



FAMILY MEDICARE POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

This document provides key information about your Yuvaan Health Insurance Policy. You are also advised to go through your policy document.

(Description is illustrative and not exhaustive)

SI No	Title	Description	Policy Clause No
1	Name of Insurance Policy	Family Medicare Policy	-
2	Policy Number		-
3	Type of Insurance Policy	Both Indemnity and Benefit	I.B
4	Sum Insured Basis Sum Insured	{}	
5	Policy Coverage (What the Policy Covers?)	<p>Base Covers</p> <p>1. In-Patient Hospitalisation Expenses</p> <p>i. Covers hospitalisation expenses for a minimum period of 24 hours. These include expenses for Room Rent, ICU/ICCU and other associated medical expenses.</p> <p>ii. All Day Care Treatments are covered</p> <p>2. Pre-Hospitalisation and Post-Hospitalisation Expenses</p> <p>Covers expenses incurred in the 30 days prior to hospitalisation and in the 60 days post hospitalisation subject to a maximum of 10% of SI for Pre & Post combined.</p> <p>3. Organ Donor Expenses Cover</p> <p>Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of organ which is donated to Insured Person.</p> <p>4. Restoration of Sum Insured</p>	<p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p>

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		<p>If Sum Insured is exhausted completely or partially, then a Restored Sum Insured equal to 100% of the Sum Insured will be automatically and instantly available for the particular Policy Period</p> <p>5. Modern Treatment Methods & Advancement in Technologies Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p> <p>6. Road Ambulance Cover Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency.</p> <p>7. Home Care Treatment 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.</p> <p>8. Cost of Health Check-Up Insured Person is entitled to a health check-up for a block of every three claim-free years.</p> <p>9. Organ Donor Benefit A lump sum payment of 10% of Sum Insured, to take care of medical and other incidental expenses is payable to the Insured Person donating an organ.</p> <p>OPTIONAL COVERS</p> <p>1. Maternity Expenses and New Born Baby Cover</p> <p>i. Expenses incurred for a delivery (including caesarean section), or lawful medical termination of pregnancy are covered up to 10% of Sum Insured subject to a maximum of Rs. 40,000 for normal deliveries and Rs. 60,000 for caesarean deliveries</p> <p>ii. Hospitalisation expenses for New born Baby are covered from day one up to the age of 90 days and is subject to a limit of 10% of Sum Insured.</p> <p>2. Daily Cash Allowance on Hospitalisation A cash amount will be paid daily to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation. Daily cash benefit amount varies based on Sum Insured opted.</p>	<p>III.A.4</p> <p>III.A.5</p> <p>III.A.6</p> <p>III.A.7</p> <p>III.A.8</p> <p>III.A.9</p> <p>III.B.1.a</p> <p>III.B.1.b</p> <p>III.B.1.2</p>
6	Exclusions (What the policy doesn't cover)	<p>Please refer to Policy Wordings for the details of exclusions</p> <p>1. Admission primarily for investigation & evaluation (Code – Excl04)</p> <p>2. Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05)</p> <p>3. Obesity/Weight Control (Code – Excl06)</p>	<p>IV.B.4</p> <p>IV.B.5</p>

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		4. Change-of-Gender treatments (Code – Excl07)	IV.B.6
		5. Cosmetic or Plastic Surgery (Code – Excl08)	IV.B.7
		6. Hazardous or Adventure Sports (Code – Excl09)	IV.B.8
			IV.B.9
		7. Breach of Law (Code – Excl10)	
		8. Excluded Providers (Code – Excl11)	IV.B.10
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code – Excl12)	IV.B.11
			IV.B.12
		10.Treatments received in health hydros, nature cure clinics, spas or similar establishments.(Code – Excl13)	IV.B.13
		11.Dietary supplements and substances that can be purchased without a prescription. (Code – Excl14)	IV.B.14
		12.Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries. (Code – Excl15)	IV.B.15
		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)	IV.B.16
		15.Medical treatment expenses traceable to childbirth and miscarriage. (Code – Excl18)	IV.B.17
		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.	IV.B.18
		17.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.1
			IV.C.2
			IV.C.3
		18.Any expenses incurred on Domiciliary Hospitalisation.	
		19.Any expenses incurred on Out-patient treatment (OPD treatment)	IV.C.4
		20.Any item(s) or treatment specified in ‘List of Non-Medical Expenses under this Policy’ as per clauses in Annexure – 1	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



