


		PREMIUM PLAN	
		<ul style="list-style-type: none"> • DAILY HOSPITAL CASH ALLOWANCE • MEDICAL SECOND OPINION • MATERNITY EXPENSES • ASSISTED REPRODUCTION TREATMENT (ART) 	
6	Exclusions (what the policy does not cover)	<ul style="list-style-type: none"> i. Any disease / illness any condition arising there from other than those specifically covered in the policy. ii. Pre-existing diseases. iii. Any hospital admission primarily for investigation/diagnostic purpose. iv. Sex change surgery, cosmetic surgery & plastic surgery. v. Infertility treatments. vi. Obesity and weight control. vii. Change of Gender treatments. viii. Excluded providers. ix. Hazardous or Adventure Sport. x. Refractive error, cosmetic dental surgeries. xi. Unproven Treatments. xii. Substance abuse, self-inflicted injuries. xiii. Breach of law. xiv. Treatments received in health hydro's, nature cure clinics, spas or similar establishments. xv. Dietary supplements and substances that can be purchased without prescription. <p>Any kind of admission fees, registration fees levied by the hospital.</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	4
7	<p>Waiting period</p> <p>-Time period during which specified diseases/treatments are not covered</p> <p>-It is counted from the beginning of the policy coverage</p>	<ol style="list-style-type: none"> 1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) 2. Specific waiting periods: 24 months for named diseases 3. Pre-existing diseases: Covered after 12 months 	<p>4.1</p> <p>4.2</p> <p>4.3</p>

