THE ORIENTAL INSURANCE COMPANY LIMITED,
Regd. Office: Oriental House, P.B. No. 7037, A_25/27, Asaf Ali Road, New Delhi 110002

PROSPECTUS

MEDICLAIM INSURANCE POLICY (GROUP)

1. Salient Features of thepolicy.

a) The Group Mediclaim Policy will be available to any Group/Association/ Institution/ Corporate Body of more than **50 persons/families** provided it has a central administration point. Each insured should cover all eligible members (insured Persons) under one group policy only. In other words different categories of eligible members shall not be allowed to be covered under different group policies. It is not permissible to issue any un-named grouppolicies.

b) The group policy will be issued in accordance with IRDA guidelines, in the name of the Group/ Association / Institution / Corporate Body (called insured) with a schedule of names of the members including his/her eligible family members as per the following definition.

DEFINITION OF FAMILY :

a) Self (PrimaryInsured).
b) LegalSpouse.
c) Dependent Children (i.e. legitimate or legally adopted children) upto the age of 21 years. If the child above 18 years is employed or if the girl child is married, he or she shall cease to be covered under the policy and no claim shall be admissible .However male child can be covered upto the age of 26 years if he is a bonafide regular student and fully dependent on primary insured. Female child can be covered until she isunmarried.
d) Dependent parents/parents-in-law.

1A. The policy reimburses reasonable, customary and necessary expenses of Hospitalization and / or Domiciliary Hospitalization expenses as detailed below only for illness / diseases contracted or injury sustained by the Insured Persons during the policy period upto the limit of SumInsured.

a. Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever isless.

b. I.C. Unit expenses not exceeding 2% of the Sum Insured or Rs. 10,000 /- per day whichever isless. (Room stay including I.C.U. stay should not exceed total number of admissiondays).

c. Surgeon, Anesthetist, Medical Practitioner, Consultants, SpecialistsFees.

d. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory / Diagnostic test, X-Rayetc.

e. Ambulance services - 1% of the sum insured or Rs 2000/- whichever isless.

Cash Less Facility: This facility is available in the Network Hospitals through the appointed TPAs of the company. A discount of 5% will be given on the scheduled premium if the proposer opts out of the facility.

2A. DOMICILIARY HOSPITALISATION BENEFIT: Domiciliary hospitalization means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital,or
- the patient takes treatment at home on account of non availability of room in ahospital.

Subject however to the condition that Domiciliary Hospitalisation benefit shall not cover

a) Expenses incurred for treatment for any of the following diseases:

i. Asthma
ii. Bronchitis,
iii. Chronic Nephritis and NephriticSyndrome,
iv. Diarrhea and all types of Dysenteries includingGastro-enteritis,
v. Diabetes Mellitus andInsipidus,
vi. Epilepsy,
vii. Hypertension,
viii. Influenza, Cough andCold,
ix. Pyrexia of unknown origin for less than 10days,
x. Tonsillitis and Upper Respiratory Tract infection including Laryngitis andPharyngitis,
xi. Arthritis, Gout andRheumatism.

Note: Liability of the Company under this clause is restricted as stated in the schedule attached hereto.

2B. Telemedicine- Expenses incurred by insured on telemedicine/Tele-consultation with a registered medical practitioner for Diagnosis & treatment of a disease/illness covered under the Policy. Such reasonable incurred expenses will be reimbursable wherever consultation with a Registered medical practitioner is allowed in the terms and conditions of policy contract and shall be subject to Limits/Sub limits prescribed in Policy Schedule. Telemedicine offered shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 by MCI and as amended from time totime."

The limit of amount payable for telemedicine is Maximum Rs. 2,000/- per insured &/or per family, for a policy period.

2C. MATERNITY EXPENSES AND NEWBORN CHILD COVER BENEFIT EXTENSION:

a. This is an optional cover which can be obtained on payment of 10% of the total basic premium for all the insured persons under the policy. Total basic premium means the total premium computed before applying group discount and /or High Claims Ratio Loading, Low ClaimDiscount.

b. Option for Maternity Expenses and Newborn Child Cover Benefit Extension has to be exercised at the time of inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during the currency of thepolicy.

c. Those insured persons who are already having two or more living children will not be eligible for thisbenefit

d. Claim in respect of only first two children and/or operations associated therewith will be considered inrespectof any one insured person covered under the policy or any valid and effective renewal thereof

e. The maximum benefit allowable under this clause will be upto Rs. 50,000/-and would fall under different heads mentioned under item 1.2.. The sum insured under above benefit shall be a part of basic suminsured.

Special conditions applicable to Maternity Expenses & Newborn Child Cover Benefit Extension

a These benefits are admissible only if the expenses are incurred in hospital/nursing home as in-patients inIndia.

b A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery,miscarriageorabortioninducedbyaccidentorothermedicalemergency.

c Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are notcovered.

d Pre-natal and post-natal expenses are not covered unless admitted in Hospital/nursing home and treatment is takenthere.

e Pre Hospitalization and post Hospitalization benefits are not available under thissection.

f.Newly born child shall be covered from day one upto the age of 3 months and expenses incurred for treatment taken in hospital as in patient shall only be payable subject to within the specified sum insured of Rs 50,000/- under Maternity benefit extension. Congenital diseases of newly born child shall beexcluded.

2D. HIV/ AIDS Cover

The Company shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalization Expenses) related to following stages of HIV infection:

i. Acute HIV infection – acute flu-likesymptoms
ii. Clinical latency – usually asymptomatic or mildsymptoms
iii. AIDS – full-blown disease; CD4 <200

2E: **Mental Illness Cover:**

The Company shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalization Expenses) only under certain conditions as:-

1. Illness covered under definition of mental illness mentioned under clause3.22.
2. Hospitalization in Mental Health Establishment as defined under clause3.23.
3. Hospitalization as advised Mental Health Professional as defined under clause3.24.
4. Mental Conditions associated with the abuse of alcohol and drugs areexcluded.
5. Mental Retardation and associated complications arising therein areexcluded.
6. Any kind of Psychological counseling, cognitive/ family/ group/ behavior/ palliative therapy or other kinds of psychotherapy for which Hospitalization is not necessary shall not becovered.

2F: All the following procedures, will be covered in the policy, if treated as in-patient care or as a part of domiciliary hospitalization or as day care treatment in the hospital, within the sub-limits in the complete policy period which is as defined below:

Name of the Procedure	**Sub limits**
A. Uterine Artery Embolization and HIFU	Per policy period: Up to INR 50,000.
B. Balloon Sinuplasty	Per policy period: Up to INR 40,000.
C. Deep Brain stimulation	Per policy period 10% of SI, subject to maximum INR 50,000.
D. Oral chemotherapy	Per policy period 25% of SI, subject to maximum INR 50,000.

E. Immunotherapy- Monoclonal Antibody to be given asinjection	Per policy period 10% of SI, subject to maximum INR 50,000.
F. Intra vitreal injections	Per policy period 10% of SI, subject to maximum INR 50,000.
G. Robotic surgeries	Per Policy period 10% of SI, subject to maximum INR 1,00,000.
H. Stereotactic radio surgeries	Per policy period 10% of SI, subject to maximum INR 1,00,000.
I. Bronchial Thermoplasty	Per policy period 10% of SI, subject to maximum INR 1,00,000.
J. Vaporization of the prostrate (Green laser treatment or holmium laser treatment)	Per policy period 10% of SI, subject to maximum INR 50,000.
K. IONM - (Intra Operative Neuro Monitoring)	Per policy period 10% of SI, subject to maximum INR 50,000.
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant forhematological conditions to be covered.	Per policy period 10% of SI, subject to maximum INR 50,000.

