



**Oriental
Insurance**

THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office: Oriental House, A-25/27, AsafAli

Road, New Delhi-110002 CIN

No.U66010DL1947GOI007158

Customer Information Sheet

Description is illustrative and not exhaustive

Sl. No	Title	Description	Refer to Policy Clause No.
1	Product Name	ORIENTAL INSURANCE BANK SAATHI POLICY - GROUP	
2	Policy No		
3	Type of insurance product/ policy	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)	
4	Sum Insured (Basis) Along with Amount	<ul style="list-style-type: none"> • Sum Insured (SI) available from Rs.1 lac to Rs. 25lacs • 2 PLANS – PLAN A & PLAN B PLAN A (in Lacs): Rs.1, 2, 3, 4 & 5 lacs PLAN B (in Lacs) : Rs. 6, 8, 10, 15, 20 & 25 lacs <p>Note: The Sum Insured levels of INR 15, 20, and 25 Lacs is available only for the entry age groups up to 65 years (Inclusive of 65 Years age) and are not available for entry age groups above 65 years. For renewals, the Sum Insured levels of INR 15, 20, and 25 Lacs are available for above 65 years age groups also.</p>	
5.	Policy Coverage (what the Policy covers)	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.	2.1.II
		Intensive Care Unit (ICU) or Specialised Expensesas provided by the	2.1.III
		Hospital/Nursing Home. Surgeon, Anaesthetist, Medical	2.1 IV
		Practitioner, Consultants, Specialists Fees Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Prosthetic devices implanted during Surgery, Relevant Laboratory / Diagnostic tests, X-Ray and other medical expenses related	2.2

Oriental Insurance Bank Saathi Policy – Group

UIN: OICHLGP23133V022223

		to the covered treatment Road Ambulance Cover	2.3
		Organ Donor Expenses–When Insured Person is Recipient	2.4
		Pre and Post Hospitalisation expenses	2.5 & 2.6
		AYUSH Treatment Expenses	2.7
		Expenses incurred on treatment of Mental Illness	2.8
		Patient's Attendant Allowance	2.9
		Coverage for Modern Treatment & Techniques/Method	2.10
		Telemedicine/ Teleconsultation	2.11
		Daily Hospital Cash Allowance	2.12
		Maternity expenses	2.13
		Newborn Baby cover	2.14
		Assisted Reproduction Treatment	2.15
		Medical Second Opinion for 11 specified major Illnesses	2.16
		HIV/AIDS Cover	2.21
6	Exclusions (what the policy does not cover)	<p>i. Any disease / illness any condition arising there from other than those specifically covered in the policy.</p> <p>ii. Pre-existing diseases.</p> <p>iii. Any hospital admission primarily for investigation/diagnostic purpose.</p> <p>iv. Sex change surgery, cosmetic surgery & plastic surgery.</p> <p>v. Infertility treatments.</p> <p>vi. Obesity and weight control.</p> <p>vii. Change of Gender treatments.</p> <p>viii. Excluded providers.</p> <p>ix. Hazardous or Adventure Sport.</p> <p>x. Refractive error, cosmetic dental surgeries.</p> <p>xi. Unproven Treatments.</p> <p>xii. Substance abuse, self-inflicted injuries.</p> <p>xiii. Breach of law.</p> <p>xiv. Treatments received in health hydro's, nature cure clinics, spas or similar establishments.</p> <p>xv. Dietary supplements and substances that can be purchased without prescription.</p> <p>Any kind of admission fees, registration fees levied by the hospital.</p>	4

		(Note: the above is a partial listing of the policy exclusions. Pleaserefer to the policy clauses for the full listing).			
7	Waiting period -Time period during which specified diseases/treatment s are not covered -It is counted from the beginning of the policy coverage	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			4.1 4.2 4.3
8	Financial Limit of Coverage. I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit) ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured iii) Deductible (it is a specified amount : Upto which an insurance company will not pay any claim and Which will be deducted from total				
		INSURED COVERAGE		LIMIT OF INDEMNITY	
		IN PATIENT HOSPITALISATION EXPENSES			
		Sum Insured (INR)	PLAN A (in Lacs)	PLAN B (in Lacs)	
			2, 3, 4 & 5	6, 8, 10, 15, 20, & 25	
		Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home including nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges.	1% of the Sum Insured per day	1% of the Sum Insured per day for 6, 8, 10 Lacs. For SI levels above 10 Lacs, 1% of 10 lac plus 0.5% of every additional 1 lac of SI above 10 lacs.	
Intensive Care Unit (ICU) or Specialised Expenses as provided by the Hospital /Nursing Home.	2% of the Sum Insured per day	2% of the Sum Insured per day for 6, 8, 10 lacs. For SI levels above 10 Lacs, 1% of every additional 1 Lac of SI above 10 Lacs.			


