SAMAVESHI SURAKSHA HEALTH INSURANCE POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

This document provides key information about your Samaveshi Suraksha 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	Samaveshi Suraksha Health Insurance Policy	-
2	Policy Number	{}	-
3	Type of Insurance Policy	Indemnity Based & Benefit Based	-
4	Sum Insured Basis Sum Insured	Individual Sum Insured Basis {}	-
5	Policy Coverage (What the Policy Covers?)	**Base Covers** 1. **In-patient Hospitalisation Expenses** - Expenses of Hospitalisation for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment 2. **All Day Care Procedures** 3. **Pre and Post–Hospitalisation Expenses** - Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation. 4. **Emergency Road Ambulance Cover** - Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency upto Rs. 2,000/hospitalisation	III.A.1 III.A.1.1.c III.A.2 III.A.4

		5. Modern Treatment Methods & Advancement in Technology Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc **6. Lump Sum Benefit for persons with HIV/AIDS** - 100% of the Sum insured or the balance sum insured available under the policy, whichever is lower, as a lump sum amount to the insured, in case the CD4 count of the patient goes below 150 during the policy period. **Optional Cover** Waiver of Co-Payment	III.A.3 III.A.5 III.B.1
6	Exclusions (What the hospital doesn't cover)	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. Expenses related to the surgical treatment of obesity that do not fulfil certain conditions (Code – Excl06) 4. Change-of-Gender treatments (Code – Code07) 5. Expenses for cosmetic or plastic surgery (Code – Excl08) 6. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports (Code – Excl09) 7. Breach of Law (Code – Excl10) 8. Excluded Providers (Code – Excl11) 9. (Code – Excl12) - Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 10. (Code – Excl13) - Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds	IV.B.1 IV.B.2 IV.B.3 IV.B.4 IV.B.5 IV.B.6 IV.B.7 IV.B.8 IV.B.9 IV.B.10

		registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.	
		11. (Code – Excl14) - 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 daycare procedure	IV.B.11
		12. Refractive Error (Code – Excl15)	IV.B.12
		13. Unproven Treatments (Code – Excl16)	IV.B.13
		14. Sterility and Infertility (Code – Excl17)	IV.B.14
		15. Maternity (Code- Excl18)	IV.B.15
		16. All expenses caused by or arising from or attributable to foreign invasion, an act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped power.	IV.C.1
		17. OPD Treatment	IV.C.2
		18. 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.3
		19. Any kind of service charge, surcharge levied by the hospital.	IV.C.4
		20. Any item(s) or treatment specified in 'List of Non-Medical Expenses– Payable/Non-Payable' as per clauses in Annexure – 1 unless specifically covered under the Policy.	IV.C.5
		21. Any treatment related to sleep disorder or sleep apnoea syndrome.	IV.C.6

		22. 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.7
		23. 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.8
		24. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.	IV.C.9
		25. Convalescence, general debility, “Run-down” condition, rest cure, congenital external illness/disease/defect.	IV.C.10
		26. Cost for any Anti-Retroviral Treatment.	IV.C.11
		27. Cost of hearing aids; including optometric therapy.	IV.C.12
		28. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation.	IV.C.13
		29. Hospitalisation for donation of any body organs by an Insured including complications arising from the donation of organs.	IV.C.14
		30. Injury or Disease caused by or contributed to by nuclear weapons/materials.	IV.C.15
		31. Notwithstanding anything stated under Clause IV.A.1, the treatment for specified existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured’s consent) shall always be excluded.	IV.C.16
		32. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalisation shall not be covered. Procedures/treatments usually done in outpatient department	IV.C.17

		are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.	
		33. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.	IV.C.18
		34. Stem cell storage.	IV.C.19
		35. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.	IV.C.20
		36. 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.	IV.C.21
		37. Experimental treatment or any other treatment such as acupuncture, acupressure, magnetic, osteopath, chiropractic, reflexology and aromatherapy.	IV.C.22
		38. Vaccinations or inoculations of any kind, except when required as part of hospitalization or a day care procedure for treatment following an animal bite	IV.C.23
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 – 24 months 4. Specified surgeries/treatments/diseases – 36 months	*IV.A.1* *IV.A.3* *IV.A.2.Table A* *IV.A.2.Table B*

		5. Lump Sum Benefit for persons with HIV/AIDS – 90 days	*III.A.5*
8	Financial Limits of Coverage Sub-Limits Co-pay Deductible Any Other Limit	The policy will pay only u to the limits specified hereunder for the following diseases/procedures: i. Room Rent, Boarding, nursing expenses all-inclusive as provided by the Hospital/Nursing Home up to 1% 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 2% of the sum insured subject to a maximum of Rs. 10,000/- per day. iii. Cataract Surgery – 10% of Sum Insured (Max. 40,000/- per eye) iv. MTMATs – 50% of Sum Insured Every admissible claim under the policy (except claims for Emergency Road Ambulance and Lump Sum Benefit for HIV) shall be subject to a Co-payment of 20% on the admissible claim amount and conditions of the Policy. NA In-patient hospitalisation expenses ***Proportionate Payment Clause***: In case of admission to a room *other than eligible room*, 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 III.A.1.2.a III.A.3 V.B.2 III.A.1.1.b
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:	V.B.12

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 (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. *Time Limit for submission of documents*

Type of Claim	Time Limit for sub com
Reimbursement of hospitalisation, daycare and pre-hospitalisation expenses	Within 15 (fifteen) da from the hospital.
Reimbursement of post-hospitalisation expenses	Within 15 (fifteen) da hospitalisation treatm

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* 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.

v. *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.

vi. *Payment of Claim*

All claims under the Policy shall be payable in Indian currency only.

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 Helpline number: Please contact the Policy servicing TPA as mentioned in the Policy Schedule ii. 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 respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.	V.A.14
12	Things to remember	**Free Look cancellation:** You are allowed 30 days from the date of receipt of the policy document to review its terms and conditions and to return the policy if not acceptable to you. This does not apply to 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 any expenses incurred by the Company on medical examination of the insured persons and the stamp duty charges or ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or	V.A.7

		iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the risk covered during such period	
		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.	V.A.15
		Migration An Insured Person will be provided a facility to migrate the policy to other health insurance products/plans offered by UIIC before the policy renewal date	V.A.8
		Portability An Insured Person will be provided a facility to port the entire policy to an individual health insurance product offered by another Insurer before policy renewal date. Portability is subject to underwriting.	V.A.12
		Change of 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 increasing S.I., the waiting period if any shall start afresh ***only for the enhanced portion of the sum insured.***	V.B.1
		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	V.A.9

		applicable from the date of, enhancement of sums insured only on the enhanced limits.	
13	Your Obligations	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. 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.	V.A.5 V.A.11

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