

HEALTH OF PRIVILEGED ELDER
(SENIOR CITIZEN SPECIFIED DISEASES INSURANCE)


Customer Information Sheet
Description is illustrative and not exhaustive

S. No.	Title	Description	Refer to Policy Clause No.
1	Product Name	Health of Privileged Elders	
2	Policy No		
3	Type of Insurance Product/ Policy	Indemnity Product/Policy	
4	Sum Insured (Basis) Along with amount.	Individual Basis/Floater Sum Insured : 100000/- to 500000/-	
5	Policy Coverage (what the Policy covers).	<ul style="list-style-type: none"> • Coverage for 60 yrs and above only • Hospital admission longer than 24 hours Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home • I.C. Unit expenses • Ambulance Services Charges • Related medical expenses incurred 30 days prior to hospitalization and 60 days from date of discharge. • Covers specified diseases only. • Ayurvedic, Unani and Homeopathic treatment in AYUSH hospitals. • Telemedicine Expenses. 	1.1A, 1.2, 2.1,3,3.3.8,3.9

6	Exclusions (what the policy doesn't cover)	<ul style="list-style-type: none"> i. Any disease / illness any condition arising there from other than those specifically covered in the policy. ii. Pre-existing diseases. iii. Any hospital admission primarily for investigation/ diagnostic purpose. iv. Sex change surgery, cosmetic surgery & plastic surgery. v. Infertility treatments. vi. Obesity and weight control. vii. Change of Gender treatments. viii. Excluded providers. ix. Hazardous or Adventure Sport. x. Refractive error, cosmetic dental surgeries. xi. Unproven Treatments. xii. Substance abuse, self-inflicted injuries. xiii. Breach of law. xiv. Treatments received in health hydros, nature cure clinics, spas or similar establishments. xv. Dietary supplements and substances that can be purchased without prescription. <p>Any kind of admission fees, registration fees levied by the hospital.</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	4
7	Waiting period -Time period during which specified diseases/treatments are not covered -It is counted from the beginning of the policy coverage	<ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) • Specific waiting periods: 24 months for named diseases(clauses aa to bb) • Pre-existing diseases: Covered after 24 months of continuous coverage after the date of inception of the first policy with the insurer. 	4.2, 4.3, 4.4
8	Financial Limit of Coverage. I Sub-Limit (it is	<ul style="list-style-type: none"> • Cashless services of covered expenses upto Rs. 1 lakh only • Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1% of 	5.8

<p>pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>2. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>3.Deductible (it is a specified amount 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) iv) any other limit (as applicable)</p>	<p>the Sum Insured per day.</p> <ul style="list-style-type: none">• I.C. Unit expenses not exceeding 2% of the Sum Insured per day.• Ambulance Service Charges Per illness – Actual Expenses or 1000/- whichever is less.• Telemedicine is maximum up to 2000/- per insured/per family.• Domiciliary Benefit Maximum up to 20000/- per insured <p>A Specified Diseases / illness/ injury covered under the policy and the maximum liability of the Company in respect thereof are as follows:</p>	
	S. No.	Maximum Limit of Liability per illness (including domiciliary hospitalization benefit, if any)
	1.	100% of Sum Insured
	2.	70% of Sum Insured
	3.	50% of Sum Insured
	4.	50% of Sum Insured
	5.	50% of Sum Insured
	6.	50% of Sum Insured
	7.	20% of Sum Insured
	8.	20% of Sum Insured
	9.	15% of Sum Insured
	10.	15% of Sum Insured
	11.	10% of Sum Insured
	<ul style="list-style-type: none">• Following Procedure will be covered within sub limits per policy period:	
	Name of Procedure	Sub Limits

Oral Chemotherapy	25% of SI maximum 50000
Immunotherapy	10% of SI maximum 50000
Intra vital Injections	10% of SI maximum 50000
Robotics Surgeries	10% of SI maximum 100000
Vaporization of prostrate(Green Laser Treatment or Holmium Laser Treatment)	10% of SI maximum 50000
IONM-(Intra Operative	10% of SI maximum 50000

		Neuro Monitoring			
		Stereotactic radio surgeries	10% of SI maximum 100000		
		VOLUNTARY CO-PAYMENT OPTION:			
		The insured may opt to bear a part of the claim amount (after application of compulsory co-payment) for which following discounts are applicable, subject to a maximum of 50%.			
		Co-payment Opted	Discount available on premium		
		10%	10%		
		20%	20%		
		30%	30%		
		40%	40%		
		50% & above	50%		
		<ul style="list-style-type: none">Co-Payment - 20% of each claim as Co-payment			
9	Claims/claim Procedure	<ul style="list-style-type: none">For Cashless Service: Hospital Network Details are available at Weblink for following : 1. Network Hospital Details: https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true 2. Help Line Number:  Toll free : 1800118485/011-33208485 3. Hospitals which are blacklisted or from where no claims will be accepted by insurer. https://orientalinsurance.org.in/en/network-hospitals 4. Download/getting claim form https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&isRefresh=true <ul style="list-style-type: none">For reimbursement of Claim www.orientalinsirance.org.in			Viii(5)
10	Policy Servicing	Company officials : Website: www.orientalinsurance.org.in Toll free: 1800118485 Or 011- 33208485			VIII (17)

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 1 of the policy document. <p>Ombudsman website: http://ecoi.co.in/ombudsman.html</p>	
12	Things to Remember	<ul style="list-style-type: none"> • Free Look • Grace period • Implied Renewability (except on certain specific grounds) • Migration and Portability • Turn Around Time (TAT) for issue of Pre- auth and settlement of Reimbursement • Renewal Benefits: For every block of 4 claim free policy years, free health checkup for the insured persons subject to maximum 1% of average sum insured • Cancellation : <ul style="list-style-type: none"> - The Insured 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. -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 30 days' written notice. -There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud • Renewal Condition: <ol style="list-style-type: none"> 1. Your policy is ordinarily renewable 2. Other terms and conditions of renewal • Moratorium Period: 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 	12

		<p>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>	
13	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>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