Mediclaim Insurance Policy

(Group) UIN:

OICHLGP25047V032425 The

Oriental Insurance Company

Limited THE ORIENTAL

INSURANCE COMPANY LIMITED,

MEDICLAIM INSURANCE

POLICY-2024 (GROUP) 1

WHEREAS the insured named in

the Schedule hereto has by a

proposal and declaration

dated stated in the Schedule

(which shall be the basis of

this Contract and is deemed

to be incorporated herein)

has applied to THE ORIENTAL

INSURANCE COMPANY LIMITED

(hereinafter called the

Company) for the insurance

hereinafter set forth in

respect of persons(s) named

in the Schedule hereto

(hereinafter called the

INSURED PERSON (S))and has

paid premium to the Company

as consideration for such

insurance to be serviced by

Third Party Administrator

(hereinafter called the TPA)

or theCompany as the case

maybe. NOW THIS POLICY

WITNESSES that subject to

the terms, conditions,

exclusions and definitions

contained herein or endorsed

or otherwise expressed

hereon, the Company

undertakes that, if during

the period stated in the

Schedule any insured Person

shall contract any disease

or suffer from any illness /

ailment / disease

(hereinafter called

‘DISEASE’) or sustain

any bodily injury through

accident (hereinafter called

‘INJURY’) and if such

disease or injury shall

require, upon the advice of

a duly qualified Physician /

Medical Specialist/Medical

Practitioner (hereinafter

called MEDICAL PRACTITIONER)

or of a duly qualified

Surgeon (hereinafter called

‘SURGEON’) to incur (a)

hospitalisation expenses for

medical/surgical treatment

atanyNursingHome/HospitalinIndiaashereindefined(hereinaftercalled‘HOSPITAL’)asaninpatientOR

(b) on domiciliary treatment

in India under Domiciliary

Hospitalisation Benefits as

hereinafter defined, the

Company/TPAwillpaytotheHospitals(onlyiftreatmentistakenatNetworkHospital(s)withpriorconsentof

Company/TPA) or re-imburse

to the insured person, as

the case may be, the amount

of such expenses. It is a

precondition that these

expenses are reasonably and

necessarily incurred in

respect thereof by or on

behalf of such insured

person but not exceeding the

sum insured in aggregate in

any one period of insurance

stated in the

schedulehereto. The policy

reimburses the payment of

Hospitalisation and / or

Domiciliary Hospitalisation

expenses only for

illness/diseases contracted

or injury sustained by the

Insured Persons. In the

event of any claim becoming

admissible under this

policy, the Company/TPA will

pay to the hospital (only if

treatment is taken at

network hospitals with prior

consent of Company/TPA) or

re-imburse to the insured,

as the case may be, the

amount of expenses

reasonably and necessarily

incurred under different

heads mentioned below

thereof by or on behalf of

such Insured Person not

exceeding the Sum Insured in

aggregate in respect of

Insured Person as stated in

the schedule for all claims

admitted during the period

of insurance mentioned in

the schedule. 2. FOLLOWING

REASONABLE & CUSTOMARY

EXPENSES ARE REIMBURSABLE

UNDER THE POLICY a. Room,

Boarding and Nursing

Expenses as provided by the

Hospital /Nursing Home not

exceeding 1 % of the Sum

Insured or Rs. 5000 /- per

day whichever is less. b.

I.C.Unitexpensesnotexceeding2%oftheSumInsuredorRs.10,000/-perdaywhicheverisless.

(Room including I.C.U. stay

should not exceed total

number of admission days).

c. Surgeon, Anaesthetist,

Medical Practitioner,

Consultants, Specialists

Fees. d. Anaesthesia, Blood,

Oxygen, Operation Theatre

Charges, Surgical

Appliances, Medicines &

Drugs, Dialysis,

Chemotherapy, Radiotherapy,

Artificial Limbs, Cost of

Prosthetic devices implanted

during surgical procedure

like pacemaker, Relevant

Laboratory / Diagnostic

test, X-Rayetc.. e.

Ambulance services - 1% of

the sum insured or Rs 2000/-

whichever is less shall be

reimbursable in case patient

has to be shifted from

residence to hospital in

case of admission in

Emergency Ward / I.C.U. or

from oneHospital / Nursing

home to another Hospital /

Nursing Home by registered

ambulance only for better

medical facilities.

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(Group) UIN:

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Oriental Insurance Company

Limited Note:

1.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. However in any case

the liability of the Company

will be limited to over all

Sum Insured of the Insured

Person. 2A. DOMICILIARY

HOSPITALISATION BENEFIT:

Domiciliary hospitalization

means medical treatment for

a period exceeding three

days for such an

illness/disease/injury which

in the normal course would

require care

andtreatmentatahospitalbutisactuallytakenwhileconfinedathomeunderanyofthefollowingcircumstances:

-the condition of the

patient is such that he/she

is not in a condition to be

removed to a hospital,or

-the patient takes treatment

at home on account of non

availability of room in

ahospital. Subject however

to the condition that

Domiciliary Hospitalisation

benefit shall not cover a)

Expenses incurred for pre

and post hospital

treatmentand b) Expenses

incurred for treatment for

any of the following

diseases: i. Asthma ii.

Bronchitis, iii. Chronic

Nephritis and

NephriticSyndrome, iv.

Diarrhoea and all types of

Dysenteries

includingGastro-enteritis,

v. Diabetes Mellitus

andInsipidus, vi. Epilepsy,

vii. Hypertension, viii.

Influenza, Cough andCold,

ix. Pyrexia of unknown

origin for less than 10days,

x. Tonsillitis and Upper

Respiratory Tract infection

including Laryngitis

andPharyngitis, xi.

Arthritis, Gout

andRheumatism. Note:

Liability of theCompany

under this clause is

restricted as stated in the

schedule attached hereto.

