



**THE ORIENTAL INSURANCE COMPANY LIMITED** Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002 CIN No.U66010DL1947GOI007158

**HAPPY FAMILY FLOATER POLICY-2021**  
**SALES LITERATURE**

**1. What is a Family Floater Policy?**

- A Family Floater policy is a health insurance plan which covers the entire family on the payment of a single annual premium. The sum assured covers the entire family and can be used in case of multiple hospitalizations in the family.

**2. Why do I require a Family Floater Policy ?**

- Happy Family Floater Health Policy offered by Oriental Insurance covers medical expenditures incurred by the whole family under a single sum assured on the payment of a single annual premium. This policy acts as an umbrella for mediclaim coverage for the entire family.
- A family floater plan is the best way to get health insurance for the family. It brings all the family members under one policy. It is easy to add new members and the policy allows coverage for joint families as well.
- The best advantage is sharing of the sum assured. Even if one of the family members is hospitalized using up a portion of the sum insured, the balance is available for all the members.

**3. Why should I buy Oriental Family Floater Policy 2021?**

- Because the policy is meant for families who want comprehensive coverage at a reduced price.
- This is a customer friendly policy with low premium, is simple to understand, has no hidden charges.
- This Policy offers various plans to choose from, as per your requirement.
- The policy offers modern and advance treatments.
- This policy gives you an option for **waiver of Proportionate deduction clause** related to hospitalization expenses payable as per the entitled room rent category, on payment of additional premium.
- The policy also gives an option for **waiver of 10 % co-pay** under silver plan, on payment of little extra premium.

**4. Who all can be covered in Oriental Happy Family policy?**

- The family comprising of Self, Spouse, Children, Parents OR Parents-in-laws and dependent unmarried siblings can be covered under a single floater policy.

**5. What is the term of the policy?**

- Policy period is for one year and thereafter it is renewable lifelong

## 6. How many Plans are available under the policy?

- The policy is available under four plans as below:-
  - i.SILVER PLAN: Sum insured available is INR 1, 2, 3, 4 & 5 Lacs.
  - ii.GOLD PLAN: Sum insured available is INR 6,7,8,9 & 10 Lacs.
  - iii.DIAMOND PLAN: Sum insured available is INR 12, 15, 18 & 20 Lacs.
  - iv.PLATINUM: Sum insured available is INR 25, 30, 40 and 50 Lacs.

## 7. What are the benefits offered by Oriental Happy Family floater policy?

- In patient hospitalization expenses.
- Domiciliary hospitalization.
- AYUSH treatment taken as in patient up to full sum insured.
- Day Care procedures.
- Pre & post hospitalization expenses for 30days and 60days respectively.
- Modern Treatment & advance Techniques covered as per sub limits specified in the policy.
- Mental Illness cover available up to full sum insured.
- HIV/AIDS cover available up to full sum insured.
- Maternity Expenses covered up to 2.5% of Sum Insured under D i a m o n d a n d P l a t i n u m Plans.
- New born Baby Expenses covered up to 2.5% of Sum Insured under D i a m o n d a n d P l a t i n u m Plans.
- Expenses for Assisted Reproduction Technique (ART) covered up to INR 2 Lacs under Platinum Plan.
- Hospital Daily cash allowance payable up to 0.1% of Sum Insured available under Gold, Diamond and Platinum Plans.
- Patient's Attendant Allowance payable under Gold, Diamond and Platinum Plans.
- Tele consultation/Telemedicine covered upto INR 2000/- per family, for a policy period.
- Air Ambulance cover up to 5% f Sum Insured under Platinum Plan only.
- Accidental Death Benefit and Permanent Disability upto 10% of sum insured under Platinum Plan only.
- OPD benefit for Dental and Ophthalmic Cover under Platinum Plan only.
- Additional Sum Insured for Critical Illness treatment up to 10% of Sum Insured under Platinum Plan only.
- **Treatment in SAARC countries viz:** Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka, considered only on re-imburement basis.

