



# The Oriental Insurance Company Limited

## GROUP MEDICLAIM TAILORMADE POLICY SHEDULE

UIN : OICHLGP449V022021

**Policy No.** : 111700/48/2024/21 **Prev. Policy No.** : -  
**Cover Note No.** : CVR-MISC27010 **Cover Note Date** : 02/04/2023  
**Insured's Code** : AC0000004548 **Issue Office Code** : 111700  
**Insured's Name** : BANK OF MAHARASHTRA (GSTIN: 27AACCB0774B1Z4) **Issue Office Name** : CBU-II Mumbai (GSTIN: 27AAACT0627R4ZW)  
**Address** : BANK OF MAHARASHTRA, SHIVAJI NAGAR, PUNE 411005 **Address** : ORIENTAL BUILDING 3RD FLOOR M G ROAD FLORA FOUNTAIN MUMBAI MAHARASHTRA 400001  
**Tel. /Fax /Email** : 0 / 0 / NA **Tel. /Fax /Email** : 022-22821731/22821746/22821459/22821365 / 022-22821648 / 111700@orientalinsurance.co.in, milindpmb@orientalinsurance.co.in

### Agent/Broker Details

**Dev.Off.Code** :

**Agent/Broker** : LC0000000041 M/S ANAND RATHI INSURANCE BROKERS LTD

**Address** : 104, MITTAL TOWER, 'C' WING, 10TH FLOOR, NARIMAN POINT, MUMBAI 400021, MOB NO9664745169, 9930058756 09830330007, 9133300059.022-49093000/3001, MUMBAI, MAHARASHTRA, 400021

**Tel/Fax/Email** : 022-49093077/9133300059/022-49093000/3001/

**Period of Insurance** : FROM 00:00 ON 02/04/2023 TO MIDNIGHT OF 01/04/2024  
**Collection No. & Dt.** : CD A/C AC0000004548 **GST INVOICE NO** :272259052 **UIN** :0  
**Gross Premium** : 7,84,88,534 **GST** : 1,41,27,936 **Stamp Duty** : 1 **Total** : 9,26,16,470  
**Co-insurance Details** : NIL

### TPA Details :

**TPA ID** : YA0000000335  
**TPA Name** : M/S MEDSAVE HEALTH I  
**TPA Address** : F-701 A, LADO SARAI, MEHRAULI BEHIND GOLF COURSE DELHI 110030  
**Telephone No** : **Toll Free No** : 1800120111234, 011-71221234  
**Fax No** :

### Risk Details As per attached Annexure

**Sr No** : 1 **Emp/Dependant** : TOTAL LIVES **SI** : 1118600000 **No Of** : 5726

**Place** : MUMBAI

**Date** : 27/04/2023



IRDA-REGNO-556

For and on behalf of  
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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# The Oriental Insurance Company Limited

Attached to and forming part of policy number 111700/48/2024/21

<b>Name</b>	5726 EMP 3028 + DEP 2698	<b>Dependants</b>
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### Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
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Total Sum Insured in words : Indian Rupees One Hundred Eleven Crores Eighty-Six Lakhs Only

Total Premium in words : Indian Rupees Nine Crores Twenty-Six Lakhs Sixteen Thousand Four Hundred Seventy Only

### Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	02/04/2023	100	7,84,88,534	1,41,27,936	9,26,16,470	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements .

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

Salient features: policy period : 02.04.2023 to 01.04.2024

Total No. of Persons covered : 5726 (EMP 3028 + DEP 2698)

Sum Insured Slab/s 100000/200000/300000/400000/500000/600000/700000/800000/900000/1000000

