THE ORIENTAL INSURANCE COMPANY LIMITED

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CIN No.U66010DL1947GOI007158

MEDICLAIM INSURANCE POLICY (INDIVIDUAL) – PROSPECTUS

1. SALIENT FEATURES OF THE POLICY

i. The Policy term is one year and is available to any proposer between the age of 18 to 65 years for treatment taken in India. The proposer can also get his family covered (as defined under 2.1).

ii. Maximum Entry age for any member, is 65years however, this can be extended upto 70 years. In such case, an additional premium of 10% (including on all future renewals) will be charged inapplicable rates, including on Optional PA cover.

iii. Sum Insured (SI) available from Rs.1lac to Rs.10lacs.

iv. Pre-existing diseases covered after four consecutive renewals.

v. Lifelong renewals allowed.

vi. Family discount of 10% (including on PA cover) if more than one person is covered under the policy.

vii. Option of voluntary co-payment of 10% and 20% with corresponding premium discount of 10%and 20% respectively on SI of Rs.2lacs and above. Voluntary co-payment does not apply on PA section.

viii. No medical examination for person upto the age of 55 years.

ix. In case of fresh covers, 50% of the Pre-insurance medical check-up cost reimbursable, subject to acceptance of the Proposal.

x. Daily Hospital Cash allowance in case of more than 2 days of continuous hospitalisation.

xi. Hospitalisation expenses incurred for donating an organ by the donor (excluding cost of organ) to the insured person, is covered

xii. Ambulance charges covered

xiii. Personal Accident available on optional basis for SI from Rs.2lacs to Rs.10lacs.

xiv. Telemedicine Expenses.

xv. Mental Illness Cover.

xvi. Modern treatments and advanced surgeries.

xvii. Free Look Period- 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.

xviii. Grace period of 30 days is allowed for payment of renewal premium.

xix. Premium adjustment at renewal, for the duration of OMP cover taken from Oriental.

xx. Discount of 5.5% in premium if TPA services not opted for.

2. DEFINITION OF FAMILY

Family consists of the proposer and 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 age 3months to 18 years.

iii. However male child can be covered upto the age of 25 years if he is a bonafide regular student and financially dependent on the proposer. Female child can be covered until she gets married. Divorced and widowed 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.

iv. Parents / Parents-in-law (either of them).

v. Unmarried siblings, if financially dependent on the proposer.

2.1 INCLUSION OF NEW MEMBERS: Addition of members is allowed only at the time of renewal of the policy. However, mid-term inclusion is permitted for a newly married spouse and /or a child attaining the age of 3 months during the currency of the policy, on payment of pro-rata premium.

For members subsequently added, Exclusion No. 4.1, 4.2 and 4.3 shall apply from the date of their inclusion in the policy.

2.1A SUM INSURED

i. Minimum sum insured is Rs 1,00,000 and in multiples of Rs 50,000 thereafter, up to Rs 5,00,000. Beyond the Sum Insured of Rs. 5,00,000 in multiples of Rs. 1,00,000 up to Rs 10,00,000. The sum insured of each of the insured person in a policy may vary.

ii. Maximum entry age (65years) under the policy can be extended upto 70 years. In all such cases, a 10% loading will be charged on the premium applicable to the age of the insured. This 10% loading will also apply on each subsequent renewal thereof.

Illustration

Age in completed years at the time of taking the policy for the first time on 01.04.2015 - 70 years. SI chosen - Rs.4lacs

Premium as per the Rate chart - Rs.21663

Premium to be charged at inception - Rs. 21663+10% of 21663 = Rs.23829+S.Tax Renewal date-01.04.2016

Age on renewal - 71 years

Premium as per rate chart for age 71 years - Rs.30011

Renewal premium to be charged - Rs.30011+10% of Rs.30011 = Rs.33012+S.Tax

iii. Maximum sum insured that can be opted by a person joining after the age of 65 years is Rs.5 lacs. Any increase in sum insured will be allowed as per ‘iv’ & ‘v’ below.

iv. Sum insured under the policy can be increased only at the time of renewal and at the discretion of the Company. The maximum increase allowed at each renewal is Rs. 2 lacs per insured person upto the age of 45years. Beyond 45 years, maximum increase allowed is Rs.1lac per insured person. For increased sum insured, pre-existing disease and waiting period clauses 4.1, 4.2 and 4.3 of the policy, shall apply afresh.

v. No increase in sum insured is allowed for insured persons above 70 years of age.

