



INDIVIDUAL HEALTH INSURANCE POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

- This document has been prepared to give you a brief and quick introduction to your Individual Health Insurance Policy.
- The CIS must be read concurrently with Policy Wording as there are references to various clauses in the Policy Wordings.
- The CIS only provides a summary of the key features of the policy. Please refer to your Policy Schedule along with the Policy Wordings for complete information on what your policy covers.

(Description is illustrative and not exhaustive)

TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
Product Name	Individual Health Insurance Policy	-
Product Description	<ol style="list-style-type: none"> 1. Indemnity-based health insurance product for you and your family that offers a wide cover. 2. Coverage on Individual Sum Insured basis meaning each Insured Person has their own SI. 3. 3 plans – Platinum/Gold/Senior Citizen. Please note that the plan you are under is based on the age of entry in the policy. 4. Cashless hospitalisation in a network spanning 14000+ hospitals. 	-
What am I covered for?	<p>BASE COVERS</p> <ol style="list-style-type: none"> 1. In-Patient Hospitalisation Expenses <ol style="list-style-type: none"> i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses. ii. All Day Care Treatments are covered iii. Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person. 2. Pre-Hospitalisation and Post-Hospitalisation Expenses Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of Sum Insured for Pre & Post combined (this sub-limit is only for Gold & Senior Citizen plans). 3. Domiciliary Hospitalisation Covers expenses incurred for availing treatment at home which would otherwise require hospitalisation. 4. Ayurvedic Treatment Covers expenses incurred for availing treatment under Ayurvedic system of medicine in a registered AYUSH Hospital. 5. Road Ambulance Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency up to Rs. 2,500 per person per policy period. 6. Modern Treatment Methods & Advancement in Technologies Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc. 7. Cost of Health Check-Up Insured Person is entitled to a health check-up for a block of every three claim-free years. 	<p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p> <p>III.A.5</p> <p>III.A.6</p> <p>III.A.7</p>

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



	<p>OPTIONAL COVERS</p> <p>1. Daily Cash Allowance on Hospitalisation</p> <p>A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.</p>	III.B.1				
What are the major exclusions in the policy?	<p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> <ol style="list-style-type: none"> Admission primarily for investigation & evaluation (Code – Excl04) Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05) Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres. (Code – Excl15) Any expenses incurred on Out-patient treatment (OPD treatment) Congenital External Diseases or Defects or anomalies Cost of hearing aids; including optometric therapy Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation Intentional self-inflicted Injury or attempted suicide Routine eye-examination expenses, cost of spectacles, contact lenses Vaccination or inoculation of any kind unless it is post animal bite 	<p>IV.B.4</p> <p>IV.B.5</p> <p>IV.B.15</p> <p>IV.C.3</p> <p>IV.C.8</p> <p>IV.C.9</p> <p>IV.C.11</p> <p>IV.C.12</p> <p>IV.C.13</p> <p>IV.C.18</p>				
Waiting Period (not applicable under Platinum Plan)	<p>Initial Waiting Period: 30 days for all illness (not applicable on renewal or for accidents)</p> <p>Specific Waiting Periods</p> <ol style="list-style-type: none"> 24 months for certain specified diseases/procedures/treatments 48 months for certain specified diseases/procedures/treatments <p>Pre-Existing Diseases: Covered after forty-eight (48) months of continuous coverage.</p> <p><i>(Note: the above waiting periods are applicable only for Gold & Senior Citizen plans)</i></p>	<p>IV.A.3</p> <p>IV.A.2 Table A</p> <p>IV.A.2 Table B</p> <p>IV.A.1</p>				
Payment Basis	<ol style="list-style-type: none"> Cashless facility for treatment in network hospitals Reimbursement for treatment in non-network hospitals Reimbursement for domiciliary hospitalisation, pre-hospitalisation and post-hospitalisation claims Reimbursement for Cost of Health Check-up. For Daily Cash, fixed benefit amount will be paid to the Insured Person. 	<p>V.B.5.ii.a</p> <p>V.B.5.iii.a</p> <p>V.B.5.iii.b</p> <p>V.B.5.iii.c</p> <p>III.B.1</p>				
Loss Sharing	<p>In case of a claim, this policy requires you to share expenses exceeding the following sub-limits:</p> <p>1. In-Patient Hospitalisation expenses</p> <table border="1"> <tr> <td>Room Rent</td> <td>1% of Sum Insured per day</td> </tr> <tr> <td>ICU/ICCU charges</td> <td>2% of Sum Insured per day</td> </tr> </table> <p>Proportionate Payment Clause: In case of admission to a room at rates exceeding the aforesaid limits, the payment of all associated medical expenses incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.</p> <p>2. Cataract (only for Gold & Senior Citizen plan) 25% of Sum Insured subject to a maximum of Rs. 40,000/- per eye</p> <p>3. Hernia & Hysterectomy (only for Gold & Senior Citizen plan) 25% of Sum Insured subject to a maximum of Rs. 1,00,000 per surgery/hospitalisation</p>	Room Rent	1% of Sum Insured per day	ICU/ICCU charges	2% of Sum Insured per day	<p>III.A.1.i</p> <p>III.A.1.ii</p> <p>III.A.(1.1)</p> <p>III.A.(1.2)</p> <p>III.A.(1.2)</p>
Room Rent	1% of Sum Insured per day					
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	<p>4. Major Surgeries (only for Gold & Senior Citizen plan) up to 70% of the Sum Insured for surgeries including Cardiac Surgeries; Brain Tumour Surgeries; Pace Maker Implantation for Sick Sinus Syndrome; Cancer Surgeries; Hip, Knee, Joint Replacement Surgery; Organ Transplant.</p> <p>5. Pre-Hospitalisation and Post-Hospitalisation Expenses (combined) (only for Gold & Senior Citizen plan) 10% of Sum Insured</p> <p>6. Domiciliary Hospitalisation</p> <table border="1" data-bbox="333 539 1203 1406"> <thead> <tr> <th>Sum Insured (in Rs.)</th> <th>Annual Limit (in Rs.)</th> </tr> </thead> <tbody> <tr><td>50,000</td><td>10,000</td></tr> <tr><td>75,000</td><td>15,000</td></tr> <tr><td>100,000</td><td>20,000</td></tr> <tr><td>125,000</td><td>23,750</td></tr> <tr><td>150,000</td><td>27,250</td></tr> <tr><td>175,000</td><td>31,250</td></tr> <tr><td>200,000</td><td>35,000</td></tr> <tr><td>225,000</td><td>37,500</td></tr> <tr><td>250,000</td><td>40,000</td></tr> <tr><td>275,000</td><td>42,500</td></tr> <tr><td>300,000</td><td>45,000</td></tr> <tr><td>325,000</td><td>47,500</td></tr> <tr><td>350,000 – 1,000,000</td><td>50,000</td></tr> <tr><td>1,500,000</td><td>75,000</td></tr> <tr><td>2,000,000</td><td>100,000</td></tr> </tbody> </table> <p>7. Road Ambulance Rs. 2,500 per person per policy period</p> <p>8. Health Check-Up Up to 1% of average Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per person per policy period.</p> <p>9. Deductible - Daily Cash Allowance Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalisation</p>	Sum Insured (in Rs.)	Annual Limit (in Rs.)	50,000	10,000	75,000	15,000	100,000	20,000	125,000	23,750	150,000	27,250	175,000	31,250	200,000	35,000	225,000	37,500	250,000	40,000	275,000	42,500	300,000	45,000	325,000	47,500	350,000 – 1,000,000	50,000	1,500,000	75,000	2,000,000	100,000	<p>III.A.(1.2)</p> <p>III.A.2</p> <p>Annexure – 3</p> <p>III.A.5</p> <p>III.A.7</p> <p>III.B.1</p>
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<p>Renewal Conditions</p>	<p>1. The policy is ordinarily life-long renewable, except on grounds of fraud, misrepresentation, or non-disclosure of material facts by the Insured.</p> <p>2. Renewal is subject to request for renewal and requisite premium in full having been received before the end of the policy period and realisation of premium.</p> <p>3. At the end of policy period, the policy shall terminate, and a grace period of 30 days is provided to renew policy to maintain continuity benefits. Coverage is not available during Grace period.</p>	<p>Clause V.A.15</p>																																

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	4. Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding policy years. No loading shall apply at renewal based on your claims experience.									
Cancellation	<p>1. The Policyholder may cancel the policy by giving 15 days' written notice and UIIC shall refund premium for the unexpired policy period as per short period rate table given in Policy Wordings.</p> <p>2. UIIC may cancel the policy at any time on grounds of misrepresentation, fraud, or non-disclosure of material facts by the Insured Person, by giving 15 days' written notice. There is no refund of premium in such an event.</p>	Clause V.A.1								
Renewal Benefits	<p>1. Health Check-Up</p> <p>Insured Person is entitled to health check-up for a block of every 3 claim-free years, subject to 1% of average Sum Insured of preceding 3 policy years.</p>	III.A.7								
How to Claim?	<p>1. Notification: Please notify the TPA/UIIC in writing within 24 hours from the date of emergency hospitalisation required or before discharge from Hospital, whichever is earlier; at least 48 hours prior to admission in Hospital in case of planned Hospitalisation.</p> <p>2. Cashless Procedure:</p> <ol style="list-style-type: none"> Intimate TPA of the claim using toll-free number given in health ID card. Upon admission in hospital, cashless request form shall be completed and sent to TPA for authorisation. After verification, TPA issues pre-authorisation letter. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses. Hospital Network details can be obtained at: https://uiic.co.in/en/tpa-ppn-network-hospitals <p>3. Reimbursement Procedure:</p> <ol style="list-style-type: none"> Submit the necessary documents to TPA/UIIC within the prescribed time limit as mentioned below: <table border="1" data-bbox="384 1240 1329 1514"> <thead> <tr> <th>Type of Reimbursement Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation, and Pre-Hospitalisation expenses</td> <td>Within 15 days of date of discharge from hospital</td> </tr> <tr> <td>Cost of Health Check-up</td> <td>Within 15 days of Health Check-up</td> </tr> <tr> <td>Post Hospitalisation expenses</td> <td>Within 15 days from completion of post Hospitalisation treatment</td> </tr> </tbody> </table>	Type of Reimbursement Claim	Prescribed Time Limit	Hospitalisation, and Pre-Hospitalisation expenses	Within 15 days of date of discharge from hospital	Cost of Health Check-up	Within 15 days of Health Check-up	Post Hospitalisation expenses	Within 15 days from completion of post Hospitalisation treatment	<p>V.B.5.i</p> <p>V.B.5.ii</p> <p>V.B.5.v</p>
Type of Reimbursement Claim	Prescribed Time Limit									
Hospitalisation, and Pre-Hospitalisation expenses	Within 15 days of date of discharge from hospital									
Cost of Health Check-up	Within 15 days of Health Check-up									
Post Hospitalisation expenses	Within 15 days from completion of post Hospitalisation treatment									
Policy Servicing/ Grievance/ Complaints	<p>Policy Servicing</p> <p>Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.</p> <p>Grievance/Complaints</p> <p>In case of any grievance, you may contact UIIC through:</p> <ol style="list-style-type: none"> Website: www.uiic.co.in Toll Free Number: 1800 425 333 33 E-Mail: customercare@uiic.co.in <p>You may also approach the grievance cell at any of our branches with details of the grievance.</p> <p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.</p>	Clause V.A.14								

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<p>Insured's Rights</p>	<ol style="list-style-type: none"> 1. Free Look Period: You are allowed a period of 15 days from date of receipt of the policy document to review its terms and conditions and to return the policy if not acceptable to you. This is not applicable on renewals. 2. Renewability: The policy can be renewed annually throughout the lifetime of the insured. In the event of break in the policy a grace period of 30 days is allowed. However, the policy will not be available for renewal once Lump Sum Benefit for HIV/AIDS is paid. 3. Change of Sum Insured: The Insured Person can apply for an enhancement of Sum Insured at the time of renewal. The acceptance of such enhancement would be at the discretion of UIIC. All waiting periods as defined in the Policy shall apply for the incremental portion of the Sum Insured from the effective date of enhancement of such Sum Insured. 4. Migration: Insured Person has the option to migrate the policy to other health insurance products/plans offered by UIIC by applying at least 30 days before the policy renewal date... 5. Portability: Insured Person has the option to port the entire policy to an Super Top Up Medicare product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting. 6. Turn Around Time (TAT): For reimbursement claims, the company shall settle or reject a claim within 30 days from date of receipt of last necessary document. 	<p>V.A.7</p> <p>V.A.15</p> <p>V.B.4</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.A.2</p>
<p>Insured's Obligations</p>	<ol style="list-style-type: none"> 1. Disclosure of Information <ol style="list-style-type: none"> i. Policyholder is required to disclose all material information such as, but not limited to, pre-existing diseases/conditions, medical history, etc. as sought in the Proposal form and other connected documents. ii. Non-disclosure, misrepresentation or misdescription of such information may result in claim not being paid and shall make the policy void and all premium paid thereon shall be forfeited to UIIC. iii. The Insured shall notify the policy issuing office in writing, of any material change, such as change in occupation, during the policy period. 2. Nomination <p>Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Policyholder.</p> 	<p>I</p> <p>V.A.5</p> <p>V.B.8.iii</p> <p>V.A.11</p>

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.