



**INDIVIDUAL HEALTH INSURANCE POLICY**

**CUSTOMER INFORMATION SHEET (CIS)**

**Guide to the CIS**

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

(Description is illustrative and not exhaustive)

Sl No	Title	Description	Policy Clause No
1	Name of Insurance Policy	Individual Health Insurance Policy	-
2	Policy Number	{}	-
3	Type of Insurance Policy	Indemnity Policy	
4	Sum Insured Basis Sum Insured	{} {}	
5	Policy Coverage (What the Policy Covers?)	<p>Base Covers</p> <p><b>1. In-Patient Hospitalisation Expenses</b></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>iii. Covers hospitalization expenses for an Organ Donor's treatment for the harvesting of Organ which is donated to the Insured</p> <p><b>2. Pre-Hospitalisation and Post-Hospitalisation Expenses</b></p>	III.A.1



6	Exclusions (What the hospital doesn't cover)	Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre & Post combined. (this sub-limit is only for Gold plan).	III.A.2
		<b>3. Domiciliary Treatment</b> Covers expenses incurred for availing treatment at home which would otherwise require hospitalization	III.A.3
		<b>4. Road Ambulance</b> Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency upto Rs. 2,500 per policy period	III.A.4
		<b>5. Modern Treatment Methods &amp; Advancement in Technologies</b> Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.	III.A.5
		<b>6. Cost of Health Check-Up</b> Insured Person is entitled to a health check-up for a block of every three claim-free years	III.A.6
		<b>7. Home Care Treatment</b> We will indemnify the Reasonable and Customary Charges for Home Care Treatment for any epidemic/ pandemic, subject to a maximum of 10% of the Sum Insured or Rs. 30,000 per person per policy period, whichever is lower.	III.A.7
		<b><u>OPTIONAL COVERS</u></b>	
	<b>1. Daily Cash Allowance on Hospitalization</b> 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.	III.B.1	
	<b>Please refer to Policy Wordings for the complete details of exclusions</b>		
	1. Admission primarily for investigation & evaluation (Code – Excl04)	IV.B.4	
	2. Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05)	IV.B.5	

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		3. Obesity/Weight Control (Code – Excl06)	IV.B.6
		4. Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. (Code – Excl07)	IV.B.7
		5. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. (Code – Excl08)	IV.B.8
		6. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. (Code – Excl09)	IV.B.9
		7. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. (Code – Excl10)	IV.B.10
		8. Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed on its website/notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (Code – Excl11)	IV.B.11
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl12)	IV.B.12
		10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code – Excl13)	IV.B.13
		11. Dietary supplements and substances that can be purchased without a prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of a hospitalisation claim or day care procedure. (Code – Excl14)	IV.B.14
		12. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries. (Code – Excl15)	IV.B.15

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		13.Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. (Code – Excl16)	IV.B.16
		14.Expenses related to sterility and infertility. (Code – Excl17)	IV.B.17
		15.Medical treatment expenses traceable to childbirth and miscarriage. (Code – Excl18)	IV.B.18
		16.Expenses caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations civil war, public defence, rebellion, revolution, insurrection, military or usurped power.	IV.C.1
		17.All Illnesses/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or any nuclear waste from the combustion of nuclear fuel, nuclear/chemical/biological attack.	IV.C.2
		18.Any expenses incurred on Out-patient treatment (OPD treatment)	IV.C.3
		19.Any item(s) or treatment specified in 'List of Non-Medical Expenses under this Policy' as per clauses in Annexure – 1, unless specifically covered under the Policy.	IV.C.4
		20.Artificial life maintenance including life support machine use, from the date of confirmation by the treating doctor that the patient is in a vegetative state.	IV.C.5
		21.Change of treatment from one system of medicine to another system unless recommended by the consultant/hospital under whom the treatment is taken.	IV.C.6
		22.Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.	IV.C.7
		23.Congenital External Diseases or Defects or anomalies	IV.C.8
		24.Cost of hearing aids;	IV.C.9
		25.Cost of routine medical examination and preventive health check-up unless as provided for in clause III.A.6.	IV.C.10
		26.Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation	IV.C.11
		27.Intentional self-inflicted Injury or attempted suicide	IV.C.12