Special Mention: A onetime discount of 25% on renewal premium will be allowed for persons presently insured for a Sum Insured of less than Rs.1lac under Oriental's Mediclaim Insurance Policy (Individual). However, this discount is available only for insured persons opting a Sum Insured of Rs.1lac on renewal and no discount shall be allowed if the insured person opts for any higher Sum Insured.

2.2 PRE- ACCEPTANCE MEDICAL CHECKUP: Any person beyond 55 years of age proposing to take insurance cover has to submit following medical reports from listed Diagnostic Centre or any other medical report(s) required by the company in case of fresh proposal or in case of renewal where there is a break in policy period. This list is available with the underwriting office from where the policy is intended to be taken, and also displayed on Company's website. The cost shall be borne by the insured.

1.	PHYSICAL EXAMINATION
2.	URINE(MICROALBUMIN UREA)
3.	GLYCOCYLATED HAEMOGLOBIN
4.	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)
5.	X RAY BOTH KNEES (ANTEPOSTERIOR AND LATREL)
6.	COMPLETE EYE TEST INCLUDING FUNDUS ETC
7.	STRESS TEST (TMT)

In case of fresh proposals 50% cost of Medical Checkup after acceptance of the proposal shall be reimbursed by the Company. This benefit will also be allowed in cases where continuity benefits are not restored and the policy is treated as fresh (and not as renewal) after the break in policy period.

2.3 COVERAGE: The policy covers reasonable and customary charges in respect of Hospitalisation and / or Domiciliary Hospitalisation for medically necessary treatment only for illness / diseases contracted or injury sustained by the Insured Person(s) during the policy period, upto the limit of Sum Insured (SI) and as detailed below:

A.	**HOSPITALISATION BENEFITS**	
	Expenses covered	**Limits of Covered Expense**
a.	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home.	Not exceeding 1 % of the Sum Insured per day.
b.	Intensive Care Unit (ICU) expenses as provided by the Hospital/Nursing Home.	Not exceeding 2% of Sum Insured per day.
	Number of days of stay under 'a' and 'b' above should not exceed total number of days of admission in the hospital. Admissibility of all related expenses (c and d), except for medicine / pharmacy bills and body implants, shall also be as per the entitled category vis-à-vis room rent.	
c.	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees	As per the limits of the sum insured.
d.	Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines &	As per the limits of the sum insured.

	Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, cost of prosthetic devices like Pacemaker implanted during surgical procedures, relevant laboratory / diagnostic tests, X-ray, and similar expenses.	
e.	Ambulance service charges	Rs.2,000/- OR 1% of the sum insured whichever is less per hospitalization subject to aggregate expenses not exceeding Rs. 4000/- under the policy.
f.	Daily Hospital Cash Allowance	0.1% of the sum insured per day subject to maximum of 6 days per insured person during the entire policy period. Deductible of 2 days shall apply for each hospitalization.
g.	Pre and Post hospitalization expenses	Medical expenses incurred 30 days prior to hospitalisation and upto 60 days post hospitalisation
	Note: 1. 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 the limit of sum insured as specified in the policy schedule in any AYUSH Hospital 2. Relaxation to 24 hours minimum duration for hospitalization as defined in 3.7 below, is allowed in: i. Day care procedures / surgeries (specified in the policy) where such treatment is taken by an insured person in a hospital / day care centre (but not the outpatient department of a hospital) ii. Or any other day care treatment as mentioned in clause 3.5 and for which prior approval from Company / TPA is obtained in writing.	
B	**DOMICILIARY HOSPITALISATION**	
a.	Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Dialysis, Chemotherapy, Nursing expenses.	20% of the Sum Insured subject to maximum Rs.50,000 per Insured person during the entire policy period
b.	Treatment for Dog bite (or bite of any other rabid animal like monkey, cat, etc.)	Maximum Rs.5,000 per incident, actually incurred on immunisation injections. This will be part of Domiciliary hospitalisation limits as given above. For the purpose of this section the conditions for domiciliary hospitalisation benefit shall not apply.

