

United India Insurance Company Limited

CIN: U93090TN1938GOI000108
 UIN NO: UIIHLIP19116V021819



Customer Information Sheet

Description is illustrative and not exhaustive

Sr. No	Title	Description	Refer to Policy Clause No.
1	Product Name	Individual Health Insurance Policy Plans – Platinum/Gold/Senior Citizen	Page 1 of Policy Document
2	What am I covered for	Medical Expenses	
		<p>1. Hospitalisation Expenses: Policy covers hospitalisation expenses incurred as an in-patient for more than 24 hours, due to illness or injury during the policy period, on the advice of a qualified medical practitioner</p> <p>a) Room Rent/Boarding and Nursing expenses, not exceeding 1% of the SI per day.</p> <p>b) ICU/ICCU expenses not exceeding 2% of SI per day.</p> <p>c) Surgeon, Anaesthetist, Consultant, Specialist fees, OT charges, Chemotherapy, X-ray, etc. and other expenses that are medically necessary (<i>exhaustive list given in policy document</i>).</p> <p>d) All expenses incurred for donor in respect of organ transplant.</p> <p>Expenses in respect of Cataract, Hernia, Hysterectomy and Major surgeries will be restricted according to the limits specified in the policy document. (applicable only for Gold plan & Senior Citizen plan)</p>	<p>1.1</p> <p>1.2A</p> <p>1.2B</p> <p>1.2C, D</p> <p>1.2E</p> <p>1.2.1</p>
		<p>2. Pre and Post–Hospitalisation Expenses: Policy covers expenses incurred for the same illness/injury that caused hospitalisation, during the period upto 30 days prior to hospitalisation and during the period upto 60 days after discharge from the hospital.</p>	1.3
		<p>3. Day Care Procedures: The “more than 24 hours’ time limit” for hospitalisation is not applicable on day care procedures, provided the procedures are taken as an in-patient.</p> <p>The list of 140+ day care procedures is given in Annexure – I of Policy.</p>	1.4; Annexure– I
		<p>4. Domiciliary Hospitalisation: Expenses under this head where treatment exceeds 3 days, are covered provided that:</p> <p>a) Insured’s condition would ordinarily require treatment at a hospital, AND</p> <p>b) Insured is not in a condition to be moved to a hospital OR</p> <p>c) Insured takes treatment at home on account of non-availability of a room in a hospital.</p> <p>Liability under this clause is restricted as given in Annexure – III of Policy.</p>	1.5; Annexure – III
		<p>5. Ayurvedic Treatment: Expenses on Ayurvedic treatment are reimbursed only when treatment is taken in defined hospitals, as specified in the Policy document.</p>	1.6
2	What am I	Optional Covers	

	covered for	<p>1. Ambulance Charges: On payment of additional premium of Rs 100/-, the company will cover road ambulance charges incurred up to a maximum of Rs 2500 per policy period.</p> <p>2. Hospital Daily Cash Benefit: On payment of additional premium of Rs. 150/300, a Daily Cash Allowance of Rs. 250/500 per day, from the third day onwards for the period of hospitalisation subject to a maximum of Rs. 2500/ Rs. 5000 is payable.</p> <p>NOTE: All above coverages are subject to Limits, Terms and Conditions and Exclusions contained in the Policy document.</p>	<p>8.1</p> <p>8.2</p>
3	What are the major exclusions in the policy?	<p>General Exclusions applicable to all Plans</p> <p>1. Congenital Internal Diseases or Defects or anomalies. However, if not known to the insured as pre-existing at the time of inception of first policy with us, these diseases will be covered after 24 months of continuous coverage. If the insured is aware of the existence of congenital internal disease before inception of the policy, the same will be covered after 48 months.</p> <p>2. Congenital External Disease or Defect or anomalies.</p> <p>3. Illness/Injury caused directly/indirectly as a result of War, Invasion, Act of Foreign Enemy, and War like operations.</p> <p>4. A) Circumcision unless necessary for treatment of a disease not excluded or as may be necessitated due to an accident. B) Vaccination or Inoculation of any kind unless it is post animal bite. C) Change of life or cosmetic or aesthetic treatment of any description. D) Correction of eyesight due to refractive error. E) Plastic surgery other than as may be necessitated due to disease/injury.</p> <p>5. Cost of spectacles, contact lenses and hearing aids, cochlear implants.</p> <p>6. Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.</p> <p>7. A) Convalescence, general debility; run-down condition or rest cure. B) Treatment for obesity or condition arising therefrom (including morbid obesity) and any other weight control and management programmes/services/supplies or treatment. C) Infertility/sub fertility, sterility, assisted conception procedures D) Venereal disease, Sexually Transmitted Diseases. E) Treatment of illness/injury arising out of misuse or abuse of drugs/alcohol or use of intoxicating substances. F) Bodily Injury due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide. G) Treatment of injury/illness sustained as a result of committing or attempting to commit breach of law with criminal intent.</p> <p>8. Charges incurred at Hospital/Nursing Home primarily for diagnosis, X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.</p> <p>9. Expenses on vitamins and tonics unless they form part of treatment for injury/diseases as certified by the attending physician.</p>	<p>4.5a</p> <p>4.5b</p> <p>4.6</p> <p>4.7 a</p> <p>4.7 b</p> <p>4.7 c</p> <p>4.7 d</p> <p>4.7e</p> <p>4.8</p> <p>4.9</p> <p>4.10 a</p> <p>4.10 b</p> <p>4.10 c</p> <p>4.10 d</p> <p>4.10 e</p> <p>4.10 f</p> <p>4.10 g</p> <p>4.11</p> <p>4.12</p>

