

GROUP MEDICLAIM TAILORMADE POLICY SHEDULE UIN: OICHLGP449V022021

: 332204/48/2024/336 Policy No.

Prev. Policy

No.

Cover Note No.

Address

: 33220405232

: AB0000054336

Insured's Code Insured's Name

: ION EXCHANGE INDIA LIMITED

(GSTIN: 29AAACI1726L1ZG)

: ITI ANCILLARY INDL ESTATE, C-72

,83, ION HOUSE

MAHADEVAPURA , BANGALORE

BENGALURU KARNATAKA

BANGALORE KARNATAKA 560048

: 0 / / 0 / NA Tel. /Fax /Email

Cover Note Date : 01/05/2023

Issue Office Code: 332204

Issue Office Name: CBO 4 RANCHI (GSTIN:

20AAACT0627R3ZB)

Address : HOTEL ALOKA

RADIAM ROAD, RANCHI

RANCHI JHARKHAND 834001

Tel. /Fax /Email 0651-2360867 / /

332204@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code

Agent/Broker

: LC0000000447 RAGHNALL INSURANCE BROKING & RISK MANAGEMENT PVT LTD

Address

: 1012, Ghanshyam Enclave Gandhi Nagar, New Link Road, Kandivali West. Mumbai 400067,

New Link Road, Kandivali West. Mumbai 400067, MOB NO 9930469471

,9930469478,MUMBAI,MAHARASHTRA,400067

Tel/Fax/Email

: 022 61571917/022-61571959//

Period of Insurance: FROM 00:00 ON 26/05/2023 TO MIDNIGHT OF 25/05/2024

Collection No. & Dt.: CD A/C AB0000054336

GST INVOICE NO: 202212044 UIN:0

Gross Premium 18.00.000 GST : 3.24.000 Stamp Duty: 1 Total: 21,24,000

Co-insurance Details: NIL

TPA Details:

TPA ID YA000000341

TPA Name M/S HEALTHINDIA INSU

NeelKanth Corporate Park, Gala No: 406 to 412 4th Floor, TPA Address:

Kirol Road / Village, VidyaVihar Society VidyaVihar West

contact@healthcare-india.com

MUMBAI 400086 Toll Free No : 1800220102, 022-66867575, 022-

66131111

Telephone No: Fax No

> **Risk Details** As per attached Annexure

Emp/Dependant: AS PER LIST Sr No: 1

MEMBERS

SI: 40550000

No Of **Dependants**

: 665

RANCHI Place:

Date:

07/06/2023

Name

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



Attached to and forming part of policy number 332204/48/2024/336

Particulars of the Persons covered

Sr. No. Name Relationship Sex Age Pre-existing Ailments, If
Any

Total Sum Insured in words: Indian Rupees Four Crores Five Lakhs Fifty Thousand Only
Total Premium in words: Indian Rupees Twenty-One Lakhs Twenty-Four Thousand Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	26/05/2023	100	18,00,000	3,24,000	21,24,000	

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 operaing offices as well as Company's website.

Family Definition Employee + Spouse + 2Dep. Children (Up to 25 years) + 2 Dep. Parents/In-Laws. Only 1 set of Parents/Parents-in-law will be allowed to be covered Employees are allowed to covered their dependent after completetion of probation period of 1 year Sum Insured Graded Family Floater SI as per below graded SI

Age Band No Age Limit

Policy Type (Floater / Non-Floater) Floater

Sum Insured Graded 175000, 250000, 300000, 350000, 400000 & 1500000

Cashless Facility Yes

Maternity Cover "Maternity Benefits :- Rs.20,000 for Normal Delivery and Rs.30,000 for C-section. 2) Maternity Benefits applicable for first 2 deliveries"

9 Months waiting period for Maternity Waived off

Pre and Post Natal Expenses (OPD / IPD Covered) Not Covered

Baby Cover from Day-1 Covered

Pre Existing Ailments Covered for All from day 1

Waiver of 30 days waiting period Waived off

Waiver of 1st, 2nd, 3rd & 4th Year exclusion Waived off

Room Rental Limit "Room Rent including RMO charges capped at For Sum Insured INR 175000 for Normal room Rs.2500 & ICU Rs. 5000 For Sum Insured INR 250000 for Normal room Rs.3000 & ICU Rs. 6000

Place: RANCHI

Date: 07/06/2023





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For Sum Insured INR 300000 for Normal room Rs.3500 & ICU Rs. 6500 For Sum Insured INR 350000 for Normal room Rs.4000 & ICU Rs. 8000 For Sum Insured INR 400000 for Normal room Rs.4000 & ICU Rs. 8000 For Sum Insured INR 1500000 No capping And all other related charges in accordance with room rent restriction or actual whichever is lower. In the event of a person getting admitted in higher category all hospital related charges will be pro-rated to the eligibility limit as per the room rent restriction."

Domiciliary Hospitalisation Cover Not Covered

Pre - Post Hospitalisation 30 days and 60 days respectively

Ambulance Charges Covered upto Rs. 1000 per case in case of emergency only

Internal Congential Covered

External Congential Covered in case of life threatening

Corporate Floater Not Covered

Copay 50% Copay on all Parental Claims only for the Sum Insured of INR 175,000 not for other Sum Insured

GIPSA /PPN Network Applicable

Ailment wise / procedurewise capping No Capping

Day Care Procedures Covered

Nursing Charges: Nursing charges is covered upto Rs.1,000 per day during the hospilisation

Dental Treatment: Covered in case of hospitalization due to accident on IPD basis only

Claim for lasik treatment if power of eye is above +/- 7.5, is payable

OPD EXPENSES FOR EMPLOYEES ONLY Covered for Fracture & Ligment Tear upto INR 2,000. Covered

Cochlear Implant treatment Coverage Cochlear Implant treatment restricted to 50% of SI

Modern treatment "The Company will indemnify the Insured Person up to 50% of Base Sum Insured for the Medical Expenses incurred during the

Policy period on Inpatient Treatment or Day Care Treatment of below mentioned Modern Treatment Methods

Uterine Artery Embolization and HIFU

Balloon Sinuplasty

Deep Brain Stimulation

Oral Chemotherapy

Immunotherapy-Monoclonal Antibody to be given as injection

Intra Vitreal injections

Robot surgeries

Stereotactic radio surgeries

Bronchial Thermoplasty

Place: RANCHI

Date: 07/06/2023





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Vaporization of the prostrate (Green laser treatment or holmium laser treatment)

IONM- (Intra Operative Neutro Monitoring)

Stem Cell therapy: Including Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered""

Midterm additions allowed only for natural additions subject to intimation received within 45 days. Any additions for new employee, spouse / children would be allowed within 45 days of date of joining marriage / birth respectively. Covered

Addition & Deletion of Employee will be done from Date of Joining & Date of Leaving respectively On Pro rata basis

Claim Intimation Within 7 days

Claim submission clause Within 30 days

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 CBO 4 RANCHI (GSTIN: 20AAACT0627R3ZB) on 07-JUN-23

"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 PIRMOHANI,KADAM KUAN,PATNA,BIHAR. 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 : AJAY KUMAR TOPPO For and on behalf of

Examined By : MANOJ KUMAR SINGH

The Oriental Insurance Company Limited

Policy Printed By:508942

Policy Printed On :07-JUN-23 16:17:07 MAC :

Authorised Signatory

Place: RANCHI

Date: 07/06/2023



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