

**Staff Medical Insurance**

**UNITED INDIA INSURANCE COMPANY LIMITED**  
MURUGAN COMPLEX, 74 A/1, 1ST FLOOR, SALAI ROAD, NEXT TO BPCL PETROL BUNK, TRICHY  
TIRUCHCHIRAPPALLI - 620018 TAMIL NADU  
PH: (0431) 2763311,(0431) 2763229 FAX: (431) 2763229 EMAIL:

UNI GROUP HEALTH INSURANCE  
POLICYUIN NO. UIIHLGP20043V011920  
POLICY NO.: 0906002823P114504028

PERIOD OF INSURANCE FROM  
15:00 Hrs on 31/01/2024  
To Midnight on 30/01/2025

*Insured*  
**MS PATRICIAN COLLEGE OF ARTS AND SCIENCE**

CANAL BANK ROAD,GANDHI  
NAGAR,ADYAR,CHENNAICHENNAI  
TAMIL NADU  
600020

**IMPORTANT NOTICE:** KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

Agent Name : WALTER RAJENDIRAM G  
Agent Code : AGN1033492  
Mobile/Landline Number/Email : 9843070808  
walterraj@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at [www.uiic.co.in](http://www.uiic.co.in).

For any Information, Service Requests and Grievances please write to  
090600@uiic.co.in For ID Cards & Claim Intimations Please contact the TPA

mentioned in the Policy document.

Download Customer App([www.uiic.co.in](http://www.uiic.co.in)). REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI - 600014.

Website: <http://www.uiic.co.in>  
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UNI GROUP HEALTH INSURANCE POLICY  
SCHEDULE

Policy No.	0906002823P114504028			Previous Policy No.	0906002822P111509005	
Insured Detail	Name/IDM	S PATRICIAN COLLEGE OF ARTS AND SCIENCE/23040166533				
	Tel. (O)		Tel.(R)		Fax	
	EMail					
	Business/Occupation		None			
Period of Insurance	From	15:00	Hours of	31/01/2024	To Midnight of 30/01/2025	

Coinurance UIIC 090600 : 1	00%
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## Risk Coverage Details:-

No. of Employees/Members covered	138
No. of Dependents Covered	254
Total No. of Persons covered	392
Sum Insured Slab/s(₹)	300000
Total Sum Insured(₹)	41,400,000.00
Total Sum Insured (in words)	Four crores fourteen 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**



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**Modern Treatment Methods & Advancement in Technology**

Sr. No.	Modern Treatment Methods & Advancement inTechnology	Limits per Surgery
1	Uterine Artery Embolization & High Intensity FocussedUltrasound (HIFU)	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy periodfor 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 periodfor claims involving Balloon Sinuplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep BrainStimulation
4	Oral Chemotherapy	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy periodfor claims involving Oral Chemotherapy
5	Immunotherapy-Monoclonal Antibody to be given asinjection	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"> <li>• Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous Systemirrespective of aetiology; (ii) Malignancies</li> <li>• Up to 50% of Sum Insured per policy period for claims involving RoboticSurgeries for other diseases</li> </ul>
8	Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims involving StereotacticRadio Surgeries
9	Bronchial Thermoplasty	Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy periodfor claims involving Bronchial Thermoplasty.
10	Vaporisation of the Prostate (Green laser treatment forholmium 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 OperativeNeuro 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