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		<p>28. Routine eye-examination expenses, cost of spectacles, contact lenses, including optometric therapy</p> <p>29. Stem cell implantation/Surgery/Therapy, harvesting, storage or any kind of treatment using stem cells except Hematopoietic stem cells for bone marrow transplant for hematological conditions; growth hormone therapy.</p> <p>30. Treatments including Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, chondrocyte or osteocyte implantation, procedures using platelet rich plasma, Trans Cutaneous Electric Nerve Stimulation; Use of oral immunomodulatory/ supplemental drugs.</p> <p>31. Unless used intra-operatively, any expenses incurred on prosthesis, corrective devices; External and or durable Medical/ Nonmedical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including instruments used in treatment of sleep apnoea syndrome; Infusion pump, Oxygen concentrator, Ambulatory devices, sub cutaneous insulin pump and also any medical equipment, which are subsequently used at home. This is indicative. Please refer to clauses in Annexure-1 for the complete list of non-payable items.</p> <p>32. Vaccinations or inoculations of any kind, except when required as part of hospitalization or a daycare procedure for treatment following an animal bite.</p> <p>33. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule.</p>	<p>IV.C.13</p> <p>IV.C.14</p> <p>IV.C.15</p> <p>IV.C.16</p> <p>IV.C.17</p> <p>IV.C.18</p>
7	Waiting Period	<p><b>Initial Waiting Period:</b> 30 days for all illness (not applicable on renewal or for accidents)</p> <p><b>Specific Waiting Periods</b></p> <p>1. 24 months for certain specified diseases/procedures/treatments</p>	<p>IV.A.3</p> <p>IV.A.2</p> <p>Table A</p> <p>IV.A.2</p> <p>Table B</p>



8	Financial Limit of Coverage:	2. 36 months for certain specified diseases/procedures/treatments	IV.A.1																													
		<p><b>Pre-Existing Diseases:</b> Covered after thirty-six (36) months of continuous coverage</p> <p><b>(Note: the above waiting periods are applicable only for plan)</b></p> <p>The policy will pay only you to the limits specified hereunder for the following diseases/procedures:</p> <p><b>1. Cataract (only for Gold Plan):</b> 25% of Sum Insured subject to a maximum of Rs. 40,000 per eye</p> <p><b>2. Hernia &amp; Hysterectomy (only for Gold Plan):</b> 25% of Sum Insured subject to a maximum of Rs. 1,00,000 per surgery/hospitalization</p> <p><b>4. Pre-Post Hospitalization Expenses combined (only for Gold &amp; Plan):</b> 10% of S.I</p> <p><b>5. Domiciliary Hospitalization:</b></p> <table border="1"> <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>		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
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i. Sub-Limits	<p><b>6. Road Ambulance:</b> Rs. 2,500 per person per policy period</p>	<p>III.A.1.2</p> <p>III.A. 1.2</p> <p>III.A.2</p> <p>Annexure-3</p> <p>III.A.4</p>																														

