S.No.	Title	Description	Refer to policy clause
1	Product	Micro Universal Health Insurance Policy (Group)	policy clause
2	Product Name What am I covered for:	Micro Universal Health Insurance Policy (Group) The insurance is available to persons between the age of 5 to 70 years. Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently. Section-I: Hospital expenses • Room, Boarding Expenses as provided by the Hospital / nursing home (Up to 0.5% of Sum Insured per day) If admitted in IC Unit (Up to 1% of Sum Insured per day) • Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses (Up to 15% of Sum Insured per illness / Injury) • Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray Dialysis, Chemotherapy, Radiotherapy Cost of Pacemaker, Artificial Limbs & Cost of organs and similar expenses (Up to 15% of Sum Insured per illness / Injury). • Maternity Benefit – ONE CHILD ONLY (with 12 months waiting period) Rs.2,500/- for normal delivery and Rs.5,000/- for caesarean delivery. Section-II: Personal Accident • If the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, and if such injury shall within 12 calendar months of its occurrence lead to death or disablement as specified below, then the Company shall pay to the Insured Person and/or nominee wherever applicable the sum hereinafter set forth: • Death of Insured Person solely due to accident Rs. 10,000/- or 20,000/- • Permanent Total Disablement or Loss of one limb and one eye Or loss of both eyes and/or loss of both limbs of Insured Persons solely due to accident. Rs.10,000/- or 20,000/-	Section-I (A, B, C & D), Section-II (A & B)
		solely due to accident. Rs. 5,000/- or 10,000/-	

What are the major exclusions in the policy: Section
exclusions in the policy: or in respect of following expenses till the expiry of waiting period mentioned below: 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.
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reinstatement.
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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.
e.) Expenses related to any admission primarily for diagnostics
and evaluation purposes only are excluded.
f.) Any diagnostic expenses which are not related or not
incidental to the current diagnosis and treatment are excluded.
Exclusions Applicable to Section-II The Company shall not be
liable under this section of policy for:
1. Payment or compensation in respect of death, injury or
disablement directly or indirectly arising out of or contributed
to by or traceable to any disability already existing on the date
of commencement of this policy.
2. Death, Injury or disablement arising directly or indirectly
from or traceable to:
a) Intentional self injury, suicide or attempted suicide
b) Pregnancy or in consequence thereof
c) Whilst engaging in aviation or Ballooning, whilst mounting
into dismounting, from or traveling in any Balloon or aircraft
other than as a passenger (fare paying or otherwise) in any duly
licensed standard type of aircraft anywhere in the world or
engaging in hazardous sports of any kind whatsoever.
d) Whilst under the influence of intoxication, liquor or drugs. e)
Directly or indirectly caused by venereal diseases or insanity
f) Arising or resulting from the insured committing any breach
of law with criminal intent.
g) War and/or warlike perils, nuclear perils contamination,
radioactivity.

4	Waiting period	 Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) Specific waiting periods Pre-existing diseases: Covered after 48months
5	Payout basis	CashlessReimbursement
6	Renewal Conditions	Your policy is ordinarily renewableOther terms and conditions of renewal
7	Renewal Benefits	Preexisting diseases covered after 4 continuous renewals
8	Cancellation	 The Insured may cancel this Policy by giving 15days' written notice 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
9	Claims	For Cashless Service: Hospital Network Details are available at www.orientalinsirance.org.in 2 For reimbursement of Claim
10	Policy Servicing/ Grievances/ Complaints	Company officials: Website: www.orientalinsurance.org.in Toll free: 1800118485 Or 011- 33208485 E-mail: csd@orientalinsurance.co.in IRDAI/(IGMS/Call Centre): https://igms.irda.gov.in/ Ombudsman website: http://ecoi.co.in/ombudsman.html
11	Insured's Rights	 Free Look and Grace period Implied Renewability (except on certain specific grounds) Migration and Portability Turn Around Time (TAT) for issue of Pre-auth and settlement of Reimbursement
12	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of Material Information during the policy period such as change in occupation.
Logoli	Disalaiman Nata.	The information must be read in conjunction with the product brochure and

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the

			Annexure-A	<u>1</u>						
Benefit III	ustration in	respect of polic	ies offered	on individua	al and famil	y floater b	oasis			
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				overall Sum insured (Only one sum insured is			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
5-70	Not Applicable		No Provision For such coverage under the policy			Rs. 472/- (Up to 5 persons)	0	472	30000/-	
years							Rs. 630/- (Up to 7 persons)	0	630	30000/-
Total Premium for all members of the family is Rs, when they are covered under a single policy.			Total Premium for all members of the family is Rs, when they are covered under a single policy.			Total Premium when policy is opted on floater basis is Rs. 472/- (For up to 5 persons) and Rs. 630/- (for up to 7 persons).				
Sum insured available for each family member is Rs			Sum insured available for each family member is Rs			Sum insured of Rs. 30000/ - is available for the entire family.				
Also, the p		mium rates specif es shall be exclusi			on shall be st	andard pr	emium rates w	ithout consi	dering any	loading.