

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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Sl. No.	TITLE	DESCRIPTION	Refer to Policy Clause No.
1.	Product Name	Oriental Super Health Top-Up!	
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"> • Individual Basis (Deductible / Sum Insured slabs as given under Premium Table.) • Floater Basis (Deductible / Sum Insured slabs as given under Premium Table) • Sum Insured ranging from Rs.3 lakhs to 30 lakhs • Deductibles ranging from Rs. 3 lakhs to Rs.20 lakhs 	6.6
5.	Policy Coverage (What the Policy Covers?)	<p>This Policy works like a toppings and addresses the gap between what you can pay and the actual amount incurred.</p> <p>a. Hospital admission of minimum 24hrs</p> <p>b. Related Medical Expenses incurred 30 days prior to hospitalization and expenses incurred within 60 days from date of Discharge.</p> <p>c. Specified/Listed procedures requiring less than 24 hours hospitalization (daycare)</p> <p>d. Dental arising from disease or injury and which requires hospitalization for Treatment.</p> <p>e. Maternity coverage up to 10% of the Sum Insured.</p> <p>f. New Born Baby Cover up to 5% of the Sum Insured</p> <p>g. Organ donor expenses when Insured is recipient upto Sum Insured limit</p> <p>h. Organ donor Benefit when Insured is the Donor Lumpsum payment of 10% of the Sum Insured.</p> <p>i. Telemedicine expenses.</p> <p>j. Modern treatments and advanced surgeries.</p> <p>k. Mental Illness.</p> <p>l. Coverage to SAARC countries</p> <p>m. HIV/ AIDS Cover</p>	<p>1.2 (B)</p> <p>1.2</p> <p>2A (9)</p> <p>1.2</p> <p>2A (3)</p> <p>2A (4)</p> <p>2A (1)</p> <p>2A (2)</p> <p>2A (5)</p> <p>2A (1)</p> <p>2A (8)</p> <p>2A (6)</p> <p>2A (7)</p>

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6.	Exclusions (What the Policy does not cover)	<ul style="list-style-type: none"> • Pre-existing diseases. • Any hospital admission primarily for investigation/diagnostic purpose. • Sex change surgery, cosmetic surgery & plastic surgery. • Infertility treatments. • Obesity and weight control. • Change of Gender treatments. • Excluded providers. • Hazardous or Adventure Sport. • Refractive error, cosmetic dental surgeries. • Unproven Treatments. • Substance abuse, self-inflicted injuries. • Breach of law. • Treatments received in health hydros, nature cure clinics, spas or similar establishments. • Dietary supplements and substances that can be purchased without prescription. • Any kind of admission fees, registration fees levied by the hospital. • War (whether declared or not) and warlike occurrence or invasion. • Nuclear, chemical or biological attack or weapons. • Any expenses incurred on OPD treatment. • Pre and post • Hospitalization expenses unrelated with disease / injury for which hospitalization claim has been admitted under the policy. <p>The above is a partial listing of the Policy exclusions. Please refer to the policy clauses for the full listing.</p>	<p style="text-align: center;">4.1</p> <hr/> <p style="text-align: center;">4.1</p>
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>	<p>Initial waiting Period: 30 days for all</p> <p>Specific Waiting periods:</p> <ul style="list-style-type: none"> • 12 months for 02 diseases (clauses 4.3 i & ii) • 24 months for 20 diseases (clauses 4.3 iii to xxii) • 48 months for 02 diseases (clauses xxiii-xxiv) <p>Pre-existing diseases: Covered after 48 months /Not covered)</p> <p>Maternity-covered after 12months</p> <p>Organ Donor benefit: when Insured is the Donor-covered after 24months</p>	<p style="text-align: center;">4.2</p> <hr/> <p style="text-align: center;">4.3</p> <hr/> <p style="text-align: center;">4.1</p> <hr/> <p style="text-align: center;">2A (3)</p> <hr/> <p style="text-align: center;">2A (2)</p>
8	<p>Financial Limit of Coverage .</p> <p>Sub-Limit (it is pre defined limit and the</p>	<p>The Policy will pay only up to the limits specified here under for the following disease/procedure</p> <p>a. Expenses exceeding the following Sub-limits:</p>	

