

Resource Management and Relationship Banking Department

12th Floor, Central Office, 239 Vidhan Bhawan Marg, Nariman Point, Mumbai- 400021

Information Circular No: 5289-2020

Date : 02 May 2020

To: All Branches and Offices

Sub: Union Health Suraksha Scheme - Enhancement in Product Features

HIGHLIGHTS

- Union Health Suraksha Scheme enriched with new feature to make it more attractive and appealing for customers.
- New feature additions include complimentary accidental insurance cover for proposer, AYUSH treatment cover, complementary health check up for all members, Second Opinion, Doctor-on-call facility and Health Risk Assessment.
- No increase in Premium.
- One more Add-on option of double sum insured on account of accident hospitalization (on payment of additional premium)
- Revised Union Health Suraksha Scheme become effective from 04.05.2020

Attention of Branches/Offices is invited to Information Circular No.04035-2017 dated 13th November 2017 vide which Union Health Suraksha mediclaim plan was launched by the Bank in association with Religare Health Insurance Co Ltd. The product has received tremendous response with more than 1.50 Lac lives covered under the scheme so far.

In order to enrich the product with added features, Department requested Religare Health to add new features in the product. We are pleased to inform that the following features are added in the existing Union Health Suraksha (UHS) product.

1. Complimentary Accidental Death Cover for Proposer/primary member

In case, of unfortunate demise of the Insured Member within twelve calendar months from the date of occurrence of the Injury, Religare will pay the Sum Insured provided that death is solely and directly due to the Injury.

In addition to accident death cover, the proposer/primary member of the policy would also be eligible for Permanent Total Disablement (PTD) and Permanent Partial Disablement (PPD). The benefits would be as per the attached PTD/PPD table.

2. Alternative Treatments (IPD Basis)

It is observed at times that a combination of conventional medical treatment and alternative therapies aid & quicken the process of recovery. Therefore, Religare will also pay the Insured Member for expenses related to medical consultation, diagnostic tests or medical treatment at the in-patient department of a Hospital which administers treatment related to the disciplines of medicine like Homeopathy, Ayurvedic, Siddha and Unani for Sum Insured up to Rs 50,000.

3. Complementary Annual Health Check-up for all members

All the Family members i.e. Self, Spouse and Children will be eligible to have health check-up every year regardless of Claims History. Earlier it was available to only two adult members.

4. Second opinion

In case the Insured Member wishes to have Second opinion from a Medical Practitioner pertaining to the ailment/diagnosis/prescription from the existing medical reports, the same will be arranged by the insurer.

5. Doctor On call & Health Risk Assessment

Policy holder may avail benefit of any of the available services from time to time, without paying additional cost. Some of such services are as under:

- a. Diet and nutrition consultation
- b. Chat with medical practitioners
- c. Preferred pricing and discounts on services offered by fitness centres / diagnostic centres / dental clinics/ pharmacy's/ optical clinics, beauty and skin-clinics

The premium rates have been kept unchanged even after the enrichment of the product with the above added features.

Additional Add-on cover

Further the existing Union Health Suraksha product has two Add-on features wherein the parents of the proposer can be covered in the policy and major diagnostic test service with payment of applicable premium. Now the revised version of UHS will have one more Add-on service wherein double sum insured benefit would be applicable in case of hospitalization on account of accident. This add-on feature is optional and is available on additional payment of Rs. 1180/- per policy. Under this benefit All the Family members i.e. Self, Spouse and Children will be covered for 200% of base sum insured (for hospitalization expenses), if anyone of them is hospitalized for more than consecutive 24 hours for medical treatment required as a result of an accident.

The new version of the product would be live on the portal from 04.05.2020 and hence all fresh premiums which are mobilized by the branches w.e.f. 04.05.2020 shall be under the new UHS product. In case, where the premium is collected prior to 04.05.2020 and policy is yet to be issued, the policy will also carry the features of the revised UHS product.

Product Details & New Application Form of the enhanced version of UNION HEALTH SURAKSHA is attached for your reference. It may please be noted that other terms & conditions of the Union Health Suraksha Scheme remain unchanged.