2B.Telemedicine-Expenses

incurred by insured on

telemedicine/Teleconsultation

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/Sublimits

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. 2C.

MATERNITYEXPENSES AND

NEWBORN CHILD COVER

BENEFITEXTENSION: a. This is

an optional cover which can

be obtained on payment of

10% of the total basic

premium for all the insured

persons under the policy.

Total basic premium means

the total premium computed

before applying group

discount and /or High Claims

Ratio Loading, Low

ClaimDiscount. b. Option for

Maternity Expenses and

Newborn Child Cover Benefit

Extension has to be

exercised at the time of

inception of the policy

period and no refund is

allowable in case of

Insured’s cancellation of

this option during the

currency of thepolicy. c.

Those insured persons who

are already having two or

more living children will

not be eligible for this

benefit d. Claim in respect

of only first two children

and/or operations associated

therewith will be considered

in

respectofanyoneinsuredpersoncoveredunderthepolicyoranyvalidandeffectiverenewalthereof

e. The maximum benefit

allowable under this clause

will be upto Rs. 50,000/-and

would fall under different

heads mentioned under

item1.2.. The sum insured

under above benefit shall be

a part of basic sum insured.

Special conditions

applicable to Maternity

Expenses & NewbornChild

Cover Benefit Extension

Mediclaim Insurance Policy

(Group) UIN:

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Oriental Insurance Company

Limited a. These benefits

are admissible only if the

expenses are incurred in

hospital/nursing home as

in-patients in India. b. A

waiting period of 9 months

is applicable for payment of

any claim relating to normal

delivery or caesarean

section or abdominal

operation for extra uterine

Pregnancy. The waiting

period may be relaxed only

incase of delivery,

miscarriage or abortion

induced by accident or other

medical emergency. c.

Expenses incurred in

connection with voluntary

medical termination of

pregnancy during the first

twelve weeks from the date

of conception are not

covered. d. Pre-natal and

post-natal expenses are not

covered unless admitted in

Hospital/nursing home and

treatment is taken there. e.

Pre Hospitalization and post

Hospitalization benefits are

not available under this

section. f. Newly born child

shall be covered from day

one upto the age of 3 months

and expenses incurred for

treatment taken in hospital

as in patient shall only be

payable subject to within

the specified sum insured

under Maternity benefit

extension. . 2D. HIV/ AIDS

Cover The Company shall

indemnify the Hospital or

the Insured the Medical

Expenses (including Pre and

Post Hospitalisation

Expenses) related to

following stages of HIV

infection: i. Acute HIV

infection – acute flu-like

symptoms ii. Clinical

latency – usually

asymptomatic or mild

symptoms iii. AIDS –

full-blown disease; CD4 <

200 2E: Mental Illness

Cover: The Company shall

indemnify the Hospital or

the Insured the Medical

Expenses (including Pre and

Post Hospitalisation

Expenses) only under certain

conditions as:- 1.Illness

covered under definition of

mental illness*.

2.Hospitalization in Mental

Health Establishment as

defined*. 3.Hospitalization

as advised Mental Health

Professional as defined*.

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 Hospitalisation is not

necessary shall not be

covered. *For starred items,

please refer to Definitions

Clause. 2F: 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. Mediclaim Insurance

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Limited 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

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.

Stemcell 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. 3.

DEFINITIONS: 3.1.

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

Scheduleof Section 56(1) of

the said Act*OR complies

with all minimum criteria

asunder: a) has qualified

nursing staff under its

employmentround 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 inall

other places; c) has

qualifiedMedicalPractitioner

(s) incharge round thec

lock; d) has a fully

equipped operation theatreof

its own where surgical

procedures are carried out

e) Maintains daily records

of patients andmakesthe

accessibletothe 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, if any: 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. TheManipur Homes and

Clinics Registration Act,

1992 6. The Nagaland Health

Care Establishments Act,

1997 Mediclaim Insurance

Policy (Group) UIN:

OICHLGP25047V032425 The

Oriental Insurance Company

Limited 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

3.2.AYUSH Hospital: An AYUSH

Hospital is a healthcare

facility wherein

medical/surgical/para-surgical

treatment procedures and

interventions are carried

out by AYUSH Medical

Practioner(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

/CentralCouncil ofIndian

Medicine/ CentralCouncil 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 Practioner and must comply with all the following criterion: i. Having at least five in-patient beds; ii. Having qualified AYUSH Medical Practioner in chargeround the clock; iii. Having dedicated AYUSH therapy

sections asrequired 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.

3.3. 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

Practioner (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. The term

‘Hospital/Nursing Home’

shall not include an

establishment which is a

place of rest, a place for

the aged, a place for drug

addicts or a place for

alcoholics, a hotel or a

similar place. Note: 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 suminsured as specified in the policy schedule in any AYUSH Hospital. Mediclaim Insurance Policy (Group) UIN: OICHLGP25047V032425 The Oriental Insurance Company Limited . 3.4. SURGICAL OPERATION: Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of

diseases, relief of

suffering or prolongation of

life, performed in a

hospital or day care centre

by a medical practitioner.

3.5. HOSPITALISATION PERIOD:

Expenses on Hospitalisation

are admissible only if

hospitalisation is for a

minimumperiod of 24 hours.

However, (A) This time limit

will not apply to following

specific treatments taken in

the Network Hospital/Nursing

Home where the Insured is

discharged on the same day.

Such treatment will be

considered to be taken under

Hospitalisation Benefit. i.

HaemoDialysis, ii.

ParentralChemotherapy, iii.

Radiotherapy, iv. Eye

Surgery, v.Lithotripsy

(kidney stone removal), vi.

Tonsillectomy, vii. D&C,

viii. Dentalsurgery

following an accident ix.

Hysterectomy x.Coronary

Angioplasty xi. Coronary

Angiography xii. Surgery of

Gall bladder, Pancreas and

bile duct xiii. Surgery of

Hernia xiv. Surgery of

Hydrocele. xv. Surgery of

Prostrate. xvi.