3	What are the major exclusions in the policy?	10. Injury/Disease directly or indirectly caused by/contributed to by nuclear weapon/materials.	4.13
		11. Treatment arising from pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy).	4.14
		12. Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/therapies.	4.15
		13. External and or durable Medical/Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, Infusion pump, Oxygen concentrator etc., Ambulatory devices and also any medical equipment, which are subsequently used at home. This is indicative; please refer to Annexure-II in the Policy for the complete list of non-payable items	4.16 Annexure – II
		14. Stem cell implantation/surgery	4.17
		15. Change of treatment from one system of medicine to another system unless recommended by the consultant/hospital under whom the treatment is taken	4.18
		16. Use of intravitreal injections for treatment of all diseases including Age Related Macular Degeneration and Retinal vein occlusion; treatments such as Rotational Field Quantum Magnetic Resonance, External Counter Pulsation, Enhanced External Counter Pulsation, Hyperbaric Oxygen Therapy and Continuous Peritoneal Ambulatory Dialysis.	4.19
		17. All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, etc. Refer to Annexure – II in the Policy Document for detailed list.	4.20
		18. Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, Luxury tax and similar charges levied by the hospital. Refer to Annexure – II in the Policy Document for detailed list.	4.21
		Exclusions applicable to Gold plan & Senior Citizen plan	
		1. Any pre-existing condition(s) until 48 months of continuous coverage of such insured person have elapsed. Any complication arising from pre-existing disease shall be considered as part of the pre-existing disease.	4.1
		2. Any disease contracted within the first 30 days from the commencement of first policy	4.2
		3. Unless the Insured has 24 months of continuous coverage, expenses on treatment of Cataract, Benign Prostatic Hypertrophy, Menorrhagia/Fibromyoma/Myoma and prolapse of uterus, Hernia of all types, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Gout & Rheumatism, Calculus Diseases are not payable. NOTE: Even after twenty-four months of continuous coverage, the above mentioned diseases will not be covered if they arise from a pre-existing condition, until 48 months of continuous coverage have elapsed, since inception of the first policy with the Company	4.3
		4. Unless the Insured has 48 months of continuous coverage, expenses related to treatment of Joint Replacement due to Degenerative Condition & age-related Osteoarthritis & Osteoporosis are not payable	4.4
4	Waiting Period (only)	30 days waiting period from the commencement date of first policy	4.2
		48 months waiting period applicable for:	

	for Gold plan and Senior Citizen plan)	<p>a) Any pre-existing condition. Any complication arising from pre-existing disease shall be treated as part of the pre-existing disease.</p> <p>b) Expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis.</p> <p>c) Congenital Internal Diseases or Defects or anomalies, if insured is aware of the existence of disease prior to inception of the policy.</p>	<p>4.1</p> <p>4.4</p> <p>4.5 a</p>
		<p>24 months waiting period applicable for:</p> <p>a) Expenses related to treatment of Cataract, Benign Prostatic Hypertrophy, Treatment for Menorrhagia/Fibromyoma/Myoma and prolapse of uterus, Hernia of all types, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Gout & Rheumatism, Calculus Diseases. If the above conditions are pre-existing at the time of inception of policy, 48 months waiting period will apply.</p> <p>b) Congenital Internal Diseases or Defects or anomalies, if not known to the insured as pre-existing at the time of inception of policy.</p>	<p>4.3</p> <p>4.5 a</p>
5	Payout Basis	<ul style="list-style-type: none"> ▪ Cashless facility for treatment in network hospitals if insured has opted for claim processing by TPA. ▪ Claims for treatment in non-network hospitals or on policies opted without TPA, are reimbursed upon submission of necessary documents to TPA/Company ▪ Claims for pre-hospitalisation and post-hospitalisation will be settled on a reimbursement basis on production of cash receipts. 	<p>5.6.2 (i)</p> <p>5.6.3</p> <p>5.6.2</p>
6	Cost Sharing	<ul style="list-style-type: none"> ▪ Expenses exceeding the following Sub-limits: <ul style="list-style-type: none"> a) Room charges beyond 1% of Sum Insured per day b) ICU/ICCU charges beyond 2% of Sum Insured per day. c) All expenses (1.2C&D as per policy) incurred at the Hospital, with the exception of cost of medicines, drugs & implants, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges. 	<p>1.2A</p> <p>1.2B</p> <p>1.2, Note 1</p>
		<p>Applicable only for Gold Plan and Senior Citizen Plan:</p> <ul style="list-style-type: none"> ▪ Other sub-limits: <ul style="list-style-type: none"> a) Cataract– Actual expenses or 25% of Sum Insured whichever is less, subject to a maximum of Rs. 40000 only b) Hernia & Hysterectomy– Actual expenses or 25% of Sum Insured whichever is less, subject to a maximum of Rs. 100000 only. c) Major surgeries- Actual expenses or 70% of the SI whichever is less. ▪ Pre & Post Hospitalisation is limited to actual expenses incurred subject to maximum of 10% of Sum Insured <p>Note: Above limits are applicable per hospitalisation/surgery</p>	<p>1.2.1</p> <p>1.3.1</p>
7	Renewal Condition	<ul style="list-style-type: none"> ▪ The policy can be renewed annually throughout the lifetime of the insured person by mutual consent. ▪ The policy will be renewed upon remittance of the requisite premium to the company prior to expiry of the policy period ▪ A grace period of 30 days is allowed in case of break in policy; claims incurred during the break in period are not payable ▪ Company can decline renewal on grounds of fraud, misrepresentation, non-co-operation, suppression by the insured. 	<p>5.11 (i, ii)</p> <p>5.11 (iv)</p> <p>5.11 (vii)</p> <p>5.11 (vi)</p>
8	Renewal Benefits	Reimbursement for a medical checkup, at the end of block of every three claim free years, up to 1% of the average SI for the preceding three policy periods subject to a maximum of Rs 5000/-	3

