Arogya Sanjeevani Policy, United India Insurance Company Limited

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS
This document provides key information about your Arogya Sanjeevani 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	Arogya Sanjeevani Policy, United India Insurance Company Ltd	-
2	Policy Number	{}	-
3	Type of Insurance Policy	Indemnity Based	-
4	Sum Insured Basis Sum Insured	{} {}	-
5	Policy Coverage (What the Policy Covers?)	**Base Covers** **1. Hospitalisation Expenses** i. Expenses incurred on hospitalisation for minimum period of 24 hours. ii. All Day Care Treatments are covered **2. Pre-Hospitalisation and Post-Hospitalisation Expenses** Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation. **3. Modern Treatment Methods & Advancement in Technologies** **4. Ambulance Charges** Expenses on road ambulance subject to a maximum of Rs. 2000/- per hospitalisation **5. Home Care Treatment Expenses**	3.1 3.3 &3.4 3.5 3.1.1 3.7

		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.	
6	Exclusions (What the hospital doesn't cover)	**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. Obesity/Weight Control (Code-Excl06) 4. Change-of-Gender treatments (Code – Excl07) 5. Cosmetic or Plastic Surgery (Code – Excl08) 6. Hazardous or Adventure Sports (Code – Excl09) 7. Breach of Law (Code – Excl10) 8. Excluded Providers (Code – Excl11) 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code – Excl12) 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments.(Code – Excl13) 11. Dietary supplements and substances that can be purchased without a prescription. (Code – Excl14) 12. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres. (Code – Excl15) 13. Expenses related to any unproven treatment, services and supplies for or in connection with any treatment.(Code – Excl16) 14. Expenses related to sterility and infertility.(Code – Excl17)	5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13 5.14

		15. Medical treatment expenses traceable to childbirth and miscarriage. (Code – Excl18) 16. 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 17. 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. 18. Any expenses incurred on Domiciliary Hospitalisation and OPD Treatment. 19. Treatment taken outside the geographical limits of India. 20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD Codes.	5.15 5.16 5.17 5.18 5.19 5.20
7	Waiting Period	1. Pre-Existing diseases will be covered after a waiting period of 36 months of continuous coverage 2. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident. 3. Specified surgeries/treatments/diseases are covered after specific waiting period 24 months 4. Specified surgeries/treatments/diseases are covered after specific waiting period 36 months	*4.1* *4.2* *4.3* *4.3*
8	Financial Limits of Coverage	The policy will pay only you to the limits specified hereunder for the following diseases/procedures: i. Room Rent, Boarding, nursing expenses all-inclusive as provided by the Hospital/Nursing	

	Sub-Limits	Home up to 2% of the sum insured subject to maximum of Rs. 5000/- per day. ii. Intensive Care Unit (ICU) charges/Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital/Nursing Home up to 5% of the sum insured subject to a maximum of Rs. 10,000/- per day. iii. Cataract – 25% of SI or Rs. 40,000, per eye, whichever is lower iv. MTMATs – 50% of Sum Insured v. Road Ambulance - 2000/- hospitalisation vi. Home Care Treatment Expenses: a maximum of 10% of S.I, subject to Rs. 30,000 per person per policy period	3.1 3.1 3.2 3.5 3.1.1.5 3.7
	Co-pay	Every claim under the Policy shall be subject to a Co-payment of 5% applicable to a claim amount admissible and payable as per the terms and conditions of the Policy.	11
	Deductible	NA	
	Any Other Limit	***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.	3.1
9	Claims Procedure	i. *Notification of Claim* 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 /company in writing providing all relevant information relating to claim including the plan of treatment, policy number etc. within the prescribed time limit as under: 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 before admission in Hospital in case of a planned Hospitalisation ii. *Procedure for Cashless Claims* a. Cashless facility for treatment taken in a hospital is subject to pre-authorization by the TPA. b. A booklet containing list of network provider/PPN hospitals shall be provided by the TPA. The updated list of network providers/PPNs is available on the website of the company	7

(https://uiic.co.in/en/tpa-ppn-network-hospitals) and the TPA mentioned in the schedule.