(SHAILESH K SINGH)
GENERAL MANAGER

UNION HEALTH SURAKSHA (UHS)

Coverage Details	
Sum Insured (SI) in Rs.	3L/4L/5L/7L/10L
Cover Type	Floater for family of up to 4 members; Option to include parents
Relationships Covered	Self, Spouse, Children, Parents
Entry Age Limit	Adult: 18-70 years; Child: 91 days to 24 years
Exit Age	Lifelong
Age of the Proposer	18 Years & Above
Policy Tenure	1 year
Underwriting Rule	No Pre-policy Medical Test; Tele-UW applicable for members above age 50 years and PED declaration
Claims pay-out	Cashless (within network) / Re-imburement
Claims Servicing	In - house
Benefits	
Hospitalization Expenses - In-patient - Day Care Treatment	Up to SI
Pre- and Post- hospitalization	30 days and 60 days
Ambulance Cover	Up to Rs.2500 per hospitalization
Organ Donor Cover	Up to SI
Domiciliary Hospitalization	Up to SI, for period exceeding 3 consecutive days
Annual Health Check-up	Every year for all members
Alternative Treatment (IPD Basis)	Up to 50,000
Second Opinion	Covered
Doctor On Call	Covered
Health Risk Assessment	Covered
Personal Accident for Primary Member	
Accidental Death	100% of SI
Permanent total Disablement	Up to SI as per PTD Table
Permanent Partial Disablement	Up to SI as per PPD Table

Optional Benefits (on payment of extra premium)	
Parental Coverage on Floater basis	Available up to 5 Lakhs SI
Major Diagnostic Cover	Covered up to Rs.20,000/-
Double Sum Insured for Accidental Hospitalization	Additional 100% of Sum Insured for all Family Member
Wait Periods	
30 Days	Yes (except emergency accidents)
Named Ailment	24 months
Pre-existing diseases	24 months
Sub-limits	
On Room rent	1% of SI per day for up to 4 Lakhs / Single Private Room for 5 lakhs and above
ICU charges	2% of SI per day

SI / Age Band	3L	4L	5L	7L	10L
18 to 45 years	5599	7223	8528	9346	10225
46 to 55 years	7774	10165	12090	14580	16791
56 years and above	10891	14051	16597	21565	25840
Additional Premium for Optional Cover					
(A) Parental Coverage (Up to SI; Max 5 lakhs)	6019	8153	10588	10588	10588
(B) Major Diagnostics Cover					
SI / Age Band (Basis eldest member including parents)	3L/4L/5L/7L/10L				
18 to 45 years	1416				
46 to 55 years	2124				
56 years and above	2832				
(C) Double Sum Insured for Accidental Hospitalization					
18 years and Above	1180				

Note: New features highlighted in blue font

ANNEXURE

Permanent Total Disablement (PTD)

If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, Religare will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured
1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
5	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

For the purpose of this Benefit only:

- I Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- II Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- III Quadriplegia means complete and irrecoverable paralysis of all four limbs.

Permanent Partial Disablement (PPD)

If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, We will pay the amount specified in the table below:

Sr. No.	Insured Events	Amount payable = % of the Sum Insured
1	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	30%
2	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toe for each toe	1%
3	Loss of four fingers and thumb of one hand	40%
4	Loss of four fingers of one hand	35%
5	Loss of thumb	
	a) both phalanges	25%
	b) one phalanx	10%
6	Loss of Index finger	
	a) three phalanges	10%
	b) two phalanges	8%
	c) one phalanx	4%
7	Loss of middle finger	
	a) three phalanges	6%
	b) two phalanges	4%
	c) one phalanx	2%
8	Loss of ring finger	
	a) three phalanges	5%
	b) two phalanges	3%
	c) one phalanx	2%
9	Loss of little finger	
	a) three phalanges	4%
	b) two phalanges	3%
	c) one phalanx	2%
10	Loss of metacarpus	
	first or second	3%
	third, fourth or fifth	2%

Note: For the purpose of Insured Events 2 to 10 inclusive, loss means either actual physical separation or total and irrecoverable loss only.