9	Cancellation	<ul style="list-style-type: none"> ▪ We may at any time cancel the Policy on grounds of fraud, misrepresentation, non-disclosure of material fact, by sending you 15 days' notice, in which case the policy shall become void and all premium paid thereon shall be forfeited. ▪ In case of non-cooperation by the Insured person/s, the policy shall be cancelled and the ratable proportion of the premium paid shall be refunded corresponding to the unexpired period of insurance if no claim has been reported/paid under the policy. ▪ The insured may cancel the policy at any time and if no claim has been made up to the date of cancellation, then the company shall allow refund of premium at our short period rate table given below: 	5.10								
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10	Claims	<ul style="list-style-type: none"> ▪ Cashless: available if treatment taken in network provider/PPN hospital subject to preauthorization by TPA. Updated list of network provider/PPN hospitals is available at: (https://uiic.co.in/en/tpa-ppn-network-hospitals) a) In case of planned hospitalisation, TPA must be informed at least 72 hours prior to admission in hospital b) In case of emergency hospitalisation, TPA must be informed within 24 hours of admission in hospital ▪ Reimbursement Service: Available for treatment in non-network hospitals or on policies opted without TPA, are reimbursed upon submission of necessary documents to TPA/Company. a) Same notification timelines as above apply for reimbursement b) Documents must be submitted within the following prescribed deadlines: 	5.6.2 5.6.1 5.6.1 5.6.3								
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11	Policy Servicing/ Grievance/ Complaints	<ol style="list-style-type: none"> 1. Company: <ol style="list-style-type: none"> a) Policy issuing Office, b) Registered & Head Office: 24, Whites Road, Chennai – 600014 c) Company website: www.uiic.co.in d) customercare@uiic.co.in 2. IRDAI (IGMS/Call Centre): <ol style="list-style-type: none"> a) www.irdai.gov.in b) complaints@irda.gov.in 3. Ombudsman: http://www.gbic.co.in/ombudsman.html 	6 6								

12	Insured's Rights	<p>1. Free Look: You are allowed a period of at least 15 days from the date of receipt of first policy to review the terms and conditions and return the same if not acceptable.</p> <p>2. Renewability: The policy can be renewed annually throughout the lifetime of the insured. In the event of break in the policy a grace period of 30 days is allowed.</p> <p>3. Migration: The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.</p> <p>4. Portability: This policy is subject to the Guidelines of IRDAI on Portability of Health Insurance Policies, as amended from time to time.</p> <p>5. Enhancement of Sum Insured: The Insured member can apply for enhancement of Sum Insured at the time of renewal by submitting a fresh proposal form/written request to the company. The acceptance of the enhancement would be at the discretion of the company. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of the enhancement considering such Policy Period as the first Policy with the Company.</p> <p>6. Turn Around Time (TAT): In case of reimbursement, company shall offer a settlement of the claim within 30 days from the date of receipt of final document.</p>	<p>5.15</p> <p>5.11</p> <p>5.20</p> <p>5.17</p> <p>5.12</p> <p>5.7</p>
13	Insured's Obligations	<p>1. Insured must disclose all pre-existing disease(s)/condition(s) before buying the policy. This policy is issued on the basis of the truth and accuracy of statements in the Proposal. Any misrepresentation or non-disclosure, will make the policy void.</p> <p>2. The due observance of and fulfillment of the terms & conditions of the policy by the insured person shall be the condition precedent to any liability of the company to make any payment under the policy.</p> <p>3. Insured must disclose all material information during the policy period.</p>	<p>5.1</p> <p>5.2</p> <p>5.5 (iii)</p>

LEGAL DISCLAIMER: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information sheet and policy document the terms and conditions mentioned in the policy document shall prevail.