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	<p>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> <ul style="list-style-type: none"> - 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>iv) any other limit (as applicable)</p>	<p>i. Room Charges(Hospitalization):</p> <p>Room, Boarding and Nursing Expenses:-</p> <ul style="list-style-type: none"> • 1 % of the Deductible Amount (mentioned in the Policy Schedule) per day. <p>Intensive Care Unit (ICU) Expenses:-</p> <ul style="list-style-type: none"> • 2 % of the Deductible Amount (mentioned in the Policy Schedule) per day. <p>Surgeon, Anesthetist, Medical P Consultants, Specialists Fees Expenses in respect of Anesthetic Oxygen, Operation Theatre Surgical Appliances, Medicines Diagnostic Material and X-Ray Chemotherapy, Radiotherapy, Pacemaker, Artificial limbs and expenses:-</p> <ul style="list-style-type: none"> • Within the limits of Sum Insured, <p>Organ Donor Benefit when Insured is Donor: Lump sum payment of 10% of the Sum Insured.</p> <p>Donor Expenses when Insured is Recipient: within the limits of Sum Insured</p> <p>Telemedicine:</p> <p>i. Maximum Rs. 2,000/- per insured &/or per family, for a policy period for sum upto Rs. 20.0 lakhs and</p> <p>ii). Maximum Rs. 5,000/- per insured &/or per family, for a policy period for sum insured upto Rs. 30.0 lakhs.</p> <p>Limit for Day Care/ In patient care: As per Clause 2A (10)</p>	<p>1.2</p> <p>1.2</p> <p>1.2</p> <p>1.2</p> <p>2A (10)</p>
		<p>Deductible: The Company shall indemnify the insured, subject to:</p> <p>a. aggregate of all admissible expenses incurred exceeding the Deductible but not exceeding the Sum Insured, under this policy.</p> <p>b. dates of admission in the hospital falling within the policy period.</p>	<p>1.2</p>
<p>9</p>	<p>Claims/ Claims Procedure</p>	<p>For Cashless Service: (Hospital Network details can be obtained at www.orientalinsurance.org.in)</p> <p>For Reimbursement of Claim: The insured person may submit the necessary documents to TPA/Company within the prescribed time limit.</p> <p>(Note: intimation in both cases to be given within 48 hours of admission but before discharge and submission of Claim documents within 15 days of discharge)</p>	<p>6 (20)</p> <p>6 (21)</p> <p>6 (17)</p>

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10	Policy servicing	1. Call Center Toll free : 1800118485/011-33208485 2. Company Website : www.orientalinsurance.org.in 3. Policy Issuing Office	6 (30)
11	Grievances/Complaints	1. Company website: www.orientalinsurance.org.in 2. Toll free: 1800118485Or011- 33208485 3. E-mail: csd@orientalinsurance.co.in 4. Contact address of the grievance officer at: Customer Service Department 4th Floor, Agarwal House Asaf Ali Road, NewDelhi-110002. 5. Ombudsman website: http://ecoi.co.in/ombudsman.html . 6. IRDAI Integrated Grievance Management System :- https://igms.irda.gov.in/	6 (30)
12	Things to Remember	Free Look Period:	6 (10)
		Implied renewability (except on certain specific grounds)	6 (13)
		Migration and Portability:	6 (28, 29)
		Increase in SI during the Policy term	6 (15)
		Turn Around Time (TAT) for issue of Pre-Auth and settlement of Reimbursement	6 (20, 21)
13	Insured's Obligations	Insured to disclose all pre-existing disease/s or condition/s before buying a policy	6 (3)
		Non-disclosure may result in claim not being paid	
		Notice of admission to hospital should be given within 48 hours of admission but before discharge from Hospital / Nursing Home, in case of both planned and emergency hospitalisation.	6 (17)

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder