any Information, Service Requests and Grievances please write to 092100@ulic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

Download Customer App(www.ulic.co.in). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.
Website: <http://www.ulic.co.in>

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POLICY NO.:0921002820P113154907
UIN NO. UIIWGP20042V011920




**UNI GROUP HEALTH INSURANCE POLICY
SCHEDULE**

Policy No.	0921002820P113154907		Previous Policy No.	
Insured Detail	Name/ID	HS PATRICIAN COLLEGE OF ARTS AND SCIENCE/23040166533		
	Tel. (D)		Tel. (R)	
	E-Mail			
	Business/Occupation	None		
Period of Insurance	From	14:00	Hours of	26/01/2021 To Midnight of 25/01/2022
Coinurance	UIIC 092100 : 100%			

Risk Coverage Details:-

No. of Employees/Members covered	154
No. of Dependents Covered	279
Total No. of Persons covered	433
Sum Insured Slab/s(₹)	300000
Total Sum Insured(₹)	46,200,000.00
Total Sum Insured (in words)	Four crores sixty-two lakhs rupees only
Cover type basis	Family Floater Basis
Family Definition	Self,Employee/Member's legal spouse,Children

Base Covers:-

In-patient Hospitalisation Expenses Cover
Room, Boarding and Nursing expenses(per day limit)- 1% of Sum Insured or ₹ 3,000.00 or Actual Expenses Incurred, whichever is less.
ICU/ICCU/HDU(per day limit)- 2 % of Sum Insured or ₹ 6,000.00 or Actual Expenses Incurred, whichever is less.
Proportionate Clause-Waived
Mental Illness Cover Limit for Named Illnesses- Not Opted

Day Care Treatment Cover
Actual Expenses Incurred

Pre-hospitalisation Medical Expenses Cover
10% of Sum Insured or Actual Expenses Incurred, whichever is less
Number of days-30

Post-hospitalisation Medical Expenses Cover
10% of Sum Insured or Actual Expenses Incurred, whichever is less
Number of days-60

Road Ambulance Cover
10% of Sum Insured or ₹ 2,500.00 or Actual Expenses Incurred, whichever is less

Domiciliary Hospitalisation Cover
10% of Sum Insured or ₹ 30,000.00 or Actual Expenses Incurred, whichever is less

Donor Expenses Cover
Actual Expenses Incurred

POLICY NO.:0921002#20P113186907
UIN NO. U11HLP20043V011920

Modern Treatment Methods & Advancement in Technology

Sr. No.	Modern Treatment Methods & Advancement in Technology	Limits per Surgery
1	Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU
2	Balloon Sinuplasty	Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
4	Oral Chemotherapy	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy
5	Immunotherapy-Monoclonal Antibody to be given as injection	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period
6	Intra vitreal Injections	Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period
7	Robotic Surgeries (Including Robotic Assisted Surgeries)	<ul style="list-style-type: none"> Up to 75% of 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 Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases
8	Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries
9	Bronchial Thermoplasty	Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.
10	Vaporisation of the Prostate (Green laser treatment for holmium laser treatment)	Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.
11	Intra Operative Neuro Monitoring (IONM)	Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period.
12	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only	No additional sub-limit

Principal
Principal