



THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office: Oriental House, P.B.No.7037, A-25/27, Asaf Ali Road,
New Delhi-110 002

CIN No. U66010DL1947GOI007158

MEDICLAIM INSURANCE POLICY (GROUP) SALES LITERATURE

1. Who can buy this Policy?

- The Group Mediclaim Policy will be available to any Group/Association/ Institution/ Corporate Body provided it has a central administration point.
- The group policy will be issued in accordance with IRDA guidelines, in the name of the Group/ Association / Institution / Corporate Body (called insured) with a schedule of names of the members including his/her eligible family members.

2. What is minimum Group Size in order to propose for this Policy ?

- The Minimum Group size in order to be eligible for this policy, should be more than 50 persons/families.
- Proposed Group must conform to definition of “Group” in letter & spirit as per IRDA Health Insurance Regulations (HIR) 2016.

3. Sum Insured Options are available under the policy?

- Minimum sum insured is Rs 50,000/- and in multiples of Rs 25,000/- up to Rs 2, 00,000/- . Beyond the Sum Insured of Rs. 200000/- in multiples of Rs. 50000/- up to Rs 500000/-.

4 . Who are the family members eligible to be covered in this policy?

- a. Self (Primary Insured).
- b. Legal Spouse.
- c. Dependent Children (i.e. legitimate or legally adopted children) upto the age of 21 years.
- d. Dependent parents/parents-in-law.

5. What are the benefits offered by Oriental Group Mediclaim Policy ?

- a. In patient hospitalisation expenses
- b. Domiciliary Hospitalisation Benefit
- c. AYUSH treatments without any sub limits.
- d. Ambulance Expenses up to 1% of the sum insured or Rs 2000/- whichever is less
- e. Telemedicine Expenses.
- f. Modern treatments and advanced surgeries.

- g. Mental illness cover.
- h. Hospitalization expenses incurred for donating an organ by the donor (excluding cost of organ if any) to the insured person during the course of organ transplant will also be payable.
- i. Pre & post hospitalisation expenses for 30days and 60days respectively.

6. Does this policy cover pre-existing diseases?

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

7. What is the term of the policy?

- Policy period is one year.

8. Is there any Disease/Procedure wise capping in this policy ?

- Yes. Disease/Procedure wise capping is as under :

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 vitreal 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 prostate (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.

9. Is there any Waiting Period under this policy ?

• 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.

10. Are there any disease specific waiting periods in the policy ?

• Yes. 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
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
xxiii	Joint Replacement due to Degenerative condition.	4 Years
xxiv	Age related osteoarthritis and Osteoporosis.	4 Years

11. Is Pre-Acceptance Medical Check-Up Required?

- Proposer doesn't need to undergo any Pre-Acceptance Medical Examination up to the age of 45 years.
- Any person beyond 45 years of age desiring to take insurance cover for the first time has to submit following medical reports from listed Network Diagnostic Centre.

Age	45-55	ABOVE 55 Years
MEDICAL TEST	PHYSICAL EXAMINATION	PHYSICAL EXAMINATION
	URINE(MICROALBUMIN UREA)	URINE(MICROALBUMIN UREA)
	GLYCOCYLATED, HAEMOGLOBIN	GLYCOCYLATED HAEMOGLOBIN
	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)
	ELECTRO CARDIO GRAM	XRAY BOTH KNEES (ANTEPOSTERIOR AND LATREL)
	COMPLETE EYE TEST INCLUDING FUNDUS ETC	COMPLETE EYE TEST INCLUDING FUNDUS ETC
		STRESS TEST (TMT)

* Validity period of medical reports is up to 30days from the date of proposal.

12. Is there any group discount available under this policy?

- Yes, There is a group discount available the policy, as per the details below:
 - a) No discount is offered for a group consisting of less than 101 members.
 - b) Addition / deletion during currency will not be considered for change in discount.
 - c) Discount is applicable on number of persons on renewal / inception date only.

<u>No. Of persons / Families</u>	<u>Discount %</u>
101-1000	10.00
1,001-5,000	12.50
5,001-15,000	15.00
15,001-25,000	20.00
25,001-50,000	25.00

13. Does this policy pay if I am hospitalised for taking other than Allopathic treatment?

- Yes. Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines, is treatment taken in a AYUSH hospital shall be covered up to sum insured, during each Policy year.

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

- The policy pays if the treatments and hospitalisation is within India.

15. 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 in case premium is paid annually 15 days Grace period is applicable on policies wherein premium is opted on instalment basis.

However, no coverage will be available for the break period.

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

- The premium rates and the terms & conditions of the policy may be modified on renewal (after due approval from the Insurance Regulatory and Development Authority of India (IRDAI) for which you will be informed at least three months in advance.

17. 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.

18. What are the major exclusions in the policy?

- a. Pre-Existing Diseases.
- b. Admission primarily for investigation & evaluation
- c. Admission primarily for rest Cure, rehabilitation and respite care
- d. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions.
- e. Change-of-Gender treatments
- f. Listed 16 major diseases (For details refer policy document)
- g. Expenses related to correction of refractive error less than 7.5.
- h. Expenses for cosmetic or plastic surgery
- i. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports
- j. Unproven treatments
- k. Maternity
- l. Sterility and infertility

(The above is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions.)

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.

20. 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 INR Ten Lakh.

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.
