

CUSTOMER INFORMATION SHEET

(Description is Illustrative and not exhaustive)

1

Sl. No.	TITLE	DESCRIPTION	Refer to Policy Clause No.
1.	Product Name	Group Arogya Sanjeevani Policy -Oriental	
2.	What I am Covered For	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.	4.1
		b. Day Care Procedures- Medical expenses for day care procedures.	4.1.1
		c. AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment	4.2
		d. Expenses incurred on treatment of cataract.	4.3
		e. Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury.	4.1.1
		f. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	
3	What are the Major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions	7.1
		a. Admission primarily for investigation & evaluation	
		b. Admission primarily for rest Cure, rehabilitation and respite care	7.2
		c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions	7.3
		d. Change-of-Gender treatments	7.4
		e. Expenses for cosmetic or plastic surgery	7.5
		f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	7.6
4	Waiting period	a. Pre-Existing Diseases will be covered after a waiting period of forty eight (48) months of continuous coverage	6.1
		b. 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.	6.2
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months	6.3
		d. Specified surgeries/treatments/diseases are covered after specific waiting period of 48 months	
5	Payment basis	Payment on indemnity basis (Cashless / Reimbursement)	

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2

6	Loss sharing	In case of a claim, this policy requires you to share the following costs:	
		a. Expenses exceeding the following Sub-limits:	4.1
		i. Room Charges (Hospitalization):	
		a. Room Rent :- i. Up to 2% of SI, subject to max of INR 5,000 per day ii. SI INR 6, 8, 10 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 10,000/- per day iii. SI INR 15 & 20 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 20,000/- per day	
		b. ICU charges:- i. Up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day ii. SI INR 6, 8, 10 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 20,000/- per day iii. SI INR 15 & 20 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 40,000/- per day	
		c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.	
		ii. Cataract – Up to 25% of Sum Insured or Rs.40,000/- whichever is lower.	4.3
		iii. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured.	4.6
	b. Each and every claim under the Policy shall be subject to a Co Payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy	9.3	
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person/s. Renewal shall not be denied on the ground that the insured person/s had made a claim or claims in the preceding policy years.	10.16
8	Renewal Benefits	Life-long renewals allowed with no exit age.	
9	Cancellation	a. The Policy Holder may cancel this Policy by giving 15 days' 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 in the policy terms and conditions.	10.10
		b. The Company may cancel the policy at any time on grounds of misrepresentation, non- disclosure of material facts, and fraud by the Insured Person/s by giving 15 days' written notice.	
10	Claims	a. For Cashless Service:	9
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3

		c. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.		
		Sl. No.	Type of Claim	Prescribed Time limit
		1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
		2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
		For details on claim procedure please refer the policy document.		
11	Policy Servicing	Policy Issuing Office		
	Grievances/Complaints	a. www.orientalinsurance.org.in		
		b. IRDAI Integrated Grievance Management System http://igms.irda.gov.in		
		c. Insurance Ombudsman – Contact details of the Insurance Ombudsman have been provided in Annexure B of the policy document.		
12	Insured's Rights	b. Lifelong renewability (except on certain specific grounds)		10.16
		c. Right to migrate from one product to another product of the company . www.orientalinsurance.org.in		10.14
		d. Right to port the policy from one company to another company – www.orientalinsurance.co.in		10.15
		e. Change in SI during the policy term or at the time of renewal (please contact the policy issuing office)		10.21
		f. Insurer to specify the norms on TAT – Please refer to Clause 9 of the policy document.		
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.		
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.				