

## **Permanent Exclusion For Group Policy**

1. Laser Surgery
2. Cosmetic Surgery
3. Routine Dental Treatment
4. HIV
5. By Birth Diseases
6. Suicidal Cases \ Self Inflicted
7. Chemotherapy
8. Dialysis
9. Knee / Joint/s / Hip replacement
10. Cancer and kidney related diseases

## **Endorsement for Sahara Care House Members Family Definition**

Upto four (4) persons-Self & Spouse (up to 70 Years) and two dependant unmarried children (3 months to 21 years of age)

## **Sum Assured**

Rs. 2 Lakhs on Floater Basis.

## **Special Conditions**

- i. Waiting Period For Covering Pre-Existing Diseases is 6 Months from date of endorsement (Including those mentioned under Clauses 4.1, 4.2 and 4.3)
- ii. Maternity Benefits Cover upto Rs 15000/- each for first two children only with waiting period of 9 months
- iii. Pre-medical Test Not Required
- iv. 30 Days waiting period waived off.
- v. 30 days pre and 60 days post hospitalization Cover
- vi. Personal Accident Death Only Cover For 1 Lac Each Family Member
- vii. Household Cover for Standard Fire , Burglary and allied upto Rs 1.5 Lacs
- viii. Room rent cap of 1%(and 2% for ICU) of sum assured
- ix. IR 45599 onwards and any renewal endorsement made after 17th May 2010, 10% co-payment is applicable i.e. if Claim is of Rs.1,00,000 and payable amount is Rs.80,000 then Rs.72,000 (90%) will be paid by the Insurance Company and remaining Rs.8,000 (10%) will be payable by the Member. Remaining Sum Assured will be Rs.2,00,000 – Rs.80,000 i.e. Rs.1,20,000.

Claim notification to TPA within 24 to 48 hrs through (Email, Fax & Letter) in case of hospitalization.

Please note for the Claim Reimbursement papers need to be submitted within

7 days from the Date Of Discharge

1. Date of intimation of the Reimbursement claim.
2. Date of submission of the Reimbursement claim.

Please note that Insurance Company has different clause as are follow.

S.No	Name of Insurance company	Date of intimation of Reimbursement claim	Date of submission of Reimbursement claim
1.	Oriental insurance company	Within 48 hours	07 days from date of discharge in Main claim

**Ways of Intimation:**

1. Web intimation : Web Details #
2. By E-Mail : Email ID #  
health@alankit.com, manojb@alankit.com , services@saharacarehouse.in
3. By Fax : Fax number # 011-42541266, 67
4. By Letter : Address # Mr. Manoj Bhatia C/o Alankit Health Care Ltd., 2E/21, Jhandewalan Extension, New Delhi-110055

**While Intimating, the proofs should be as per below:**

- IR No.
- Policy No.
- Patient Name:
- Card No.
- Date of admission
- Hospital Name:
- Address of Hospital

## **Terms & condition for gmp of sahara service ltd.**

### **For fresh policy**

Condition of sahara care house health cover for its indian members :- waiting period for covering pre-existing disease is six months, waiting period for maternity benefits cover after nine months, pre-medical test not required, thirty days waiting period waived off, thirty days pre-hospitalisation & sixty days post hospitalisation cover, family defined as maximum of four members (self, spouse, & two unmarried and non-earning dependent children below twenty one years). Personal accident death only cover for rs. One lac each family. Standard fire & special perils cover including earthquake for rs. 1.5 lac each family including burglary risk as per declared list of itmes by the insured prior to commencement to the policy excluding jeewllary and valuables. Corporate buffer rs.20 lacs subject to maximum rs. One lac one family.

### **For renewal policy**

Coverage with continuity benefit as :- maternity benefits cover, thirty days waiting period waived off, thirty days pre-hospitalisation & sixty days post hospitalisation cover, family defined as maximum of four members (self, spouse, & two unmarried and non-earning dependent children below twenty one years). Personal accident death only cover for rs. One lac each family. Standard fire & special perils cover including earthquake for rs. 1.5 lac each family including burglary risk as per declared list of itmes by the insured prior to commencement of the policy excluding jewllary and valuables. Corporate buffer rs.20 lacs subject to maximum rs. One lac only for one family.



# THE ORIENTAL INSURANCE COMPANY LIMITED,

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

## MEDICLAIM INSURANCE POLICY ( 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 the Company as the case may be.

1.1 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 at any Nursing Home/Hospital in India as herein defined (hereinafter called 'HOSPITAL') as an inpatient OR (b) on domiciliary treatment in India under Domiciliary Hospitalisation Benefits as hereinafter defined, the TPA will pay to the Hospitals (only if treatment is taken at Network Hospital(s) with prior consent of TPA) or to the insured person if policy is serviced by the TPA or the Company will pay to the Insured Person 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 schedule hereto.

1.2 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 TPA will pay to the hospital (only if treatment is taken at network hospitals with prior consent of TPA) or to the insured, if policy is serviced by the TPA or the Company will reimburse to the Insured person, if the policy is not serviced by the TPA, 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.

## 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. Unit expenses not exceeding 2 % of the Sum Insured or Rs. 10,000 /- per day whichever is less.

**(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-Ray etc..**

- 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 one Hospital / Nursing home to another Hospital / Nursing Home by registered ambulance only for better medical facilities.**

### Note:

1. Company's Liability in respect of all claims admitted during the Period of insurance shall not exceed the Sum Insured per Person mentioned in the Schedule.
2. 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.

## 2. DEFINITIONS:

- 2.1. "HOSPITAL/NURSING HOME" means any institution in India established for indoor care and treatment of sickness and injuries and which either
  - a) **Is duly licensed and** registered as a Hospital or Nursing Home with the **appropriate** authorities and is under the supervision of a registered and qualified Medical Practitioner.

OR

  - b) **In areas where licensing and registration facilities with appropriate authorities are not available, the institution must be one recognised in locality as Hospital / Nursing Home and** should comply with minimum criteria as under
    - i. It should have at least 15 **in-patient medical beds** in **case of Metro cities, A Class cities & B class cities** or 10 **in- patient medical beds** in case of "C class" cities. **Classification of cities shall be as per Govt of India Notifications issued in this respect from time to time.**
    - ii. **Fully equipped and engaged in providing Medical and Surgical facilities along with Diagnostic facilities i.e. Pathological test and X-ray, E.C.G. etc for the care and treatment of injured or sick persons as in-patient.**
    - iii. Fully equipped operation theatre of its own, wherever surgical operations are carried out.
    - iv. Fully qualified nursing staff under its employment round the clock.
    - v. Fully qualified Doctor(s) should be physical in- charge round the clock.

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: In case of Ayurvedic / Homeopathic / Unani treatment, Hospitalisation expenses are admissible only when the treatment is taken as in-patient, in a Government Hospital / Medical College Hospital.**

- 2.2 Surgical Operation' means manual and/ or operative procedures for correction of deformities / defects and injuries cure of diseases, relief of suffering and prolongation of life.

- 2.3 **HOSPITALISATION PERIOD:** Expenses on Hospitalisation are admissible only if hospitalisation is for a minimum period 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. Haemo Dialysis,
- ii. Parenteral Chemotherapy,
- iii. Radiotherapy,
- iv. Eye Surgery,
- v. Lithotripsy (kidney stone removal),
- vi. Tonsillectomy,
- vii. D&C,
- viii. **Dental surgery 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. **Laprosopic 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 Networked specialised 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 overlooked provided following conditions are met.**

- i. **The operation theatre is fully equipped for the surgical operation required in respect of sickness / ailment / injury covered under the policy.**
- ii. **Day Care nursing staff is fully qualified.**
- iii. **The doctor performing the surgery or procedure as well as post operative attending doctors are also fully qualified for the specific surgery / procedure.**

**(C) This condition of minimum 24 hours Hospitalisation will also not apply provided**

- i. The treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available only in hospitals,
- BUT
- ii. Due to technological advances hospitalisation is required for less than 24 hours.
- AND / OR
- iii. **Surgical procedure involved has to be done under General Anaesthesia.**

**ABOVE ARE ADMISSIBLE SUBJECT TO TERMS & CONDITIONS OF THE 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.**

#### **2.4 DOMICILIARY HOSPITALISATION BENEFIT means:**

Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing as in-patient home but actually taken whilst confined at home in India under any of the following circumstances namely:

- i. The condition of the patient is such that he/she cannot be removed to the Hospital/Nursing Home  
OR
- ii. The patient cannot be removed to Hospital/Nursing home due to lack of accommodation in any **hospital in that city / town / village.**

**Subject however to the condition that Domiciliary Hospitalisation benefit shall not cover**

- a) Expenses incurred for pre and post hospital treatment and
- b) Expenses incurred for treatment for any of the following diseases :
  - i. Asthma
  - ii. Bronchitis,
  - iii. Chronic Nephritis and Nephritic Syndrome,
  - iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis,
  - v. Diabetes Mellitus and Insipidus,
  - vi. Epilepsy,
  - vii. Hypertension,
  - viii. Influenza, Cough and Cold,
  - ix. All Psychiatric or Psychosomatic Disorders,
  - x. Pyrexia of unknown origin for less than 10 days,
  - xi. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis,
  - xii. Arthritis, Gout and Rheumatism.

**Note:** Liability of the Company under this clause is restricted as stated in the schedule attached hereto.

### 3. OTHER DEFINITIONS AND INTERPRETATIONS :

**3.1. INSURED PERSON:** Means Person(s) named on the schedule of the policy.

**3.2. 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.

**3.3. 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.

**3.4. NETWORK HOSPITAL:** means hospital that has agreed with the TPA to participate for providing cashless health services to the insured persons. **The list is maintained by and available with the TPA and the same is subject to amendment from time to time.**

**3.5. HOSPITALISATION PERIOD:** The period for which an insured person is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease / ailment contracted / injuries sustained during the period of policy. The minimum period of stay shall be for 24 hours

**3.6. PRE-HOSPITALISATION:** Relevant medical expenses incurred during the period upto 30 days prior to hospitalisation on disease/ illness/ injury sustained will be considered as part of claim mentioned under item 1.2 above.

**3.7. POST-HOSPITALISATION:** Relevant medical expenses incurred for the period of 60 days after hospitalisation on disease/illness/injury sustained will be considered as part of claim mentioned under item 1.2 above.

**3.8. MEDICAL PRACTITIONER:** means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of any State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

**3.9. QUALIFIED NURSE:** means a person who holds a certificate of a recognised Nursing Council.

**3.10. PRE EXISTING HEALTH CONDITION / DISEASES:** means any ailment / disease / injuries that the person is suffering from, (treated / untreated, declared or not declared in the proposal form) while taking a policy for the first time.

**Further any complications arising from pre-existing ailment / disease / injuries will be considered as a part of that pre existing health condition.**

**3.11. 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.

**3.12. REASONABLE & CUSTOMARY EXPENSES** : means reasonable and customary surgical medical treatment expenses with in the scope to treat the condition for which the insured person was hospitalized.

**3.13. CASHLESS FACILITY:** means the TPA may authorise upon the Insureds' request for direct settlement of admissible claim as per agreed charges between Net work Hospitals & the TPA. In such cases the TPA will directly settle all eligible amounts with the Net work Hospitals and the Insured Person may not have to pay any bills after the end of the treatment at Hospital to the extent the claim is covered under the policy.

**3.14. I.D. CARD:** means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.

**3.15. DAY CARE PROCEDURE** : means the course of Medical treatment / surgical procedure listed at 2.3 (A) carried out, in Networked specialised 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 are met.