Domiciliary Hospitalisation benefit shall, however, not cover expenses in any of the following cases

a. if the treatment lasts for a period of three days or less
b. incurred on treatment of any of the following diseases :
   i. Asthma
   ii. Bronchitis,

iii. Chronic Nephritis and Nephritic Syndrome,
iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis,
v. Diabetes Mellitus and Insipidus,
vi. Epilepsy,
vii. Hypertension,
viii. Influenza, Cough and Cold,
ix. Pyrexia of unknown origin for less than 10 days,
x. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis,
xi. Arthritis, Gout and Rheumatism.

Note: *Liability of the Company under Domiciliary Hospitalisation clause is restricted as stated in Clause 2.4B.*

2.4 DONOR EXPENSES: Hospitalisation expenses incurred for donating an organ by the donor (excluding cost of organ) to the insured person, during the course of organ transplant, will also be payable. However, overall liability of the Company will be limited to the Sum Insured of the insured person.

2.5 Telemedicine- Expenses incurred by insured on telemedicine/Tele-consultation with a registered medical practitioner for Diagnosis & treatment of a disease/illness covered under the Policy. Such reasonable incurred expenses will be reimbursable wherever consultation with a Registered medical practitioner is allowed in the terms and conditions of policy contract and shall be subject to Limits/Sub limits prescribed in Policy Schedule. Telemedicine offered shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 by MCI and as amended from time to time." The limit of amount payable for telemedicine is Maximum Rs. 2,000/- per insured &/or per family, for a policy period.

2.6 HIV/ AIDS Cover

The Company shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalization Expenses) related to following stages of HIV infection:

a. Acute HIV infection – acute flu-like symptoms
b.Clinical latency – usually asymptomatic or mild symptoms
c. AIDS – full-blown disease; CD4 < 200

2.7 MENTAL ILLNESS COVER

The Company shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalization Expenses) only under certain conditions as:-

1. Illness covered under definition of mental illness*.
2. Hospitalization in Mental Health Establishment as defined under definitions clause*.
3. Hospitalization as advised by Mental Health Professional as defined under definition clause*.
4. Mental Conditions associated with the abuse of alcohol and drugs are excluded.
5. Mental Retardation and associated complications arising therein are excluded.
6. Any kind of Psychological counseling, cognitive/ family/ group/ behavior/ palliative therapy or other kinds of psychotherapy for which Hospitalization is not necessary shall not be covered.

*For starred items, please refer definitions clause.

2.8 All the following procedures, will be covered in the policy, if treated as in-patient care or as a part of domiciliary hospitalization or as day care treatment in the hospital, within the sub-limits in the complete policy period which is as defined below:

Name of the Procedure	Sub limits
A. Uterine Artery Embolization and HIFU	Per policy period: Up to INR 50,000.
B. Balloon Sinuplasty	Per policy period: Up to INR 40,000.
C. Deep Brain stimulation	Per policy period 10% of SI, subject to maximum INR 50,000.
D. Oral chemotherapy	Per policy period 25% of SI, subject to maximum INR 50,000.
E. Immunotherapy- Monoclonal Antibody to be given as injection	Per policy period 10% of SI, subject to maximum INR 50,000.
F. Intra vitriol injections	Per policy period 10% of SI, subject to maximum INR 50,000.
G. Robotic surgeries	Per Policy period 10% of SI, subject to maximum INR 1,00,000.
H. Stereotactic radio surgeries	Per policy period 10% of SI, subject to maximum INR 1,00,000.
I. Bronchial Thermoplasty	Per policy period 10% of SI, subject to maximum INR 1,00,000.
J. Vaporization of the prostrate (Green laser treatment or holmium laser treatment)	Per policy period 10% of SI, subject to maximum INR 50,000.
K. IONM - (Intra Operative Neuro Monitoring)	Per policy period 10% of SI, subject to maximum INR 50,000.
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.	Per policy period 10% of SI, subject to maximum INR 50,000.

2.9 VOLUNTARY CO-PAYMENT: (OPTIONAL)

i. If the insured opts for a co-payment of 10% or 20%, he is eligible for a corresponding premium discount of 10% and 20% respectively. This option is available only for insured person(s) having Sum Insured of Rs 2 lacs and above. Co-payment cannot be opted on selective basis. All insured persons under a policy have to compulsorily opt for the same (except for insured persons with Sum Insured below Rs.2lacs, where co-payment option is not available.), and the co-payment percentage has to be uniform across all insured persons.

ii. Co-payment is applicable on each and every claim, which means the insured shall bear 10% / 20% (as opted by him) of each and every admissible claim.

2.10 OPTIONAL COVER (SUBJECT TO ADDITIONAL PREMIUM)

A.	PERSONAL ACCIDENT covering death and permanent disability (50% & 100%).	Sum Insured in multiples of Rs. 2,00,000 upto Rs. 10,00,000 per insured person above 18yrs. However for persons below 18 years of age,

EXCLUSIONS: The Company shall not be liable under this section for disablement / death of the Insured Person,

i. on account of Intentional self-injury, suicide or attempted suicide
ii. Whilst under the influence of intoxicating liquor or drugs
iii. Whilst engaging in any hazardous activity including, but not limited to aviation or ballooning, speed contests or racing of any kind(other than on foot), bungee jumping, parasailing, parachuting, ski-diving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a military, air force or naval operations, or whilst mounting into, dismounting from or travelling in any aircraft other than as a passenger (fare paying or otherwise), in any duly licensed standard type of aircraft, anywhere in the world.
iv. Directly or indirectly caused by venereal disease(s) or insanity
v. Arising or resulting from insured committing breach of law with criminal intent
vi. War, invasion, act of foreign enemy, hostilities(whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainments of people
vii. directly or indirectly caused by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel, nuclear weapon material, or from any nuclear waste from the combustion of nuclear fuel,
viii. Directly or indirectly caused by, contributed to, aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.

2.11 FREE LOOK PERIOD- This policy shall have a free look period. The free look period shall be applicable at the inception of the fresh policy and 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 to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

i. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or
ii. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or
iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

The free look period is not applicable in case of renewal of policy.

3 DEFINITIONS:

3.1 CASHLESS FACILITY: means a facility extended by the insurer to the insured where the payments of the costs of the treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre- authorization approved**.**

3.2 CO-PAYMENT: is a cost-sharing requirement under a health insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

3.3 DAILY HOSPITAL CASH ALLOWANCE: When an insured person is hospitalized and a claim is admitted under the policy, then the insured person shall be paid a daily cash allowance as specified above. However, a deductible of 2 days per hospitalisation shall apply, i.e Daily cash allowance will become payable from the third day onwards of continuous hospitalization.

3.4 DAY CARE CENTRE: means any institution established for day care treatment of illness and / or injuries OR a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

i. has qualified nursing staff under its employment,
ii. has qualified medical practitioner (s) in charge,
iii. has a fully equipped operation theatre of its own, where surgical procedures are carried out
iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

3.5 DAY CARE TREATMENT: refers to medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
ii. which would have otherwise required a hospitalization of more than 24 hours.

Procedures / treatments usually done in out patient department are not payable under the policy even if converted to day care surgery / procedure or taken as an in patient in the hospital for more than 24 hours.