8	<p>Financial Limit of Coverage.</p> <p>I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>iii) Deductible (it is a specified amount :</p> <p>Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv) any other limit (as applicable)</p>	<ul style="list-style-type: none"> • Upto sum insured. • Hospital admission of minimum 24 hours <table border="1" data-bbox="608 338 1270 824"> <thead> <tr> <th colspan="2">Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home</th> </tr> <tr> <th>Sum Insured Slabs</th> <th>Limit per day</th> </tr> </thead> <tbody> <tr> <td>Up to 5 lakhs</td> <td>Single Room up to 1% of Sum Insured, maximum up to Rs 5,000/- per day</td> </tr> <tr> <td>7- 10 lakhs</td> <td>Single Room, maximum up to Rs. 10,000/- per day.</td> </tr> <tr> <td>Above 10 lakhs Actuals Expenses.</td> <td>Actuals Expenses.</td> </tr> </tbody> </table> <table border="1" data-bbox="608 869 1283 1279"> <thead> <tr> <th colspan="2">Intensive Care Unit (ICU) Expenses as provided by the Hospital /Nursing Home</th> </tr> <tr> <th>Sum Insured Slabs</th> <th>Limit per day</th> </tr> </thead> <tbody> <tr> <td>Up to 5 lakhs</td> <td>Maximum up to Rs.10,000/- per day</td> </tr> <tr> <td>7- 10 lakhs</td> <td>Maximum up to Rs. 20,000/- per day</td> </tr> <tr> <td>Above 10 lakhs Actuals Expenses.</td> <td>Actuals Expenses.</td> </tr> </tbody> </table> <table border="1" data-bbox="608 1323 1283 1912"> <thead> <tr> <th colspan="2">Road Ambulance Expenses :</th> </tr> <tr> <td colspan="2">Subject to an admissible hospitalization claim, Emergency Road following Ambulance expenses incurred is payable</td> </tr> <tr> <th>Sum Insured Slabs</th> <th>Limit per day</th> </tr> </thead> <tbody> <tr> <td>Up to Rs.10 lakhs</td> <td>Up to Rs.5,000/- per occurrence maximum up to 10,000/- per policy period.</td> </tr> <tr> <td>Rs. 15-25 lakhs</td> <td>Up to Rs. 10,000/- per occurrence maximum up to Rs. 20,000/- per policy period.</td> </tr> <tr> <td>Above Rs.25 lakhs</td> <td>Up to Rs. 25,000/- per occurrence maximum up</td> </tr> </tbody> </table>	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home		Sum Insured Slabs	Limit per day	Up to 5 lakhs	Single Room up to 1% of Sum Insured, maximum up to Rs 5,000/- per day	7- 10 lakhs	Single Room, maximum up to Rs. 10,000/- per day.	Above 10 lakhs Actuals Expenses.	Actuals Expenses.	Intensive Care Unit (ICU) Expenses as provided by the Hospital /Nursing Home		Sum Insured Slabs	Limit per day	Up to 5 lakhs	Maximum up to Rs.10,000/- per day	7- 10 lakhs	Maximum up to Rs. 20,000/- per day	Above 10 lakhs Actuals Expenses.	Actuals Expenses.	Road Ambulance Expenses :		Subject to an admissible hospitalization claim, Emergency Road following Ambulance expenses incurred is payable		Sum Insured Slabs	Limit per day	Up to Rs.10 lakhs	Up to Rs.5,000/- per occurrence maximum up to 10,000/- per policy period.	Rs. 15-25 lakhs	Up to Rs. 10,000/- per occurrence maximum up to Rs. 20,000/- per policy period.	Above Rs.25 lakhs	Up to Rs. 25,000/- per occurrence maximum up	<p>3.1,</p> <p>3.2</p> <p>3.6</p> <p>3.5</p>
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		<p>Air Ambulance Cover limit: Only for life threatening medical emergency condition/s which requires immediate and rapid ambulance transportation to the hospital / medical centre that ground transportation cannot provide with limits based on SI</p> <table border="1"> <tr> <td>Sum Insured Slabs</td> <td>Limit</td> </tr> <tr> <td>Up to 10 lakhs</td> <td>Maximum up to 10% of Sum Insured</td> </tr> <tr> <td>15-25 lakhs</td> <td>Maximum up to 25% of Sum Insured</td> </tr> <tr> <td>Above 25 lakhs</td> <td>Actual expenses Incurred.</td> </tr> </table>	Sum Insured Slabs	Limit	Up to 10 lakhs	Maximum up to 10% of Sum Insured	15-25 lakhs	Maximum up to 25% of Sum Insured	Above 25 lakhs	Actual expenses Incurred.	3.8
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		<ul style="list-style-type: none"> • AYUSH Treatment up to Sum Insured. 	3.11								
		<ul style="list-style-type: none"> • Mental Illness Cover limit: Sum Insured Slabs Limit per policy <table border="1"> <tr> <td>Up to 10 lakhs</td> <td>period up to 50% of Sum Insured</td> </tr> <tr> <td>Above 10 lakhs</td> <td>As per the limits of Sum Insured</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Up to 10 lakhs	period up to 50% of Sum Insured	Above 10 lakhs	As per the limits of Sum Insured			3.12		
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		<ul style="list-style-type: none"> • Modern Treatment Limit: - Sum Insured Slabs Limit per policy <table border="1"> <tr> <td>Up to 10 lakhs</td> <td>period up to 25% of Sum Insured</td> </tr> <tr> <td>Above 10 lakhs</td> <td>As per the limits of Sum Insured</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Up to 10 lakhs	period up to 25% of Sum Insured	Above 10 lakhs	As per the limits of Sum Insured			3.12		
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		<ul style="list-style-type: none"> • Domiciliary Hospitalization i.e. treatment at home, if medical treatment is continuously required for more than three (3) days, in which case the cost of medical treatment for the eligible period shall be payable up to 10% of Sum Insured subject to maximum up to Rs 50000/- per family per policy period. 	3.13								