3. DEFINITIONS

3.1. HOSPITAL/NURSING HOME: means any institution established for in- patient care and day care treatment of Illness and / or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act*OR complies with all minimum criteria asunder:

a) has qualified nursing staff under its employment round the clock;

b) has at least 10 In-patient beds, in towns having a population of less than 10,00,000 and at least 15 In-patient beds in all other places;

c) has qualified Medical Practitioner (s) in charge round the clock;

d) has a fully equipped operation theatre of its own where surgical procedures are carried out

e) Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

*Following are the enactments specified under the schedule of Section 56 of Clinical Establishment (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the Act for amendments, if any:

1. The Andhra Pradesh Private Medical care Establishments (Registration and Regulations) Act, 2002
2. The Bombay Nursing Homes Registration Act, 1949
3. The Delhi Nursing Home Registration Act, 1953
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbadhu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992
6. The Nagaland Health Care Establishments Act, 1997
7. The Orissa Clinical Establishments (Control and Regulations) Act, 1990
8. The Punjab State Nursing Home Registration Act, 1991
9. The West Bengal Clinical Establishment Act, 1950

The term 'Hospital/Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or a place for alcoholics, a hotel or a similar place.

Note: The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda,Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

3.2. AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council ofIndian Medicine/ Central Council for Homeopathy; or

c. Note: The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda,Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

3.3. AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without inpatient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner (s) in charge.

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3.4. HOSPITALISATION PERIOD: Expenses on Hospitalization are admissible only if hospitalization is for a minimum period of 24 hours, except in cases of specialized treatment as detailed herebelow

i. HaemoDialysis,
ii. ParentralChemotherapy,
iii. Radiotherapy,
iv. EyeSurgery,
v. Lithotripsy (kidney stoneremoval),
vi. Tonsillectomy,
vii. D&C,
viii. Dental surgery following an accident
ix. Hysterectomy
x. CoronaryAngioplasty
xi. CoronaryAngiography
xii. Surgery of Gall bladder, Pancreas and bile duct
xiii. Surgery of Hernia
xiv. Surgery of Hydrocele.
xv. Surgery of Prostrate.
xvi. Gastrointestinal Surgery.
xvii. GenitalSurgery.
xviii. Surgery of Nose.
xix. Surgery of throat.
xx. Surgery of Appendix.
xxi. Surgery of Urinary System.
xxii. Treatment of fractures / dislocation excluding hair line fracture, Contracture releases and minor reconstructive procedures of limbs which otherwise requirehospitalization.
xxiii. Arthroscopic Kneesurgery.
xxiv. Laparoscopic therapeuticsurgeries.
xxv. Any surgery under GeneralAnesthesia.
xxvi. Or any such disease / procedure agreed by TPA/Company beforetreatment.

NOTE: PROCEDURES / TREATMENTS USUALLY DONE IN OUT PATIENT DEPARTMENT ARE NOT PAYABLE UNDER THE POLICY EVEN IF CONVERTED TO DAY CARE SURGERY / PROCEDURE OR AS IN PATIENT IN THE HOSPITAL FOR MORE THAN 24 HOURS.

3.5. INSURED PERSON: Means Person(s) named on the schedule of thepolicy.

3.6. ENTIRE CONTRACT: This policy / proposal and declaration given by the insured constitute the complete contract of this policy. Only Insurer may alter the terms and conditions of this policy. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on thepolicy.

3.7. NETWORK PROVIDER: means hospitals or healthcare providers enlisted by an insurer, or by a TPA and insurer together, to provide medical services to an insured on payment, by a cashless facility.

3.8. PRE-HOSPITALISATION EXPENSES: Medical Expenses incurred during the period upto 30 days prior to the date of admission,providedthat:

i. Such Medical Expenses are incurred for the same condition for which the InsuredPerson's Hospitalization was required,and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by theInsurance Company.

3.9. POST-HOSPITALISATION: EXPENSES: Medical Expenses incurred for a period upto 60 daysfrom the date of discharge from the hospital, providedthat:

i. Such Medical Expenses are incurred for the same condition for which the InsuredPerson's Hospitalization was required,and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the InsuranceCompany.

3.10. MEDICAL PRACTITIONER: A Medical practitioner is a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the government of India or a State Government and is thereby entitled to practicemedicine within its jurisdiction; and is acting within the scope and jurisdiction oflicense.

.

3.11. QUALIFIED NURSE: Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council o f any state inIndia.

3.12. Pre-Existing Disease (PED): Pre existing disease means any condition, ailment, injury or disease:

a. that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer,or its reinstatement.

b. for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

3.13. IN-PATIENT: An Insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury / accidentduring the currency of thepolicy.

3.14. REASONABLE AND CUSTOMARY CHARGES: means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injuryinvolved**.**

3.15. CASHLESS FACILITY: It means a facility extended by the insurer to the insured where the payments of the costs of the treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre- authorization approved**.**

3.16. I .D. CARD: means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.

3.17. LIMIT OF INDEMNITY: means the amount stated in the schedule against the name of

each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person for hospitalization taking place during the currency of thepolicy.

3.18. ANY ONE ILLNESS: Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation OR 105 days from the date of discharge ,whicheveris earlier, from the Hospital/Nursing Home where treatment may have beentaken.

3.19. PERIOD OF POLICY: This insurance policy is issued for a period of one year as shown in theschedule.

3.20. Portability: "Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

3.21. Migration : "Migration" means, the right accorded to health insurance policy holders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

3.22. Mental Illness: "Mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.

3.23. Mental Health Establishment:"Mental health establishment" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends.

3.24. Mental health professional:
(i) a psychiatrist or
(ii) a professional registered with the concerned State Authority under section 55; or
(iii) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam;

4 EXCLUSIONS: Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

4.1. Pre-existing Diseases - code –Excl 01

a). Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the

date of inception of the first policy with the insurer or its reinstatement.

b). In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c). If the Insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of the prior coverage.

d). Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer or its reinstatement.

4.2. Specified disease / procedure waiting period- code- Excl 02

a). Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of the specified waiting period ofthe continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b). incase of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c). If any of the specified disease/ procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d). The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e). If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f). The expenses on treatment of following ailments / diseases / surgeries, if contracted and / or manifested after inception of first Policy(subject to continuity being maintained), are not payable during the waiting period specified below.

	Ailment / Disease / Surgery	Waiting Period
I	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	**1** year
Ii	Polycystic ovarian diseases.	**1** year
Iii	Surgery of hernia.	**2** years
Iv	Surgery of hydrocele.	**2** years
V	Non infective Arthritis.	**2** years
Vi	Undescendent Testes.	**2** Years
Vii	Cataract.	**2** Years
Viii	Surgery of benign prostatic hypertrophy.	**2** Years
Ix	Hysterectomy for menorrhagia or fibromyoma or myomectomy or prolapse of uterus.	**2** Years
X	Fissure / Fistula in anus.	**2** Years
Xi	Piles.	**2** Years
Xii	Sinusitis and related disorders.	**2** Years
Xiii	Surgery of gallbladder and bile duct excluding malignancy.	**2** Years
Xiv	Surgery ofgenito-urinary system excludingmalignancy.	**2** Years
Xv	Pilonidal Sinus.	**2** Years
Xvi	Gout and Rheumatism.	**2** Years
Xvii	Hypertension.	**90 days**
Xviii	Diabetes.	**90 days**

Xix	Calculus diseases.	**2** Years
Xx	Surgery for prolapsed inter vertebral disk unless arising from accident.	**2** Years
Xxi	Surgery of varicose veins and varicose ulcers.	**2** Years
Xxii	Congenital internal diseases.	**2** Years
Xxiii	Joint Replacement due to Degenerative condition.	**4** Years
Xxiv	Age related osteoarthritis and Osteoporosis.	**4** Years

Note: If the continuity of the renewal is not maintained then subsequent cover will be treated as fresh Policy and clauses 4.1., 4.2, 4.3 shall apply afresh, unless agreed by the Company and suitable endorsement passed on the Policy, by the duly authorizedofficialofthe Company. Similarly, iftheSumInsuredis enhanced subsequent to the inceptionofthefirstPolicy,clauses4.1,4.2and4.3shallapplyafresh on the enhanced portion of the SumInsured.

