



Yuvaan Health Insurance Policy

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

This document provides key information about your Yuvaan Health Insurance Policy. You are also advised to go through your policy document.

(Description is illustrative and not exhaustive)

S. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1	Name of Insurance Policy	Yuvaan Health Insurance Policy	-
2	Policy Number	{ }	-
3	Type of Insurance Policy	Indemnity Based	I.B
4	Sum Insured Basis	{ }	II.B.17
	Sum Insured	{ }	
5	Policy Coverage (What the Policy Covers?)	<p>Base Covers</p> <p>1. In-Patient Hospitalisation Expenses</p> <p>i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses.</p> <p>ii. All Day Care Treatments are covered</p> <p>2. Pre-Hospitalisation and Post-Hospitalisation Expenses</p> <p>Covers expenses incurred in the 60 days prior to hospitalisation and in the 90 days post hospitalisation.</p> <p>3. Organ Donor Expenses Cover</p> <p>Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person.</p> <p>4. Modern Treatment Methods & Advancement in Technologies</p>	<p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p>



		<p>Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p> <p>5. Cumulative Bonus</p> <p>The insured person(s) shall be rewarded Cumulative Bonus calculated at 50% of the Sum Insured as bonus for each claim free year subject to a maximum of 100% of the Sum Insured. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued.</p> <p>6. Road Ambulance</p> <p>Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency</p> <p>OPTIONAL COVERS</p> <p>1. Waiver of Co-Payment</p> <p>If this cover is opted, then the applicable Co-Payment will be waived off.</p>	<p>III.A.5</p> <p>III.A.6</p> <p>III.B.1</p>
6	Exclusions (What the hospital doesn't cover)	<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"> 1. Admission primarily for investigation & evaluation (Code – Excl04) 2. Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05) 3. Any expenses incurred on Out-patient treatment (OPD treatment) 4. Any treatment related to sleep disorder or sleep apnoea syndrome 5. Congenital External Diseases or Defects or anomalies 6. Cost of hearing aids; including optometric therapy 7. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation 8. Intentional self-inflicted Injury or attempted suicide 	<p>IV.B.4</p> <p>IV.B.5</p> <p>IV.C.4</p> <p>IV.C.6</p> <p>IV.C.10</p> <p>IV.C.11</p> <p>IV.C.13</p> <p>IV.C.15</p>

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		<p>9. Routine eye-examination expenses, cost of spectacles, contact lenses</p> <p>10. Vaccination or inoculation of any kind unless it is post animal bite</p>	<p>IV.C.16</p> <p>IV.C.20</p>						
7	Waiting Period	<p>Initial Waiting Period 30 days for all illness (not applicable on renewal or for accidents)</p> <p>Specific Waiting Periods 12 months for Pre-Existing Diseases. 12 months for certain specified diseases/procedures/treatments.</p>	<p>IV.A.3</p> <p>IV.A.1</p> <p>IV.A.2</p>						
8	<p>Financial Limits of Coverage</p> <p>i.Sub-Limits</p> <p>ii.Co-payment</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>i. No sub-limit</p> <p>ii. For policy issuance, the country has been categorized into various Geographical Zones</p> <ul style="list-style-type: none"> If the insured has paid the premium for Zone C, a co-payment of 15% will apply for each and every claim amount for treatment taken in any city of Zone A and the following cities in Zone B - Bengaluru, Chennai, Hyderabad, Kolkata and Pune. If the insured has paid the premium for Zone B, a co-payment of 10% will apply for each and every claim amount for treatment taken in any city of Zone A. <table border="1"> <thead> <tr> <th>Zone</th> <th>Districts</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>All Districts in NCT of Delhi (incl. Shahdara), Faridabad, Palwal, Gurugram, Rohtak, Jhajjar, Ghaziabad, Gautam Buddh Nagar, Bulandshahr, Ahmedabad, Gandhi Nagar, Vadodara, Surat, Mumbai, Thane, Raigad (MH), Palghar</td> </tr> <tr> <td>B</td> <td>Ahmed Nagar, Amritsar, Anand, Bengaluru, Bhopal, Chennai, Coimbatore, Dakshina Kannada, Ernakulam, Howrah, Hyderabad, Indore, Jaipur, Jalgaon, Jodhpur, Kanpur Nagar,</td> </tr> </tbody> </table>	Zone	Districts	A	All Districts in NCT of Delhi (incl. Shahdara), Faridabad, Palwal, Gurugram, Rohtak, Jhajjar, Ghaziabad, Gautam Buddh Nagar, Bulandshahr, Ahmedabad, Gandhi Nagar, Vadodara, Surat, Mumbai, Thane, Raigad (MH), Palghar	B	Ahmed Nagar, Amritsar, Anand, Bengaluru, Bhopal, Chennai, Coimbatore, Dakshina Kannada, Ernakulam, Howrah, Hyderabad, Indore, Jaipur, Jalgaon, Jodhpur, Kanpur Nagar,	<p>V.B.5</p>
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C	Rest of India						
	<p>iii. Deductible</p> <p>iv. Any Other Limit</p>	<p>iii. No Deductible</p> <p>iv. In-Patient Hospitalisation expenses</p> <p>Proportionate Payment Clause:</p> <p>In case of admission to a room <i>other than shared accommodation</i>, the payment of all associated medical expenses incurred at the Hospital shall be affected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.</p>	III.A.1.1				
9	Claims Procedure	<p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility - 2 hours</p> <p>ii. TAT for cashless final bill authorization - 3 hours</p> <p>Network Hospitals details: https://uiic.co.in/en/tpa-ppn-network-hospitals</p> <p>Helpline number: https://uiic.co.in/en/tpa-ppn-network-hospitals</p> <p>Excluded Providers: https://uiic.co.in/sites/default/files/Excluded_Providers_List.pdf</p> <p>Claim form: https://uiic.co.in/en/claims/claim-forms</p>	<p>V.B.iv.2 .b</p> <p>V.B.iv.2 .b</p> <p>IV.B.11</p>				
10	Policy Servicing	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.					
11	Grievance/ Complaint	<p>In case of any grievance, you may contact UIIC through:</p> <p>a. Website: www.uiic.co.in</p> <p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: customercare@uiic.co.in</p> <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>	V.A.14				



12	Things to remember	<p>Free Look cancellation:</p> <p>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.</p> <p>If the Insured has not made any claim during the free look period, the Insured shall be entitled to:</p> <ul style="list-style-type: none"> i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period <p>Policy renewal:</p> <p>Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration:</p> <p>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.</p> <p>Portability</p> <p>Insured Person has the option to port the entire policy to an individual health insurance product offered by another Insurer by applying at least 45 days before policy renewal date. Portability is subject to underwriting.</p>	<p>V.A.7</p> <p>V.A.7.i</p> <p>V.A.7.ii</p> <p>V.A.7.iii</p> <p>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p>
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		<p>Change in Sum Insured:</p> <p>Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increasing S.I, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period:</p> <p>After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on the enhancement limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	V.B.3
13	Your Obligations	<p>1. Disclosure of Information: 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.</p> <p>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.</p> <p>Nomination: 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>	V.A.5

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date:

Signature of Policy Holder

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.

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Benefit/Premium Illustration

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.
2. Rates shown below are for Zone A of Yuvaan Health Insurance Policy.

ILLUSTRATIONS

Illustration 1: Self, Spouse and 2 Dependent Children

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
36	9,600	10 lakh	9,600	5%	9,120	10 lakh	9,600	25%	7,200	10 lakh
31	7,899	10 lakh	7,899	5%	7,504	10 lakh	7,899		5,925	
10	3,511	10 lakh	3,511	5%	3,335	10 lakh	3,511		2,364	
20	5,924	10 lakh	5,924	5%	5,628	10 lakh	5,924		4,443	
Total Premium for all members of the family is Rs. 26,934/-, when each member is covered separately.			Total Premium for all members of the family is Rs. 25,587/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 19,932/-			
Sum Insured available for each individual is Rs. 10,00,000/-			Sum Insured available for each individual is Rs. 10,00,000/-				Sum Insured of Rs. 10,00,000 is available for the entire family.			

Illustration 2: Self and Spouse

Age of Insured Member	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
42	15,972	20 lakh	15,972	5%	15,173	20 lakh	15,972	25%	11,979	20 lakh
38	10,987	20 lakh	10,987	5%	10,438	20 lakh	10,987		8,240	
Total Premium for all members of the family is Rs. 26,959/-, when each member is covered separately.			Total Premium for all members of the family is Rs. 25,611/-, when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs. 20,219/-			