

Customer Information Sheet
Description is illustrative and not exhaustive

| S. No | Title | Description | Refer to Policy Clause No. |
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| 1 | Product Name | OBC-ORIENTAL MEDICLAIM POLICY– 2017 | |
| 2 | What am I covered for: | <ul style="list-style-type: none"> • Hospital admission of minimum 24hours • Related medical expenses incurred 30 days prior to hospitalization & 60 days from date of discharge. • Specified / Listed procedures requiring less than 24 hours hospitalization (day care) • Daily Hospital Cash Allowance benefit (i) Rs.200 per day for 10 days per illness limited to Rs.1000 in a policy period • Ambulance Charges- Rs.1000 per hospitalisation & in aggregate in any policy period. • Donor Expenses when Insured is the Recipient • Telemedicine expenses • Modern treatments and Advanced surgeries | <p>1.2, 6.2 3.17</p> <p>1.2, 3.34,3.35</p> <p>1.2</p> <p>1.2, 2</p> <p>1.2,1.3</p> |
| 3 | What are the major exclusions in the policy: | <ol style="list-style-type: none"> 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. Obesity and weight control. 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 spas, 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 | 4 & 5 |

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| | | <p>occurrence or invasion.</p> <p>xvii. Nuclear, chemical or biological attack or weapons.</p> <p>xviii. Any expenses incurred on OPD treatment.</p> <ul style="list-style-type: none"> (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing). | |
| 4 | Waiting period | <ul style="list-style-type: none"> Pre-existing diseases: Covered after 36 months Specific waiting periods: <ol style="list-style-type: none"> 12 months for named diseases (clauses 4.2 (i&ii)) 24 months for disease at (clauses 4.2 (iii to xxi)) 36 months for diseases (clauses 4.2 (xxiii & xxiv)) | <p>4.1</p> <p>1.5</p> <p>4.2</p> <p>4.2</p> <p>4.2</p> |
| 5 | Payout basis | <ul style="list-style-type: none"> Cashless services for covered expenses in Network hospitals Reimbursement of covered expenses | <p>1.1, 5.6</p> <p>1.1</p> |
| 6 | Cost sharing | <ul style="list-style-type: none"> Not Applicable | |
| 7 | Renewal Conditions | <ul style="list-style-type: none"> Policy is ordinarily renewable Other terms and conditions of renewal | <p>10</p> <p>10</p> |
| 8 | Renewal Benefits | <ul style="list-style-type: none"> None. | NA |
| 9 | Cancellation | <ul style="list-style-type: none"> 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 30 (thirty) days' notice, and no refund of premium on cancellation on above ground. The Insured may at 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. <p>Period on Risk Rate of premium to be Charged</p> <p>Upto 1 Month 1/4th of the annual rate</p> <p>Upto 3 Months 1/2 of the annual rate</p> <p>Upto 6 Months 3/4th of the annual rate</p> <p>Exceeding 6 months Full annual rate</p> | 5.15 |

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| 10. | Claims | <ul style="list-style-type: none"> • For CashlessService: (Hospital Network details can be obtained www.orientalinsurance.org.in) • For Reimbursement of Claim (Note: intimation in both cases to be given within 48 hours of admission but before discharge and submission of claim documents within 15daysofdischarge) | |
| 11 | Policy Servicing/ Grievances/ Complaints | <ul style="list-style-type: none"> • Companywebsite: www.orientalinsurance.org.in • Toll free: 1800118485 Or 011- 33208485 • E-mail: csd@orientalinsurance.co.in • Contact address of the grievance officer at: • Customer Service Department 4th Floor, Agarwal House Asaf Ali Road, New Delhi-110002. • Ombudsman website: http://ecoi.co.in/ombudsman.html. • IRDAI Integrated Grievance Management System :- https://igms.irda.gov.in/ | 5 (26) |
| 12 | Insured' Rights | <ul style="list-style-type: none"> • FreeLook: • Implied renewability (except on certain specificgrounds) • Migration andPortability: • Increase in SI during the Policyterm • Turn Around Time (TAT) for issue of Pre-Auth and settlement of Reimbursement | |
| 13 | Insured's Obligations | <ul style="list-style-type: none"> • Insured to disclose all pre-existing disease/s or condition/s before buying a policy • Non-disclosure may result in claim not being paid • noticeofadmissiontohospitalshouldbegiven within 48 hours of admission but before discharge from Hospital / Nursing Home, in case of both planned and emergency hospitalisation | |
| <p>LegalDisclaimerNote:Theinformationmustbereadinconjunctionwiththe product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shallprevail.</p> | | | |