Insured Details

Name of Insured Members (Full Name in Block Letter)	Date of Birth	Gender		Relationship with Account Holder
Primary Member	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Self
Insured 2 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Spouse
Insured 3 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Son/Daughter
Insured 4 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Son/Daughter
Insured 5 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Father
Insured 6 :	(DD/MM/YY)	<input type="checkbox"/> M	<input type="checkbox"/> F	Mother

Note: In case of multiple members cover will be offered only on floater basis.

Policy Details

Please Tick your choice. Premium Rates in INR and including GST.

Combination	Without Parent					Add-on	
Your Choice	<input type="checkbox"/>	Major Diagnostics Cover					
Age range ¹ /SI	3 Lacs	4 Lacs	5 Lacs	7 Lacs	10 Lacs	Age range ² /SI	<input type="checkbox"/>
18 to 45 yrs.	5,599	7,223	8,528	9,346	10,225	18 to 45 yrs.	1416
46 to 55 yrs.	7,774	10,165	12,090	14,580	16,791	46 to 55 yrs.	2124
> 55 yrs.	10,891	14,051	16,597	21,565	25,840	> 55 yrs.	2832
Combination	With Parent					Double Sum Insured for Accidental Hospitalization	
Your Choice	<input type="checkbox"/>	Age Range	<input type="checkbox"/>				
Age range ¹ /SI	3 Lacs	4 Lacs	5 Lacs	7 Lacs	10 Lacs	> 18 yrs	1180
18 to 45 yrs.	11,618	15,375	19,116	19,934	20,813	² Age range will be selected basis age of eldest member including parents.	
46 to 55 yrs.	13,793	18,317	22,678	25,168	27,380		
> 55 yrs.	16,911	22,204	27,185	32,153	36,428		

¹ Age range will be selected basis self or spouse age whichever is higher.

Declaration

- I hereby request and authorize the Bank to debit the same account number on the yearly due dates with the applicable renewal premium.
Please Note: The premium is subject to change due to change in GST as specified from time to time by the Government of India or due to medical inflation or change in plan/age/addition of member(s).
- I have read and understood the scheme details/brochure/prospectus/sales literature/Terms and Conditions of the Group Policy and confirm to abide by the same.
- I/We declare and consent to the Insurer seeking medical information from any doctor or from a hospital who at any time has attended on the life to be insured/applicant or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/Applicant and seeking information from any insurance company to which an Application for insurance on the life to be assured/applicant has been made for the purpose of underwriting the application and/or claim settlement.
- Receipt of application form by the Insurer shall not be construed as acceptance of Application. Commencement of risk under the Certificate of Insurance shall be subject to realization of full premium and individual underwriting by the Insurer. The Insurer at its sole discretion reserves the right to accept or reject any Application. Cover would start from the date as specified in the Certificate of Insurance.
- I/We understand that the Cover offered is under the Group scheme designed for Union Bank of India customers. The scheme is underwritten, administered and serviced by Religare Health Insurance Company Limited (IRDA Registration No. 148). I/We further understand that a Union Bank of India customer is not involved in settlement of claims and I/We shall directly pursue any of our dispute/claim with the Insurer.
- I/We further declare, on my behalf and on behalf of each of the persons proposed to be insured that there is all information which is relevant to this Application that has been disclosed and not withheld. I further declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Insurer.

Disclaimer: Religare Health Insurance Company Ltd. Shall not be responsible / liable to anybody, in any manner, whatsoever for non-credit /delayed credit of any payment due in relation to insurance policy into bank account of Proposer / Policy holder (mentioned under "For Office Use Only" and any other consequential loss directly / indirectly, for whatsoever reasons thereof including but not limited to incomplete / incorrect information by Proposer / Policy Holder.

Date: / / (DD/MM/YYYY)

Signature: _____

(As per Bank Records)

Place: _____

Terms & Conditions

Benefit Table

S. No.	Particulars	Basis of Offering
1	In-Patient Hospitalization	Up to SI
2	Day Care	Up to SI for 541 day care procedures
3	Pre-hospitalization	30 days
4	Post-hospitalization	60 days
5	Domestic Road Ambulance	Up to Rs. 2500 per hospitalization
6	Domiciliary Hospitalization	Up to SI, for period exceeding 3 consecutive days
7	Organ Donor Cover	Up to SI
8	Annual Health Check-up	Every year for all insured members
9	Alternative Treatment (IPD Basis)	Up to Rs. 50,000/-
10	Second Opinion	Covered
11	Doctor on Call	Covered
12	Health Risk Assessment	Covered
Personal Accident for Primary Member	Accidental Death	100% of SI
	Permanent Total Disablement	Up to SI as per PTD Table
	Permanent Partial Disablement	Up to SI as per PPD Table
Optional Benefits	Major Diagnostics Cover	Up to Rs. 20,000
	Parental Coverage under same Floater	Available up to 5 Lakhs SI
	Double SI for Accidental Hospitalization	Additional 100% of Sum Insured for all insured members
Sub-limits	On Room rent	1% of SI per day for up to 4 Lakhs / Single Private Room for 5 lakhs and above
	ICU charges	2% of SI per day

30-day waiting period

The Company shall not be liable for medical expenses towards any illness that was diagnosed or hospitalization that began within 30 days of the commencement of the policy, except for those Medical Expenses incurred due to an injury.

Named Ailments

24 Months	Arthritis, if non-infective, gout, rheumatism and spinal disorders, joint replacement surgery, Benign ear, nose and throat (ENT) disorders and surgeries, nasal septum deviation, sinusitis and related disorders, Benign prostatic hypertrophy, Cataract, Dilatation and curettage, Fissure / fistula in anus, hemorrhoids / piles, pilonidal sinus, gastric and duodenal ulcers, Surgery of genito urinary system unless necessitated by malignancy, All types of hernia, hydrocele, Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy, Internal tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant, Kidney stone/ ureteric stone/ lithotripsy/ gall bladder , Myomectomy for fibroids, Skin tumors unless malignant, Varicose veins and varicose ulcers
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Pre-existing diseases

The Company shall not be liable for any medical expenses incurred during hospitalization for a diagnosis / treatment of any pre-existing diseases till the time as defined in the Policy but not exceeding 24 months of continuous coverage, since the cover start date under the first policy with us.

Permanent Exclusions

Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (1) Any condition or treatment as specified under 'Non-Medical Expenses' of Policy Terms and Conditions.
- (2) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (3) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- (4) Any treatment arising from or traceable to any fertility or sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (5) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (6) Charges incurred in connection with cost of routine eye and ear examinations, dentures, and artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
- (7) Unproven/Experimental Treatment or investigational treatment.

- (8) Any diagnosis or treatment of an illness or injury which does not require Hospitalization.
- (9) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (10) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (11) Treatment of all external Congenital Anomaly or illness or defects or anomalies or treatments relating to birth defects.
- (12) Treatment of mental illness, stress or psychological disorders.
- (13) Aesthetic treatment, Cosmetic Surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an injury, cancer or burns
- (14) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- (15) Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.
- (16) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics
- (17) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health
- (18) Any travel or transportation expenses including Ambulance charges.
- (19) Non-allopathic treatment.
- (20) Out-patient treatment.
- (21) Treatment received outside India.
- (22) Charges incurred at a Hospital primarily for X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness or injury, for which In-patient Care/Day Care Treatment is required.
- (23) 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.
- (24) Any illness or injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
- (25) Act of self-destruction or self-inflicted injury, attempted suicide or suicide while sane or insane or illness or injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol.
- (26) Any charges incurred to procure any medical certificate, treatment or illness related documents pertaining to any period of Hospitalization or illness.
- (27) Personal comfort & convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body/baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (28) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- (29) 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:
 - ~ 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.
 - ~ 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.
 - ~ 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.
- (30) In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.
- (31) Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants.
- (32) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (33) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.
- (34) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification Centre, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions, unless specifically provided for.

Date : / / (DDMMYY)

Name of Applicant _____

Signature _____