SUPER TOP-UP MEDICARE POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

- This document provides key information about your Super Top-Up 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	Super To-up Medicare Policy	-
2	Policy Number		-
3	Type of Insurance Policy	Indemnity Policy	
4	Sum Insured Basis Sum Insured		
5	Policy Coverage (What the Policy Covers?)	Base Covers **1. In-Patient Hospitalisation Expenses** i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses. ii. All Day Care Treatments are covered 2. **Pre-Hospitalisation:** Covers expenses incurred during pre-defined number of days prior to hospitalization 3. **Post-Hospitalisation:** Covers expenses incurred during pre-defined number of days post discharge from the hospital 4. **Home Care Treatment:** Covers expenses incurred for availing treatment of epidemic/ pandemic at home which would otherwise require hospitalisation	3.1 3.2.a 3.2.b 3.3

6	Exclusions (What the hospital doesn't cover)	5. **Donor Expenses Cover:** Covers hospitalisation expenses for Organ Donor in respect of Organ transplant to the Insured	3.4
		6. **Road Ambulance:** Covers expenses for transporting the Insured by Road Ambulance to a Hospital for treatment	3.5
		7. Modern Treatments: Covers expenses for advanced medical procedures such as Robotic Surgery, Balloon Sinuplasty, Bronchial Thermoplasty, Deep Brain Stimulation, etc.	3.6
		OPTIONAL COVERS	
		1. Daily Cash Allowance: A cash amount is paid daily for every continuous and completed period of 24 hours of hospitalisation.	3.7
		Exclusions:	
		1. **Excl04**: Investigation & Evaluation	4.2
		2. **Excl05**: Rest Cure, Rehabilitation and Respite Care	4.3
		3. **Excl06**: Surgical treatment for Obesity that does not fulfil all specified conditions in the Policy	4.4
		4. **Excl07**: Change-of-Gender treatments	4.5
		5. **Excl08**: Plastic or Cosmetic Surgery unless as a part of medically necessary treatment	4.6
		6. **Excl09**: 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.	4.7
		7. **Excl10**: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	4.8
		8. **Excl11**: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in 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.	4.9
		9. **Excl12**: Treatment for Alcoholism, drug or substance abuse or any addictive condition	4.10

		10. **Excl13**: 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.	4.11
		11. **Excl14**: Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure.	4.12
		12. **Excl15**: Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.	4.13
		13. **Excl16**: 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.	4.14
		14. **Excl17**: Expenses related to Sterility and infertility.	4.15
		15. **Excl18**: Expenses incurred for Maternity except Ectopic Pregnancy	4.16
		16. All expenses caused by or arising from or attributable to foreign invasion, 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.	4.17
		17. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.	4.18
		18. Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except as provided for in clause 3.6 (12) above; growth hormone therapy.	4.19
		19. Congenital External Diseases or Defects or Anomalies	4.20
		20. Routine eye-examination expenses, cost of spectacles, contact lenses; Cost of hearing aids	4.21 4.22
		21. Intentional self-inflicted Injury or attempted suicide	
		22. Treatments including Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP).	4.23

		23. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation	4.24
		24. 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	4.25
		25. List of Non-Medical Expenses– Payable/Non-Payable	4.26
		26. Any expenses incurred on OPD (Out-Patient) Treatment	4.27
		27. Vaccinations or inoculations of any kind, except when required as part of hospitalisation or a daycare procedure for treatment following an animal bite.	4.28
		Pre-Existing Diseases (Excl01): Covered after 36 Months of continuous coverage	
7	Waiting Period	Any claim under this policy shall be payable only if the aggregate of covered Medical Expenses in a policy year in respect of Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Threshold stated in the Schedule; subject to 'Basis of Payment' Clause no.5.22.g.	4.1
8	Financial Limits of Coverage:	Further, a. The Policy has various sub-limits as under:	1
	i.Sub-Limits	i. linked to Threshold, for Pre and Post Hospitalisation expenses; Home Care Treatment ii. Road Ambulance cover; Modern Treatment Methods All expenses in excess of these sub-limits shall be borne by the Insured Person.	3.2, 3.4 & 3.8 3.6, 3.7 3.7.1
	ii.Noco-payment	No co-payment	
	iii. Deductible	A deductible equivalent to Daily Cash Allowance for the first 24 hours hospitalization will be levied on each admissible claim under the Daily Cash Allowance Optional Cover.	
9	Claims Procedure	**a. 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 plan of treatment, policy number etc. within the prescribed time limit as under:	

		i. Within 24 hours from the date of emergency hospitalisation or before the Insured Person's discharge from Hospital, whichever is earlier. ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalisation. **b. Procedure for Cashless claims** i. For the first claim under the Policy (i.e., the claim in which cumulative medical expenses exceeds the threshold) cashless facility shall be available provided all evidences and documents are produced prior to cashless authorization, to substantiate that the Cumulative Medical Expenses exceeds the Threshold. For all subsequent claims under the Policy cashless facility shall be available as usual, subject to sl. no ii to ix below. ii. Cashless facility for treatment shall be available to the Insured in hospitals subject to pre-authorization by TPA. iii. The booklet containing a list of network provider/PPN hospitals shall be provided by the TPA. An updated list of network provider/PPN is available on website of the company (https://uiic.co.in/en/tpa-ppn-network-hospitals) and the TPA mentioned in the schedule. iv. The Insured shall call the TPA's toll-free phone number provided on the health ID card for intimation of claim and related assistance. The Insured may inform the ID number for easy reference v. On admission in the network provider/PPN hospital, the Insured shall produce the ID card issued by the TPA at the Hospital Helpdesk. Cashless-request-form available on the Company's website shall be completed and sent to the TPA for authorization. vi. 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. vii. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses. viii. The TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details. ix. 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. **c. Procedure for reimbursement of claims**	5.22.

	Policy Servicing	i. 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. ii. Claims for Pre and Post-Hospitalisation will be settled on reimbursement basis on production of relevant claim papers and cash receipts to the TPA within the prescribed time limit. **d. Time Limits for Submission of Documents:**	

Type of claim	Time limit for submission of documents to TPA
Reimbursement of hospitalisation and pre-hospitalisation expenses	Within 15 (fifteen) days of the date of discharge from hospital
Reimbursement of post-hospitalisation expenses	Within 15 (fifteen) days from completion of post-hospitalisation treatment or after the limit for the maximum post-hospitalisation period as per Clause 3.2.b is over, whichever occurs earlier

e. Claim Assessment

We will assess all admissible indemnity claims under the Policy in the following progressive order:

i. Limit/ Sub Limit on Medical Expenses as applicable under the policy
ii. Opted Threshold Amount

f. Basis of Payment

i. Any claim under this policy shall be payable by the Company only if
   a. it is in respect of Covered Expenses specified in this Policy and
   b. the aggregate of Covered Expenses in respect of hospitalisation/s of insured person in case of individual Sum Insured policy or all Insured Persons in case of family floater policy exceeds the Threshold Level
ii. The claim payable under this Policy will be the amount:

10		• by which the aggregate of such Covered Expenses in respect of hospitalisations with dates of admission falling within the policy period exceeds the Threshold Level opted for the Insured Person/Family as applicable and stated in the schedule, • after deducting any amount above threshold received/receivable under any/all Health Insurance Policies (whether or not issued by the Company)/ Reimbursement Scheme and including any amount paid earlier under this policy covering the Insured Person/Family as applicable for such covered expenses. iii. Each claim, if more than one, during the period of this policy shall be separately subject to the above Basis of Payment. iv. In no case shall the Company be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this Policy. 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 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 Call service number of insurer: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule. Details of company officials: Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.	4.9
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 d.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	5.15

12	Things to remember	(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. **Free Look cancellation**: You are allowed a period of 30 days from date of receipt of the policy document 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 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. **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. **Migration**: Insured Person will have the facility to migrate the policy to other health insurance products/plans offered by UIIC by applying at least before the policy renewal date. **Portability**: Insured Person will have the facility to port the entire policy to an individual health insurance product offered by another Insurer by applying at least policy renewal date. Portability is subject to underwriting. **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.*** **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.	5.6 5.9 5.13 5.14 5.23 5.11

13	Your Obligations	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. **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.	5.16

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