3.6 DOMICILIARY HOSPITALISATION : means medical treatment for 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:

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

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 asunder:

a) has qualified nursing staff under its employment round the clock;
b) has at least 10 In-patient beds, in towns having a population of less than 10,00,000 and at least 15 In-patient beds in all other places;
c) has qualified Medical Practitioner (s) in charge round the clock;
d) has a fully equipped operation theatre of its own where surgical procedures are carried out
e) Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

*Following are the enactments specified under the schedule of Section 56 of Clinical Establishment (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the Act for amendments, ifany:

1. The Andhra Pradesh Private Medical care Establishments (Registration and Regulations) Act, 2002

2. The Bombay Nursing Homes Registration Act, 1949
3. The Delhi Nursing Home Registration Act, 1953
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbadhu Sthapamaue (Ragistrikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997
7. The Orissa Clinical Establishments (Control and Regulations) Act, 1990
8. The Punjab State Nursing Home Registration Act, 1991
9. The West Bengal Clinical Establishment Act, 1950

3.7 HOSPITALISATION: means admission in a Hospital for a minimum period of twenty four (24) in-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

3.8 MEDICAL PRACTITIONER: means 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.

3.9 NETWORK PROVIDER: means hospitals or healthcare providers enlisted by an insurer or by a TPA and insurer together, to provide medical services to an insured on payment, by a cashless facility.

3.10 PRE-HOSPITALISATION EXPENSES: means medical expenses incurred during the period upto 30 days prior to the date of admission in 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.

3.11 POST-HOSPITALISATION EXPENSES: means 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
ii. Hospitalisation was required, and
iii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance
iv. Company.

3.13 PRE EXISTING DISEASE: means any condition, ailment or Injury or d i s e a s e :

a).That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or, its reinstatement.

b). For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement.

3.14 QUALIFIED NURSE: means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

3.15 REASONABLE AND CUSTOMARY CHARGES : means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved**.**

3.16 RENEWAL: Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

3.17 THIRD PARTY ADMINISTRATOR (TPA): means any person who is licensed under the IRDA (Third Party Administrators – Health Service) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

3.18 UNPROVEN/EXPERIMENTAL TREATMENT: Treatment including drug experimental therapy which is not based on established medical practice in India.

3.19 AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

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.

3.20 AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without inpatient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner (s) in charge.

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

3.21 Migration : "Migration" means, the right accorded to health insurance policy holders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

3.22 Portability: "Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

3.23 Mental Illness: "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

3.24 Mental Health Establishment:"mental health establishment" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co- operative society, organisation or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends.

3.25 Mental health professional:

(i) a psychiatrist or
(ii) a professional registered with the concerned State Authority under section 55; or
(iii) a professional having a post-graduate degree (Ayurveda) in Mano VigyanAvum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in SirappuMaruthuvam.

4.1 EXCLUSIONS: Waiting Period:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

Pre-existing Diseases - code –ExcI 01

a). Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with the insurer or its reinstatement.

b). In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c). If the Insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of the prior coverage.

d). Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer or its reinstatement.

Specified disease / procedure waiting period- code- ExcI 02

a). Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of the specified waiting period of the continuous coverage after the date of inception of the first policy with us. This exclusion

shall not be applicable for claims arising due to an accident.

b). incase of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c). If any of the specified disease/ procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d). The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e). If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f). The expenses on treatment of following ailments / diseases / surgeries, if contracted and / or manifested after inception of first Policy(subject to continuity being maintained), are not payable during the waiting period specified below.

	Ailment / Disease / Surgery	**Waiting Period**
I	Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.	**1** year
Ii	Polycystic ovarian diseases.	**1** year
Iii	Surgery of hernia.	**2** years
Iv	Surgery of hydrocele.	**2** years
V	Non infective Arthritis.	**2** years
Vi	Undescendent Testes.	**2** Years
Vii	Cataract.	**2** Years
Viii	Surgery of benign prostatic hypertrophy.	**2** Years
Ix	Hysterectomy for menorrhagia or fibromyoma or myomectomy or prolapse of uterus.	**2** Years
X	Fissure / Fistula in anus.	**2** Years
Xi	Piles.	**2** Years
Xii	Sinusitis and related disorders.	**2** Years
Xiii	Surgery of gallbladder and bile duct excluding malignancy.	**2** Years
Xiv	Surgery of genito-urinary system excluding malignancy.	**2** Years
Xv	Pilonidal Sinus.	**2** Years
Xvi	Gout and Rheumatism.	**2** Years
Xvii	Hypertension.	**90 days***
Xviii	Diabetes.	**90 days***
	*Subject to application of condition 22 of the policy.	
Xix	Calculus diseases.	**2** Years
Xx	Surgery for prolapsed inter vertebral disk unless arising from accident.	**2** Years
Xxi	Surgery of varicose veins and varicose ulcers.	**2** Years
Xxii	Congenital internal diseases.	**2** Years

Xiii	Joint Replacement due to Degenerative condition.	**4** Years
Xxiv	Age related osteoarthritis and Osteoporosis.	**4** Years

If the above diseases are pre-existing at the time of inception, Exclusion no.4.1 for pre-existing disease shall be applicable.

Note: If the continuity of the renewal is not maintained then subsequent cover will be treated as fresh Policy and clauses 4.1., 4.2, 4.3 shall apply afresh, unless agreed by the Company and suitable endorsement passed on the Policy, by the duly authorized official of the Company. Similarly, if the Sum Insured is enhanced subsequent to the inception of the first Policy, clauses 4.1, 4.2 and 4.3 shall apply afresh on the enhanced portion of the Sum Insured.

30 day waiting period- code – ExcI 03

a). 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, provided the same are covered.
b). This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
c). The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4.2. GENERAL EXCLUSIONS: The Company shall not be liable to make any payment under this Policy in respect of any expense whatsoever incurredby any Insured Person in connection withor in respect of:

Investigation & Evaluation – Code – ExcI 04

a). Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b). Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

Rest Cure, rehabilitation and respite care – Code –ExcI 05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such a bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

Obesity/Weight Control : Code- EscI 06

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: 1). Surgery to be conducted is upon the advice of the Doctor.
2). The surgery /Procedure conducted should be supported by clinical protocols. 3). The member has to be 18 years of age or older and
4). Body Mass Index (BMI):
a). greater than or equal to 40 or
b). greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failures of less invasive methods of weight loss:
i). Obesity – related cardiomyopathy
ii). Coronary heart diseases

iii). Severe Sleep Apnea.
iv). Uncontrolled Type 2 Diabetes.

Change of Gender Treatments : Code – ExcI 07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite.

Cosmetic or Plastic Surgery- Code- ExcI 08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burns(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical practitioner.

Hazardous or Adventure sports- Code- ExcI 09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

Breach of law – Code –ExcI 010

Expenses for treatment directly arising from or consequent upon any Insured Person commiting or attempting to commit a breach of law with criminal intent.

Excluded Providers- Code – ExcI 011

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website /notified to the policy holders are not admissible. However, in case of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not complete claim.

Treatment for, Alcoholic drug or substance abuse or any addictive condition and consequences thereof. – Code- ExcI012

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.- Code- ExcI013

Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.- Code- ExcI014

Refractive Error- Code- ExcI 015

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

Unproven Treatments- Code – excI 016

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

Sterility and Infertility- Code- ExcI 017

Expenses related to sterility and infertility. This includes: i).

Any type of contraception, sterilization.

ii). Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI.

Iii). Gestation Surrogacy. iv).

Reversal of sterilization.

Maternity- Code- ExcI 018

i). Medical treatment expenses traceable to childbirth (including complicated deliveries and cesarean sections incurred during hospitalization) except ectopic pregnancy.

ii). Expenses towards miscarriage(unless due to an accident) and lawful medical termination of pregnancy during the policy period. (The above exclusion is not applicable in Diamond Plan to the extent given under 1.5)

War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Any expenses incurred on OPD treatment.

Treatment taken outside the geographical limits of India.

Pre and post hospitalization expenses unrelated with disease / injury for which hospitalization claim has been admitted under the policy.

