

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document) 1

Sl. No.	TITLE	DESCRIPTION	Refer to Policy Clause No.
1.	<b>Product Name</b>	<b><u>MEDICLAIM INSURANCE POLICY (GROUP)</u></b>	
2.	<b>Policy Number</b>		
3.	<b>Type Of Insurance Product/Policy</b>	Indemnity (Where Insured Losses are covered up to Sum Insured under the policy)	
4.	<b>Sum Insured ( Basis )</b>	<b>Sum Insured-</b> Minimum sum insured is Rs 50,000/-and in multiples of Rs 25,000/- upto Rs 2,00,000/-Beyond the Sum Insured of Rs. 200000/- in multiples of Rs. 50000/-upto Rs 500000/-.	12
5.	<b>Policy Coverage (What the Policy Covers?)</b>	<b>a. Hospitalization expenses</b> - 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 60days.	2
<b>Domiciliary Hospitalisation Benefit:</b> Medical treatment for a period exceeding three days for such an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home.		2 A	
<b>Telemedicine:</b> Expenses incurred by insured on telemedicine/Tele consultation with a registered medical practitioner for Diagnosis & treatment of a disease/illness covered.		2 B	
<b>Maternity Expenses and New Born Child cover benefit Extension:</b> This is an optional cover which can be obtained on payment of 10% of the total basic premium for all the insured persons under the policy. Pre Hospitalisation and post Hospitalisation benefits are not available under this section. Newly born child shall be covered from day one upto the age of 3 months and expenses incurred for treatment taken in hospital as in patient shall only be payable subject to within the specified sum insured of Rs 50,000/- under Maternity benefit extension. Congenital diseases of newly born child shall be excluded		2 C	
<b>HIV/ AIDS Cover:</b> The Company shall indemnify the Hospital or the Insured the Medical Expenses including Pre and Post Hospitalisation Expenses.		2 D	
<b>Mental Illness Cover:</b> The Company shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalisation Expenses) only under certain conditions as mentioned in the clause.		2 E	
6.	<b>Exclusions (What the Policy does not cover )</b>	a. Pre-Existing Diseases will be covered after a waiting period of forty eight (48) months of continuous coverage	4 4.1
b. Admission primarily for investigation & evaluation		5.1	
c. Admission primarily for rest Cure, rehabilitation and respite care		5.2	
d. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions.		5.3	

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		e. Change-of-Gender treatments	5.4
		f. Listed 16 major diseases (For details refer policy document)	6
		g. Maternity.	5.15
		h. Expenses related to correction of refractive error less than 7.5	5.12
		i. Unproven treatments	5.13
		j. Sterility and infertility	5.14
		k. Expenses for cosmetic or plastic surgery.	5.5
		l. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports.	5.6
		<b>The above is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions.</b>	
7.	Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage	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.	4.2 & 4.3
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months	4.2
		d. Specified surgeries/ treatments/ diseases are covered after specific waiting period of 48 months.	4.2
8	Financial Limit of Coverage.	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1 % of the Sum Insured or Rs. 5000 /- per day whichever is less.	2a
	i Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit )	i.C. Unit expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less. (Room including I.C.U. stay should not exceed total number of admission days).	2b
		Road Ambulance Cover- 1% of the sum insured or Rs 2000/- whichever is less	2e
	ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured	In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.	
	iii) Deductible (it is a specified amount : Upto which an insurance company will not pay any claim and Which will be deducted from total	i. Disease wise capping for 12 (twelve) listed procedures / diseases.	2F

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	claim amount (if claim amount is more than the specified amount) iv) any other limit (as applicable )		
9	Claims/ Claims Procedure	<p>a. <b>For Cashless Service:</b> Contact servicing TPA mentioned in the policy schedule. For contact details of the TPA, you may log on to our website: <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a></p> <p>b. <b>For Reimbursement of Claim:</b> The insured person may submit the necessary documents to TPA/ Company within the prescribed time limit as specified hereunder.</p> <p><b>i. Reimbursement of Hospitalization, Day care and Pre Hospitalization Expenses:</b> Within 7 days from date of discharge from the hospital</p> <p><b>ii. Reimbursement of Post Hospitalization Expenses:</b> Within 7 days after completion of treatment (upto 60 days or actual period whichever is earlier) to the Company / T.P.A</p>	7.9  7.8
10	Policy servicing	Policy Issuing Office <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a>	
11	Grievances/Complaints	<p>a. Grievance Redressal Cell of the company at its policy issuing office, concerned Divisional Office, concerned Regional Office or the Grievance Cell of the Head Office of the Company.</p> <p>b. IRDAI Integrated Grievance Management System <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>	22  22
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. Any person beyond 45 years of age desiring to take insurance cover has to submit following medical reports from listed Network Diagnostic Centre</p>	9
13	Insured's Obligations	Insured to disclose all pre-existing disease/s or condition/s before buying a policy, Non-disclosure may result in claim not being paid	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder