



UNITED INDIA INSURANCE COMPANY LIMITED
HEAD OFFICE

CUSTOMER INFORMATION SHEET
Description is illustrative and not exhaustive

S.No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NO.
1	Product Name	Individual Health Insurance Policy - Platinum	
2	What am I covered for	<p>a. In Patient Hospitalisation – Expenses for hospitalization more than 24 hours subject to following limits –</p> <p>i. Room, Boarding and Nursing Expenses including RMO charges, IV fluids/Blood Transfusion/Injection administration charges - 1% of Sum Insured per day or actual expenses whichever is less.</p> <p>ii. ICU – 2% of SI per day or actual expenses whichever is less.</p> <p>iii. Surgeon fees, Anaesthetist, Medical Practitioners, Consultants, Specialist's fees, etc.</p> <p>iv. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines & drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial limbs, cost of prosthetic devices implanted during surgical procedure viz. Pacemaker, Orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant diagnostic tests.</p> <p>b. Day care Procedures – Listed in the policy which require less than 24 hours hospitalization.</p> <p>c. Ayurvedic Treatment is covered only if taken in Government Hospital or any institution recognized by Government/accredited by QCI/National Accreditation Board on Health</p> <p>Add-on covers</p> <p>d. Ambulance charges upto maximum of Rs.2500/- per policy period on payment of additional premium of Rs.100/-</p> <p>e. Hospital daily cash benefit of Rs.250/500 per day subject to max. of 2500/5000 per hospitalization on payment of additional premium of Rs.150/300.</p>	<p>1.2 A</p> <p>1.2 B</p> <p>1.2 C</p> <p>1.2 D</p> <p>2.2</p> <p>2.3</p>
3	What are the major exclusions in the policy	<p>a. Congenital diseases (Internal and External)</p> <p>b. Domiciliary treatment, treatment outside India</p> <p>c. War and warlike operations</p> <p>d. Circumcision, vaccination and plastic surgery unless forming part of treatment and requires hospitalization.</p> <p>e. Spectacles, contact lens and hearing aids</p> <p>f. Dental treatment unless arising due to an accident</p> <p>g. HIV, AIDS and sexually transmitted diseases</p> <p>h. Any hospitalization primarily for investigation/diagnostic purposes.</p> <p>i. Vitamins, tonics unless necessitated for treatment</p> <p>j. Pregnancy and related disorders</p> <p>k. Naturopathy and Experimental treatment</p> <p>l. External Medical equipments</p> <p>m. Treatment for Genetic disorders and stem cell therapy.</p> <p>n. Change of system of treatment or medicine</p> <p>o. ARMD, RFQMR and EECp treatment</p> <p>p. Non-Medical expenses</p>	<p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.11</p> <p>4.12</p> <p>4.13</p> <p>4.14</p> <p>4.15</p> <p>4.16</p> <p>4.17</p>

		q. Any kind of service charges, admission fees/registration charges (Note : the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	4.18
4	Waiting period	Nil	
5	Payment basis	<ul style="list-style-type: none"> > Reimbursement of covered expenses up to specified limits > Cashless payment of covered expenses upto specified limits in Network Hospitals. > In cities where PPN Network is applicable, cashless will be restricted to PPN and claim payments as per agreed tariff. 	
6	Cost sharing	In case of a claim, this policy requires you to share the following costs : <ul style="list-style-type: none"> a. Expenses exceeding the following Sub-limits <ul style="list-style-type: none"> i. Room /ICU charges beyond 1% of Sum Insured per day or beyond 2% of Sum Insured per day for ICU charges. 	1.2 A & B
7	Renewal condition	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. Enhancement of sum Insured at renewal will be considered at the discretion of the Company.	5.12 5.12.3 5.13
8	Renewal benefits	Expenses of Health check-up will be reimbursed once at the end of every three continuous years of insurance provided no claims are reported during the block upto 1% of average sum insured of previous three policies	8
9	Cancellation	This policy would be cancelled and no claim or refund would be due to you if <ul style="list-style-type: none"> a. you have not correctly disclosed details about your current and past health status or b. have otherwise encouraged or participated in any fraudulent claim under the policy. 	5.14
10	Special condition and special benefit	At least 15 days from the issuance of first policy would be given as free-look period to the insured to review the terms and conditions	7

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.

For details, please refer to policy clauses for full details.