2.2

claim amount (if claim amount is more than the specified amount) iv) any other limit (as applicable)	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees	As per the limits of Sum Insured subject to “a” and “b” below and Proportionate Clause		2.2
	Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Prosthetic devices implanted during Surgery, Relevant Laboratory / Diagnostic tests, X-Ray and other medical expenses related to the covered treatment	As per the limits of Sum Insured subject to “a” and “b” below and Proportionate Clause ** Detailed terms & conditions as per Clause 2.2		
	Road Ambulance Cover	<input type="checkbox"/> Per Illness -Rs.1000 maximum. <input type="checkbox"/> Per policy period 1% of Sum Insured, Subject to maximum of Rs.3000.	<input type="checkbox"/> Per Illness - Rs.2000 maximum. <input type="checkbox"/> Per policy period 1% of Sum Insured, Subject to maximum of Rs.10000.	2.3
	Organ Donor Expenses – When Insured Person is Recipient	Upto Sum Insured of the Insured Person receiving the organ.		
	Pre and Post Hospitalisation expenses	Medical expenses incurred 30 days prior to hospitalisation and upto 60 days post hospitalisation.		2.5 & 2.6
	AYUSH Treatment Expenses	Upto 25 % of Sum Insured for treatment as In Patient		
	Mental Illness Cover	Per policy	Per policy period	2.7

			period 10% of SI, subject to maximum of INR 50,000.	10% of SI, subject to maximum of INR 150,000.	2.8
		Patient's Attendant Allowance	Not Available	Rs500/- per day of Hospitalization, subject to maximum compensation for 10 days per illness. Overall liability of the Company during the Policy Period will be limited to compensation for 15 days of Hospitalization.	2.9
		Coverage for Modern Treatment & Techniques/Method	As per sub Clause 2.10	Limits mentioned in	3.12
		Telemedicine/Teleconsultation	INR 2000/- per family, for a policy period.		2.10
		Daily Hospital Cash Allowance as hereinafter defined	Not Available	0.1% of Sum Insured (Rs.600 to Rs.2500) per day of Hospitalization, subject to a maximum compensation for 10 days per illness and claim being admissible under the hospitalization section of the policy. Overall liability of the Company during the Policy Period will be limited to 1.5% of the Sum Insured.	2.11
					2.12
					2.13

DOMICILIARY HOSPITALISATION BENEFITS				
Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Dialysis, Chemotherapy, Nursing expenses.	10% of Sum Insured, Maximum Rs.25000/- during the Policy Period.	10% of Sum Insured, Maximum Rs. 50,000/- during the Policy Period.		
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. This will be part of Domiciliary Hospitalization limits as specified. For the purpose of this clause the conditions for Domiciliary Hospitalization benefit shall not apply.			2.10
Modern Treatment/ Technology	Sub Limits			
	SI UPTO INR 10 LACS	SI GREATER THAN INR 10 LACS		
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 of INR 50,000	Per policy period 10% of SI, subject to maximum of INR 1,50,000		
D. Oral chemotherapy	Per policy period 25% of SI, subject to maximum of INR 50,000.	Per policy period upto INR 1,50,000.		
E. Immunotherapy- Monoclonal Antibody to be	Per policy period 10% of SI, subject to maximum of INR 50,000.	Per policy period 10% of SI, subject to maximum of INR 1,50,000.		

		given as injection			
		F. Intra vitreal injections	Per policy period 10% of SI, subject to maximum of INR 50,000.	Per policy period 10% of SI, subject to maximum of INR 1,50,000.	
		G. Robotic surgeries	Per policy period 10% of SI, subject to maximum of INR 1,00,000.	Per policy period 10% of SI, subject to maximum of INR 2,00,000.	
		H. Stereotactic radio surgeries	Per policy period 10% of SI, subject to maximum of INR 1,00,000.	Per policy period 10% of SI, subject to maximum of INR 2,00,000.	
		I. Bronchial Thermoplasty	Per policy period 10% of SI, subject to maximum of INR 1,00,000.	Per policy period 10% of SI, subject to maximum of INR 2,00,000.	
		J. Vaporization of the prostate (Green laser treatment or holmium laser treatment)	Per policy period 10% of SI, subject to maximum of INR 50,000.	Per policy period 10% of SI, subject to maximum of INR 1,50,000.	
		K. IONM - (Intra Operative Neuro Monitoring)	Per policy period 10% of SI, subject to maximum of INR 50,000.	Per policy period 10% of SI, subject to maximum of INR 1,50,000.	
		L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.	Per policy period 10% of SI, subject to maximum of INR 50,000.	Per policy period 10% of SI, subject to maximum of INR 1,50,000.	
9	Claims/ claim Procedure	For Cashless Service: Hospital Network Details are available at www.orientalinsirance.org.in			5.6

For reimbursement of Claim: Policy issuing Office /TPA		
Sl. No.	Type of Claim	Prescribed Time limit
1	Reimbursement hospitalization, day care and pre hospitalization expenses	Within thirty of days of date of discharge from hospital
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
<ul style="list-style-type: none"> • Cashless services for covered expenses in Network hospitals • Reimbursement of Admissible expenses <p>Web link for following :</p> <p>1. Network Hospital Details: https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true</p> <p>2. Help Line Number:  Toll free : 1800118485/011-33208485</p> <p>3. Hospitals which are blacklisted or from where no claims will be accepted by insurer. https://orientalinsurance.org.in/en/network-hospitals</p> <p>4. Download/getting claim form https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&isRefresh=true</p>		

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>	6.14
11	Grievances/ Complaints	<ul style="list-style-type: none"> • www.orientalinsurance.org.in E-mail: csd@orientalinsurance.co.in • 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>	6.14
12	Things to remember	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Renewable Conditions</p> <ul style="list-style-type: none"> • Lifelong renewability (except on certain specific grounds) • Change in SI during the policy term or at the time of renewal (please contact the policy issuing office) • Policy is ordinarily renewable <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. 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 eight</p>	<p>6.2</p> <p>6.1</p>

		<p>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.</p> <p>After the expiry of Moratorium period no health policy shall be contestable except for proven fraud and permanent exclusion specified in the policy contract.</p> <p>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</p>	
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>Disclosure of Material Information during the policy period such as change in occupation.</p>	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder