

**THE ORIENTAL INSURANCE COMPANY LIMITED**  
Regd Off : 'Oriental House', P.B.No. 7073 A - 25/27, Asaf Al Road, New Delhi - 110002

**PROSPECTUS**

**JAN AROGYA BIMA POLICY**

**1. SALIENT FEATURES OF THE POLICY:**

1.1 The policy covers reimbursement of Hospitalization / Domiciliary Hospitalization expenses for illness / diseases or injury sustained.

1.2 In the event of any claim becoming admissible under this scheme, the Company will pay to the insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonable and necessarily incurred thereof by or on -behalf of such Insured person but not exceeding the Sum Insured in any one period of Insurance,

A) Room, Boarding Expenses as provided by the hospital/nursing home.

B) Nursing Expenses.

C) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

D) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines &

Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses.

N.B. : Company's Liability In respect of all claims admitted during the period of insurance shall not exceed the Sum Insured of Rs. 5,000/- per person.

**FREE LOOK PERIOD-** The Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and return the same, if not acceptable. This will apply only in case of fresh policies.

**PREMIUM REVISION CLAUSE:** The above rates are valid for a period of 1 year only. The company may revise the premium rates and / or the terms & conditions of the policy upon renewal thereof as per the IRDA guidelines prevailing at that time.

**2. DEFINITIONS**

2.1 **'HOSPITAL / NURSING HOME'** A hospital/Nursing home means any institution established for in- patient care and day care treatment

of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;

- has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;

- has qualified medical practitioner (s) in charge round the clock;

- has a fully equipped operation theatre of its own where surgical procedures are carried out

- maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

2.1.1. The term 'Hospital / Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place of alcoholics, a hotel or a similar place.

2.2. **"SURGICAL OPERATIONS"** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

2.3. Expenses on Hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Dental Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy. DNC taken in the Hospital/ Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization Benefit.

**NOTE: PROCEDURES / TREATMENTS USUALLY DONE IN OUT PATIENT DEPARTMENT ARE NOT PAYABLE UNDER THE POLICY EVEN IF CONVERTED TO DAY CARE SURGERY / PROCEDURE OR AS IN PATIENT IN THE HOSPITAL FOR MORE THAN 24 HOURS.**

2.4. **DOMICILIARY HOSPITALISATION BENEFIT:** Domiciliary hospitalization means 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 under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

Subject however that domiciliary hospitalization benefits shall not cover

- (i) Expenses incurred for pre and post hospital treatment and
- (ii) Expenses incurred for treatment for any of the following diseases.

1. Asthma
2. Bronchitis
3. Chronic Nephritis and nephritic Syndrome.
4. Diarrhoea and all type of Dysenteries including Gastroenteritis
5. Diabetes Mellitus and insipidus
6. Epilepsy
7. Hypertension
8. Influenza, Cough and Cold
9. All Psychiatric or Psychosomatic Disorders
10. Pyrexia of unknown Origin for less than 10 days
11. Tonsillitis and Upper Respiratory Tracheal Infection including Laryngitis and Pharyngitis
12. Arthritis, Gout and Rheumatism.

Note: When treatment such as Dialysis, Chemotherapy, Radiotherapy etc. If taken in the Hospital/ Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under Hospitalization Benefit section.

### 3.0 ANY ONE ILLNESS

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation OR 105 days from the date of discharge, whichever is earlier, from the Hospital/Nursing Home where treatment may have been taken.

3.1 **PRE-HOSPITALISATION :** Medical Expenses incurred during the period upto 30 days prior to the date of admission, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company..

### 3.2 POST-HOSPITALISATION

Medical Expenses incurred for a period upto 60 days from the date of discharge from the hospital, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**3.3 MEDICAL PRACTITIONER:** A Medical practitioner is a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

3.4 **QUALIFIED NURSE:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

### 4. EXCLUSIONS:

4.0 The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of :

4.1 Such diseases which have been in existence at the time of proposing this insurance called as Pre-existing diseases. Pre-existing condition means any condition, ailment or injury or related condition(s) for which the insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

This exclusion will also apply to any complications arising from pre existing ailments / diseases / injuries.

- 4.2 Any expenses on hospitalization incurred during first 30 days of the commencement date of insurance cover except in case of injury arising out of an accident.
- 4.3 During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable.
- 4.4 Injury or Disease directly or indirectly caused by or arising from or attributable to war, Invasion, Act of Foreign Enemy, War like operations (whether war will be declared or not).
- 4.5 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness
- 4.6 Cost of spectacles and contact lenses, hearing aids.
- 4.7 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.8 Convalescence, general debility, "Run-down" condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/ alcohol.
- 4.9 All expenses arising out of any condition directly or indirectly caused to or associated with Human T- Cell Lymphotropic Virus type III (H.I.L.B-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.10 Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- 4.12 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- 4.13 Treatment arising from or traceable to pregnancy, childbirth including caesarian section.
- 4.14. Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- 4.15 Naturopathy treatment.

#### 5. AGE LIMIT :

This Insurance is available to persons between the age of 5 years and 70 years. Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently.

#### 6. NOTICE OF CLAIM :

6.1 Preliminary notice of claim with particulars relating to Policy Numbers, Name of Insured Person In respect of whom claim Is made, nature of illness/injury and Name and address of the attending Medical Practitioner/Hospital/Nursing Home should be given to the Insurance Company within seven days from the date of Hospitalization/Injury/Death.

6.2 Final claim along with hospital receipted Bills/Cash Memos, Claim Form and list of documents as listed in the claim form etc. should be submitted to the Company within 30 days from the date of discharge from the Hospital.

NOTE: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

#### 7. PAYMENT OF CLAIM:

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

8. This policy is issued for a period of one year and subject to review. Continuation of insurance cover will be available if the renewal premium is paid in time. On continuation of insurance cover and timely remittance of premium insured becomes eligible for benefits excluded under item 4.2 and 4.3

N.B. Any disease contracted during the break period will however be excluded in addition to other diseases excluded in the expiring policy but the Insured shall be entitled for benefits excluded under 4.2 and 4.3

9. Payment of Premium : As per Table attached.

10. Cancellation Clause : Company may at any time, cancel this Policy by sending the Insured 30 (Thirty) days notice by registered letter at the Insured's last known address and in such an event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. (Such cancellation by the Company shall be only on grounds of moral hazards such as intentional misrepresentation / malicious suppression of facts intended to misleading the Company about the acceptability of the proposal, lodging a fraudulent claim and such other intentional acts of the insured / beneficiaries under the policy). The Company shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred during the policy period up to date of cancellation.

**PERIOD ON RISK****RATE OF PREMIUM TO BE CHARGED**

Upto one month	1/4th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus.

Signature

Name :

Place

Date

**PRIMIUM SCHEDULE**

SUM INSURED Rs. 5,000/

Rs. Per Annum

	Upto 45 years	46-55 yrs	56-65 yrs.	66-70 yrs.
Head of Family	70	100	120	140
Spouse	70	100	120	140
Dependent child Upto 25 years of age	50	50	50	50
For family of 2+1 Dependent	190	250	290	330
For family of 2+2 Dependents	240	300	340	380