

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document)

| Sl. No. | TITLE  | DESCRIPTION  | Refer to Policy Clause No. |
|---------|--|--|----------------------------|
| 1.      | Product Name                                 | Arogya Sanjeevani Policy- Oriental   |                            |
| 2.      | Policy Number                                |  |                            |
| 3.      | Type Of Insurance Product/Policy             | Indemnity ( Where Insured Losses are covered up to Sum Insured under the policy )  |                            |
| 4.      | Sum Insured ( Basis)                         | <ul style="list-style-type: none"> <li>Individual Basis (i.e., Sum Insured and Cumulative Bonus shall apply separately on each Insured Person)</li> <li>Floater Basis (i.e., Sum Insured and Cumulative Bonus shall apply cumulatively to cover all Insured Persons) <ul style="list-style-type: none"> <li>Sum Insured (SI) slabs available from Rs.1lac to Rs.5lacs, in multiples of Rs. 50,000, and thereafter, SI slabs available are Rs. 6,8,10,15, &amp; 20 lacs.</li> </ul> </li> </ul> |                            |
| 5.      | Policy Coverage (What the Policy Covers?)    | 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 daycare 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.  |                            |
|         |  |  |                            |
| 6.      | Exclusions (What the Policy does not cover ) | 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                        |
|         |  |  |                            |

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| 7. | Waiting period<br>Time period during which specified diseases/treatments are not covered<br><br>It is counted from the beginning of the policy coverage  | 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   |     |
| 8  | Financial Limit of Coverage .<br><br>I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit )<br><br>ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured<br><br>iii) Deductible (it is a specified amount :<br><ul style="list-style-type: none"> <li>- Upto which an insurance company will not pay any claim and</li> <li>- Which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> iv) any other limit (as applicable ) | The Policy will pay only up to the limits specified here under for the following disease/procedure  |     |
|    |  | a. Expenses exceeding the following Sub-limits:   | 4.1 |
|    |  | i. Room Charges (Hospitalization):  |     |
|    |  | a. Room Rent :–<br>Up to 2% of SI, subject to max of INR 5,000 per day<br>SI INR 6, 8, 10 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 10,000/- per day<br>SI INR 15 & 20 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 20,000/- per day                     |     |
|    |  | b. ICU charges:-<br>Up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day<br>SI INR 6, 8, 10 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 20,000/- per day<br>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  | 9.3 |
|    |  |   |     |


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|   |                          | the terms and conditions of the Policy<br><br>Deductible of Rs.10000/- per claim/per year/both   |  |
| 9 | Claims/ Claims Procedure | <p><b>Procedure for Cashless claims:</b></p> <p>(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.</p> <p>(ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>(iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.</p> <p>(iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non- medical and inadmissible expenses.</p> <p>(v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,</p> <p>(vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.</p> <p><b>Procedure for reimbursement of claims:</b></p> <p>For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <ol style="list-style-type: none"> <li>a. Reimbursement of Hospitalisation, Daycare &amp; Prehospitalisation – Within 30 days of date of discharge from Hospital</li> <li>b. Reimbursement of Post hospitalisation – Within 15 days from completion of post hospitalization treatment</li> </ol> <p>Insurer to specify the norms on TAT – Please refer to Clause 9 of the policy document.</p> <p>Weblink for following :</p> |  |

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|    |                       | <p>1. Network Hospital Details:</p> <p><a href="https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&amp;isRefresh=true">https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&amp;isRefresh=true</a></p> <p>2. Help Line Number:</p> <p> <b>Toll free : 1800118485/011-33208485</b></p> <p>3. Hospitals Which are blacklisted or from where no claims will be accepted by insurer.</p> <p><a href="https://orientalinsurance.org.in/en/network-hospitals">https://orientalinsurance.org.in/en/network-hospitals</a></p> <p>4. Download/getting claim form</p> <p><a href="https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&amp;isRefresh=true">https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&amp;isRefresh=true</a></p> |       |
| 10 | Policy servicing      | <p><b>1 . Call Center Toll free : 1800118485/011-33208485</b></p> <p><b>2. Company Website :</b><br/>www.orientalinsurance.org.in</p> <p><b>3. Policy Issuing Office</b></p>  | 10.16 |
| 11 | Grievances/Complaints | <p>a. www.orientalinsurance.org.in</p> <p>b. IRDAI Integrated Grievance Management System<br/><a href="http://igms.irda.gov.in">http://igms.irda.gov.in</a></p> <p>c. Insurance Ombudsman – Contact details of the Insurance Ombudsman have been provided in Annexure B of the policy document.</p>   | 5     |

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| 12 | Things to Remember    | a. <b>Free Look period</b> of 15 days from the date of receipt of the policy shall be applicable at the inception.   | 10.19 |
|    |                       | b. Lifelong renewability (except on certain specific grounds)  | 10.16 |
|    |                       | c. Right to migrate from one product to another product of the company .<br>www.orientalinsurance.org.in   | 10.14 |
|    |                       | d. Right to port the policy from one company to another company – www.orientalinsurance.org.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.<br><br><b>Moratorium Period</b> : After Completion of eight continuous years under the policy no look back to be applied. This period of eight year 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 .<br><br>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract . |       |
| 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.<br><br>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