



THE ORIENTAL INSURANCE COMPANY LIMITED

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

Issuing Office

SWASTHYA BIMA POLICY UIN:IRDA/NL-HLT/OIC/P-H/V.I/45/14-15



Whereas, the Insured, designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this contract and is deemed to be incorporated herein, has applied to ORIENTAL INSURANCE COMPANY LTD. (herein after called the Company) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the Insured Person) and has paid premium as consideration for such insurance.

SECTION 1 ; Hospitalisation

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 (herein after called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured person 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 Hospitalisation Expenses for Medical/Surgical treatment at any Govt. Hospital in India as herein defined (hereinafter called HOSPITAL) as an inpatient the Company will pay directly or through TPA to the Hospital / or Insured person the amount of such expenses subject to limits as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured for that person (all claims in aggregate) in one period of Insurance stated in the schedule hereto.

In the event of any claim becoming admissible under this scheme, the company will pay directly or through TPA to the Hospital or insured person the amount of such expenses as would fall under different heads subject to limits mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such insured person.

Hospitalization Benefits includes the following:

ICU/Room, Boarding expenses as provided by the Hospital/Nursing Home, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses, Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic Material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs.

Transportation: Cost of transportation of Insured to hospital upto Rs.250/- during policy period

Meals: Cost of meals for the patient not exceeding Rs.50/- per day of hospitalization and not exceeding Rs.500/- during policy period.

N.B. Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the Sum Insured of Rs.10,000/- or 20,000/- per person as mentioned in the Schedule.

Definitions :

2.1 Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.1.1 Hospital/Nursing Home means any institution in India established for indoor care and treatment of disease and injuries and which either

- A hospital means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital 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:
- has at least 10 inpatient beds, in those towns having a population of less than
- 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

2.1.2 'Hospital/Nursing Home', shall not include an establishment which is a place of rest, a place for the aged, a place for drug addiction or place of alcoholics, a hotel or a similar place.

2.1.2 **Surgical Operation** 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

2.1.3 **Expenses of Hospitalisation** for minimum period of 24 hours are admissible. However this time limit is not applied to specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy taken in the Hospital/Nursing Home and the Insured is discharged on the same day. The treatment will be considered under Hospitalisation Benefit. This condition will also not apply in case of stay in Hospital of less than 24 hours provided

- The treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals.
- Due to technological advances hospitalization is required for less than 24 hours only.

2.1.4 **Hospitalisation means** admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

3.1 **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

3.2 **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The registered practitioner should not be the insured or close family members.

3.3 **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.

3.4 **TPA means** a Third Party Administrator who is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with the company, for the provision of health services.

3.5 **OPD treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

3.6 **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.

3.8 **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.

3.7 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

3.8 **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

3.9 **Reasonable 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 area for identical or similar services, taking into account the nature of the illness / injury involved .

3.10 **Maternity expense / treatment** shall include the following Medical treatment Expenses:

- i. Medical Expenses for a delivery (including complicated deliveries and caesarean sections) incurred during Hospitalization;
- ii. The lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person;
- iii. Pre-natal and post-natal Medical Expenses for delivery or termination.

3.11 **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of 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 pre-authorization approved.

3.12 **Renewal defines** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

3.13 **Network Provider** means hospitals or health care 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.

3.14 **Medically Necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which - is required for the medical management of the illness or injury suffered by the insured;

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

3.15 **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

3.16 **Day care treatment** refers to medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3.17 **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage. Coverage is not available for the period for which no premium is received.

3.18 **Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

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 All diseases/injuries which are pre existing when the cover incepts for the first time.

4.2 For the purpose of applying this condition, the date of inception of the initial Mediclaim Policy taken from any of the Indian Insurance companies shall be taken, provided the renewals have been continuous and without any break.

4.3 Any disease other than those stated in Clause 4.1, contracted by the Insured Person during the first 30 days from the commencement date of the policy. This condition 4.3 shall not however, apply in case of the Insured person having been covered under this scheme or Group/Individual Insurance Scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break.

Note: These exclusions 4.1 and 4.3 shall not however apply if,

In the opinion of Panel of Medical Practitioners constituted by the Company for the purpose, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for insurance to the Company, AND Insured had not taken any consultation, treatment or medication in respect of hospitalization for which claim has been lodged under the policy prior to taking the insurance.

4.4 During the first year of the operation of the policy the expenses incurred on the treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma,, Hernia, Hydrocele, Fistula in anus, Sinusitis, Congenital Internal disease, Piles, Sinusitis and related disorders are not payable. If these diseases/other than Congenital Internal Diseases/Defects) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal. If the insured is aware of the existence of Congenital Internal Disease/Defect before inception of the policy, the same will be treated as pre-existing.

4.5 Injury or disease directly or indirectly caused by or arising from or attributable to War Invasion, Act of Foreign enemy, Warlike operations (whether was be declared or not)

4.5 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment or any description, plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.6 The cost of spectacles, contact lenses and hearing aids.

4.7 Any Dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.

4.8 Convalescence general debility 'Run Down' condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.

4.9 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

4.10 Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury for which confinement is required at a Hospital/Nursing Home.

4.11 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

4.12 Injury or disease directly or indirectly caused by or contributed to/by nuclear weapons/materials.

4.13 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section.

4.14 Naturopathy treatment.

Section II: Personal Accident

If the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, and if such injury shall within 12 calendar months of its occurrence lead to death or disablement as specified below, then the Company shall pay to the Insured Person and/or nominee wherever applicable the sum hereinafter set forth :

Benefits

| S.No. | Benefits | Sum Insured |
|-------|--|--------------------------|
| 1. | Death of Insured Person solely due to accident | Rs. 10,000/- or 20,000/- |
| 2. | Permanent Total Disablement or Loss of one limb and one eye Or loss of both eyes and/or loss of both limbs of Insured Persons solely due to accident. | Rs.10,000/- or 20,000/- |
| 3. | Loss of one limb/sight in one eye of Insured Person solely due to accident. | Rs. 5,000/- or 10,000/- |

Note: Maximum benefit is Rs 10,000/- or .20, 000/-

Definitions:

Permanent Total Disablement by accident means such disablement of a permanent nature, as incapacitates an insured person for all work which he/she was capable of performing at the time of the accident resulting in such disablement.

Death or Permanent Total Disability by accident means death or permanent total disability caused by external, violent and visible means would also include Death and or Permanent Total Disablement arising out of or traceable to slipping and/or falling from the mountainous terrain; biting by insects, snakes and/or animals; drowning washing away in floods, landslides, rock slides, earthquake, cyclone and other convulsions of nature and/or calamities; murder and terrorist activities.

Exclusions Applicable to Section-II

The Company shall not be liable under this section of policy for:

1. Compensation under more than one of the above sub clauses Nos. 1,2&3 in respect of disablement and or death.
2. Payment or compensation in respect of death, injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability already existing on the date of commencement of this policy.
3. Death, Injury or disablement arising directly or indirectly from or traceable to:
 - a) Intentional self injury, suicide or attempted suicide
 - b) Pregnancy or in consequence thereof
 - c) Whilst engaging in aviation or Ballooning, whilst mounting into dismounting, from or traveling in any Balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or engaging in hazardous sports of any kind whatsoever.
 - d) Whilst under the influence of intoxication, liquor or drugs.
 - e) Directly or indirectly caused by venereal diseases or insanity
 - f) Arising or resulting from the insured committing any breach of law with criminal intent.
 - g) War and/or warlike perils, nuclear perils contamination, radioactivity.

Conditions Applicable to Section I

1. This policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the schedule shall bear such specific meaning wherever it may appear.
2. This policy will be governed by the Laws of India whose courts alone shall have jurisdiction in any dispute arising hereunder.
3. Intimation of claim must be given to the nearest Office of the designated Company in writing as soon as there is any occurrence which may give rise to a claim under this policy not later than 60 days.
4. All certificates, information and evidence required by the Company shall be furnished within 60 days in the form prescribed.
5. If any claim under this Policy be in any respect fraudulent or if any fraudulent means are used by the Insured Person and or any one acting on behalf of the Insured Persons to obtain any benefit under this Policy all benefits under that claim shall be forfeited.
6. It will be 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. It will be the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
8. The contract of insurance can be renewed on mutual consent with a provision of grace

Conditions applicable to Sections – I & II :

1. Every notice of communication to be given or made under this policy shall be delivered in writing at the address of the insurer/TPA as shown in the Schedule.
2. 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 the duly authorized official of the Company. The due payment of the premium and the observance and fulfillment of the terms, provisions, conditions and endorsement 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 endorsement on this policy shall be valid unless made in writing and signed by an authorized official of the Company.

3. Upon the happening of any event, which may give rise to a claim under this policy notice with full particulars shall be sent to the insurer/TPA named in the Schedule immediately and in case of emergency within 24 hours of Hospitalization.
4. All supporting documents relating to the claim must be filed with insurer/TPA within 7 days from the date of discharge from the hospital.

NOTE: Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the TPA/Company that under the circumstances 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.

5. The Insured person shall obtain and furnish to the company or the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/Company may require in dealing with the claim.
6. Any Medical Practitioner authorized by the TPA/Company shall be allowed to examine the Insured person/records of the hospital in case of any alleged injury or disease requiring hospitalization when and so often as the same may reasonably be required on behalf of the TPA/Company.
7. In case of death due to accident (applicable for Section-II) a post mortem report/death certificate from a Govt. Hospital shall be submitted along with other documents of proof of death.
8. The Company shall not be liable to make any payment under this policy in respect of any claim
 - a) If the Policy has been obtained by misrepresentation of material facts;
 - b) If such claim be in any manner be fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
9. 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 ratable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall be in excess of the benefits available under the Cancer Insurance Policy.
10. The Policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal and the Company at any time cancel this policy by sending the Insured 30 (thirty) days notice by Registered Letter at Insured's last known address and in such event the Company shall refund to the Insured a prorata premium for unexpired period of Insurance. The Company shall however, remain liable for any claim which arises 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 upto the date of cancellation.

| Period of risk | Rate of premium to be charged |
|--------------------|-------------------------------|
| Upto 1 month | ¼ of the annual rate |
| Upto 3 months | ½ of the annual rate |
| Upto 6 months | ¾ of the annual rate |
| Exceeding 6 months | Full annual rate |

11. If any dispute or difference shall arise as to the quantum to be paid under the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they can not agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

12. If the Company/TPA shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
13. All medical surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.
14. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage. Coverage is not available for the period for which no premium is received.
15. **Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

Claims Minimization Clause (Section-I & II)

The Insured will at all times cooperate with a Company/TPA to contain claims ratio by ensuring that the treatment charges and other expenses are reasonable and necessary and will be subject to further sub-limits as may be required.

IMPORTANT Free Look Period

This Policy shall have a free look period. The free look period shall be applicable at the inception of the policy and:

1. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
2. If the insured has not made any claim during the free look period, the insured shall be entitled to
 - a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - b. where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.