(The above is a partial listing of the policy Benefits. For the full listing please refer to the policy document)

## 8. How can I get the best family floater cover?

- While buying the policy, it is better to select a sum insured that will satisfactorily cover the need of the entire family i.e. the sum insured should be adequate as per the size and age of the family members.

## 9. Do I have to submit any income proof for taking this policy?

- No income proof is required. You are free to choose any Plan and any Sum Insured from the available options.

## 10. After what age the pre-insurance Medical tests are required?

- Under Silver and Gold Plans, Pre-acceptance medical check-up is required for persons aged 60 years.

- Under Diamond and Platinum Plan, the requirement for Pre-acceptance medical check-up is for persons aged 55 years and above.
- Following tests are required. The list of Diagnostic centers is available with the underwriting office from where the Policy is intended to be taken.

1	General Physical Examination
2	CBC with ESR
3	Lipid Profile
4	HbA1c
5	S. Creatinine
6	Urine-Routine & Molecular
7	ECG
8	TSH
9	X-Ray Chest
10	USG
11	Eye Examination – Fundus & Glaucoma

- Medical reports up to 30 days prior to the date of proposal, are only valid.
- In case of adverse medical history, the Company may ask for additional tests depending on the medical condition.

#### **11. Does the company reimburse the cost of Pre-insurance Medical tests done?**

- In case of fresh proposals, 50% of the cost of Medical Check-up shall be reimbursed by the Company only on acceptance of the proposal.

#### **12. After how many years pre-existing diseases are covered?**

- Pre-existing Disease coverage after four consecutive Policy periods.

#### **13. Can I take this policy for my entire family?**

- Yes. You can take Family Floater policy for your entire family.
- Family consists of the proposer and / or any one or more of the family members as mentioned below:
  - i. Legally wedded spouse.
  - ii. Dependent Children (i.e. natural or legally adopted) between the ages 91daysto 18 years. However male child can be covered up to the age of 25 years if he is a bonafide regular student and financially dependent. Female child can be covered until she gets married. Divorced and widowed daughter / daughters are also eligible for coverage under the Policy, irrespective of age. If the child above 18 years is financially independent or if the girl child is married, he or she shall be ineligible for coverage in the subsequent renewals.
  - iii. Parents / Parents-in-law (either of them).
  - iv. Unmarried siblings, if financially dependent

#### **14. Is the premium same Pan India?**

- For Silver Plan, the premium in the policy will be charged on the basis of the 2 Zones, as defined below:

Zone I -Gujarat, Mumbai, Greater Mumbai, and Delhi NCR  
Zone II - Rest of India

- Insured Person can choose the Zone at the time of proposal, and can also change it at the time of renewal. For other Plans, i.e. Gold, Diamond and Platinum Plans the premium rates will be same Pan India.

**15. Is there restriction on number of claims in the floater policy?**

- The single sum assured selected covers the entire family and can be used in case of multiple hospitalizations in the family. There is no restriction on number of claims in a given policy period and in any case the limit of liability of the company, in respect of one or all the Insured persons shall not exceed the sum insured as stated in the policy schedule.

**16. Do I get any discount under this policy if I also have any other policy of Oriental?**

- A discount of 15% on the premium of Overseas Mediclaim Policy would be allowed when an Insured Person covered under this Policy, takes the Overseas Mediclaim Policy from the Company, provided this Policy is valid as on the date of taking the Overseas Mediclaim Policy of the Company.

**17. Is there any other discount available under the policy?**

- Yes, following additional discounts on premium are available under the policy:
- On line Discount – A discount of 10%( maximum Rs. 2000/-) on premium is allowed, if the Policy is purchased on-line and no Intermediary is involved. This discount is also applicable in case of On-line renewal of Policies, where no Intermediary was involved at any stage- either on the first purchase or in any subsequent renewal thereof.
- Discount of 5.5% in premium if TPA services not opted for (no discount on PA premium)