	<ul style="list-style-type: none"> • Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.)- Maximum Rs.5,000/- actually incurred on immunization injections in any one Policy Period. 	3.17										
	<ul style="list-style-type: none"> • Telemedicine/Online Consultation limit: <table border="1"> <tr> <td>Sum Insured Slabs Up to 10 lakhs</td> <td>Limit per policy period Max 2 consultations per</td> </tr> <tr> <td>Above 10 lakhs</td> <td>policy period, max Rs. 1000 per consultation Max 3 consultations per</td> </tr> <tr> <td></td> <td>policy period, max Rs. 1500 per consultation</td> </tr> </table>	Sum Insured Slabs Up to 10 lakhs	Limit per policy period Max 2 consultations per	Above 10 lakhs	policy period, max Rs. 1000 per consultation Max 3 consultations per		policy period, max Rs. 1500 per consultation	3.18				
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	<ul style="list-style-type: none"> • Organ Donor Benefit when Insured is the Donor: Actual expenses up to 10% of Sum Insured. <table border="1"> <tr> <th colspan="2">CATARACT TREATMENT LIMIT</th> </tr> <tr> <th>Sum Insured Slabs</th> <th>Limit</th> </tr> <tr> <td>Up to 10 lakhs</td> <td>up to Rs 50,000/- per eye including IOL.</td> </tr> <tr> <td>Above 10 lakhs</td> <td>up to Rs 1,00,000/- per eye including IOL.</td> </tr> </table>	CATARACT TREATMENT LIMIT		Sum Insured Slabs	Limit	Up to 10 lakhs	up to Rs 50,000/- per eye including IOL.	Above 10 lakhs	up to Rs 1,00,000/- per eye including IOL.	3.20		
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		<ul style="list-style-type: none"> • Assisted Reproduction Treatment (Only under Premium Plan): The maximum liability of the Company for such treatment shall be limited to Rs. 2,00,000/-. This benefit (2 Lakhs) will be a part of the basic SI. A waiting period of 36 months from the date of first inception of this policy with the Company for the insured persons (both spouses) 									
9	Claims/ claim Procedure	<p>For Cashless Service:</p> <ol style="list-style-type: none"> 1. Claim in respect of Cashless Access Services will be through the Company / TPA provided admission is in a network Hospital/ Nursing Home and is subject to pre admission authorization. 2. Turn Around Time (TAT) for Cashless: <ul style="list-style-type: none"> • For pre-authorization of cashless facility: immediately but not later than One hour from the receipt of request. • For cashless final Bill authorization: within three hours of receipt of discharge authorization from the hospital <p>Hospital Network Details are available at www.orientalinsurance.org.in</p> <p>For reimbursement of Claim: Policy issuing Office /TPA</p> <ul style="list-style-type: none"> • Cashless services for covered expenses in Network hospitals • Reimbursement of Admissible expenses <p>Web link for following :</p> <ol style="list-style-type: none"> 1. Network Hospital Details: https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true 2. Help Line Number:  Toll free : 1800118485/011-33208485 	7.21								

3. Hospitals which are blacklisted or from where no claims will be accepted by insurer.

<https://orientalinsurance.org.in/en/network-hospitals>

4. Download/getting claim form

<https://orientalinsurance.org.in/en/download-claimform?isSelected=policyDownload&isRefresh=true>

10	Policy servicing	<p>1. Company officials : Website: www.orientalinsurance.org.in</p> <p>2. . Toll free: 1800118485 Or 011-33208485</p> <p>3. Policy issuing office</p>	
11	Grievances/ Complaints	<ul style="list-style-type: none"> • www.orientalinsurance.org.in E-mail: csd@orientalinsurance.co.in <p>Customer Service Department, Corporate Office, Block - 4, Plate-A, NBCC Office Complex, Kidwai Nagar East, New Delhi - 110023. For updated details of grievance officer, kindly refer the link https://orientalinsurance.org.in/grievance-redressal.</p> <ul style="list-style-type: none"> • IRDAI Integrated Grievance Management System https://igms.irda.gov.in • Insurance Ombudsman - Contact details of the Insurance Ombudsman have been provided in Annexure I of the policy document. <p>Ombudsman website: http://ecoi.co.in/ombudsman.html</p> <p>Grievance Redressal- special provision for Senior citizen: E-mail: csd@orientalinsurance.co.in Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>Grievance Redressal Officer: Dr. S.Rajesh . . , Tell No. 011-24348539.</p> <p>If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:</p>	

12	Things to remember	<p>a. Free Look period of 30 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Cancellation:The Insured may cancel this Policy by giving 7 days’ written notice, and in such an event, the Company shall refund premium as per detailed in the policy terms and conditions.</p> <p>B. Renewable Conditions</p> <p>Grace period of 30 days : The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.</p> <ul style="list-style-type: none"> • • The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation and non disclosure <p>Adjustment of premium on renewal in lieu of OMP policy.</p> <p>c. Right to migrate from one product to another product of the company. www.orientalinsurance.org.in</p> <p>d. Right to port the policy from one company to another company – www.orientalinsurance.co.in</p> <p>e. Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)</p> <p>f. Insurer to specify the norms on TAT – Please refer to clause 9 of the CIS of policy document.</p> <p>Moratorium Period: After Completion of FIVE continuous years under the policy no look back to be applied. This period of FIVE year is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium period no health policy</p>	
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		shall be contestable except for proven fraud and permanent exclusion specified in the policy contract. Renewal Benefits : Health checkup benefit for every block of 3 claim free policy years for the insured persons up to 1% of average sum insured subject to maximum Rs. 5000/- per insured person	
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of Material Information during the policy period such as change in occupation.	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder