

Customer Information Sheet
Description is illustrative and not exhaustive

| S. No | Title | Description | Refer to Policy Clause No. |
|-------|---|---|--|
| 1 | Product Name | OBC-ORIENTAL MEDICLAIM POLICY–2017 | |
| 2 | What am I covered for: | <ul style="list-style-type: none"> • Hospital admission of minimum 24 hours • Related medical expenses incurred 30 days prior to hospitalization &.60 days from date of discharge. • Specified / Listed procedures requiring less than 24 hours hospitalization (day care) • Daily Hospital Cash Allowance benefit (i)Rs.200 per day for 10 days per illness limited to Rs.1000 in a policy period • Ambulance Charges- Rs.1000 per hospitalisation & in aggregate in any policy period. • Donor Expenses when Insured is the Recipient | <p>1.2, 6.2 3.17</p> <p>1.2, 3.34,3.35</p> <p>1.2</p> <p>1.2, 2</p> <p>1.2,1.3</p> |
| 3 | What are the major exclusions in the policy: | <ul style="list-style-type: none"> • Any hospital admission primarily for investigation / diagnostic purpose • Pregnancy, infertility, external congenital/genetic conditions, • Circumcision, sex change surgery ,cosmetic surgery & plastic surgery, • Refractive error correction, hearing aids • Substance abuse, self-inflicted injuries, STDs and HIV / AIDS, | <p>4.9</p> <p>4.11</p> <p>4.4,4.23</p> <p>4.5</p> |

(Legal Disclaimer) Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.

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|---|---------------------------|--|---------------------------------|
| | | <ul style="list-style-type: none"> • Alternative treatment. • War or war like operations or breach of law, etc • Any kind of admission fees, registration fees levied by the hospital <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p> | 4.7,4.8 4.12 4.3 4.25 |
| 4 | Waiting period | <ul style="list-style-type: none"> • Pre-existing diseases: Covered after 36 months • Specific waiting periods: <ol style="list-style-type: none"> 1. 12 months for named diseases(clauses 4.2 (i & ii)) 2. 24 months for disease at (clauses 4.2 (iii to xxi)) 3. 36 months for diseases (clauses 4.2 (xxiii & xxiv)) | 4.1 1.5 4.2 4.2 4.2 |
| 5 | Payout basis | <ul style="list-style-type: none"> • Cashless services for covered expenses in Network hospitals • Reimbursement of covered expenses | 1.1,5.6 1.1 |
| 6 | Cost sharing | <ul style="list-style-type: none"> • Not Applicable | |
| 7 | Renewal Conditions | <ul style="list-style-type: none"> • Policy is ordinarily renewable • Other terms and conditions of renewal | 10 10 |
| 8 | Renewal Benefits | <ul style="list-style-type: none"> • None. | NA |
| 9 | Cancellation | <ul style="list-style-type: none"> • Cancellation on the request of Insured or by the Company after giving 30 days' notice. | 5.15 |

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