**18. How can I make a claim under the Policy?**

- All claims will be processed and settled through the specified Third Party Administrator (TPA) only and shall be subject to the terms & conditions of this policy.
- Documents (bills included) of all earlier hospitalizations (during this policy period) under the Base Health Insurance Policy, have to be provided to the TPA. Even if there is no Base Policy, details of all the expenses incurred on earlier hospitalizations (during this policy period), have to be provided. This would enable the TPA to find out if the Deductible has exceeded / or is likely to exceed in the current claim.
- Intimation of Hospitalization: is to be given immediately to the TPA when the Insured Person realizes that the expenses, either in aggregate or in respect of a single hospitalization, are likely to exceed the Deductible.
- Availing Cashless: Pre-authorization request to be sent to TPA, immediately when the Insured Person(s) realizes that the expenses either in aggregate or in respect of a single hospitalization are likely to exceed the Deductible.
- Submission of Bills: All bills / documents as given in the Policy, are required to be submitted within the time lines stated in the policy, to the concerned TPA.

**19. Does this policy cover pre-existing diseases?**

- The policy covers pre-existing diseases only after 4 continuous policy periods.

**20. Does this policy pay for expenses in respect of treatments taken outside India?**

- The policy pays if the treatments and hospitalization is within India.
- The Policy also pays if treatment is taken in SAARC countries. Coverage in SAARC countries is automatic and no prior intimation / endorsement on the policy is required in respect of travel to a SAARC country, viz- Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, Sri Lanka.

- In case of treatment taken in a SAARC country, currency conversion rate prevailing on the date of admission to the Hospital would apply, for the purpose of claim settlement.

**21. Does this policy pay if I am hospitalized for taking other than Allopathic treatment?**

Yes. The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to full sum insured in any AYUSH Hospital as defined below:-

- a) Central or State Government AYUSH Hospital; or
- b) Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/ Central Council for Homeopathy; or
- c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least five in- patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**22. Can I return the policy if on receiving the documents I find the terms & conditions unsatisfactory?**

- Yes. The policy provides for a 'Free look period' of 15 days from the date you receive the policy document, only if you have not made any claim. This means within this period you can return the policy. Proportionate premium, after deducting (i) the expenses incurred and (ii) the risk premium (if the Policy has already started), will be refunded.
- Free look period is applicable only for fresh policies and not on renewals.

**23. Can I cancel this policy mid-term? What about refund in such a case?**

- Yes, the insured may cancel the policy by giving 15 days written notice. In such an event the Company shall charge premium at Company's short period rates as per the table below and make refund, provided no claim has been reported during the policy period up to date of cancellation.

<b>Period on Risk</b>	<b>Premium to be charged</b>
Upto 1 month	¼ of Annual Premium
Upto 3 months	½ of Annual Premium
Upto 6 months	¾ of Annual Premium
Exceeding 6 months	Full Annual Premium

The Company may at any time, cancel this Policy on grounds of misrepresentation, non- disclosure of material facts, fraud by the insured Person, by giving the Insured 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non- disclosure of material facts and fraud.

**24. Do I get any grace period for renewal of the policy?**

- Yes. A grace period of 30 days from the date of expiry of the policy is available within which period you can renew the policy. However, no coverage will be available for the break period.

**25. Will the premium and the terms of the policy remain same on renewal?**

- The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

**26. Will this product always remain on your menu?**

- May be. However, the product may be withdrawn from the market, but only after obtaining due approval from the IRDAI and you will be informed of other suitable products available, to which you may migrate in case of withdrawal of the product.

**27. Can I port into this policy without losing my continuity benefits earned under the previous Insurer's policy?**

- Yes, you can port in to this product and all the credits earned under your previous policy would be maintained, in accordance with the portability conditions prescribed by IRDAI.

**28. What are the basic things to be kept in mind while porting a policy?**

- Portability is allowed only at the time of renewal and not mid-term.
- You may port in this policy or port out to some other insurer's policy.
- You must approach the insurer where you want in to port, atleast 45days in advance (while porting in or porting out) to avoid any break in the policy coverage due to delays in acceptance of the policy by the insurer.