**3.16. LIMIT OF INDEMNITY:** means the amount stated in the schedule against the name of each insured person which represents maximum liability for any and all claims made during the policy period in respect of that insured person in respect of that insured person in respect of hospitalization taking place during currency of the policy.

**3.17. ANY ONE ILLNESS:** Any one illness will be deemed to mean continuous period of illness and it includes relapse within 105 days from the date of discharge from the Hospital / nursing home from where the treatment was taken. Occurrence of the same illness after a lapse of 105 days as stated above will be considered as fresh illness for the purpose of this policy.

**3.18. PERIOD OF POLICY:** This insurance policy is issued for a period of one year shown in the schedule.

**3.19. RENEWAL OF POLICY:**

- a) The Company 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 reason whatsoever.
- b) Notwithstanding 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; premium due must be paid by the proposer to the company before the due date.
- c) The Company normally sends renewal notice but not sending it will not tantamount to deficiency in services.

**3.20. MATERNITY EXPENSES AND NEW BORN CHILD COVER BENEFIT EXTENSION** : means treatment taken in hospital/nursing home arising from or traceable to pregnancy, child birth including normal caesarean section. This is an optional benefit available on payment of additional premium. When maternity expenses benefit is opted for in the policy, exclusion 4.12 of the policy stands deleted.

**MATERNITY EXPENSES AND NEWBORN CHILD COVER BENEFIT EXTENSION:**

- 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 Claim Discount.
- 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 the policy.
- 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 respect of any one insured person covered under the policy or any valid and effective renewal thereof

- e. The maximum benefit allowable under this clause will be upto Rs.20000/-and would fall under different heads mentioned under item 1.2.. The sum insured under above benefit shall be a part of basic sum insured.

**Special conditions applicable to Maternity Expenses & Newborn Child Cover Benefit Extension**

- 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 in case 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 Hospitalisation and post Hospitalisation 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 of Rs 20000 under Maternity benefit extension. Congenital diseases of newly born child shall be excluded.**

**4. EXCLUSIONS:**

**The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:**

**4.1 Pre-existing health condition or disease or ailment / injuries** : Any ailment / disease / injuries / health condition which are pre-existing ( **treated / untreated, declared / not declared in the proposal form**), when the cover incepts for the first time are excluded **upto 4 years of this policy being in force continuously.**

**This exclusion will also apply to any complications arising from pre existing ailment / diseases / injuries. Such complications will be considered as a part of the pre existing health condition or disease.**

**Further to this if any person is suffering from hypertension or diabetes or both hypertension and diabetes at the time of taking the policy, then policy shall be subject to following exclusions.**

<b>Diabetes</b>	<b>Hypertension</b>	<b>Diabetes &amp; Hypertension</b>
Diabetic Retinopathy	Cerebro Vascular accident	Diabetic Retinopathy
Diabetic Nephropathy	Hypertensive Nephropathy	Diabetic Nephropathy
Diabetic Foot /wound	Internal Bleeds/ Haemorrhages	Diabetic Foot
Diabetic Angiopathy	Coronary Artery Disease	Diabetic Angiopathy
Diabetic Neuropathy		Diabetic Neuropathy
Hyper/Hypoglycaemic shocks		Hyper / Hypoglycaemic shocks
		Coronary Artery Disease
		Cerebro Vascular accident
		Hypertensive Nephropathy
		Internal Bleeds/ Haemorrhages

For the purpose of applying this condition, the date of inception of this Mediclaim policy taken from **Oriental Insurance Company** shall be considered, provided the renewals have been continuous and without any break in period.