		<p>23. Change of treatment from one system of medicine to another system unless recommended by the consultant/hospital under whom the treatment is taken.</p> <p>24. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.</p> <p>25. Congenital External Diseases or Defects or anomalies.</p> <p>26. Cost of hearing aids; including optometric therapy</p> <p>27. Cost of routine medical examination and preventive health check-up</p> <p>28. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalization</p> <p>29. Intentional self-inflicted Injury or attempted suicide</p> <p>30. Routine eye-examination expenses, cost of spectacles, contact lenses</p> <p>31. Stem cell implantation/Surgery/Therapy, harvesting, storage or any kind of treatment using stem cells except Hematopoietic stem cells for bone marrow transplant for haematological conditions; growth hormone therapy.</p> <p>32. 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.</p> <p>33. Unless used intra-operatively, any expenses incurred on prosthesis, corrective devices; 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 instruments used in treatment of sleep apnoea syndrome; Infusion pump, Oxygen concentrator, Ambulatory devices, sub cutaneous insulin pump and also any medical equipment, which are subsequently used at home. This is indicative. Please refer to clauses in Annexure-1 for the complete list of non-payable items.</p> <p>34. Vaccinations or inoculations of any kind, except when required as part of hospitalization or a day care procedure for treatment following an animal bite.</p> <p>35. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), Insured Person is not entitled to get the coverage for specified ICD Codes</p>	<p>IV.C.8</p> <p>IV.C.9</p> <p>IV.C.10</p> <p>IV.C.11</p> <p>IV.C.12</p> <p>IV.C.13</p> <p>IV.C.14</p> <p>IV.C.15</p> <p>IV.C.16</p> <p>IV.C.17</p> <p>IV.C.18</p> <p>IV.C.19</p> <p>IV.C.20</p>
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	<div>iii.Deductible</div> <div>iv.Any Other Limit</div>	<div>iii. Deductible equivalent to Daily Cash Allowance for the first 24 hours Hospitalisation</div> <div>iv. In-Patient Hospitalisation expenses</div> <table><tr><td rowspan="2">Room Rent</td><td>• SI < 5 Lakhs:</td><td>1% of Sum Insured per day</td></tr><tr><td>• SI ≥ 5 Lakhs:</td><td>1% of Sum Insured or Single Occupancy Standard AC Room Charges</td></tr><tr><td>ICU/ICU charges</td><td>• SI < 5 Lakhs:</td><td>2% of Sum Insured per day</td></tr></table> <div>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.</div>	Room Rent	• SI < 5 Lakhs:	1% of Sum Insured per day	• SI ≥ 5 Lakhs:	1% of Sum Insured or Single Occupancy Standard AC Room Charges	ICU/ICU charges	• SI < 5 Lakhs:	2% of Sum Insured per day	<div>III.B.2</div> <div>III.A.1.i</div> <div>III.A.1.ii</div> <div>III.A.1.1.i</div>
Room Rent	• SI < 5 Lakhs:	1% of Sum Insured per day									
	• SI ≥ 5 Lakhs:	1% of Sum Insured or Single Occupancy Standard AC Room Charges									
ICU/ICU charges	• SI < 5 Lakhs:	2% of Sum Insured per day									
9	Claims Procedure	<div><i>i. Notification of Claim</i></div> <div>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 in writing providing all relevant information relating to claim including plan of treatment, policy number etc. within the prescribed time limit as under:</div> <div><div>a. Within 24 hours from the date of emergency hospitalisation required or before the Insured Person's discharge from Hospital, whichever is earlier.</div><div>b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalisation</div></div> <div><i>i. Procedure for Cashless Claims</i></div> <div><div>a. Cashless facility for treatment taken in a hospital is subject to pre-authorization by the TPA.</div><div>b. Booklet containing list of network provider/PPN hospitals shall be provided by the TPA. 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.</div><div>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 claim and related assistance. Please keep the ID number handy for easy reference.</div><div>d. On admission in the network provider/PPN hospital, please produce the ID card issued by the TPA at the Hospital</div></div> <div><div>V.B.4.i</div><div>V.B.4.ii</div></div>									



		<p>Helpdesk. Cashless request form available with the network provider/PPN and TPA shall be filled and submitted to the TPA for authorization.</p> <p>e. 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.</p> <p>f. At the time of discharge, the Insured Person shall verify and sign the discharge papers and pay for non-medical and inadmissible expenses.</p> <p>g. The TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.</p> <p>h. 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.</p> <p>ii. <i>Procedure for reimbursement of Claims</i></p> <p>a. In non-network hospitals payment must be made up-front and for reimbursement of claims the Insured Person to submit the necessary documents to TPA within the prescribed time limit.</p> <p>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.</p> <p>c. Claims for Cost of Health Check-up will be settled on reimbursement basis on production of test reports and cash receipts within the prescribed time limit.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility 1 hour</p> <p>ii. TAT for cashless final bill authorization 3 hours</p> <p>Link for below:</p> <p>i. Network Hospitals details: https://uiic.co.in/en/tpa-ppn-network-hospitals</p> <p>ii. Helpline number: Kindly contact TPA as mentioned in the Policy schedule</p> <p>iii. Excluded Providers: https://uiic.co.in/sites/default/files/excluded_providers.pdf</p> <p>iv. Downloading claim form: https://uiic.co.in/en/claims/claim-forms</p>	V.B.4.iii
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10	Policy Servicing	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.	
11	Grievance/Complaint	<p>In case of any grievance, you may contact UIIC through:</p> <ol style="list-style-type: none"> Website: www.uiic.co.in Toll Free Number: 1800 425 333 33 E-Mail: customercare@uiic.co.in You may also approach the grievance cell at any of our branches with details of the grievance <p>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.</p>	Clause V.A.14
12	Things to remember	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>V.A.7</p> <p>V.A.15</p> <p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p>

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		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.	V.A.9
13	Your Obligations	<p>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.</p> <p>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.</p>	<p>Clause I & Clause V.A.5 & Clause</p> <p>V.A.11</p>

(Description is illustrative and not exhaustive)

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>