**29. What are the exclusions under the policy?**

- Following is the list of Exclusions under the Policy:
  - i. Pre-existing diseases.
  - ii. Any hospital admission primarily for investigation/ diagnostic purpose.
  - iii. Sex change surgery ,cosmetic surgery & plastic surgery.
  - iv. Infertility treatments.
  - v. External Congenital treatment.
  - vi. Change of Gender treatments.
  - vii. Excluded providers.
  - viii. Hazardous or Adventure Sport.
  - ix. Refractive error, cosmetic dental surgeries.
  - x. Unproven Treatments.
  - xi. Substance abuse, self-inflicted injuries.
  - xii. Breach of law.
  - xiii. Treatments received in health hydros, nature cure clinics, spas or similar establishments.

- xiv. Dietary supplements and substances that can be purchased without prescription.
- xv. Any kind of admission fees, registration fees levied by the hospital.
- xvi. War (whether declared or not) and war like occurrence or invasion.
- xvii. Nuclear, chemical or biological attack or weapons.
- xviii. Any expenses incurred on OPD treatment.
- xix. Pre and post hospitalization expenses unrelated with disease / injury for which hospitalization claim has been admitted under the policy.

(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).

### 30. Premium Table:

#### Zone 1 - Silver Plan(Exclusive GST)

Premium figures in INR

Plan	SI/Ag e Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Silver	100,000	1,276	2,115	2,490	3,031	3,194	5,291	6,781	8,625	10,283	11,287	11,554
Silver	200,000	1,779	3,053	3,690	4,478	4,939	7,957	10,767	13,989	15,809	17,039	18,461
Silver	300,000	2,242	3,712	4,647	5,905	6,533	10,441	14,502	18,175	20,837	22,171	23,646
Silver	400,000	2,685	4,180	5,534	7,248	7,987	12,595	16,693	20,894	23,791	25,288	26,950
Silver	500,000	3,098	4,543	6,362	8,347	9,239	14,420	18,633	23,276	26,224	27,832	29,751

#### Zone 1 - Silver Plan(Inclusive GST)

Premium figures in INR

Plan	SI/Ag e Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Silver	100,000	1506	2496	2938	3577	3769	6243	8002	10178	12134	13319	13634
Silver	200,000	2099	3603	4354	5284	5828	9389	12705	16507	18655	20106	21784
Silver	300,000	2646	4380	5483	6968	7709	12320	17112	21447	24588	26162	27902
Silver	400,000	3168	4932	6530	8553	9425	14862	19698	24655	28073	29840	31801
Silver	500,000	3656	5361	7507	9849	10902	17016	21987	27466	30944	32842	35106

#### Zone 2 - Silver Plan(Exclusive GST)

Premium figures in INR

Plan	SI/Ag e Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Silver	100,000	1,161	1,993	2,398	2,889	3,062	4,978	6,577	8,092	9,681	10,602	10,912
Silver	200,000	1,718	2,896	3,563	4,347	4,798	7,785	10,452	13,265	15,500	16,222	17,380

Silver	300,000	2,099	3,486	4,429	5,764	6,430	10,431	14,219	16,890	20,192	20,306	22,341
Silver	400,000	2,542	3,963	5,397	7,055	7,931	12,488	16,430	19,936	22,866	23,837	24,933
Silver	500,000	2,937	4,351	6,156	7,882	9,234	14,408	18,252	22,930	25,549	26,501	27,815

**Zone 2 - Silver Plan(Inclusive GST)**

*Premium figures in INR*

Plan	SI/Ag e Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Silver	100,000	1370	2352	2830	3409	3613	5874	7761	9549	11424	12510	12876
Silver	200,000	2027	3417	4204	5129	5662	9186	12333	15653	18290	19142	20508
Silver	300,000	2477	4113	5226	6802	7587	12309	16778	19930	23827	23961	26362
Silver	400,000	3000	4676	6368	8325	9359	14736	19387	23524	26982	28128	29421
Silver	500,000	3466	5134	7264	9301	10896	17001	21537	27057	30148	31271	32822

