

## THE ORIENTAL INSURANCE COMPANY LIMITED

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

### PROSPECTUS

#### UNIVERSAL HEALTH INSURANCE SCHEME

#### SALIENT FEATURES OF THE POLICY

- (i) The UNIVERSAL HEALTH INSURANCE policy will be available to both Individuals as well as in Group.
- (ii) Each Insured should cover all eligible members (insured persons) under one group policy only. In other words different categories of eligible members shall not be allowed to be covered under different group policies. It is not permissible to issue any unnamed group policy.
- (iii) The Individual Policy will be issued in the name of the earning head of family with details of insured family members. The Group policy will be issued in the name of the Group/Association/Institution (called insured) with a schedule of names of the members including his/her eligible family members(called Insured persons) forming part of the policy.

#### COVERAGE

##### Section – I HOSPITALISATION EXPENSES

The policy covers reimbursement of Hospitalisation expenses for illness / diseases suffered or injury sustained by the Insured Person. In the event of any claim becoming admissible under policy, the company through TPA will pay to the Hospital / Nursing Home or Insured Person the amount of such expenses subject to limits as would fall under different heads mentioned below, as are reasonably and necessarily incurred in respect thereof anywhere in India by or on behalf of such Insured Person but not exceeding Sum Insured (all claims in aggregate) for that person as stated in the schedule in any one period of insurance.

Hospitalisation Benefits		Limits
A	Room, Boarding Expenses as provided by the Hospital / nursing home. If admitted in IC Unit	Up to 0.5% of Sum Insured per day Up to 1% of Sum Insured per day
B	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Up to 15% of Sum Insured per illness / Injury
C	Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray Dialysis, Chemotherapy, Radiotherapy Cost of Pacemaker, Artificial Limbs & Cost of organs and similar expenses.	Up to 15% of Sum Insured per illness / Injury
D	Maternity Benefit – ONE CHILD ONLY (with 12 months waiting period)	Rs.2,500/- for normal delivery and Rs.5,000/- for caesarean delivery.

- N.B:** a) Company's Liability in respect of all claims including Maternity Benefit admitted during the period of Insurance shall not exceed the Sum Insured of Rs.30,000/- per person or family as mentioned in the schedule)
- b) Total expenses incurred for any one illness is limited to Rs.15000/- (other than Maternity Benefit)

The Policy is extended to include one Maternity Benefit with liability under the Section being restricted to Rs.2,500/- for normal delivery and Rs.5,000/- for caesarean delivery. A waiting period of 12 months from inception of the policy is applicable. The above amount would also cover the medical expenses incurred in respect of new born child upto 3 months. However, this benefit is within the overall limit of Sum Insured of Rs.30,000/-

This benefit is available only once to an insured person during the currency of the policy or its subsequent renewals. ie. only once during the life time of insured person.

## **SECTION –II**

### **A. PERSONAL ACCIDENT COVER TO EARNING HEAD**

If the Insured Person (earning head of the family) shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, and if such injury shall within 6 calendar months (unless otherwise specified) of its occurrence lead to death then the Company shall pay to the Insured the sum as specified below :

<b>Death of Insured Person (earning head of the family) solely due to accident</b>	Rs.25,000/-
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### **B. DISABILITY COMPENSATION FOR EARNING HEAD AND / OR SPOUSE OF THE FAMILY**

If the Earning head of the family / spouse is hospitalized due to accident / disease /illness for which there is a valid claim admitted under Section I of the policy then after a waiting period of 3 days, the Company shall pay to the earning head of the family or spouse a compensation of Rs.50/- per day from the fourth day of hospitalization upto a maximum of 15 days per policy period.

Note : The maximum liability of the Company is limited to Rs.750/- in all during the policy period in respect of II (B) above.

## **Section III DEFINITIONS:**

**1.0 HOSPITAL / NURSING HOME** means any institution in India established for indoor care and treatment of sickness and injuries and which:

has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

**Or**

(a) Hospital /Nursing Home run by NGOs / Government

**Or**

(b) Should comply with minimum criteria as under:-

- (i) It should have at least 15 inpatient beds.
- (ii) Fully equipped operation theatre of its own wherever surgical operations are carried out.
- (iii) Fully qualified Nursing Staff under its employment round the clock.
- (iv) Fully qualified Doctor (s) should be in-charge round the clock.

***N.B: In class 'C' towns condition of number of beds be reduced to 10.***

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 place of alcoholics a hotel or a similar place.

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

**3.0 Expenses on 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, Dental Surgery, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the Hospital / Nursing Home and the Insured is discharged on the same day, such treatment will be considered to be taken 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 hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals.

Due to technological advances hospitalisation is required for less than 24 hours only.

Note: When treatment such as dialysis, Chemotherapy, Radiotherapy., etc is taken in the hospital / nursing home and the insured is discharged on the same day the treatment will be considered to be taken under hospitalisation benefit section.

Liability of the company under this clause is restricted as stated in the Schedule attached hereto.

**4.0 MATERNITY BENEFIT** means expenses incurred in Hospital/Nursing Home arising from or traceable to Pregnancy, childbirth including normal Caesarean Section. This also includes medical expenses incurred in respect of new born child upto 3 months.

**5.0 ANY ONE ILLNESS: -**

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 60 days from the date of discharge from the Hospital / Nursing Home from where treatment was taken. Occurrence of same illness after a lapse of 60 days as stated above will be considered as fresh illness for the purpose of this policy.

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

**7.0 QUALIFIED NURSE** means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

**8.0 TPA** means a Third Party Administrator who, for the time being, 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.

## **Section IV. EXCLUSIONS:-**

### **Applicable to Section –1**

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 Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)
- 4.2 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 of any description, plastic surgery other than as may be necessitated due to an accident or as apart of any illness.
- 4.3 Cost of spectacles and contact lenses, hearing aids.
- 4.4 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.5 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 intoxication drugs / alcohol
- 4.6 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 lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- 4.10 Naturopathy Treatment

### **Applicable to SECTION –II**

- 4.11 Payment or compensation in respect of death 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.
- 4.12 Death injury or disablements arising directly or indirectly from or traceable to:
  - i. Intentional self injury, suicide or attempted suicide
  - ii. Pregnancy or in consequence thereof
  - iii. Whilst engaging in aviation or Ballooning, whilst mounting into dismounting from or travelling 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.
  - iv. Whilst under the influence of intoxication, liquor or drugs

- v. Directly or indirectly caused by venereal diseases or insanity
- vi. Arising or resulting from the insured committing any breach of law with criminal intent
- vii War and war like perils, nuclear perils, radioactivity etc.

**Section V CONDITIONS APPLICABLE TO SECTIONS – I & II:**

1. Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA office as shown in the Schedule.
2. The premium payable under this Policy shall be paid in advance.
3. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised 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 a 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.
4. 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 TPA named in the schedule immediately and in case of emergency within 24 hours of Hospitalisation.
5. All supporting documents relating to the claim must be filed with 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 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.

The Insured Person shall obtain and furnish the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/ Company such additional information and assistance as the TPA/Company may require in dealing with the claim.

6. In case of death of earning member of the family due to accident a post-mortem report must be submitted along with other documents of proof of death.
7. 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 Company.
8. 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 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 rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under 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. The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. 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 table given below provided no claim has occurred upto the date of cancellation.

<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED.</u>
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4 <sup>th</sup> of the annual rate
Exceeding six 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 or if they cannot 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, as per terms and conditions of the policy, shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or 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. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

**Section VI. AGE LIMIT**

This insurance is available to persons between the age of 5 to 70 years. Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently.

**Section VII. NOTICE OF CLAIM**

1. Preliminary notice of claim with particulars relating to policy numbers, Name of Insured Person in respect of whom claim is made, Nature of illness/Injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home should be given by the insured person to the TPA immediately and in case of emergency hospitalisation within 24 hours from the date of Hospitalisation. *In case of notice received beyond 24 hours from the time of hospitalisation etc., the matter may be referred to the insurer for considering waiver of the condition, wherever felt appropriate.*
2. Final Claim along with receipted Bills/Cash Memos, claim form and list of documents as listed in the claim form etc., should be submitted to the TPA within 7 days from the date of completion of treatment.  
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 insurer was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit

**Section VIII. PAYMENT OF CLAIM**

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only. Payment of claim shall be made by the TPA on behalf of the Company either to the Hospital / Nursing Home or the Insured Person as the case may be.

**Section IX. DETAILS OF INSURED PERSON :** The insured shall be required to furnish a complete list of insured persons in the following format. Any additions and deletions during the currency of the policy should be intimated to the Company in the same format. However, such additions and deletions will be incorporated in the policy from the first day of the following months subject to pro-rata premium adjustment.

Sr. No.	Names of Insured persons	Relation with Insured	Age	Sex
1				
2				
3				
4				

**NOTE:** No refund of premium will be allowed for deletion of Insured person in the event of Insured Person having made / recovered a claim under the policy.

## Section X. SUM INSURED

**Section I: Hospitalisation Benefit :** Rs.30,000/- per family – per policy period (Rs.30,000/- is inclusive of Maternity benefit of Rs. 2500/- for normal and Rs.5000/- for caesarean delivery)

Total expenses incurred for any one illness is limited to Rs.15,000/- (other than Maternity Benefit)

**Section II : (A)** Accidental death of earning head of the family Rs.25,000/-

**Section II: (B)** Disability compensation payable due to hospitalisation of earning head and or spouse at the rate of Rs.50/- per day upto maximum of period of 15days in a policy year with a time excess of 3 days . Maximum compensation is restricted to Rs.750/- in one policy year.

## Section XI. PAYMENT OF PREMIUM:

Coverage	Premium	Insured's share	GOI Subsidy
Individual	Rs.300/-	Rs.100/-	Rs.200/-
Family upto 5 Members	Rs.450/-	Rs.150/-	Rs.300/-
Family upto 7 Members	Rs.600/-	Rs.200/-	Rs.400/-

Family (*not exceeding 5*) consisting of Insured, spouse and first 3 dependent children Rs.450/-per annum.

Family (*not exceeding 7*) consisting of Insured, spouse, first 3 dependent children and parents Rs. 600/-per annum

## Section XII. CLAIM MINIMISATION CLAUSE

The Insured will at all times cooperate with a TPA /Company to contain claims ratio by ensuring that the treatment charges and other expenses are reasonable and necessary.

## Section XIII. BPL FAMILY

A certificate as proof thereof issued by an official not below the rank of B.D.O. / Tehsildar of Revenue Department of the concerned State Government has to be attached.

## Section XIV. PROTECTION OF POLICY HOLDERS' INTEREST

In compliance to IRDA (Protection of Policy Holders' Interest) Regulations, 2002, the Company has opened grievance cell at Regional Office as well as Head Office. The policy holder may submit his complaint / grievance to the said grievance cell of the Company for remedial action.

The prospectus shall form part of your proposal form hence please sign as you have noted the contents of this prospectus.

Signature

Name

Place

Date

