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**. Ho 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 selectec 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 In

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 netw

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 maximur thereof shall be as follows:

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

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

- REASONABLE & NECESSARY EXPENSES UPTO THE FOLLOWING limits ARE PAYABLE / REI FOR the Specified Diseases / illness/ injury only, WITHIN THE OVERALL LIMIT AS SPECIFED AB

- Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home not exceeding 1
- 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 admis

- Ambulance Services Charges per illness by registered ambulance – Actual Expenses or Rs 1000/- case patient has to be shifted from residence to hospital in case of admission in Emergency Ward / home to another 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 th

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

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 Co

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 c 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 paym fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Perso 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
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

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
medical practitioner / surgeon demanding such tests.
e. Attending Consultants / Anaesthetists / Specialist certificates regarding diagnosis and bill / receipts
f. Surgeon's original certificate stating diagnosis and nature of operation performed along with bills / r
g. 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
within 7 (seven) days after completion of such treatment (upto 60 days or actual period which ever is less
insured should also provide the Company / TPA such additional information and assistance as the Comp
claim.

NOTE: Waiver of the condition may be considered in extreme cases of hardship where it is proved to the
the circumstances in which the insured was placed it was not possible for him or any other person on bel
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 / NU**

i. Claim in respect of Cashless Access Services shall be through the TPA provided admission is in a l
networked Hospitals / Nursing Homes and is subject to pre admission authorization. The TPA shall,
relevant information from the insured person / network Hospital / Nursing Home, verify that the pers
after satisfying itself shall issue a pre-authorisation letter / guarantee of payment letter to the Hospit
guaranteed as payable, also the ailment for which the person is seeking to be admitted as in- patier
ii. The TPA reserves the right to deny pre-authorisation in case the hospital / insured person is unable
medical details as required by the TPA. In such circumstances denial of Cashless Access should in
and /or deficiency of service. The insured person may obtain the treatment as per his / her treating c
full claim papers to the TPA for reimbursement within 7 days of the discharge from Hospital / Nursin
iii. In case any information available to the TPA / Company which makes the claim inadmissible or dou
authorisation of cashless facility shall be withdrawn. However this shall be done by the TPA before t
Hospital.

8. **NON ADMISSION OF CLAIM:**

A. (I): Where the policy is being serviced by TPA, it shall repudiate the claim if not covered / not payab
mention the reasons for repudiation in writing to the insured person. The insured person may appro

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

A. (II): Where the policy is serviced by the Company and in case of repudiation of the claim, insured m 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 t **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 grieva Insurance Ombudsman for redressal of his grievance. The insured may visit the site of http://www.o

9. Any medical practitioner authorized by the TPA/ Company shall be allowed to examine the Insured of any alleged injury of Disease requiring Hospitalisation when and so often as the same may reaso Company.

10. **FRAUD / MISREPRESENTATION / CONCEALMENT:** The Company shall not be liable to make ar any claim, if such claim be in any manner (intentionally or recklessly or otherwise) misrepresented c of material facts or making false statements or submitting fake bills whether by the Insured Person c Such action shall render this policy null and void and all claims hereunder shall be forfeited. Compa 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 ot Insurance Policy in collaboration with Indian Cancer Society) whether it be effected by or on behalf the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the c contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses. 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 3 the Insured's last known address and in such an event the Company shall refund to the Insured a p Period of Insurance. (**such cancellation by the company may be for reasons such as intention suppression of facts intended to misleading the insurance company about the acceptability claim and such other intentional acts of the insured / beneficiaries under the policy**). The Cor any claim which arose prior to the date of cancellation. The Insured may at any time cancel this poli allow refund of premium at Company's short period rate only (table given here below) provided no c 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 unde admitted) such difference shall independently of all other questions be referred to the decision of a s by the parties or if they cannot agree upon a single shall be referred to a panel of three arbitrators, c appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by

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 o 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/ C the Insured for any claim hereunder and such claim shall not within 12 calendar months from the da subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have be recoverable hereunder.

15. **PAYMENT OF CLAIM:** The policy covers illness, disease or accidental bodily injury sustained by th any where in India and all medical / surgical treatment under this policy shall have to be taken in Ind 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 Pe 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 Co
Exclusions :

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

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

For the purpose of applying this condition, the date of inception of the Mediclaim policy taken from **the C** 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 considered as a part of the pre existing health condition or disease. To illustrate if a person is suffering fr hypertension and diabetes at the time of taking the policy, then policy shall be subject to following exclus

Diabetes	Hypertension	Diabetes & Hypertension
Diabetic Retinopathy	Cerebro Vascular accident	Diabetic Retinopathy
Diabetic Nephropathy	HypertensiveNephropathy	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 sho
		Coronary Artery Disease
		Cerebro Vascular acciden
		Hypertension Nephropathy
		Internal Bleeds/ Haemorrhag

1. Any disease **covered under the policy** other than those stated in clause 4.4, contracted by the Ins 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 ye**

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 2, 3, 4 shall apply afresh unless agreed by the Company and suitable endorsement is passed on t

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

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, Cru Slings, Braces, Stocking etc of any kind, CPAP, CAPD, Infusion pump, Diabetic foot wear, Glucome 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 te 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 / allo
17. Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight etc.
18. Any treatment required arising from Insured's participation in any hazardous activity such as scuba gliding, rock or mountain climbing, other allied similar activities etc.
19. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clin
20. Any stay in the hospital for any domestic reason or where no active regular medical treatment is giv
21. Out Patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and me
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 l
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 ailme which hospitalisation claim is made / admissible.

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

Downloads for Hope - HEALTH OF PRIVILEGED ELDER by Oriental Insurance Co. Ltd.

- **Hope Health of Privileged Elder Policy Prospectus Document**
- **Oriental Insurane Mediclaim Form**

*Contact Us at **eMediclaim.com** for Query, Assistance and Help on all Finance Related Queries and concerns related to Life Insurance, Loans, Health Insurance, Mediclaim, Medical Insurance, Group Insurance and more...*