**Gold Plan(Exclusive GST)**

*Premium figures in INR*

Plan	SI/Age Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Gold	600,000	3,543	5,257	7,564	10,687	11,721	17,966	22,989	29,414	32,933	34,651	37,479
Gold	700,000	3,885	5,847	8,521	12,492	13,616	20,402	26,093	33,463	37,381	39,172	42,100
Gold	800,000	4,193	6,427	9,429	13,921	15,140	22,388	28,709	36,535	40,576	42,428	45,461
Gold	900,000	4,491	6,864	10,333	15,310	16,620	24,190	30,952	38,910	43,037	44,952	48,096
Gold	1,000,000	4,781	7,255	11,229	16,594	18,004	25,962	33,129	41,178	45,359	47,352	50,575

**Gold Plan(Inclusive GST)**

*Premium figures in INR*

Plan	SI/Age Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Gold	600,000	4181	6203	8926	12611	13831	21200	27127	34709	38861	40888	44225
Gold	700,000	4584	6899	10055	14741	16067	24074	30790	39486	44110	46223	49678
Gold	800,000	4948	7584	11126	16427	17865	26418	33877	43111	47880	50065	53644
Gold	900,000	5299	8100	12193	18066	19612	28544	36523	45914	50784	53043	56753
Gold	1,000,000	5642	8561	13250	19581	21245	30635	39092	48590	53524	55875	59679

**Diamond Plan(Exclusive GST)**

*Premium figures in INR*

Plan	SI/Age Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Diamond	1,200,000	5,321	8,044	12,943	19,065	20,589	29,547	37,245	45,420	49,646	51,736	55,088
Diamond	1,500,000	6,066	9,244	15,183	22,240	23,896	33,813	41,943	50,218	54,503	56,728	60,272



Diamond	1,800,000	6,787	10,422	17,204	24,860	26,637	37,307	45,712	54,037	58,353	60,738	65,073
Diamond	2,000,000	7,232	11,199	18,347	26,324	28,221	39,356	47,890	56,240	60,572	63,047	68,795

**Diamond Plan(Inclusive GST)**

Premium figures in INR

Plan	SI/Age Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Diamond	1,200,000	6279	9492	15273	22497	24295	34865	43949	53596	58582	61048	65004
Diamond	1,500,000	7158	10908	17916	26243	28197	39899	49493	59257	64314	66939	71121
Diamond	1,800,000	8009	12298	20301	29335	31432	44022	53940	63764	68857	71671	76786
Diamond	2,000,000	8534	13215	21649	31062	33301	46440	56510	66363	71475	74395	81178

**Platinum Plan(Exclusive GST)**

Premium figures in INR

Plan	SI/Age Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Platinum	2,500,000	9,632	13,993	21,947	30,778	32,996	45,347	54,230	62,816	67,295	70,066	76,202
Platinum	3,000,000	10,513	14,932	23,347	32,767	35,249	48,306	57,243	65,877	70,396	73,379	80,688
Platinum	4,000,000	11,274	15,947	24,950	35,171	38,139	51,787	60,824	69,507	74,101	77,509	84,963
Platinum	5,000,000	11,796	16,674	25,863	36,596	39,842	53,558	63,457	72,185	76,826	80,604	89,072

**Platinum Plan(Inclusive GST)**

Premium figures in INR

Plan	SI/Age Band	Age less than equal to 20 yrs	Age is 21-35 yrs	Age is 36-45 yrs	Age is 46-50 yrs	Age is 51-55 yrs	Age is 56-60 yrs	Age is 61-65 yrs	Age is 66-70 yrs	Age is 71-75 yrs	Age is 76-80 yrs	Age is above 80 yrs
Platinum	2,500,000	11366	16512	25897	36318	38935	53509	63991	74123	79408	82678	89918
Platinum	3,000,000	12405	17620	27549	38665	41594	57001	67547	77735	83067	86587	95212
Platinum	4,000,000	13303	18817	29441	41502	45004	61109	71772	82018	87439	91461	100256
Platinum	5,000,000	13919	19675	30518	43183	47014	63198	74879	85178	90655	95113	105105

**Sales Literature only contains salient features of the Policy. For details, reference is to be made to the Policy. In case of any difference between the Sales Literature and the Policy, the terms and conditions of the Policy shall prevail.**

**31. INSURANCE ACT 1938**

**SECTION 41 - PROHIBITION OF REBATE**

Section 41 of the Insurance Act 1938 provides as follows:

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take

out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

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