United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G0I000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545



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	8	-
3	Type of Insurance Policy	Indemnity Based	I.B
4	Sum Insured Basis Sum Insured	8	II.B.17
5	Policy Coverage (What the Policy Covers?)	 In-Patient Hospitalisation Expenses Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses. All Day Care Treatments are covered Pre-Hospitalisation and Post-Hospitalisation Expenses Covers expenses incurred in the 60 days prior to hospitalisation and in the 90 days post hospitalisation. Organ Donor Expenses Cover Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person. Modern Treatment Methods & Advancement in Technologies 	III.A.1 III.A.2 III.A.3



Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc. 5. Cumulative Bonus 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. 6. Road Ambulance Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency OPTIONAL COVERS 1. Waiver of Co-Payment If this cover is opted, then the applicable Co-Payment will be waived off. The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions. 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 IV.C.15			Covers expenses for advanced medical procedures such as	
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disease or accident and requiring hospitalisation			6. Cost of hearing aids; including optometric therapy	IV.C.11
8. Intentional self-inflicted Injury or attempted suicide IV.C.15				IV.C.13
			8. Intentional self-inflicted Injury or attempted suicide	IV.C.15



		Routine eye-examination expenses, cost of spectacles, contact lenses								
		10. Vaccination or inoculation of any kind unless it is post animal bite								
	Waiting		Initial Waiting Period 30 days for all illness (not applicable on renewal or for accidents)							
7	Period		aiting Periods for Pre-Existing Diseases.	IV.A.1						
		12 months	for certain specified diseases/procedures/treatments.	IV.A.2						
	Financial	The polic	cy will pay only u to the limits specified							
8	Limits of	hereundei	r for the following diseases/procedures:							
	Coverage									
	i.Sub-Limits	i. No	sub-limit							
	ii.Co-	ii. For	policy issuance, the country has been							
	payment	catego	rized into various Geographical Zones							
		• If the	insured has paid the premium for Zone C, a co-	V.B.5						
			ent of 15% will apply for each and every claim amount							
			eatment taken in any city of Zone A							
			insured has paid the premium for Zone B, a co-payment							
			% will apply for each and every claim amount for nent taken in any city of Zone A.							
		Zone Districts								
		20116								
			All Districts in NCT of Delhi (incl. Shahdara),							
			Faridabad, Palwal, Gurugram, Rohtak, Jhajjar,							
		A	Ghaziabad, Gautam Buddh Nagar, Bulandshahr,							
			Ahmedabad, Gandhi Nagar, Vadodara, Surat,							
			Mumbai, Thane, Raigad (MH), Palghar							
			Ahmed Nagar, Amritsar, Anand, Bengaluru,							
	Kannada, Ernakulam, Howrah, Hyderabad,									
	B Indore, Jaipur, Jalgaon, Jodhpur, Kanpur Nagar,									
	Kheda, Kolhapur, Kolkata, Kottayam, Krishna,									
			Lucknow, Ludhiana, Nagpur, Nashik, North 24							
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		Parganas, Pune, Rajkot, Ranga Reddy, Solapur,							
		Thiruvananthapuram, Tiruvallur, Valsad,							
		Visakhapatnam.							
		C Rest of India							
		iii. No Deductible							
		iv. In-Patient Hospitalisation expenses							
	iii.Deductible	Proportionate Payment Clause:							
	iv.AnyOther Limit	In case of admission to a room other than shared							
	Lillit	accommodation, 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.	III.A.1.1						
		Turn Around Time (TAT) for claims settlement:	V.B.iv.2						
		i. TAT for preauthorization of cashless facility - 2 hours	.b						
9	Claims	ii. TAT for cashless final bill authorization - 3 hours							
	Procedure	Network Hospitals details: https://uiic.co.in/en/tpa-ppn-	V.B.iv.2						
		network-hospitals	.b						
		Helpline number: https://uiic.co.in/en/tpa-ppn-network-hospitals							
		Excluded Providers:	IV.B.11						
		https://uiic.co.in/sites/default/files/Excluded Providers List.pdf Claim form: https://uiic.co.in/en/claims/claim-forms							
10	Policy Servicing	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.							
		In case of any grievance, you may contact UIIC through:							
		a. Website: www.uiic.co.in b. Toll Free Number: 1800 425 333 33							
		c. E-Mail: <u>customercare@uiic.co.in</u>							
11	Grievance/	You may also approach the grievance cell at any of our branches							
1 1	Complaint 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.							
12	Things to remember	Free Look cancellation:							



You are allowed a period of 15 days from o	date of receipt of the	V.A.7						
policy document to review its terms and cor	nditions and to return							
the policy if not acceptable to you. This	is not applicable on							
renewals.								
If the Insured has not made any claim during	the free look period,							
the Insured shall be entitled to:								
i. A refund of the premium paid less ar	ny expenses incurred							
by the Company on medical examir	nation of the insured	V.A.7.i						
persons and the stamp duty charges of	or							
ii. Where the risk has already commend	ed and the option of	V.A.7.ii						
return of the policy is exercised by the	ne insured person, a							
deduction towards the proportionate ris	sk premium for period							
of cover or		V.A.7.iii						
iii. Where only a part of the insura	ance coverage has	V.A.7.III						
commenced, such proportionate pre-	mium commensurate							
with the risk covered during such period	od							
Policy renewal:								
Except on grounds of fraud, m	noral hazard or							
misrepresentation or non-cooperation	, renewal of your	V.A.15						
policy shall not be denied, provided	the policy is not							
withdrawn.								
Migration:								
Insured Person has the option to mig								
other health insurance products/plans	,	V.A.8						
applying at least 30 days before the po	olicy renewal date.							
Portability								
Insured Person has the option to port the	entire policy to an							
individual health insurance product offered by	y another Insurer by	V.A.12						
applying at least 45 days before policy renev	val date. Portability is							
subject to underwriting.								

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G0I000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545



		Change in Sum Insured:	V.B.3
		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.	
		Moratorium Period:	
		After completion of eight continuous years under the policy no look	V.A.9
		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.	
		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.	
13		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.	
	Your Obligations	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.	V.A.5
		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.	

Declaration by the Policy Holder

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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.

United India Insurance Company Limited

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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	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		multiple m	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)			ngle Sum Insured (Only one Sum Insured is avail			
Member	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		7,200	10 lakh
31	7,899	10 lakh	7,899	5%	7,504	10 lakh	7,899	25%	5,925	
10	3,511	10 lakh	3,511	5%	3,335	10 lakh	3,511	23/0	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 v Rs. 19,932/-	vhen policy is	opted on floa	ater basis is
Sum Insured available for each individual is Rs. 10,00,000/-			Sum Insured 10,00,000/-	d available fo	r each individ	dual is Rs.	Sum Insured of F	Rs. 10,00,000	is available fo	r the entire

Illustration 2: Self and Spouse

Age of Insured	Coverage of Individual b covering eac of the famili separately (point in tim	asis ch member y at a single	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 overal Sum Insured (Only one Sum Insured is available for the entire family)			
Member	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	250/	11,979	20 Jaleh
38	10,987	20 lakh	10,987	5%	10,438	20 lakh	10,987	25%	8,240	20 lakh
Total Premium for all members of the family is Rs. 26,959/-, when each member is covered separately.					nbers of the fa covered und	•	Total Premium v Rs. 20,219/-	when policy is	opted on floa	ater basis is