### Policy Coverages

1. Policy covers hospitalization expenses for medical surgical treatment arising out of any disease/ailment/illness/accident.
2. Hospitalization and major illness i.e. covered up to overall sum insured.
3. 30 Days Pre & 60 Days Post Hospitalization. No Restrictions on expenses towards Pre-post Hospitalization & Major illness i.e. covered up to overall Sum Insured.
4. No capping under any head including Room rent/ICU rent.
5. No Co-Pay clause.
  - a. Sum Insured is on family floater basis i.e. anyone member or all the members put together can avail of hospitalization benefit during the policy period up to the available sum insured.
6. All pre-existing diseases are covered.
7. For new entrants above 65 years, the existing premium will be loaded by 20%. , New entrants above 70 years age premium will be loaded by 50%.
8. First 30 days waiting period shall be applicable for New Entrants & Not applicable in case of Accidental Claims.
9. Diseases that are normally not covered during the first year, Second year & Third year under the standard Mediciam Insurance policy shall be covered.
10. Maternity Benefit provided - Normal Delivery Rs.35,000/- & Cesarean Section Rs.50,000/- (Up to 2 Deliveries)
11. Spouse of deceased employee cover subject to spouse is cover in last year policy (2022-23)
12. Cover dependent children up to 25 years of age or marriage or getting employed whichever is earlier, crippled and/or physically challenged children without age restrictions
13. Cashless facility through TPA.

Place : MUMBAI

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- 14. New Born child shall be included after 90 days from the date of birth
- 15. No Ailment-wise capping is applicable.
- 16. Midterm alteration of Sum Insured is not permissible.
- 17. Midterm addition of new employee is permissible. Midterm addition of family member are only allow in event of newly married spouse or new born child. Full annual premium shall paid for new join employee or for any change of family definition.

Example √ If employee want to add spouse or new born child in midterm then employee need to pay full annual difference premium for change in plan/family definition ( Such as moving from Self to Self + spouse) (Self to Self + Parents) ( Self + spouse to Self + Spouse + 2 children)

In other event employee taken policy for family definition Self+ spouse+ 2 children+ 2 parents & want to add new born child (not more than 2) then employee can add new born child without paying any additional premium.

Example √ If employee want to add spouse or new born child in midterm then employee need to pay full annual difference premium for change in plan/family definition ( Such as moving from Self to Self + spouse) (Self to Self + Parents) ( Self + spouse to Self + Spouse + 2 children)

In other event employee taken policy for family definition Self+ spouse+ 2 children+ 2 parents & want to add new born child (not more than 2) then employee can add new born child without paying any additional premium.

18. Road Ambulance Cover

: We will cover the costs incurred up to the limit as specified in the Policy Schedule or Certificate of Insurance on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. It becomes payable if a claim has been admitted under Section II.1 or II.2 and the expenses are related to the same Illness or Injury. We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:

- (i) it is medically required to transfer the Insured Person to another Hospital or diagnostic center during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;
- (ii) it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of specialty treatment in the existing Hospital.

All claims under this Benefit can be made as per the process defined under Section V. D

19. Domiciliary Hospitalisation Cover

We will cover Medical Expenses, up to the limit specified in the Policy Schedule/ Certificate of Insurance, incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- i. The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
- ii. The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;
- iii. We shall not be liable to pay for any claim in connection with:
  - a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
  - b. Arthritis, gout and rheumatism;
  - c. Chronic nephritis and nephritic syndrome;
  - d. Diarrhoea and all type of dysenteries, including gastroenteritis;
  - e. Diabetes mellitus and insipidus;
  - f. Epilepsy;
  - g. Hypertension;
  - h. Psychiatric or psychosomatic disorders of all kinds;
  - i. Pyrexia of unknown origin.

All claims under this Benefit can be made as per the process defined under Section V. D

20. Donor Expenses Cover

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We will cover the In-patient Hospitalization Medical Expenses incurred for an organ donor's treatment during the Policy Period for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:

- i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
  - ii. We have admitted a claim towards In-patient Hospitalisation under the Base Cover and it is related to the same condition; organ donated is for the use of the Insured Person as certified in writing by a Medical Practitioner;
  - iii. We will not cover:
    - a. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;
    - b. Screening expenses of the organ donor;
    - c. Costs associated with the acquisition of the donor's organ;
    - d. Transplant of any organ/tissue where the transplant is experimental or investigational;
    - e. Expenses related to organ transportation or preservation;
    - f. Any other medical treatment or complication in respect of the donor, consequent to harvesting.
- All claims under this Benefit can be made as per the process defined under Section V. C and D

21. Provision to claim excess amount after exhausting sum insured and or Corporate Buffer under the IBA Policy if the employee is a member of such policy and has preferred to claim there under subject to terms and conditions of this Group Policy. In this event, communication of hospitalization of insured must be made to the TPA within 48 hours of such hospitalization. To avail this, employee need to submit Declaration in Annexure 1 and other documents as per Clause 21A f the attached terms, conditions. The Declaration is to be duly certified countersigned by Zonal Head/Executive of HR Dept of the Bank's Head Office in case of serving employee and Branch Manager or any other Officer of the Bank in case of retired employee.

22. Option open for employee to claim under this Group Policy up to the sum insured Selected subject to its terms and conditions and provided no claim has been or would be preferred to under the IBA Policy. In this event, communication of hospitalization of insured must be made to TPA within 48 hours of such hospitalization and claim documents in original to be submitted to the TPA within 30 days from discharge.

23. For the purpose of brevity, this Group Health Insurance Mediciclaim policy is hereinafter referred to as Group Policy, while the Group Mediciclaim Policy taken by Indian Banks Association for its member banks as a result of the Bipartite Agreement is hereinafter referred to as IBA Policy.

24. The Policy covers Employee and Family

a. 1 or 1+1 or 1+2 or 1+3 or 1+5 basis i.e.

¿ Employee (1)

¿ Employee + Parents (1+2)

¿ Employee + Spouse (1+1)

¿ Employee + Spouse + 2 dependent children (1+3)

¿ Employee + Spouse + 2 dependent children + Parents (1+5)

b. Spouse of deceased employee can enroll who had got cover under the Policy for 2022-23

c. Retired employee (1) or Retired employee + Spouse (1+1) or Spouse of deceased employee who had got covered in this Group Policy for 2022-23 shall continue during policy for 2023-24.

25. Every notice or communication regarding hospitalization or claim to be given or made under this Group Policy shall be communicated to the THIRD PARTY ADMINISTRATOR office- which shall be decided - other matters relating to the policy may be communicated to the Anand Rathi Insurance Brokers / policy issuing office.

26. Notice of Communication: Upon the happening of any event which may give rise to a claim under this policy notice with full particulars shall be sent to THIRD PARTY ADMINISTRATOR immediate however maximum within 48 hours from the time of hospitalization. This is irrespective of whether the claim is preferred to with the TPA under the IBA Policy and/or under the Group Policy. This is not applicable in the event no claim is desired to be preferred to under this Group Policy.

(No claim is will be rejected on the ground of Delay Intimation or Submission)

27. Annexure 1 is to be submitted mandatorily for all claims. All supporting documents in original relating to the claim

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under the Group Policy must be filed with the office of THIRD PARTY ADMINISTRATOR within 15 days from the date of discharge from the hospital. In case of pre and post hospitalization, treatment (limited to 30 days and 60 days respectively from the date of hospitalization), all claim documents should be submitted within 30 days after completion of such treatment.

28. Rest all terms and conditions as per the standard Group Health Insurance Medi-claim Policy.

29. Modern Treatment Methods & Advancement in Technology

1. Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU) : Up to 20% of Sum Insured subject to a maximum of Rs. 2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU

2. Balloon Sinuplasty : Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty

3. Deep Brain Stimulation : Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation

4. Immunotherapy-Monoclonal Antibody to be given as Injection : Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy Period

5. Intra vitreal Injections : Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy Period

6. Robotic Surgeries (Including Robotic Assisted Surgeries) : Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies

Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases

7. Stereotactic Radio Surgeries : Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries

8. Bronchial Thermoplasty : Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.

9. Vaporisation of the Prostate (Green laser treatment for holmium laser treatment) : Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.

10. Intra Operative Neuro Monitoring (IONM) : Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period.

11. Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions to be covered only : No additional sub-limit

12. Oral Chemotherapy : Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

**"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"**

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at CBU-II Mumbai (GSTIN: 27AAACT0627R4ZW) on 27-APR-23

Place : MUMBAI

Date : 27/04/2023



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"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office ORIENTAL HOUSE, 2 FLOOR,7,JAMSHEDJI TATA ROAD,CHURCHGATE,MUMBAI. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : BANDIVDEKAR SANDHYA

For and on behalf of  
The Oriental Insurance Company Limited

Examined By : SHELLEY DHEER

Policy Printed By :173100

IP :

Policy Printed On :27-APR-23 12:25:59

MAC :

Authorised Signatory

Place : MUMBAI

Date : 27/04/2023



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