

## Hope Insurance Policy for privileged elders by Oriental Insurance

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As the age of an individual increases, health care costs increase & become a burden on the individual. Senior citizens have to pay out their hard earned savings to meet the expenses. Oriental Insurance has introduced **Hope Health Insurance**. Hope Health Insurance is an insurance policy designed exclusively for senior citizens that covers medical expenses incurred during hospitalization.

Oriental Insurance **HOPE – Health of Privileged Elder** policy has been uniquely designed for Senior Citizens aged 60 years and above. The policy covers specified diseases in case of hospitalisation only and requires compulsory co-payment of 20%.

**Oriental Insurance Co. Ltd.**

**Product** (Senior Citizen Specified Diseases Insurance)

### Salient Features:

- Exclusively designed for Citizens aged 60 years and above
- Minimum sum insured that can be selected is Rs 100,000/- and higher sum insured can be selected up to a maximum sum insured of Rs. 5,00,000/-.
- Policy is available for Sum Insured 1 lakh, 2 lakhs, 3 lakhs, 4 lakhs & 5 lakhs.
- Covers specified diseases only.
- Compulsory co-payment of 20% on admissible claim amount.
- Discount in premium for opting Voluntary Co-payment.
- No claim discount in premium.
- Loading for new entrants.
- Benefit of continuity extended if already insured with any mediclaim policy of the Company.
- TPA service available.
- Cashless Service through TPA only and limited to Rs. 1 lakh.
- This insurance policy is issued for a period of one year.

This Policy is available to any Indian citizen who is aged 60 years and above and for hospitalisation in India.

The proposer has to submit any of the following documents as age proof:

- a. Birth Certificate
- b. Matriculation Certificate
- c. School Leaving Certificate
- d. Photo Voter Identity Card
- e. Driving Licence
- f. PAN Card
- g. Passport

The Policy reimburses the payment of hospitalisation and / or domiciliary hospitalisation expenses for the sustained by the insured persons. The settlement of the claim will be done by the TPA either to the network

**Note:** Please refer to the policy documents for the complete Insurance Policy subject to the insurance C  
**Scope of Cover / Benefits :**

- Only the following Specified Diseases / illness/ injury are covered under the policy and the maximum thereof shall be as follows:

| Sr. No. | Name of Disease                   | Maximum Limit of Liability (including domiciliary hospitalisation benefits) |
|---------|-----------------------------------|---|
| 1.      | Accidental Injury                 | 100% of Sum Insured   |
| 2.      | Knee Replacement                  | 70% of Sum Insured  |
| 3.      | Cardio Vascular Diseases          | 50% of Sum Insured  |
| 4.      | Chronic Renal Failure             | 50% of Sum Insured  |
| 5.      | Cancer                            | 50% of Sum Insured  |
| 6.      | Hepato-Biliary Disorders          | 50% of Sum Insured  |
| 7.      | Chronic Obstructive Lung Diseases | 20% of Sum Insured  |
| 8.      | Stroke                            | 20% of Sum Insured  |
| 9.      | Benign Prostrate                  | 15% of Sum Insured  |
| 10.     | Orthopaedic Diseases              | 15% of Sum Insured  |
| 11.     | Ophthalmic Diseases               | 10% of Sum Insured  |

**Note:** Company's Liability in respect of all claims admitted during the Period of insurance shall not exceed the limits mentioned in the Policy / Schedule.

- REASONABLE & NECESSARY EXPENSES UPTO THE FOLLOWING limits ARE PAYABLE / REIMBURSABLE FOR the Specified Diseases / illness/ injury only, WITHIN THE OVERALL LIMIT AS SPECIFIED ABOVE
- Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 10% of the Sum Insured per day.
- I.C. Unit expenses not exceeding 2% of the Sum Insured per day.

(Stay in the Room and the stay in I.C.U., if required, should not exceed total number of days of admission as specified in the Policy)

- Ambulance Services Charges per illness by registered ambulance – Actual Expenses or Rs 1000/- whichever is less. In case patient has to be shifted from residence to hospital in case of admission in Emergency Ward / Hospital / Nursing Home for hospitalisation.
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Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.

- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, X-Ray etc..

**Note:** Only reasonable and necessary expenses based on the severity (**minor / medium / major**) of the payable under the policy but not exceeding the maximum limit irrespective of the expenses incurred by the

**Note:** Please refer to the policy documents for the complete Insurance Policy subject to the insurance C

**Premium Rates / Chart :**

| Age Group | Sum Insured (in Rs.) |        |        |        |
|-----------|----------------------|--------|--------|--------|
|           | 100000               | 200000 | 300000 | 400000 |
|           | Premium (in Rs.)     |        |        |        |
| 61-65     | 4500                 | 8700   | 12400  | 16100  |
| 66-70     | 4800                 | 9100   | 13100  | 16900  |
| 71-75     | 5700                 | 11400  | 16300  | 21500  |
| 76-80     | 6100                 | 12000  | 17100  | 22700  |
| Above 80  | 6400                 | 12600  | 18100  | 23800  |

**Premium will be loaded by 10% for new entrants.**

**Note:** Please refer to the policy documents for the complete Insurance Policy subject to the insurance C

**Terms & Conditions :**

1. **ENTIRE CONTRACT:** The policy, proposal form, prospectus and declaration given by the insured s insurance. Only insurer may alter the terms and conditions of this policy / contract. Any alteration th be evidenced by a duly signed and sealed endorsement on the policy.
2. **COMMUNICATION:** Every notice or communication to be given or made under this policy shall be o policy issuing office / Third Party Administrator as shown in the Schedule.
3. **PAYMENT OF PREMIUM:** The premium payable under this policy shall be paid in advance. No rec the official form of the Company signed by a duly authorized official of the company. The due payme fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person done or complied with by the Insured Person shall be condition precedent to any liability of the Com policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid authorized official of the Company.
4. The policy shall be deemed to be void ab-inito (since its inception) if the payment instrument is dishonoured for any reasons whatsoever and under this circumstance the Company s under this policy.
5. **NOTICE OF CLAIM:** Immediate notice of claim with particulars relating to Policy Number, ID Card N whom claim is made, Nature of disease / illness / injury and Name and Address of the attending me Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing H

be given within 48 hours of admission or before discharge from Hospital / Nursing Home, whichever is earlier. The claim should be submitted to the Company.

- 6. CLAIM DOCUMENTS:** Final claim along with hospital receipted original Bills/ Cash memos / reports listed below should be submitted to the Company / TPA within 7 (seven) days of discharge from the hospital.
- Original bills, receipts and discharge certificate / card from the hospital.
  - Medical history of the patient recorded by the Hospital.
  - Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.
  - Original receipt, pathological and other test reports from a pathologist / radiologist including film etc. as demanded by the medical practitioner / surgeon demanding such tests.
  - Attending Consultants / Anaesthetists / Specialist certificates regarding diagnosis and bill / receipts.
  - Surgeon's original certificate stating diagnosis and nature of operation performed along with bills / receipts.
  - Any other information required by TPA / Insurance Company.

**All documents must be duly attested by the insured person.**

In case of post hospitalisation treatment (limited to 60 days) all supporting claim papers / documents are to be submitted to the Company / TPA within 7 (seven) days after completion of such treatment (upto 60 days or actual period whichever ever is less). The insured should also provide the Company / TPA such additional information and assistance as the Company / TPA may require for 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 / TPA that the circumstances in which the insured was placed it was not possible for him or any other person on behalf of the insured to file claim within the prescribed time limit. Otherwise Company / TPA has a right to reject the claim.

## **7. PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL / NURSING HOME**

- Claim in respect of Cashless Access Services shall be through the TPA provided admission is in a networked Hospitals / Nursing Homes and is subject to pre admission authorization. The TPA shall, after verifying the relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible for cashless access. After satisfying itself shall issue a pre-authorization letter / guarantee of payment letter to the Hospital / Nursing Home. The Hospital / Nursing Home shall be guaranteed as payable, also the ailment for which the person is seeking to be admitted as in-patient.
- The TPA reserves the right to deny pre-authorization in case the hospital / insured person is unable to provide the required medical details as required by the TPA. In such circumstances denial of Cashless Access should be on the basis of medical details and/or deficiency of service. The insured person may obtain the treatment as per his / her treating doctor's advice. The insured person should submit full claim papers to the TPA for reimbursement within 7 days of the discharge from Hospital / Nursing Home.
- In case any information available to the TPA / Company which makes the claim inadmissible or doubtful, the TPA's pre-authorization of cashless facility shall be withdrawn. However this shall be done by the TPA before the insured person is admitted to the Hospital.

## **8. NON ADMISSION OF CLAIM:**

- (I): Where the policy is being serviced by TPA, it shall repudiate the claim if not covered / not payable. The TPA shall mention the reasons for repudiation in writing to the insured person. The insured person may approach the Company / TPA for further details.

Company for any grievance relating to the claim. The Company's decision in this regard shall be final.

- A. (II): Where the policy is serviced by the Company and in case of repudiation of the claim, insured may approach the Office of the Company for redressal of any grievance relating to the claim.
  - B. In case claim is repudiated by the Company as per A (1) & A (II) the insured person may approach the **Company's Regd. Office situated at A-25/27, Asaf Ali Road, New Delhi-110002.**
  - C. The Central Government has established office of the Insurance Ombudsman for redressal of grievance. The insured may visit the site of <http://www.ombudsman.gov.in> or the Insurance Ombudsman for redressal of his grievance. The insured may visit the site of <http://www.ombudsman.gov.in>
9. Any medical practitioner authorized by the TPA/ Company shall be allowed to examine the Insured Person in case of any alleged injury of Disease requiring Hospitalisation when and so often as the same may reasonably require. The Company shall bear the cost of such examination.
10. **FRAUD / MISREPRESENTATION / CONCEALMENT:** The Company shall not be liable to make any claim, if such claim be in any manner (intentionally or recklessly or otherwise) misrepresented or based on concealment of material facts or making false statements or submitting fake bills whether by the Insured Person or any other person. Such action shall render this policy null and void and all claims hereunder shall be forfeited. Company shall not be liable to refund the premium paid by the Insured Person / Institution / Organization as per Law.
11. **CONTRIBUTION:** If at the time when any claim arises under this policy, there is in existence any other Insurance Policy in collaboration with Indian Cancer Society) whether it be effected by or on behalf of the Insured Person, the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Insured Person shall contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses. The contribution shall however be in excess of the benefits available under Cancer Insurance Policy.
12. **CANCELLATION CLAUSE:** Company may at any time, cancel this Policy by sending the Insured Person a notice to the Insured's last known address and in such an event the Company shall refund to the Insured a proportionate part of the Period of Insurance. (**such cancellation by the company may be for reasons such as intentional suppression of facts intended to misleading the insurance company about the acceptability of the claim and such other intentional acts of the insured / beneficiaries under the policy**). The Company shall not be liable to pay any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy and shall be allowed refund of premium at Company's short period rate only (table given here below) provided no other claim has been made during the period up to date of cancellation.

### Period on Risk Rate of premium to be charged

- Upto 1 Month 1/4th of the annual rate
- Upto 3 Months ½ of the annual rate
- Upto 6 Months 3/4th of the annual rate
- Exceeding 6 months Full annual rate

13. **ARBITRATION CLAUSE:** If any dispute or difference shall arise as to the quantum to be paid under this policy (not admitted) such difference shall independently of all other questions be referred to the decision of a single arbitrator by the parties or if they cannot agree upon a single shall be referred to a panel of three arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by the Insured Person.

be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 19

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein 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 of arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

**14. DISCLAIMER OF CLAIM:** It is also hereby further expressly agreed and declared that if the TPA/ O the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been recoverable hereunder.

**15. PAYMENT OF CLAIM:** The policy covers illness, disease or accidental bodily injury sustained by the Insured any where in India and all medical / surgical treatment under this policy shall have to be taken in India and shall be payable in Indian currency without any interest thereof.

- a. Payment of claim shall be made through TPA to the Hospital / Nursing Home or to the Insured Person if not TPA.
- b. In non TPA case the claim shall be paid to the insured person by the Company.

**Note:** Please refer to the policy documents for the complete Insurance Policy subject to the insurance Cover.

**Exclusions :**

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

1. **Any disease / health condition / illness / ailment or any condition arising therefrom other than those covered.**
2. **Pre-existing health condition or disease or ailment / injuries:** Any ailment / disease / injuries / health condition (treated / untreated, declared / not declared in the proposal form), when the cover incepts for the first time this policy being in force continuously.

For the purpose of applying this condition, the date of inception of the Mediclaim policy taken from the first time the renewals have been continuous and without any break in period.

This exclusion shall also apply to any complications arising from pre existing ailments / diseases / injuries which are considered as a part of the pre existing health condition or disease. To illustrate if a person is suffering from hypertension and diabetes at the time of taking the policy, then policy shall be subject to following exclusions:

| Diabetes             | Hypertension                 | Diabetes & Hypertension |
|----------------------|------------------------------|-------------------------|
| Diabetic Retinopathy | Cerebro Vascular accident    | Diabetic Retinopathy    |
| Diabetic Nephropathy | Hypertensive Nephropathy     | Diabetic Nephropathy    |
| Diabetic Foot /wound | Internal Bleed/ 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    |
|                              |  | Hypertension Nephropathy     |
|                              |  | Internal Bleeds/ Haemorrhage |

1. Any disease **covered under the policy** other than those stated in clause 4.4, contracted by the Insured within 90 days from the commencement date of the policy except treatment for accidental injuries.

**1. The expenses on treatment of following ailments / diseases / surgeries for first two policy years**

|      |  |
|------|--|
| i    | Non infective Arthritis.                                   |
| ii   | Cataract.  |
| iii  | Surgery of benign prostatic hypertrophy.                   |
| iv   | Surgery of gallbladder and bile duct excluding malignancy. |
| v    | Surgery of genito urinary system excluding malignancy.     |
| vi   | Gout and Rheumatism.                                       |
| vii  | Calculus diseases.   |
| viii | Joint Replacement due to Degenerative condition.           |
| ix   | Age related osteoarthritis and Osteoporosis.               |

**If the continuity of the renewal is not maintained with the Company then subsequent cover shall be subject to the terms and conditions of the policy. Clauses 2, 3, 4 shall apply afresh unless agreed by the Company and suitable endorsement is passed on to the Insured.**

- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Terrorism (whether war be declared or not) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease included hereunder or as may be necessary for medical, inoculation or change of life or cosmetic or of aesthetic treatment of any description, hair transplant, or necessitated due to an accident or as a part of any illness / disease).
- Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.
- Convalescence, general debility. "run down" condition or rest cure, congenital external diseases or congenital defects, fertility, sub- fertility or assisted conception procedure, venereal diseases, intentional self- injury/ suicide, venereal diseases, intentional self- injury/ suicide, all psychiatric and psychosomatic disorders and conditions arising from misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- All expenses arising out of any condition directly or indirectly caused by, or associated with Human Immunodeficiency Virus (HIV) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which are not for the ailment during the hospitalised period.
- Expenses on vitamins, tonics, mineral water and allied items unless forming part of treatment for injury as advised by attending physician.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and therapies such as acupuncture, magnetic and such other therapies etc.
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation.

- Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.
14. External and / or durable Medical / Non medical equipment like Ambulatory devices i.e. Walker, Crutches, Slings, Braces, Stocking etc of any kind, CPAP, CAPD, Infusion pump, Diabetic foot wear, Glucometer related items etc and also any medical equipment which is subsequently used at home etc.
  15. All non medical expenses including Personal comfort and convenience items or services such as tea, beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc., guest services and etc.
  16. Change of treatment from one system of medicine to another unless necessitated and agreed / allowed.
  17. Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight related conditions etc.
  18. Any treatment required arising from Insured's participation in any hazardous activity such as scuba diving, gliding, rock or mountain climbing, other allied similar activities etc.
  19. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic etc.
  20. Any stay in the hospital for any domestic reason or where no active regular medical treatment is given.
  21. Out Patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medicines etc.
  22. Massages, Steam bathing, Shirodhara and like treatment under Ayurvedic treatment.
  23. Any kind of Service charges, Surcharges, Admission fees / Registration charges, File Charges etc like.
  24. Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalisation period.
  25. Treatment which is continued before hospitalization and continued even after discharge for an ailment which hospitalisation claim is made / admissible.

**Note:** Please refer to the policy documents for the complete Insurance Policy subject to the insurance Cover.

### **[Downloads for Hope - HEALTH OF PRIVILEGED ELDER by Oriental Insurance Co. Ltd.](#)**

- [Hope Health of Privileged Elder Policy Prospectus Document](#)
- [Oriental Insurance Mediclaim Form](#)