S.No.	Title	Description	Refer to policy
1	Product Name	MICRO UNIVERSAL HEALTH INSURANCE POLICY (INDIVIDUAL)	
2	What am I covered for:	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	Section-I (A, B, C & D), Section-II (A & B)
		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.	
		 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/- Loss of one limb/sight in one eye of Insured Person solely due to accident. Rs. 5,000/- or 10,000/- 	

3 What are	' '	Exclusions
the majo	or liable to make any payment under the policy in connection with	under
exclusio	ns in or in respect of following expenses till the expiry of waiting	section-I and
the polic	cy: period mentioned below:	Section- II
	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.	
	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	
	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	Cashless Reimbursement
6	Renewal Conditions	 Your policy is ordinarily renewable Other 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.
LogalD	icalaimar Natar	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									
Benefit Illustration in respect of policies offered on individual and family floater basis										
Age of the members insured	each mer	opted on basis covering mber of the barately (at a time)	multiple members of the family under a single policy (Sum insured is available for			Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)				
	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.)
Not Applicable 5-70		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 or floater basis is Rs. 472/- (For up to 5 persons) and Rs. 630/- (for up to 7 per							
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 the entire family.			le for				
Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.										