Gastrointestinal Surgery.

xvii. Genital Surgery.

xviii. Surgery of Nose. xix.

Surgery of throat. xx.

Surgery of Appendix. xxi.

Surgery of Urinary System.

xxii. Treatment of fractures

/ dislocation excluding hair

line fracture, Contracture

releases and minor

reconstructive procedures of

limbs which otherwise

require hospitalisation.

xxiii. Arthroscopic Knee

surgery. xxiv. Laproscopic

therapeutic surgeries. xxv.

Any surgery under General

Anaesthesia. xxvi. Or any

such disease / procedure

agreed by TPA/Company before

treatment. (B) Further if

the treatment / procedure /

surgeries of above diseases

are carried out in Day Care

Centre, which

meansanyinstitutionestablishedfordaycaretreatmentofillnessand/orinjuriesORamedicalset-upwithina

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:- 1. has qualified

nursing staff under its

employment, 2. has qualified

medical practitioner (s)

incharge, 3. has a fully

equipped operation theatre

of its own, where surgical

procedures are carried out4.

maintains

dailyrecordsofpatientsandwillmaketheseaccessibletotheInsurancecompany’sauthorized

personnel, the requirement

of minimum number of beds is

overlooked. (C) This

condition of minimum 24

hours Hospitalisation will

also not apply provided,

medical treatment, and/or

surgical procedureis:

Mediclaim Insurance Policy

(Group) UIN:

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Oriental Insurance Company

Limited i. under

takenunderGeneralorLocalAnesthesiainahospital/daycarecentreinlessthan24hrsbecauseof

technological

advancement,and ii.

whichwouldhaveotherwiserequiredahospitalizationofmorethan24hours.

ABOVEARE ADMISSIBLE SUBJECT

TO TERMS & CONDITIONS

OFTHE POLICY. NOTE:

PROCEDURES / TREATMENTS

USUALLY DONE IN OUT PATIENT

DEPARTMENT ARE NOT PAYABLE

UNDER THE POLICY EVEN IF

CONVERTED TO DAY CARE

SURGERY / PROCEDURE OR AS IN

PATIENT IN THE HOSPITAL FOR

MORE THAN 24 HOURS. 3.6.

INSURED PERSON: Means

Person(s) named on the

schedule of the policy. 3.7.

ENTIRE CONTRACT: This policy

/ proposal and declaration

given by the insured

constitute the complete

contract of this policy.

Only Insurer may alter the

terms and conditions of this

policy. Any alteration that

may be made by the insurer

shall only be evidenced by a

duly signed and sealed

endorsement on the policy.

3.8. THIRD PARTY

ADMINISTRATOR (TPA): means

any company who has obtained

licence from IRDA to

practice as a third party

administrator and is

appointed by the Company.

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.

HOSPITALISATION PERIOD: The

period for which an insured

person is admitted in the

hospital as

inpatientandstaysthereforthesolepurposofreceivingthenecessaryandreasonabletreatmentforthe

disease / ailment contracted

/ injuries sustained during

the period of policy. The

minimum period of stay shall

be 24 hours except for

specified procedures/

treatment where such

admission could be for a

period of less than 24

consecutivehours. 3.11.

PRE-HOSPITALISATION

EXPENSES: Medical Expenses

incurred during the period

upto 30 days prior to the

date of admission, provided

that: a.

SuchMedicalExpensesareincurredforthesameconditionforwhichtheInsuredPerson’sHospitalisationwas

required,and b. The

In-patient Hospitalization

claimfor such

Hospitalization is

admissible by the Insurance

Company. 3.12.

POST-HOSPITALISATION

EXPENSES: Medical Expenses

incurred for a period upto

60 days from the date of

discharge from the hospital,

provided that: a.

SuchMedicalExpensesareincurredforthesameconditionforwhichtheInsuredPerson’sHospitalisationwas

required ,and b. The

In-patient Hospitalization

claimfor such

Hospitalization is

admissible by the Insurance

Company. 3.13.

MEDICALPRACTITIONER:AMedicalpractitionerisapersonwhoholdsavalidregistrationfromtheMedical

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.

3.14. QUALIFIED NURSE:Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India. 3.15. Pre-Existing Disease (PED): Preexisting disease means any condition, ailment, injury or disease: a. that is/are diagnosed by a physician within 36 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 36 months prior to

the effective date of the

policy or its reinstatement.

Mediclaim Insurance Policy

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Oriental Insurance Company

Limited 3.16. ILLNESS

Illness means a sickness or

a disease or pathological

condition leading to the

impairment of normal

physiological function which

manifests itself during the

Policy Period and requires

medical treatment. a. Acute

condition-

Acuteconditionisadisease,illnessorinjurythatislikelytorespondquicklytotreatment

which aims to return the

person to his or her state

of health immediately before

suffering the disease/

illness/ injury which leads

to full recovery. b. Chronic

condition - A chronic

condition is defined as a

disease, illness, Or injury

that has one or more of the

following

characteristics:—it needs

ongoing or long-term

monitoring through

consultations, examinations,

checkups, and / or

tests—it needs ongoing or

long-term control or relief

of symptoms— it requires

your rehabilitation or for

you to be specially trained

to cope with it—it

continues indefinitely—it

comes back or is likely to

come back. 3.17. INJURY

Injury means accidental

physical bodily harm

excluding illness or disease

solely and directly caused

by external, violent and

visible and evident means

which is verified and

certified by a Medical

Practitioner. 3.18.

CONGENITALANOMALY Congenital

Anomaly refers to a

condition(s) which is

present since birth, and

which is abnormal with

reference to form, structure

or position. a. Internal

Congenital Anomaly Which is

not in the visible and

accessible parts of the body

is called Internal

Congenital Anomaly b.

External Congenital Anomaly

which is in the visible and

accessible parts of the body

is called External

Congenital Anomaly 3.19.

IN-PATIENT: An Insured

person who is admitted to

hospital and stays for at

least 24 hours for the sole

purpose of receiving the

treatment for suffered

ailment / illness / disease

/ injury / accident during

the currency of the policy.

3.20. REASONABLEANDCUSTOMARY

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 areafor

identical or similar

services, taking into

account the nature of the

illness / injury involved.

For a networked hospital

means the rate pre-agreed

between Networked Hospital

and the TPA for surgical /

medical treatment that is

necessary , customary and

reasonable for treating the

condition for which insured

person was hospitalized.

NOTE: Any expenses (as

mentioned above) which are

not covered under the policy

and / or which are not

reasonable, customary and

necessary, the same have to

be borne by the insured

person himself. 3.21.

CASHLESS FACILITY: It 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. 3.22. I .D. CARD:

means the card issued to the

Insured Person by the TPA to

avail Cashless facility in

the Network Hospital. 3.23.

DAY CARE PROCEDURE: means

the course of Medical

treatment / surgical

procedure listed at 2.3 (A)

carried out, in Networked

specialized Day Care Centre

which is fully equipped with

advanced technology and

specialised infrastructure

where the insured is

discharged on the same day,

the requirement of minimum

beds will be over looked

provided other conditions

aremet. 3.24. LIMIT OF

INDEMNITY: means the amount

stated in the schedule

against the name of each

insured person Mediclaim

Insurance Policy (Group)

UIN: OICHLGP25047V032425 The

Oriental Insurance Company

Limited which represents

maximum liability for any

and all claims made during

the policy period in respect

of that insured person in

respect of hospitalization

taking place during currency

of the policy. 3.25. ANY ONE

ILLNESS: Any one illness

means continuous Period of

illness and it includes

relapse within 45 days from

the date of last

consultation OR 105 days

from the date of discharge

,whichever is earlier, from

the Hospital/Nursing Home

where treatment may have

been taken. 3.26. PERIOD OF

POLICY:This insurance policy

is issued for a period of

one year shown in the

schedule. 3.27. 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. 3.28.

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. 3.29.

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.

3.30. 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, cooperative 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. 3.31. 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

Vigyan Avum Manas Roga or a

postgraduate degree

(Homoeopathy) in Psychiatry

or a post-graduate degree

(Unani) in Moalijat

(Nafasiyatt) or a

post-graduate degree

(Siddha) in Sirappu

Maruthuvam; 4

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: 4.1.

Pre-existingDiseases-

code–Excl 01 a). Expenses

related to the treatment of

a pre-existing Disease (PED)

and its direct complications

shall be excluded until the

expiry of 36 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 suminsured increase. c).

If the Insured person is

continuously covered without

any break as defined under

the portabilitynorms of the

extant IRDAI (Health

Insurance) Regulations, then

waiting period for the same

would be reduced to the

extent of the Mediclaim

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Limited prior coverage. d).

Coverage under the policy

after the expiry of 36

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. 4.2.

Specified disease/ procedure

waiting period-code- ExcI02

a). Expensesrelated to the

treatment of the

listedConditions,surgeries/treatmentsshallbe

excludeduntilthe expiryof

the specified

waitingperiodofthecontinuouscoverageafter

thedateof inceptionofthe

firstpolicywith us.This

exclusionshallnotbe

applicable for claims

arising due to an accident.

b). In case of enhancement

ofsum insured the exclusion

shall apply a fresh to

theextent ofsum insured

increase. c). If anyof the

specified disease/procedure

falls under the

waitingperiod specifiedfor

pre-Existing diseases,

thenthe longer of the two

waiting periodsshall apply.

d).The waiting period for

listed conditions shall

apply even if contracted

after the policy or declared

and accepted without a

specificexclusion. e).

IftheInsuredPersonis

continuouslycovered without

any break as definedunder

the applicablenorms

onportability 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

Surgeryofgenito-urinarysystemexcludingmalignancy.

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 clause

7.12 ofthe policy

conditions. 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 Joint

Replacement due to

Degenerative condition.

3Years Xxiii Age related

osteoarthritis and

Osteoporosis. 3Years

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Limited 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 Insure dis enhanced

subsequent to the inception

of the

firstPolicy,clauses4.1,4.2and4.3shallapplyafresh

onthe enhanced portionof

theSum Insured. 4.3 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. 5.

GENERAL

EXCLUSIONS:TheCompany shall

not be liable to make any

payment under this Policy in

respect of any

expensewhatsoever

incurredbyanyInsured Person

in connection withor in

respect of:

5.1.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. 5.2. Rest Cure,

rehabilitation and respite

care – Code –ExcI 05 a)

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.

5.3.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. 5.4. 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. 5.5. 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 practioner. 5.6.

Hazardous or Adventure

sports- Code- ExcI 09

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Limited 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. 5.7. 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. 5.8. Excluded

Providers- Code – ExcI 011

Expenses incurred towards

treatment in any hospital or

by any Medical Practioner 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. 5.9. Treatment for,

Alcolholic drug or substance

abuse or any addictive

condition and consequences

thereof. – Code- ExcI012

5.10.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

5.11.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 practioner as

part of hospitalization

claim or day care

procedure.- Code- ExcI014

5.12.Refractive Error- Code-

ExcI 015 Expenses related to

the treatment for correction

of eye sight due to

refractive error less than

7.5 dioptres.

5.13.UnprovenTreatments-

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.

5.14.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.

5.15.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. 5.16. 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

allkinds. 5.17. 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: Mediclaim

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Limited 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

ordeath. 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. 5.18

Costs of spectacles, contact

lenses, hearing aids etc.

5.19 Congenital external

diseases or defects or

anomalis. 5.20 Expenses for

investigation/treatment

irrelevant to the disease

for which admitted or

diagnosed. Private nursing

charges, Referral fee to

family doctors, out station

consultants / Surgeons fees

etc. 5.21 Experimental or

alternative medicine (other

than Ayurveda, Siddha, Unani

& Homeopathy as

expressed in clause 1.2.A1)

and related treatment

including acupressure,

acupuncture, magnetic and

such other therapies. 5.22

Stem cell implantation

and/or Surgery other than

Hematopoietic stem cells for

bone marrow transplant for

hematological conditions,

which to be covered. 5.23

Cost of external and or

durable medical /

non-medical equipment of any

kind used for diagnosis and

or treatment including CPAP,

CAPD, Infusion pump etc.,

Ambulatory devices i.e.

walker, Crutches, Belts,

Collars, Caps, splints,

slings, braces, Stockings

etc. of any kind, Diabetic

foot wear, Glucometer,

Thermometer, Blood Pressure

monitoring machine and

similar related items and

also any medical equipment

which is subsequently used

at home. Exhaustive list

available on our website

(www.

orientalinsurance.org.in).

5.24 Change of treatment

from one system of medicine

to another unless agreed /

allowed and recommended by

the consultant under whom

the treatment is being

taken. 5.25 Treatments such

as Rotational Field Quantum

Magnetic Resonance (RFQMR),

External Counter Pulsation

(ECP), Enhanced External

Counter Pulsation (EECP),

Hyperbaric Oxygen Therapy.

5.26 Any stay in the

Hospital for any domestic

reason or where no active

regular treatment is given

by the Specialist. 5.27 Any

kind of Service charges,

Surcharges, Admission fees /

Registration charges etc

levied by the Hospital. 5.28

Doctor’s home visit

charges, Attendant / Nursing

charges during pre and post

Hospitalisation period

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Limited 5.29 Pre and Post

Hospitalization expenses

unrelated with disease /

Injury for which

Hospitalization claim has

been admitted under the

Policy 5.30. Circumcision

(unless necessary for

treatment of a disease not

excluded hereunder or as may

be necessitated due to any

accident), vaccination

(except as covered under 1.2

B(ii)), inoculation or

change of life or cosmetic

or aesthetic treatment of

any description. 5.31 Any

dental treatment or Surgery

which is corrective,

cosmetic or of aesthetic

procedure, filling of

cavity, crowns, root canal

treatment including

treatment for wear and tear

etc., unless arising from

disease or Injury and which

requires Hospitalization for

treatment. 5.32 All non

medical expenses including

personal comfort and

convenience items or

services such as Wi-

Fi/internet charges

telephone, television, ayah

/ barber or beauty services,

diet charges, baby food,

cosmetics, napkins, toiletry

items etc, guest services

and similar incidental

expenses or services etc.

5.33 Genetic Disorders. 5.34

Massages, Steam bathing,

Shirodhara and alike

treatment under Ayurvedic

treatment. 5.35 Any expenses

incurred on OPD treatment.

5.36 Treatment taken outside

the geographical limits of

India. 6. If the proposer is

suffering or has suffered

from any of the following

disease, as per serial no 1-

16 of the below table at the

time of taking the policy,

the specific ICD codes will

be permanently excluded from

the policy coverage: Sr. No.

Disease ICD Code 1

Sarcoidosis D86.0-D86.9

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Limited 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,

polycythaemiavera and

myelodysplastic syndromes

• D3A-D3A Benign

neuroendocrine tumours •

D49-D49 Neoplasms of

unspecified behaviour 3

Epilepsy G40 Epilepsy 4

Heart Ailment Congenital

heart disease and

valvularheart disease I49

Other cardiac arrhythmias,

(I20-I25)Ischemic heart

diseases, I50Heart 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 Mediclaim

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Limited 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 Cerebrovascular disease (Stroke) I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases 6 Inflammatory

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; Oesophagealvarices 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 withoutdelta-

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

Demyelinating 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 Mediclaim

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Limited 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. Papulosquamous disorder of the skin L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus 16. Avascular necrosis (osteonecrosis) M 87 to M 87.9 7. CONDITIONS:

7.1.ENTIRE CONTRACT: the policy, proposal form,

prospectus and declaration

given by the insured shall

constitute the complete

contract of insurance. Only

insurer may alter the terms

and conditions of this

policy/ contract. Any

alteration that may be made

by the insurer shall only be

evidenced by a duly signed

and sealed endorsement on

the policy.

7.2.COMMUNICATION: Every

notice or

communication(except

relating to claim) to be

given or made under this

policy shall be delivered in

writing at the address of

the policy issuing office /

Third Party Administrator as

shown in the Schedule. 7.3.

RENEWAL OFPOLICY:Thepolicy

shall ordinarily be

renewable except on grounds

of fraud,Misrepresentation

by the insured person and

non-disclosure by the

insured person.. I. Renewal

shall not be denied on the

ground that the insured had

made a claim or claims in

the precedingpolicy years

II. Request for renewal

along with requisite premium

shall be received by the

Company before the end ofthe

Policy Period. III.

TheCompany 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 reasonwhatsoever.

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

renewal notice 30 days in

advance Mediclaim Insurance

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Limited 7.4. 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.

7.5.PAYMENT OF PREMIUM:The

premium payable 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

authorized official of the

Company. 7.6.CONDITION

PRECEDENT TO ADMISSION

OFLIABILITY:The terms and

conditions of the policy

must be fulfilled by the

insured person for

theCompany to make any

payment for claim(s) arising

under the policy. 7.7.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 / illness / 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

or before discharge from

Hospital / Nursing Home.

7.8.CLAIM DOCUMENTS: Final

claim along with hospital

receipted original

Bills/Cash memos/reports,

claim form and list of

documents as listed below

should be submitted to the

Company / TPA within 7 days

of discharge from the

Hospital / Nursing Home. i.

Original bills, receipts and

discharge certificate / card

fromthehospital. ii. Medical

history of the patient

recorded by theHospital.

iii. Original Cash-memo

fromthe hospital (s) /

chemist (s) supported by

properprescription. iv.

Original receipt,

pathological and other test

reports from a pathologist /

radiologist including film

etc supported by the note

fromattending medical

practitioner / surgeon

demanding suchtests. v.

Attending consultants /

Anaesthetists / Specialist

certificates regarding

diagnosis and bill /

receiptsetc. vi.

Surgeon’soriginalcertificatestatingdiagnosisandnatureofoperationperformedalongwithbills/

receiptsetc. vii. Any other information required by TPA / InsuranceCompany. All document must be duly attested by the Insured. In case of post hospitalisation treatment (limited to 60 days) all supporting claim papers / documents as listed above should also be submitted within 7 days after completion of such treatment (upto 60 days or actual period whichever is earlier) to the Company / T.P.A. In addition insured should also provide the Company / TPA such additional information and

assistance as theCompany /

TPA may require in dealing

with the claim. NOTE: Waiver

of the condition may be

considered in extreme cases

of hardship where it is

proved to the satisfaction

of the Company that under

the circumstances in which

the insured was placed it

was not possible for him or

any other person to give

such notice or file claim

within the prescribed time

limit. Otherwise Company /

TPA has a right to reject

the claim.. 7.9. PROCEDURE

FOR AVAILING CASHLESS ACCESS

SERVICES IN NETWORK

HOSPITAL/NURSING HOME: I.

Claim in respect of

CashlessAccessServiceswillbethroughtheCompany/TPAprovidedadmissionis

in a listed hospital in the

agreed list of the networked

Hospitals / Nursing Homes

and is subject to pre

admission authorization. The

Company /TPA shall, upon

getting the related medical

details / relevant

information from theinsured

person / network Hospital /

Nursing Home, verify that

the person is eligible to

claim under the policy

Mediclaim Insurance Policy

(Group) UIN:

OICHLGP25047V032425 The

Oriental Insurance Company

Limited and after satisfying

itself will issue a

pre-authorization letter /

guarantee of payment letter

to the Hospital / Nursing

Home mentioning the sum

guaranteed as payable, also

the ailment for which the

person is seeking to be

admitted asin-patient. II.

The Company /TPA reserves

the right to deny

pre-authorization 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 claim. The insured person

may obtain the treatment as

per his/her treating

doctor’s advice and later

on submit the full claim

papers to the Company /TPA

for reimbursement within 7

days of the discharge from

Hospital / Nursing Home.

III. Should any information

be available to the Company

/which makes the claim

inadmissible or doubtful

requiring investigations,

the authorisations of

cashless facility may be

withdrawn. However this

shall be done by the Company

/TPAbefore the patient is

discharged from the

Hospital. • Turn Around

Time (TAT) for Cashless: •

For pre-authorisation of

cashless facility:

immediately but not later

than One hour from the

receipt of request. • For

cashless final Bill

authorization: within three

hours of receipt of

discharge authorization from

the hospital 7.10

CLAIMSETTLEMENT (provision

for Penal Interest): i. The

Company shall settle or

reject a claim, as the case

may be, within 15 days from

the date of receipt of last

necessary document. ii. In

the case of delay in

thepayment of a claim,

theCompany shall be liable

to pay interest to

thepolicyholder fromthe date

ofreceipt of last necessary

document to the date of

payment of claimat a

rate2%above the bank rate.

iii. However, wherethe

circumstance of a claim

warrant an investigation in

the opinion of theCompany,

it shall initiate and

complete such investigation

at the earliest, in any case

not later than 30 days from

the date of receipt of last

necessary document. In such

cases, the Company shall

settle or reject the claim

within 45 days from the date

of receipt of last necessary

document. iv.In case of

delay beyond stipulated 45

days, theCompany shall be

liable to pay interest to

the policyholder at a rate

2% above bankratefromthe

date ofreceipt of last

necessarydocument to the

date of payment of claim.

(“Bank rate” shall mean

the rate fixed by the

Reserve Bank ofIndia (RBI)

at the beginning of the

financial year inwhich claim

has fallen due).

7.11REPUDIATION: A The

Insurer, shall repudiate the

claim if not covered / not

payable under the policy.

The Insurer shall mention

the reasons for repudiation

in writing to the insured

person. The insured person

shall have the right to

appeal / approach the

Grievance Redressal Cell of

the company at its policy

issuing office, concerned

Divisional Office, concerned

Regional Office or the

Grievance Cell of the Head

Office of the Company,

situated at A-25/27, Asaf

Ali Road, New Delhi-110002.

against the repudiation. B

If the insured is not

satisfied with the decision

of the Grievance Cell under

5.8 (A), he / she may

approach the Ombudsman of

Insurance, established by

the Central Government for

redressal of grievances. The

Ombudsman ofInsurance is

empowered to adjudicate on

personal lines of insurance

claims upto Rs.50 lacs. Any

medical practitioner

authorized by the

TPA/Company shall be allowed to examine the Insured Person in case of any alleged injury or Disease requiring Hospitalisation when and so often as the same may reasonably be

Mediclaim Insurance Policy (Group) UIN: OICHLGP25047V032425 The Oriental Insurance Company Limited required on behalf of the TPA/Company. 7.12 Complete Discharge: Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or

Assignee, as the case may

be, for any benefit under

the Policy shall be a valid

and an effectual discharge

towards payment of claimby

theCompany to the extent of

that amount for the

particular claim. Mediclaim

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Policy The Oriental

Insurance Company Limited

7.13. Disclosure of

Information: The policy

shall be void and all

premium paid thereon shall

be forfeited tothe Company

in the event of

misrepresentation, mis

description or

non-disclosure of any

material fact

bythepolicyholder.

(Explanation: "Material

facts" for the purpose of

this policy shall mean all

relevant information sought

by the company in the

proposal form and other

connected documents to

enable it to take informed

decision in the context of

underwriting the risk)

7.14SUBROGATION:Subrogation

shall mean the right of the

insurer to assume the rights

of the insured person to

recover expenses paid out

under the policy that may be

recovered from any other

source. 7.15. CANCELLATION

CLAUSE: Cancellation by

insured - Any time during

the term, by giving 7

days’ notice in writing. A

Refund by Insurer : A .

Proportionate premium for

unexpired policy period, in

case of Annual policies,

subject to no claim

(s)having been made during

the policy period. b. Refund

premium for the unexpired

policy period, in respect of

policies with term more than

1 year and risk coverage for

such policy years has not

commenced. 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 thePolicy. 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 15 days' written notice. There would be no refund of premium on

cancellation on grounds of misrepresentation non-disclosure of material facts or fraud. OTHER CONDITIONS AND CALUSES 1. MultiplePolicies i. In case of multiple policies taken by an insured person during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the insured person (known as Primary insurer)shall be

obliged to settle the claim

as long as the claim is

within the limits of and

according to theterms of the

chosenpolicy. ii. Insured

person having multiple

policies shall also have the

right to prefer claims under

this policy for the amounts

disallowed under any other

policy / policies, even if

the sum insured is not

exhausted. Then the

Insurer(s) shall

independently settle the

claim subject to the terms

and conditions ofthispolicy.

iii. If the amount to be

claimed exceeds the sum

insured under a single

policy after, the insured

person shall have the right

to choose insurers from whom

he/she wants to claim the

balance amount. Where an

insured person has policies

from more than one insurer

to cover the same risk on

indemnitybasis, the insured

person shall only be

indemnified the

hospitalization costs in

accordance with the termsand

conditions of the chosen

policy. Indemnity Policies:

A policyholder can file for

claim settlement as per

his/her choice under any

policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder. Benefit Based Policies: On occurrence of

the insured event, the

policyholders can claim from

all Insurers under all

policie. Mediclaim Insurance

Policy (Group) UIN:

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The Oriental Insurance

Company Limited ARBITRATION

CLAUSE: The Parties to the

contract may mutually agree

and enter into a separate

Arbitration Agreement to

settle any and all disputes

in relation to this policy.

Arbitration shall be

conducted under and in

accordance with the

provisions of the

Arbitration and Conciliation

Act, 1996. 2.DISCLAIMER OF CLAIM: It is also hereby further expressly agreed and declared that if the TPA/Company shall disclaim liability in writing to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverablehereunder.

3.PAYMENT OF CLAIM: The

policy covers illness,

disease or accidental bodily

injury sustained by the

insured person during the

policy period any where in

India and all medical /

surgical treatment under

this policy shall have to be

taken in India and

admissible claims thereof

shall be payable in

Indiancurrency. 4.BONUS -

LOW CLAIM RATIO DISCOUNT:

Low claim ratio discount at

the following scale will be

allowed on the total premium

at renewal only, depending

upon the incurred claims

ratio for the entire group

insured under the group

Mediclaim insurance policy

for the preceding three

completed years excluding

the year

immediatelyprecedingthedateofrenewal.WherethegroupMediclaiminsurancepolicyhasnotbeenin

force for three completed

years, such shorter period

of completed years excluding

the year immediately

preceding the date of

renewal will be taken into

account. Incurred Claims

Ratio underGroupPolicy

Discount%age Not exceeding

60% 5 Not exceeding 50% 15

Not exceeding 40% 25 Not

exceeding 30% 35 Not

exceeding 25% 40 5.MALUS -

HIGH CLAIM RATIO LOADING:

The total premium payable at renewal of the group policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the group Mediclaim insurance policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the group Mediclaim policy has not been in force for three completed years, such shorter period of completed years, excluding the year

immediately preceding the

date of renewal will be

taken intoaccount. Incurred

Claims Ratio

underGroupPolicy Loading

%age Note: Low claim ratio

discount (Bonus) or High

Claim ratio loading (Malus)

will be applicable to the

premium at renewal of the

policy depending on the

incurred claims ratio for

the entire group insured.

Between 70% and 100% 25

Between 101% and 125% 55

Between 126% and 150% 90

Between 151% and 175% 120

Between 176% and 200% 150

Above 200% cover to be

reviewed Mediclaim Insurance

Policy (Group) UIN:

OICHLGP25047V032425 Policy

The Oriental Insurance

Company Limited Incurred

claims would mean claims

paid plus claims outstanding

in respect of the entire

group insured under the

policy during the relevant

period 7A. PROPORTIONATE

CLAUSE - If the Insured

Person is admitted in the

hospital in a room where the

room category or the Room

Rent incurred is higher than

the eligibility as specified

in the Policy Schedule/

Certificate of Insurance,

then the Policyholder/

Insured Person shall bear a

rate able proportion of the

total & specified

Associated Medical Expenses

(including surcharge or

taxes thereon) in the

proportion of the difference

between theRoom Rent of the

entitled room

category/eligible Room Rent

to the Room Rent actually

incurred. However, this will

not be applicable in respect

of Medicines/Pharmacy/

Drugs,Consumables,Medical

Devices/ implants and Cost

of Diagnostics.

7B.ASSOCIATED MEDICAL

EXPENSES: · Doctor’s fees

/ Consultant fees/RMO fees

· Nursing expenses

including administration

charges/ transfusion

charges/ injection charges

· Surgeon fees / Asst

Surgeon fees Anesthesia fees

Procedure charges of any

kind which includes:-

Chemotherapy/Radiotherapy

charges Nebulization

Hemodialysis PICC line

insertion Catheterisation

charges Tracheostomy etc. IV

charges Blood transfusion

charges Dialysis Surgery

Charges OT charges including

OT gas, equipment charges 8.

PERIOD OF POLICY: This

insurance policy is issued

for a period of oneyear.

9.PRE--ACCEPTANCE HEALTH

CHECKUP: Any person beyond

45 years of age desiring to

take insurance cover has to

submit following medical

reports from listed Network

Diagnostic Centre or any

other medical reports

required by the company in

case of fresh proposal and

renewal where there is a

break in policy period. Age

45-55 ABOVE 55 Years MEDICAL

TEST PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

URINE(MICROALBUMINUREA)

URINE(MICROALBUMINUREA)

GLYCOCYLATED, HAEMOGLOBIN

GLYCOCYLATED HAEMOGLOBIN

ULTRASONOGRAPHY (WHOL E

ABDOMEN ANDPELVIS)

ULTRASONOGRAPHY (WHOL E

ABDOMEN ANDPELVIS) ELECTRO

CARDIO GRAM X RAY KNEES ANTI

POSTERIOR AND LATREL

COMPLETE EYE TEST INCLUDIN

COMPLETE EYE TEST INCLUDIN

FUNDUSETC G FUNDUSETC G

STRESS TEST (TMT) Mediclaim

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10.MIGRATION: The insured

person will have the option

to migrate the policy to

other health insurance

products/plans offered by

theCompany by applying for

migration of the policy

atleast 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

5.1 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, atleast 30 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

11.SUM INSURED:

TheCompany’s liability in

respect of all claims

admitted during the period

of Insurance shall not

exceed the sum insured opted

by the Insured person.

Minimum sum insured is Rs

50,000/- and in multiples of

Rs 25,000/- upto Rs 2,

00,000/-. Beyond the

SumInsured of Rs. 200000/-

in multiples of Rs. 50000/-

uptoRs500000/-. 12.RENEWAL

OFPOLICY WITH ENHANCEMENT

OFSUM INSURED: If the policy

is to be renewed for

enhanced sum insured then

the restrictions as

applicable to a fresh policy

(condition 4.1, 4.2 &

4.3 will apply to additional

sum insured) as if a

separate policy has been

issued for the difference,

subject to medical check up

as per norms of the Company.

The cost of Medical check up

shall be borne by the

insured. 13. AUTHORITY TO

OBTAIN RECORDS: a) The

insured person hereby agrees

to and authorises the

disclosure to the insurer or

the TPA or any other person

nominated by the insurer of

any and all Medical records

and information held by any

Institution / Hospital or

Person from which the

insured person has obtained

any medical or other

treatment to the extent

reasonably required by

either the insurer or the

TPA in connection with any

claim made under this policy

or the insurer’s

liabilitythereunder. b) The

insurer and the TPA agree

that they will preserve the

confidentiality of any

documentation and

information that comes into

their possession pursuant to

a) above and will only use

it in connection with any

claim made under this policy

or the insurer’s

liabilitythereunder

14.CHANGE OF ADDRESS:

Insured must inform the

company immediately in

writing of any change in the

address. 15.QUALITY OF TREATMENT : The insured hereby acknowledges and agrees that payment of any claim by or on behalf of the insurer shall not constitute on part of the insurance company a guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the insured person, it being agreed and recognized by the policy holder that insurer is not in any way responsible or liable for the availability or quality of any services (Medicalorotherwise)renderedbyanyinstitution(includinganetworkhospital)whetherpre-

authorizedornot. Mediclaim

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16.ID CARDS: The card issued

the Insured Person by the

TPA to avail cashless

facility in the Network

Hospital only. Upon the

cancellation or non renewal

of this policy, all ID cards

shall immediately be

returned to the TPA at the

policy holders expenses and

the policy holder and each

insured person agrees to

hold and keep harmless, the

insurer and the TPA against

any or all costs, expenses,

liabilities and claims

(whether justified or not)

arising in respect of the

actual or alleged use,

misuse of such ID cards

prior to theirreturn.

17.MORATORIUM PERIOD After

completion of five

continuous years under this

policy no look back to be

applied. This period of five

years is called as

moratorium period. The

moratorium would be

applicable for the sums

insured of the first policy

and subsequently completion

of five 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 .The policies

would however be subject to

all limits, sub limits,

co-payments, deductibles as

per the policy contract.

18.Withdrawal of Policy i.

In the likelihood of this

product being withdrawn in

future, theCompany 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 theCompany 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.

19.Nomination: The policyholder is required at the inception of the policy to make a nomination nomination and can be changed at any time during the term of the policy for

the purpose of payment of

claims under the policy in

the event of death of the

policyholder. Any change of

nominationshall be

communicated to the company

in writing and such change

shall be effective only when

an endorsement on thepolicy

is made. For Claim

settlement under

reimbursement, the Company

will paythe 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.

20.Fraud If any claim made

by the insured person, is in

any respect fraudulent, or

if any false statement, or

declaration is made or used

in support thereof, or if

any fraudulent means or

devices are used by the

insured person or anyone

acting on his/her behalf to

obtain any benefit under

this policy, all benefits

under this policy shall be

forfeited. Any amount

already paid against claims

which are found fraudulent

later under this policy

shall be repaid by all

person(s) named in the

policy schedule, who shall

be jointly and severally

liable for such repayment.

For the purpose of this

clause, the expression

"fraud" means any of the

following acts committed by

the Insured Person or by his

agent, with intent to

deceive the insurer or to

induce the insurer to issue

an insurancePolicy: a) the

suggestion as a fact of that

which is not true and which

the Insured Person does not

believe to betrue; b) the

active concealment of a fact

by the Insured Person having

knowledge or belief of

thefact; c) any other act

fitted to deceive; and

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Insurance Company Limited

Mediclaim Insurance Policy

(Group) any such act or

omission as the law

specially declares to

befraudulent The company

shall not repudiate the

policy on the ground of

fraud, if the insured person

/ beneficiary can prove that

the misstatement was true to

the best of his knowledge

and there was no deliberate

intention to suppress the

fact or that such mis-

statement of or suppression

of material fact are within

the knowledge of the

insurer. Onus of disproving

is upon the policyholder, if

alive, or beneficiaries.