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 the claim and related assistance. Please keep the ID number handy for easy reference.
d. On admission to the network provider/PPN hospital, please produce the ID card issued by the TPA at the Hospital Helpdesk. The cashless request form available on the Company's website/with the network provider/PPN and TPA shall be filled and submitted to the TPA for authorisation.
e. The TPA upon getting the cashless request form and related medical information from the Insured Person/ network provider/PPN shall issue a pre-authorization letter to the hospital after verification.
f. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.
g. The TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.
h. Denial of a Pre-authorization request is in no way to be construed as a denial of treatment or denial of coverage. The Insured Person may get the treatment as per the treating doctor's advice and submit the claim documents to the TPA for possible reimbursement.

iii. *Procedure for reimbursement of Claims*

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.
b. Claims for Pre- and Post-Hospitalisation will be settled on reimbursement basis on production of relevant claim papers and cash receipts within the prescribed time limit.

iv. *Documents*

The claim is to be supported with the following original documents and submitted within the prescribed time limit:

a. Duly completed claim form
b. Attending medical practitioner's / surgeon's certificate regarding diagnosis/ nature of operation performed, along with date of diagnosis, advise for admission, investigation test reports etc. supported by the prescription from attending medical practitioner.

c. Medical history of the patient as recorded, bills (including break up of charges) and payment receipts duly supported by the prescription from attending medical practitioner/ hospital.
d. Discharge certificate/ summary from the hospital.
e. Cash-memos from the Diagnostic Centre(s)/ hospital(s)/ chemist(s) supported by proper prescription.
f. Payment receipts from doctors, surgeons and anesthetists.
g. Bills, receipts, Stickers of the Implants.
h. Any other document required by company/ TPA

Note: In the event of a claim lodged as per Settlement under the multiple policies clause and the original documents having been submitted to the other Insurer, the company may accept the duly certified documents listed under *Clause V.B.4.iv* and claim settlement advice duly certified by the other Insurer subject to satisfaction of the company.

v. *Time Limit for submission of documents*

Type of Claim	Time Limit for submission of documents to company/TPA
Reimbursement of hospitalisation, daycare and pre-hospitalisation expenses	Within 15 (fifteen) days of the date of discharge from the hospital.
Reimbursement of post-hospitalisation expenses	Within 15 (fifteen) days from completion of post-hospitalisation treatment.

Notes:

a. The company shall only accept bills/invoices/medical treatment-related documents only in the Insured Person's name for whom the claim is submitted.
b. Waiver of *clause V.B.4.v* of the policy may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the Insured was placed, it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
c. The Insured Person shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim including an authorisation to obtain Medical and other records from the hospital, lab, etc.
d. All the documents submitted to TPA shall be electronically collected by us for settlement/denial of the claims by the appropriate authority.

		e. Any medical practitioner or Authorised Person authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation if so required. vi. *Services offered by TPA* Servicing of claims i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims, as per the terms and conditions of the policy. The services offered by a TPA shall not include: a. Claim settlement and claim rejection; b. Any services directly to any Insured Person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company. **Turn Around Time (TAT) for claims settlement:** i. TAT for preauthorization of cashless facility 1 hour ii. TAT for cashless final bill authorization 3 hours Link for below: i. Network Hospitals details: https://uiic.co.in/en/tpa-ppn-network-hospitals ii. Helpline number: Kindly contact TPA as mentioned in the Policy schedule iii. Excluded Providers: https://uiic.co.in/sites/default/files/excluded_providers.pdf Downloading 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.	-
11	Grievance/ Complaint	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: customercare@uiic.co.in You may also approach the grievance cell at any of our branches with details of the grievance. 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	10

		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 30 days from date of receipt of the policy document, whether received electronically or otherwise, to review its terms and conditions 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 a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.	11.18
		Policy renewal: 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.	11.15
		Migration: 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.	11.13
		Portability: Insured Person will be provided facility to port the entire policy to an individual health insurance product offered by another Insurer by before policy renewal date. Portability is subject to underwriting.	11.14
		Change in Sum Insured: 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 ***only for the enhanced portion of the sum insured.***	11.20
		Moratorium Period: 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	6
13	Your Obligations	**Disclosure of Information**: 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	11.1

		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. **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.	11.22

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