4.3 30 day waiting period- code – Excl 03

a). Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b). This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
c). The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

5. GENERAL EXCLUSIONS: The Company shall not be liable to make any payment under this Policy in respect of any expense whatsoever incurred by any Insured Person in connection with or in respect of:

5.1. Investigation & Evaluation – Code – Excl 04

a). Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b). Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5.2. Rest Cure, rehabilitation and respite care – Code –Excl 05

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such a bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5.3. Obesity/Weight Control : Code- Escl 06

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
1). Surgery to be conducted is upon the advice of the Doctor.
2). The surgery /Procedure conducted should be supported by clinical protocols.
3). The member has to be 18 years of age or older and
4). Body Mass Index (BMI):

a). greater than or equal to 40 or

b). greater than or equal to 35 in conjunction with any of the following severe co-morbidities

following failures of less invasive methods of weight loss:

i). Obesity – related cardiomyopathy

ii). Coronary heart diseases

iii). Severe Sleep Apnea.

iv). Uncontrolled Type 2 Diabetes.

5.4. Change of Gender Treatments : Code – Excl 07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite.

5.5. Cosmetic or Plastic Surgery- Code- Excl 08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burns(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical practitioner.

5.6. Hazardous or Adventure sports- Code- Excl 09

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.

5.7. Breach of law – Code –Excl 010

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

5.8. Excluded Providers- Code – Excl 011

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 policy holders are not admissible. However, in case of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not complete claim.

5.9. Treatment for, Alcoholic drug or substance abuse or any addictive condition and consequences thereof. – Code- ExcI012

5.10. 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- ExcI013

5.11. 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 hospitalization claim or day care procedure.- Code- ExcI014

5.12. Refractive Error- Code- Excl 015

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

5.13. Unproven Treatments- Code – excl 016

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.

5.14. Sterility and Infertility- Code- ExcI 017

Expenses related to sterility and infertility. This includes:

i). Any type of contraception, sterilization.

ii). Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.

Iii). Gestation Surrogacy.

iv). Reversal of sterilization.

5.15. Maternity- Code- ExcI 018

i). Medical treatment expenses traceable to childbirth (including complicated deliveries and cesarean sections incurred during hospitalization) except ectopic pregnancy.

ii). Expenses towards miscarriage(unless due to an accident) and lawful medical termination of pregnancy during the policy period.

5.16 War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of allkinds.

5.17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of thisexclusion:

a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement ordeath.

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement ordeath.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement ordeath.

5.18 Costs of spectacles, contact lenses, hearing aids etc.

5.19 Congenital external diseases or defects or anomalis.

5.20 Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed. Private nursing charges, Referral fee to family doctors, out station consultants / Surgeons fees etc.

5.21 Experimental or alternative medicine (other than Ayurveda, Siddha, Unani

& Homeopathy as expressed in clause 1.2.A1) and related treatment including acupressure, acupuncture, magnetic and such other therapies.

5.22 Stem cell implantation and/or Surgery other than Hematopoietic stem cells for bone marrow transplant for hematological conditions, which to be covered.

5.23 Cost of external and or durable medical / non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer, Thermometer, Blood Pressure monitoring machine and similar related items and also any medical equipment which is subsequently used at home. Exhaustive list available on our website (www. orientalinsurance.org.in).

5.24 Change of treatment from one system of medicine to another unless agreed / allowed and recommended by the consultant under whom the treatment is being taken.

5.25 Treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

5.26 Any stay in the Hospital for any domestic reason or where no active regular treatment is given by the Specialist.

5.27 Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the Hospital.

5.28 Doctor's home visit charges, Attendant / Nursing charges during pre and post Hospitalisation period

5.29 Pre and Post Hospitalization expenses unrelated with disease / Injury for which Hospitalization claim has been admitted under the Policy

5.30 Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination (except as covered under 1.2 B(ii)), inoculation or change of life or cosmetic or aesthetic treatment of any description.

5.31 Any dental treatment or Surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, crowns, root canal treatment including treatment for wear and tear etc., unless arising from disease or Injury and which requires Hospitalization for treatment.

5.32 All non medical expenses including personal comfort and convenience items or services such as Wi-Fi/internet charges telephone, television, ayah / barber or beauty services, diet charges, baby food,cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.

5.33 Genetic Disorders.

5.34 Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.

5.35 Any expenses incurred on OPD treatment.

5.36 Treatment taken outside the geographical limits of India.

6. If the proposer is suffering or has suffered from any of the following disease, as per serial no 1-16 of the below table at the time of taking the policy, the specific ICD codes will be permanently excluded from the policy coverage:

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, •

	Neoplasms	C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behavior
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 - Other ulcerative colitis; K51.9 - Ulcerative colitis,unspecified.

7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classifiedelsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (co-infection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (co-infection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 – Acute hepatitis B without delta-agent and without hepatic coma; B17.0 –Acute delta-(super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease

14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

CONDITIONS:

ENTIRE CONTRACT: the policy, proposal form, prospectus and declaration given by the insured shall constitute the complete contract of insurance. Only insurer may alter the terms and conditions of this policy/ contract. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on thepolicy.

COMMUNICATION: Everynoticeorcommunication(exceptrelatingtoclaim)tobegivenormadeunderthis policy shall be delivered in writing at the address **of the policy issuing office** / Third Party Administrator as shown in theSchedule.

RENEWAL OFPOLICY: The policy shall ordinarily be renewable except on grounds of fraud,

Misrepresentation by the insured person.

I. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
II. Request for renewal along with requisite premium shall be received by the Company before the end of the PolicyPeriod.

III. The Company shall not be responsible or liable for non-renewal of policy due to non-receipt or delayed receipt (i.e. After the due date) of the proposal form or of the medical practitioners report wherever required or due to any other reasonwhatsoever.

IV. Not withstanding this, however, the decision to accept or reject for coverage any person upon renewal of this insurance shall rest solely with the Company. The company may at its discretion revise the premium rates and / ortheterms&conditionofthepolicyeveryyearuponrenewalthereof.RenewalofthispolicyisnotautomaticV. Premium due must be paid by the proposer to the company before the due date.

a. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give notice forrenewal

POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES :

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

CANCELLATION CLAUSE:

a). The Proposer/Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

PeriodonRisk	**Rate of premium to becharged**
Upto1Month	1/4th of the annualrate
Upto3Months	1/2 of the annualrate
Upto6Months	3/4th of the annualrate
Exceeding6months	Full annualrate

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

b). The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts fraud by the insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud.

BONUS- LOW CLAIM RATIO DISCOUNT / MALUS - HIGH CLAIM RATIOLOADING

BONUS- LOW CLAIM RATIO DISCOUNT Low claim ratio discount at the following scale will be allowed on the total premium at renewal only, depending upon the incurred claims ratio for the entire group insured under the group Mediclaim insurance policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the group mediclaim insurance policy has not been in force for three completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken intoaccount.

Incurred Claims Ratio under Group Policy	**Discount**
Not exceeding 60%	5%
Not exceeding 50%	15%
Not exceeding 40%	25%
Not exceeding 30%	35%
Not exceeding 25%	40%

MALUS - HIGH CLAIM RATIO LOADING The total premium payable at renewal of the group policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the group Mediclaim insurance policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the group Mediclaim policy has not been in force for three completed years, such shorter period of completed years, excluding the year immediately preceding the date of renewal will be taken intoaccount.

Incurred Claims Ratio underGroupPolicy	**Loading**
Between 70% and 100%	25%
Between 101% and 125%	55%
Between 126% and 150%	90%

Between 151% and 175%	120%
Between 176% and 200%	150%
Above 200%	cover to be reviewed

Note: Low claim ratio discount (Bonus) or High Claim ratio loading (Malus) will be applicable to the premium at renewal of the policy depending on the incurred claim ratio for the entire group insured.

