



Customer Information Sheet

(Description is illustrative and not exhaustive)

Sr. No.	TITLE	DESCRIPTION	Refer to policy clause number
1.	Product Name	Arogya Sanjeevani Policy, United India Insurance Company Limited.	
2.	What am I covered for	a. Hospitalisation expenses – Expenses incurred on hospitalisation for minimum period of 24 hours including pre-hospitalisation expenses for a period of 30 days and post hospitalisation expenses for a period of 60 days.	4.1
		b. Day Care Procedures – Medical expenses for day care procedures.	4.1.1
		c. AYUSH Coverage – Expenses incurred on hospitalisation under AYUSH treatment	4.2
		d. Expenses incurred on treatment of cataract	4.3
		e. Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury	4.1.1
		f. Ambulance Charges – Expenses on road ambulance subject to a maximum of Rs. 2000/- per hospitalisation	
3.	What are the major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	
		a. Admission primarily for investigation & evaluation	7.1
		b. Admission primarily for rest Cure, rehabilitation and respite care	7.2
		c. Expenses related to the surgical treatment of obesity that do not fulfil certain conditions	7.3
		d. Change-of-Gender treatments	7.4
		e. Expenses for cosmetic or plastic surgery	7.5
		f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	7.6
4.	Waiting Period	a. Pre-Existing diseases will be covered after a waiting period of forty eight (48) months of continuous coverage	6.1
		b. 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.	6.2
		c. Specified surgeries/treatments/diseases are covered after specific waiting period 24 months	6.3
		d. Specified surgeries/treatments/diseases are covered after specific waiting period 48 months	
5.	Payment Basis	Payment on indemnity basis (Cashless/Reimbursement)	
6.	Loss Sharing	In case of a claim, this policy requires you to share the following costs:	
		a. Expenses exceeding the following sub-limits: <ul style="list-style-type: none"> i. Room Charges (Hospitalisation) <ul style="list-style-type: none"> a. Room Rent – Up to 2% of SI, subject to max of INR 5,000 per day b. ICU Charges – Up to 5% of SI, subject to max of INR 10,000 per day c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to proportionate deduction ii. Cataract – Up to 25% of Sum Insured or Rs. 40,000/- whichever is lower iii. Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured. 	4.1 4.3 4.6
		b. Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.	9.3



7.	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	10.16									
8.	Renewal Benefits	Cumulative Bonus: a. Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. b. In the event of claim the cumulative bonus shall be reduced at the same rate	5									
9.	Cancellation	a. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice	10.10									
10.	Claims	<p>a. For Cashless Service: Please refer to the following link from where Hospital Network details can be obtained: https://uiic.co.in/en/tpa-ppn-network-hospitals</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No</th> <th style="width: 50%;">Type of Claim</th> <th style="width: 40%;">Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td>Reimbursement of hospitalisation, day care and pre hospitalisation expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td align="center">2</td> <td>Reimbursement of post hospitalisation expenses</td> <td>Within fifteen days from completion of post hospitalisation treatment</td> </tr> </tbody> </table> <p>For details on claim procedure please refer to the policy document.</p>	Sr. No	Type of Claim	Prescribed Time Limit	1	Reimbursement of hospitalisation, day care and pre hospitalisation expenses	Within thirty days of date of discharge from hospital	2	Reimbursement of post hospitalisation expenses	Within fifteen days from completion of post hospitalisation treatment	9
Sr. No	Type of Claim	Prescribed Time Limit										
1	Reimbursement of hospitalisation, day care and pre hospitalisation expenses	Within thirty days of date of discharge from hospital										
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11.	Policy Servicing	Policy Issuing Office details as mentioned in Policy Schedule.										
	Grievances/ Complaints	a. https://uiic.co.in/en/customercare/grievance b. IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/ c. Insurance Ombudsman – The contact details of the Insurance Ombudsman have been provided as Annexure –B of Policy Document	11									
12.	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at inception.	10.19									
		b. Lifelong renewability (except on certain specific grounds)	10.16									
		c. Right to migrate from one product to another product of the company. ()	10.14									
		d. Right to port the policy from one company to another company. ()	10.15									
		e. Change in SI during the policy term or at the time of renewal ()	10.21									
		f. Procedure for Cashless and Reimbursement Claims	9 - 1.1, 1.2									
13.	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.										

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



BENEFIT / PREMIUM ILLUSTRATION

Arogya Sanjeevani Policy, UIIC

Please note:

1. Premium rates specified in the illustrations below are standard premium rates exclusive of any loadings and GST.

ILLUSTRATION

Family consisting of Self, Spouse, 2 Dependent Children, Father, Mother and Mother-in-Law.

<u>Age of Insured Member</u>	<u>Coverage opted on Individual basis covering each member of the family separately (at a single point in time)</u>		<u>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)</u>				<u>Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)</u>			
	<u>Premium (Rs.)</u>	<u>Sum Insured (Rs.)</u>	<u>Premium (Rs.)</u>	<u>Discount, if any</u>	<u>Premium after discount</u>	<u>Sum Insured (Rs.)</u>	<u>Premium or consolidated premium for all members of family (Rs.)</u>	<u>Floater Discount if any</u>	<u>Premium after discount (Rs.)</u>	<u>Sum Insured (Rs.)</u>
<u>69</u>	<u>12,696</u>	<u>1,00,000</u>	<u>12,696</u>	<u>5%</u>	<u>12,061</u>	<u>1,00,000</u>	<u>48,035</u>	<u>28%</u>	<u>34,415</u>	<u>1,00,000</u>
<u>65</u>	<u>11,163</u>	<u>1,00,000</u>	<u>11,163</u>	<u>5%</u>	<u>10,605</u>	<u>1,00,000</u>				
<u>60</u>	<u>9,024</u>	<u>1,00,000</u>	<u>9,024</u>	<u>5%</u>	<u>8,573</u>	<u>1,00,000</u>				
<u>42</u>	<u>4,872</u>	<u>1,00,000</u>	<u>4,872</u>	<u>5%</u>	<u>4,628</u>	<u>1,00,000</u>				
<u>40</u>	<u>4,270</u>	<u>1,00,000</u>	<u>4,270</u>	<u>5%</u>	<u>4,057</u>	<u>1,00,000</u>				
<u>21</u>	<u>3,005</u>	<u>1,00,000</u>	<u>3,005</u>	<u>5%</u>	<u>2,855</u>	<u>1,00,000</u>				
<u>18</u>	<u>3,005</u>	<u>1,00,000</u>	<u>3,005</u>	<u>5%</u>	<u>2,855</u>	<u>1,00,000</u>				
<u>Total Premium for all members of the family is Rs. 48,035, when each member is covered separately.</u>			<u>Total Premium for all members of the family is Rs. 45,633, when they are covered under a single policy.</u>				<u>Total Premium when policy is opted on floater basis is Rs. 34,415.</u>			
<u>Sum Insured available for each individual is Rs. 1,00,000/-</u>			<u>Sum Insured available for each individual is Rs. 1,00,000/-</u>				<u>Sum Insured of Rs. 1,00,000 is available for the entire family.</u>			