4.2 Any disease other than those stated in clause 4.3, contracted by the Insured person during the first 30 days from the commencement date of the policy **except treatment for accidental external injuries.**

4.3 **During the period of insurance cover, the expenses on treatment of following ailment / diseases / surgeries for specified periods are not payable if contracted and / or manifested during the currency of the policy.**

i	<b>Benign ENT disorders and surgeries i.e. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty etc.</b>	<b>1 year</b>
ii	<b>Polycystic ovarian diseases .</b>	<b>1 year</b>
iii	<b>Surgery of hernia.</b>	<b>2 years</b>

iv	Surgery of hydrocele.	2 years
v	<b>Non infective Arthritis.</b>	2 years
vi	<b>Undescendent Testes .</b>	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	<b>Surgery of gallbladder and bile duct excluding malignancy.</b>	2 Years
xiv	<b>Surgery of genito urinary system excluding malignancy.</b>	2 Years
xv	<b>Pilonidal Sinus.</b>	2 Years
xvi	<b>Gout and Rheumatism.</b>	2 Years
xvii	<b>Hypertension.</b>	2 Years
xviii	<b>Diabetes.</b>	2 Years
xix	<b>Calculus diseases.</b>	2 Years
xx	<b>Surgery for prolapsed inter vertebral disk unless arising from accident.</b>	2 Years
xxi	<b>Surgery of varicose veins and varicose ulcers.</b>	2 Years
xxii	<b>Congenital internal diseases.</b>	2 Years
xxiii	<b>Joint Replacement due to Degenerative condition.</b>	4 Years
xxiv	<b>Age related osteoarthritis and Osteoporosis.</b>	4 Years

**If the continuity of the renewal is not maintained with the Oriental Insurance Company Limited then subsequent cover will be treated as fresh policy and clauses 4.1., 4.2, 4 .3 will apply unless agreed by the Company and suitable endorsement passed on the policy.**

- 4.4 Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- 4.5 Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 4.6 **Surgery for correction of eye sight**, cost of spectacles, contact lenses, hearing aids etc.
- 4.7 Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, **filling of cavity, root canal** including wear and tear etc unless arising from disease or injury and which requires hospitalisation for treatment.
- 4.8 Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, **any fertility, sub-fertility or assisted conception procedure**, venereal diseases, intentional self-injury/suicide, **all psychiatric and psychosomatic disorders** and diseases / accident due to and or use, **misuse or abuse** of drugs / alcohol or use of intoxicating substances **or such abuse or addiction etc.**
- 4.9 All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, **HIV and its complications including sexually transmitted diseases..**
- 4.10 Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- 4.11 Expenses on vitamins and tonics **etc** unless forming part of treatment for injury or disease as certified by the attending physician.
- 4.12 Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including **changes in chronic condition as a result of pregnancy.** .

- 4.13 Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 4.14 Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.,.
- 4.15 Genetical disorders and stem cell implantation / surgery.
- 4.16 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 and similar related items etc and also any medical equipment which is subsequently used at home etc..
- 4.17 All non medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc, guest services and similar incidental expenses or services etc..
- 4.18 Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- 4.19 Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc...
- 4.20 Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- 4.21 Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- 4.22 Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- 4.23 Out patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 4.24 Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- 4.25 Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- 4.26 Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalisation period.
- 4.27 Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

## 5. CONDITIONS:

**5.1. 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.

**5.2. 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.

**5.3. 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 authorised official of the Company.

**5.4. 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.

**5.5. 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.

- a. Original bills, receipts and discharge certificate / card from the hospital.
- b. Medical history of the patient recorded by the Hospital.
- c. Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.
- d. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending medical practitioner / surgeon demanding such tests.
- e. Attending consultants / Anaesthetists / Specialist certificates regarding diagnosis and bill / receipts etc.
- f. Surgeon's original certificate stating diagnosis and nature of operation performed along with bills / receipts etc.
- g. Any other information required by TPA / Insurance Company.

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 the Company / 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..**

#### **5.6 PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/NURSING HOME:**

i) Claim in respect of Cashless Access Services will be through the TPA provided admission is in a listed hospital in the agreed list of the networked Hospitals / Nursing Homes and is subject to pre admission authorization. The TPA shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy 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 as in-patient.

ii) The 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 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 TPA for reimbursement within 7 days of the discharge from Hospital / Nursing Home.

iii) Should any information be available to the TPA which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA before the patient is discharged from the Hospital.

#### **5.7 REPUDIATION :**

(A) I: The TPA, if policy is being serviced by them, shall repudiate the claim if not covered / not payable under the policy. The TPA shall mention the reasons for repudiation in writing to the insured person. The insurance company's decision in this regard will be final and binding on TPA.

5.8 Any medical practitioner authorised 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 required on behalf of the TPA/Company.

5.9 **FRAUD / MISREPRESENTATION / CONCEALMENT :** The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner intentionally or recklessly or otherwise misrepresented or concealed or non disclosure of material facts or making false statements or submitting falls bills whether by the Insured Person or Institution / Organization on his behalf . Such action shall render this policy null and void and all claims hereunder shall be forfeited. Company may take suitable legal action against the Insured Person / Institution / Organization as per Law.

5.10 **CONTRIBUTION:** If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society) whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall however be in excess of the benefits available under Cancer Insurance Policy.

5.11 **CANCELLATION CLAUSE** Company may at any time without assigning any reason cancel this Policy by sending the Insured 30 days notice by registered letter at the Insured's last known address and in such an event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The Company shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below ) provided no claim has occurred during the policy period up to date of cancellation.

<b>Period on Risk</b>	<b>Rate of premium to be charged</b>
Upto 1 Month	1/4th of the annual rate
Upto 3 Months	1/2 of the annual rate
Upto 6 Months	3/4th of the annual rate
Exceeding 6 months	Full annual rate

5.12 **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 Indian currency.

- a) Payment of claim shall be made through TPA to the Hospital / Nursing Home or to the Insured Person in case policy is serviced through TPA.
- b) In non TPA case the claim will be paid to the insured person by the Insurance Company.

**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 Medclaim insurance policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the group Medclaim 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 into account.

<b>Incurred Claims Ratio under Group Policy</b>	<b>Loading %age</b>
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

**Note:** 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.

Incurred claims would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period

6. **PERIOD OF POLICY:** This insurance policy is issued for a period of one year.

7. **RENEWAL OF POLICY:** As in Clause 3.19.

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.

8. **PRE--ACCEPTANCE HEALTH CHECKUP:** Any person beyond 45 years of age desiring to take insurance cover has to submit following medical reports from authorised 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. The cost shall be borne by the insured.

In case of fresh proposals, 50% cost of Medical Check up after acceptance not exceeding 20% of premium chargeable, shall be reimbursed by the Company.

Age	45-55	ABOVE 55 Years
<b>MEDICAL TEST (</b>	PHYSICAL EXAMINATION	PHYSICAL EXAMINATION
	URINE(MICROALBUMIN UREA)	URINE(MICROALBUMIN UREA)
	GLYCOCYLATED, HAEMOGLOBIN	GLYCOCYLATED HAEMOGLOBIN
	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)	ULTRASONOGRAPHY (WHOLE ABDOMEN AND PELVIS)
	ELECTRO CARDIO GRAM	X RAY KNEES ANTI POSTERIOR AND LATREL
	COMPLETE EYE TEST INCLUDIND FUNDUS ETC	COMPLETE EYE TEST INCLUDIND FUNDUS ETC
		STRESS TEST (TMT)

9. **SUM INSURED:** The Company'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 Sum Insured of Rs. 200000/- in multiples of Rs. 50000/- upto Rs 500000/-.

10. **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 liability thereunder.

- 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 liability thereunder
11. **CHANGE OF ADDRESS:** Insured must inform the company immediately in writing of any change in the address.
12. **REASONABLE, CUSTOMARY AND NECESSARY EXPENSES :**
- 12.1. 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.
- 12.2. For any other hospital it shall mean the cost of surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalized to the extent that such cost does not exceed the reasonable and customary charges for which insured 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.

13. **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 (Medical or otherwise) rendered by any institution (including a network hospital) whether pre-authorized or not.
14. **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 their return.