

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.	Product Name	Group Arogya Sanjeevani Policy -Oriental	
2.	Policy Number		
3.	Type Of Insurance Product/Policy	Payment on indemnity basis (Cashless /Reimbursement)	
4.	Sum Insured (Basis)	Sum Insured- Minimum sum insured INR 5 Lacs to Max INR 20 Lacs	
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 day care 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)	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
	The above is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions.		
7.	Waiting period Time period during which specified diseases/treatments are not covered 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	6.3

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document) 2

8	Financial Limit of Coverage.	a. Expenses exceeding the following Sub-limits:	4.1
		i. Room Charges (Hospitalization):	
	I Sub-Limit (it is pre defined limit and the insurance company will not pay any amount in excess of this limit)	<p style="text-align: center;">Room Rent :-</p> <ul style="list-style-type: none"> • Up to 2% of SI, subject to max of INR 5,000 per day • SI INR 6, 8, 10 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 10,000/- per day • SI INR 15 & 20 Lacs: Up to 2% of the sum insured subject to maximum of Rs. 20,000/- per day 	
	ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured	<p style="text-align: center;">ICU charges:-</p> <ul style="list-style-type: none"> • Up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day • SI INR 6, 8, 10 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 20,000/- per day • SI INR 15 & 20 Lacs: Up to 5% of the sum insured subject to maximum of Rs. 40,000/- per day 	
		<p style="text-align: center;">In case Room/ICU/ICCU</p> <p>Rent exceeds the limits specified the claim shall be subject to the proportionate deduction.</p>	
	iii) 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)	Cataract – Up to 25% of Sum Insured or Rs.40,000/- whichever is lower.	4.3
	Named Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured.	4.6	
	2. 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 the terms and conditions of the Policy	9.3	
9	Claims/ Claims Procedure	<p>a. For Cashless Service: Contact servicing TPA mentioned in the policy schedule. For contact details of the TPA, you may log on to our website: www.orientalinsurance.org.in</p> <p>b. For Reimbursement of Claim: The insured person may submit the necessary documents to TPA/ Company within the prescribed time limit as specified hereunder.</p> <p>i. Reimbursement of Hospitalization, Day care and Pre Hospitalization Expenses: Within thirty days of date of discharge from hospital</p> <p>ii. Reimbursement of Post Hospitalization Expenses: Within fifteen days from completion of post hospitalization treatment</p>	9
10	Policy servicing	Policy Issuing Office www.orientalinsurance.org.in	

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document) 3

11	Grievances/ Complaints	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. b. IRDAI Integrated Grievance Management System http://igms.irda.gov.in c. Insurance Ombudsman—Contact details of the Insurance Ombudsman have been provided in Annexure B of the policy document.	
12	Things to Remember	The coverage for the insured person/s(s) shall automatically terminate: 1. In the case of his/ her (Insured person/s) demise. However the cover shall continue for the remaining insured person/s dependents covered under the policy till the end of Policy Period. Upon exhaustion of sum insured, for the policy year. However, the policy subject to renewal on the due date as per the applicable terms and conditions.	10
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