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	<p>ii.Co-payment iii.Deductible iv.Any Other Limit</p>	<p><b>7. Health Check:</b> upto 1% of Sum Insured of preceding 3 policy years, subject to a maximum of Rs. 5,000 per policy period.</p> <p><b>8. Home Care Treatment:</b> a maximum of 10% of the Sum Insured or Rs. 30,000 per person per policy period, whichever is lower.</p> <p>ii. No co-payment iii. Deductible equivalent to Daily Cash Allowance for the first 48 hours Hospitalization iv. In-Patient Hospitalisation expenses</p> <table border="1" data-bbox="480 712 1217 864"> <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><b>Proportionate Payment Clause:</b> 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>	Room Rent	1% of Sum Insured per day	ICU/ICCU charges	2% of Sum Insured per day	<p>III.A.6 III. A. 7 III.B.1 III.A.1.i III.A.1.ii III.A.1.1.i.1</p>
Room Rent	1% of Sum Insured per day						
ICU/ICCU charges	2% of Sum Insured per day						
9	Claims Procedure	<p><i>i. Notification of Claim</i></p> <p>Upon the happening of any event which may give rise to a claim under this Policy, the Insured Person/Insured Person's representative shall notify the TPA in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:</p> <p>a. Within 24 hours from the date of emergency hospitalisation required or before the Insured Person's discharge from Hospital, whichever is earlier. b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalisation</p> <p><i>ii. Procedure for Cashless Claims</i></p> <p>a. Cashless facility for treatment taken in a hospital is subject to pre-authorization by the TPA. b. Booklet containing list of network provider/PPN hospitals shall be provided by the TPA. Updated list of network provider/PPN is available on website of the company (<a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a>) and the TPA mentioned in the schedule.</p>	<p>V.B.4.i V.B.4.ii</p>				



		<p>c. The customer may call the TPA’s toll free phone number provided in the policy copy/on the health ID card for intimation of claim and related assistance. Please keep the ID number handy for easy reference.</p> <p>d. On admission in the network provider/PPN hospital, please produce the ID card issued by the TPA at the Hospital Helpdesk. Cashless request form available with the network provider/PPN and TPA shall be filled and submitted to the TPA for authorization.</p> <p>e. The TPA upon getting cashless request form and related medical information from the Insured Person/Network Provider/PPN shall issue pre-authorization letter to the hospital after verification.</p> <p>f. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.</p> <p>g. The TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.</p> <p>h. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person may get the treatment as per treating doctor’s advice and submit the claim documents to the TPA for possible reimbursement.</p> <p><i>iii. Procedure for reimbursement of Claims</i></p> <p>a. In non-network hospitals payment must be made up-front and for reimbursement of claims the Insured Person may submit the necessary documents to TPA within the prescribed time limit.</p> <p>b. Claims for Domiciliary Hospitalisation and Pre- and Post-Hospitalisation will be settled on reimbursement basis on production of relevant claim papers and cash receipts within the prescribed time limit.</p> <p>c. Claims for Cost of Health Check-up will be settled on reimbursement basis on production of test reports and cash receipts within the prescribed time limit.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility 1 hour</p> <p>ii. TAT for cashless final bill authorization 3 hours</p> <p>Link for below:</p> <p>i. Network Hospitals details: <a href="https://uiic.co.in/en/tpa-ppn-network-hospitals">https://uiic.co.in/en/tpa-ppn-network-hospitals</a></p>	<p>V.B.4.iii</p> <p>V.B.5.ii</p>
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13	Your Obligations	<p><b><u>Policy renewal:</u></b> Except on grounds of fraud, moral hazard or non-disclosure or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b><u>Migration:</u></b> Insured Person will be provided facility to migrate the policy to other health insurance products/plans offered by UIIC by applying before the policy renewal date.</p> <p><b><u>Portability:</u></b> Insured Person will be provided facility to port the entire policy to an individual health insurance product offered by another Insurer by applying before policy renewal date. Portability is subject to underwriting.</p> <p><b><u>Change in Sum Insured:</u></b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any times subject to underwriting by the Company. For increase in S.I, the waiting period if any shall start afresh <b><i>only for the enhanced portion of the sum insured.</i></b></p> <p><b><u>Moratorium Period:</u></b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p> <p>Please disclose all pre-existing disease/s or condition/s. 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. 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><b><u>Nomination:</u></b> 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>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p> <p>V.A.9</p> <p>V.A.5</p> <p>V.A.11</p>
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## 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. . The product related documents including the Customer Information sheet are available on <https://uiic.co.in/en/downloadforms/downloads>.