If the proposer is suffering or has suffered from any of the following diseases, as per serial no 1-16 listed in the below table at the time of taking the policy, the specific ICD codes mentioned therein will be permanently excluded from the policy coverage:

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9

2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behavior
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02
		Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovasc ular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammator y Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis,unspecified.

7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.- Alcoholic liver disease; Oesophageal varices in diseases classifiedelsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 – Acute delta-(super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinati ng disease	G.35 to G 37
13	HIV &AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 -HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 -
		Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease

14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosqua mous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecro sis)	M 87 to M 87.9

5 CONDITIONS

5.1PAYMENT OF PREMIUM: The premium under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid, unless made in writing and signed by an authorised official of the Company.

5.2 RENEWAL OF POLICY: The policy shall ordinarily be renewable except on grounds

of fraud, Misrepresentation by the insured person.

I. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years

II. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

III. The Company shall not be responsible or liable for non-renewal of policy due to non-receipt or delayed receipt (i.e. After the due date) of the proposal form or of the medical practitioners report wherever required or due to any other reason whatsoever.

IV. Not withstanding this, however, the decision to accept or reject for coverage any person upon renewal of this insurance shall rest solely with the Company. The company may at its discretion revise the premium rates and

/ or the terms & condition of the policy every year upon renewal thereof. Renewal of this policy is not automatic;

V. Premium due must be paid by the proposer to the company before the due date.

VI. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give notice for renewal.

5.3 POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES :

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.

5.4 NOTICE OF CLAIM: Immediate notice of claim with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such notice should be given within 48 hours of admission but before discharge from Hospital / Nursing Home, unless waived in writing.

6 PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/NURSING HOME :

i. Claim in respect of Cashless Access Services will be through the Company / TPA provided admission is in a network Hospital / Nursing Home and is subject to pre admission authorization.

ii. The Company / TPA reserves the right to deny pre-authorisation in case the hospital / insured person is unable to provide the relevant information / medical details as required by the Company / TPA. In such circumstances denial of Cashless Access should in no way be construed as denial of liability.

iii. Should any information be available to the Company / TPA which makes the claim inadmissible or doubtful, and warrants further investigations, the authorisation of cashless facility may be withdrawn.

7 CLAIM DOCUMENTS: Final claim along with documents stated in the policy, should be submitted to the Company / TPA within 15 days of discharge from the Hospital / Nursing Home.

8 PAYMENT OF CLAIM: All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency only.

9 COST OF HEALTH CHECK UP: The Insured shall be entitled for reimbursement of cost of Health checkup undertaken once at the expiry of a block of every THREE continuous underwriting years provided there are no claims reported during the block. The cost so reimbursable shall not exceed the amount equal to 0.75% of the average sum Insured (SI for Personal Accident section is not to be considered), or Rs.3000/- per insured person, whichever is less, during the block of THREE claim free underwriting years.

This benefit is available to the insured person after three claim free years, till the expiry of the fourth year of the policy. If the benefit is not claimed in the fourth year of the policy, then in future at the time of the insured claiming this benefit, last three claim free years preceding the year in which the benefit is claimed, shall be taken into consideration.

This clause shall apply separately to each insured person i.e for any insured person, if there is no claim reported for the preceding three years, he would be eligible for this benefit even when there is a claim reported for other person(s) covered under the policy.

This provision is applicable only in respect of continuous insurance without break under Oriental's Mediclaim Insurance Policy (individual).

10 CANCELLATION CLAUSE:

a). The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the

Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	Rate of premium to be charged
Upto 1 Month	1/4th of the annual rate
Upto 3 Months	1/2 of the annual rate
Upto 6 Months	3/4th of the annual rate
Exceeding 6 months	Full annual rate

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

b). 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(thirty) days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud.

11.MEDICLAIM WITH OMP: In case an insured person covered under this policy goes abroad by taking Oriental's Overseas Mediclaim Policy (OMP), this Policy becomes inoperative for the period the OMP is in force while he / she is abroad.

The proportionate premium under this policy for the inoperative period shall be adjusted against the renewal premium of the said insured person. The insured person must inform the company in writing before leaving India stating the details of visit(s) abroad and the OMP policy.

12.MIGRATION: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link:- https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

13.PORTABILITY: The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link: https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

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14.WITHDRAWAL OF PRODUCT

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured person about the same 90 days prior to expiry of the policy.

ii. Insured person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. As per IRDAI guidelines, provided the policy has been maintained

without a break.

15.MORATORIUM PERIOD

After completion of eight continuous years under this policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

16.Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. Ill the event of death of the

policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

17.JURISDICTION: All disputes or differences under or in relation to the policy shall be determined by the Indian Courts and according to the Indian laws.

18.DISCLOSURE TO INFORMATION NORM: Policy shall be void and in the event of misrepresentation, mis-description or non-disclosure of any material fact.

19.HOW TO APPLY FOR INSURANCE: The Proposer has to complete the proposal form and enrolment form in duplicate and submit insured person's details of each member. The proposer has to affix a coloured stamp size photographs of each of the members to be insured on the enrolment form against the name of the person. These photographs will be utilised by Third Party Administrator for preparing ID card for each of the members insured.

The Prospectus contains salient features of the policy. For details, reference is to be made to the policy. In case of any difference between the prospectus and the policy, the terms and conditions of the policy shall prevail.

The prospectus and proposal form are part of the policy. Hence please read the prospectus carefully and sign the same. The proposal form is to be completed in all respects for each insured person. Both the prospectus and the proposal form are to be submitted to the office or to the agent.

a. Name: Signature
b. Address:
c. Place: Date:

Note: For legal interpretation only English version will be valid.

20.SCHEDULE OF PREMIUM:

A. Basic Premium Chart

A. Premium Chart								
SI/Age Band	**0-20 yrs**	**21-35 yrs**	**36-45 yrs**	**46-55 yrs**	**56-60 yrs**	**61-70 yrs**	**71-80 yrs**	**80 yrs plus**
100000	1644	1757	2262	3656	4642	6366	8521	9797
150000	2410	2574	3316	5387	6845	9404	12739	14645
200000	3099	3310	4265	6993	8913	12272	16745	19252
250000	3714	3966	5109	8478	10841	14975	20541	23617
300000	4329	4621	5952	9961	12772	17678	24337	27980
350000	4867	5195	6692	11320	14567	20210	27923	32103
400000	5404	5770	7433	12682	16357	22746	31512	36228
450000	5944	6345	8171	14043	18148	25278	35097	40350
500000	6482	6920	8910	15405	19943	27813	38682	44661
600000	7458	7963	10256	17846	23195	32444	44752	51451
700000	8303	8868	11423	20003	26115	36648	51288	58965
800000	9018	9635	12410	22106	29004	40849	57347	65931
900000	9602	10262	13218	23958	31607	44687	62935	72354
1000000	10057	10749	13847	25553	33911	48145	68026	78207

B. Premium for Personal Accident cover (Optional cover)

B. Premium for Personal Accident Cover (Optional)					
Capital Sum Insured	200000	400000	600000	800000	1000000
Premium Person	120	240	360	480	600

S. tax shall be extra.
All figures in INR.

Following discounts / Loadings are applicable:

A. Portal Discount -5% If Policy taken on-line
B. Family Discount - 10% if two or more members are covered
C. Voluntary Co-pay discount - 10% / 20% as opted by the Insured
D. Entry Load - 10% If the entry age is more than 65 years.
E. TPA discount - 5.5% if TPA services are not opted for.
The above discounts shall be applied successively and not on cumulative basis.

Premium in the above tables is annual and in Indian Rupees. Service Tax as applicable shall be extra. Premium will be calculated on completed years as on the date of inception / renewal of the policy, eg a person who has completed 45years and 364 days, will fall in the age band of 36-45 years and not in 46-55 years.

INSURANCE ACT 1938 SECTION 41 - PROHIBITION OF REBATE

Section 41 of the Insurance Act 1938 provides as follows:

1. 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 theInsurer.

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