



Spectra Health Insurance Policy

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

This document provides key information about your Spectra 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	Spectra Health Insurance Policy	-
2	Policy Number	{ }	-
3	Type of Insurance Policy	Both Indemnity and Benefit based	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 before hospitalisation and the 60 days post-hospitalisation subject to a maximum of 10% of SI for Pre & Post Hospitalization combined.</p> <p>3. Organ Donor Expenses Cover</p> <p>Covers hospitalisation expenses for an Organ Donor's treatment for the harvesting of an organ which is donated to an Insured Person.</p> <p>4. Modern Treatment Methods & Advancement in Technologies</p> <p>Covers expenses for advanced medical procedures such as Robotic Surgeries, Oral Chemotherapy, Deep Brain Stimulation, Bronchial Thermoplasty, Stereotactic Radio Surgeries, etc.</p>	<p>III.A.1</p> <p>III.A.2</p> <p>III.A.3</p> <p>III.A.4</p>



		<p>5. Road Ambulance Covers expenses incurred on transportation of the Insured Person by Road Ambulance to a Hospital for treatment in an Emergency</p> <p>6. Home Care Treatment Covers expenses for an Insured Person for treatment availed at home for any epidemic/pandemic</p> <p>7. 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>OPTIONAL COVERS</p> <p>1. Daily Cash Allowance on Hospitalisation We will pay Daily Cash Allowance to the Insured Person for every continuous and completed period of 24 hours of Hospitalisation, subject to the hospitalisation claim being admissible under the policy</p>	<p>III.A.5</p> <p>III.A.6</p> <p>III.A.7</p> <p>III.B.1</p>
6.	Exclusions (What the hospital doesn't cover)	<p>Standard Exclusions</p> <ol style="list-style-type: none"> Admission primarily for investigation & evaluation (Code – Excl04) Admission primarily for rest cure, rehabilitation, and respite care (Code – Excl05) Obesity/Weight Control (Code – Excl06) Change-of-Gender treatments (Code – Excl07) Cosmetic or Plastic Surgery (Code – Excl08) Hazardous or Adventure Sports (Code – Excl09) Breach of Law (Code – Excl10) Excluded Providers (Code – Excl11) (Code – Excl12) - Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – 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. (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 Refractive Error (Code – Excl15) Unproven Treatments (Code – Excl16) Sterility and Infertility (Code – Excl17) Maternity (Code- Excl18) 	<p>IV.B.4</p> <p>IV.B.5</p> <p>IV.B.6</p> <p>IV.B.7</p> <p>IV.B.8</p> <p>IV.B.9</p> <p>IV.B.10</p> <p>IV.B.11</p> <p>IV.B.12</p> <p>IV.B.13</p> <p>IV.B.14</p> <p>IV.B.15</p> <p>IV.B.16</p> <p>IV.B.17</p> <p>IV.B.18</p>



		Specific Exclusions	
		1. 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
		2. 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.2
		3. Any expenses incurred on Domiciliary Hospitalisation.	IV.C.3
		4. Any expense incurred on multi-focal or toric lenses during cataract or any other eye-related surgery, except to the extent of the cost of a unifocal lens.	IV.C.4
		5. Any expenses incurred on Out-patient treatment (OPD treatment). Procedures/treatments usually done in outpatient department are not payable under the policy even if admitted/converted as an in-patient in the hospital for more than 24 hours.	IV.C.5
		6. Any item(s) or treatment specified in 'List of Non-Medical Expenses under this Policy' as per clauses in Annexure – 1 of the policy wordings, unless specifically covered under the Policy.	IV.C.6
		7. Any treatment related to all sleep disorders.	IV.C.7
		8. 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.8
		9. 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.9
		10. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.	IV.C.10
		11. Congenital External Diseases or Defects or anomalies.	IV.C.11
		12. Cost of hearing aids.	IV.C.12
		13. Cost of routine medical examination and preventive health check-up.	IV.C.13
		14. Dental treatment or surgery of any kind unless necessitated by disease or accident and requiring hospitalisation.	IV.C.14
		15. 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, subcutaneous insulin pump and also any medical equipment,	IV.C.15



		<p>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>16. Intentional self-inflicted Injury or attempted suicide. IV.C.16</p> <p>17. Routine eye-examination expenses, cost of spectacles, contact lenses, including optometric therapy. IV.C.17</p> <p>18. 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. IV.C.18</p> <p>19. 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.19</p> <p>20. Unless used intra-operatively, any expenses incurred on prosthesis, corrective devices; IV.C.20</p> <p>21. 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.21</p> <p>22. In respect of the existing condition(s)/disease(s), 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 medical condition. IV.C.22</p>	
7	Waiting Period	<p>Initial Waiting Period 30 days for all illnesses (not applicable on renewal or for accidents) IV.A.3</p> <p>Pre-Existing Diseases: Covered after thirty-six (36) months of continuous coverage IV.A.1</p> <p>Specific Waiting Periods 24 months for certain specified diseases /procedures/treatments IV.A.2 Table A</p> <p>36 months for certain specified diseases/procedures/treatments. IV.A.2 Table B</p>	
8	Financial Limits of Coverage i. Sub-Limits	<p>The policy will pay only you to the limits specified hereunder for the following diseases/procedures:</p> <p>1.a. Cataract</p>	III.A.1.2



		10% of Sum Insured subject to a maximum of Rs. 50,000/- per eye	III.A.2														
		1.b. Pre-Hospitalisation and Post-Hospitalisation Expenses: 10% of SI for Pre & Post Hospitalization combined.	III.A.5														
		1.c. Road Ambulance: i. Rs. 2,500 per event and ii. Rs. 5,000 per policy period	III.A.6														
		1.d. Home care Treatment: 10% of the Sum Insured or Rs. 30,000 per person per policy period, whichever is lower	V.B.5														
	ii. Co-payment	2. For persons with age of entry above 60 years in Spectra Health Insurance Policy, every admissible claim under clauses III.A.1-III.A.6 of the policy wordings shall be subject to a Co-payment of 10% on the admissible claim amount.															
	iii. Any Other Limit	3. Room Rent															
		<table border="1"> <tr> <td rowspan="2">Room Rent</td><td>Sum Insured < 5 Lacs</td><td>1% of Sum Insured per day</td><td>III.A.1.i</td></tr> <tr> <td>Sum Insured ≥ 5 Lacs</td><td>1% of Sum Insured or Single Occupancy Standard AC Room Charges whichever is higher</td><td></td></tr> <tr> <td rowspan="2">ICU/ICCU</td><td>Sum Insured < 5 Lacs</td><td>2% of Sum Insured</td><td>III.A.1.ii</td></tr> <tr> <td>Sum Insured ≥ 5 Lacs</td><td>Actuals</td><td></td></tr> </table>	Room Rent	Sum Insured < 5 Lacs	1% of Sum Insured per day	III.A.1.i	Sum Insured ≥ 5 Lacs	1% of Sum Insured or Single Occupancy Standard AC Room Charges whichever is higher		ICU/ICCU	Sum Insured < 5 Lacs	2% of Sum Insured	III.A.1.ii	Sum Insured ≥ 5 Lacs	Actuals		
Room Rent	Sum Insured < 5 Lacs	1% of Sum Insured per day		III.A.1.i													
	Sum Insured ≥ 5 Lacs	1% of Sum Insured or Single Occupancy Standard AC Room Charges whichever is higher															
ICU/ICCU	Sum Insured < 5 Lacs	2% of Sum Insured	III.A.1.ii														
	Sum Insured ≥ 5 Lacs	Actuals															
		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.	III.A.1.1														
			III.B.1														

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



	Iv. Deductible	Deductible equivalent to Daily Cash Allowance for the first 24 hours Hospitalisation will be levied on each Hospitalisation during the Policy Period.	
9	Claims Procedure	<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>Network Hospitals details: https://uiic.co.in/en/tpa-ppn-network-hospitals</p> <p>ii. Helpline number: Please contact the Policy servicing TPA as mentioned in the Policy Schedule</p> <p>v. Excluded Providers: https://uiic.co.in/sites/default/files/excluded_providers.pdf</p> <p>Claim form: https://uiic.co.in/en/claims/claim-forms</p>	V.B.4.ii. b
10	Policy Servicing	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> <p>a. Website: www.uiic.co.in</p> <p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: customercare@uiic.co.in</p> <p>You may also approach the grievance cell at any of our branches with details of the grievance.</p> <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>	V.A.14
12	Things to remember	<p>Free Look Cancellation: You are allowed a free look period of 30 days from the 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 does not apply to 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>V.A.7</p> <p>V.A.15</p>

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		<p>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.</p> <p>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.</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 increasing S.I, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>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.</p>	<p>V.A.8</p> <p>V.A.12</p> <p>V.B.3</p> <p>V.A.9</p>
13	Your Obligations	<p>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.</p> <p>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>V.A.5</p> <p>V.A.11</p>

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>