Incurred claims would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

GROUPDISCOUNT: The Group Discount depending upon total number of insured persons (families) at inception of the policy is allowed at the followingscale.

a) No discount is offered for a group consisting of less than 101members.
b) Addition / deletion during currency will not be considered for change in discount. Discount is applicable on number of persons on renewal / inception dateonly.

No. Of persons / Families	**Discount %**
101-1000	10.00
1,001-5,000	12.50
5,001-15,000	15.00
15,001-25,000	20.00
25,001-50,000	25.00

Family Package Policy Clause and Family discount not applicable.

7 PRE -ACCEPTANCE HEALTH CHECKUP: Any person beyond 45 years of age desiring to take insurance cover has to submit following medical reports from listed Network Diagnostic Centre or any other medical reports required by the company in case of fresh proposal and renewal where there is a break in policy period.

Age	**45-55**	**ABOVE 55 Years**
MEDICAL TEST	PHYSICAL EXAMINATION	PHYSICAL EXAMINATION
	URINE(MICROALBUMINUREA)	URINE(MICROALBUMINUREA)
	GLYCOCYLATED, HAEMOGLOBIN	GLYCOCYLATED HAEMOGLOBIN
	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)	ULTRASONOGRAPHY(WHOLE ABDOMEN ANDPELVIS)
	ELECTRO CARDIO GRAM	XRAY BOTH KNEES (ANTEPOSTERIOR ANDLATREL)
	COMPLETE EYE TEST INCLUDING FUNDUS ETC	COMPLETE EYE TEST INCLUDING FUNDUS ETC
		STRESS TEST (TMT)

***Validity period of medical reports is upto 30days from the date of proposal.**

8 SUM INSURED: The Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured opted by the Insured person. Minimum sum insured is Rs 50,000/- and in multiples of Rs 25,000/- upto Rs 2, 00,000/- . Beyond the Sum Insured of Rs. 200000/- in multiples of Rs. 50000/- upto Rs500000/-.

9 MIGRATION: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link:- https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

10. Portability :

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, atleast 45 days before, but not earlier than 60 days from the policy rnewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any healt insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link: https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

11. **AUTHORITY TO OBTAINRECORDS**.

a) The insured person hereby agrees to and authorizes the disclosure to the insurer or the TPA or any other person nominated by the insurer of any and all Medical records and information held by any Institution / Hospital or Person from which the insured person has obtained any medical or other treatment to the extent reasonably required by either the insurer or the TPA in connection with any claim made under this policy or the insurer's liabilitythereunder.

b) The insurer and the TPA agree that they will preserve the confidentiality of any documentation and information that comes into their possession pursuant to (a) above and will only use it in connection with any claim made under this policy or the insurer's liabilitythereunder.

12. **QUALITY OF TREATMENT :** The insured hereby acknowledges and agrees that payment of any claim by or on behalf of the insurer shall not constitute on part of the insurance company a guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the insured person, it being agreed and recognized by the policy holder that insurer is not in any way responsible or liable for the availability or quality of any services (Medical or otherwise) rendered by any institution (including a network hospital) whether pre-authorized ornot.

13. **IRDA REGULATION :** This Policy is subject to IRDAI (Protection of Policy holders' interest) Regulation, 2017 and IRDAI (Health Insurance) Regulations 2016 and Guidelines on Standardization in health insurance, as amended from time to time.

14. **NOTICE OF CLAIM**: Immediate notice of claim with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / illness / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such notice should be given within 48 hours of admission or before discharge from Hospital / NursingHome.

15. PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/NURSING HOME:

a. Claim in respect of Cashless Access Services will be through the Company / TPA provided admission is in a listed hospital in the agreed list of the networked Hospitals / Nursing Homes and is subject to pre admission authorization. The Company /TPA shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorisation letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted asin-patient.

b. The Company /TPA reserves the right to deny pre-authorisation in case the hospital / insured person is unable to provide the relevant information / medical details as required by the Company /TPA. In such circumstances denial of Cashless Access should in no way be construed as denial of claim. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to the Company /TPA for reimbursement within 7 days of the discharge from Hospital / Nursing Home.

c.Should any information be available to the Company /TPA which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA before **the patient is discharged from theHospital.**

16. **A. PROPORTIONATE CLAUSE -** If the Insured Person is admitted in the hospital in a room where the room category or the Room Rent incurred is higher than the eligibility as specified in the Policy Schedule/ Certificate of Insurance, then the Policyholder/ Insured Person shall bear a rateable proportion of the total & specified Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category/eligible Room Rent to the Room Rent actually incurred. However, this will not be applicable in respect of Medicines/Pharmacy/ Drugs,Consumables,Medical Devices/ implants and Cost of Diagnostics.

B. ASSOCIATED MEDICAL EXPENSES :

· Doctor's fees / Consultant fees/RMO fees
· Nursing expenses including administration charges/ transfusion charges/ injection charges
·Surgeon fees / Asst Surgeon fees
Anesthesia fees

Procedure charges of any kind which includes :-

Chemotherapy/Radiotherapy charges
Nebulisation
Hemodialysis
PICC line insertion
Catheterisation charges
Tracheostomy etc.
IV charges
Blood transfusion charges
Dialysis
Surgery Charges
OT charges including OT gas, equipment charges

17. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured person about the same 90 days prior to expiry of the policy.

ii. Insured person will have the option to migrate to similar health insurance product available withthe Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus,

waiver of waiting period. As per IRDAI guidelines, provided the policy has been maintained without a break.

18. Nomination:

The 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. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. Ill the event of death of the

policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

19. MORATORIUM PERIOD

After completion of eight continuous years under this policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per thepolicy contract.

20. GRIEVANCE REDRESSAL:

In case of any grievance the insured person may contact the company through

Website: www.orientalinsurance.org.in
Toll free: 1800118485 Or 011- 33208485
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.
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:
Customer Service Department
4th Floor, Agarwal House
Asaf Ali Road,
New Delhi-110002.
For updated details of grievance officer, kindly refer the link
https://orientalinsurance.org.in/documents/10182/7605007/List+of+Nodal+Officer+.pdf/992a7f9b-aef7-5cac-c613-ffc05d578a3e

Insurance Ombudsman –If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-III & revised details of insurance ombudsman as and when amended as available in the website http://ecoi.co.in/ombudsman.html.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

21. **Disclosure of Information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(**Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)**

22. SCHEDULE OF PREMIUM :

Group Premium New								
SI/Age Band	**Domiciliary**	**0-20 yrs**	**21-35 yrs**	**36-45 yrs**	**46-55 yrs**	**56-60 yrs**	**61-70 yrs**	**Above 70**
50000	10000	639	711	849	1328	1889	2822	3780
75000	15000	927	1030	1233	1928	2734	4080	5463
100000	20000	1238	1376	1644	2569	3657	5456	7308
125000	23750	1527	1696	2029	3177	4526	3608	9117
150000	27500	1814	2016	2410	3785	5393	8060	10925
175000	31250	2074	2304	2754	4349	6208	9288	12642
200000	35000	2332	2591	3099	4914	7021	10519	14362
250000	40000	2793	3104	3711	5956	8540	12833	17617
300000	45000	3255	3616	4323	6997	10060	15149	20872
350000	50000	3657	4064	4858	7952	11471	17319	23945
400000	50000	4060	4512	5395	8907	12880	19490	27022
450000	50000	4465	4960	5929	9862	14292	21659	30096
500000	50000	4867	5408	6465	10817	15703	23831	33170

This Prospectus shall form part of your proposal form. Signatures hereunder confirm that you have noted the contents of the prospectus.

Name: Signature
Address:

Place: Date:

Note: For legal interpretation only English version will be valid.

INSURANCE ACT 1938 SECTION 41 - PROHIBITION OF REBATE
Section 41 of the Insurance Act 1938 provides as follows:

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to INR Ten Lakhs.

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

****