



**THE ORIENTAL INSURANCE COMPANY LIITED,**  
Regd. Office : Oriental House, P.B. No. 7037, A-25/27, Asaf Ali Road,  
New Delhi - 110 002

## HAPPY FAMILY FLOATER POLICY-PROSPECTUS

### 1.1 SALIENT FEATURES OF THE POLICY:

A floater covering the proposer and his / her family under one sum insured under one policy.  
The sum insured floats over all the beneficiaries under the policy.  
No medical examination for persons upto the age of 60 years.  
Pre-existing conditions cover after four consecutive renewals with the Company.  
Coverage under two options – SILVER and GOLD Covers.  
SILVER offers sum insured slabs of 1 to 5 lacs  
SILVER is subject to 10% Co-pay  
GOLD offers sum insured slabs of 6 to 10 lacs.  
Policy covers the hospitalisation expenses for the covered diseases / accident upto specific limits.  
GOLD plan offers **as an inbuilt cover** daily cash allowance and attendant allowance upto limits specified.  
Personal Accident cover is offered as add on cover under both the covers. In addition GOLD cover offers add on cover of life hardship survival benefit.  
Discount in OMP premium when family floater policy is taken.  
**TPA OPTION:** The premium includes cashless facility through TPA. [If services of TPAs are not opted 5% discount in premium is to be given under the policy.](#)

### 1.2 COVERAGE UNDER THE POLICY

The following reasonable and necessary expenses (subject to limits) are payable under the policy for various benefits:

A. HOSPITALISATION BENEFITS			
	BENEFIT	SILVER PLAN (Limit of Reimbursement )	GOLD PLAN (Limit of Reimbursement)
a.	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home.	Not exceeding 1 % of the Sum Insured per day	Not exceeding 1 % of the Sum Insured per day.
b.	Intensive Care(IC) Unit Expenses as provided by the Hospital /Nursing Home.	Not exceeding 2% of the Sum Insured per day.	Not exceeding 2% of the Sum Insured per day.
No of days of stay under a and b above should not exceed total number of days of admission in the hospital.			
	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees	As per the limits of the sum insured.	As per the limits of the sum insured.
	Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Material and X-Ray, Dialysis,	As per the limits of the sum insured.	As per the limits of the sum insured.

	Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & and similar expenses.		
	Ambulance services charges as defined hereinafter under	Rs.1,000/- per illness and limited to maximum 1% of the sum insured or Rs. 3,000/- whichever is less, for the entire policy period.	Rs.2,000/- per illness and limited to maximum 1% of the sum insured or Rs. 6,000/- whichever is less, for the entire policy period.
	DAILY HOSPITAL CASH ALLOWANCE, AS DEFINED HEREINAFTER under	NIL.	0.1% of sum insured per day per illness subject to a maximum compensation for 10 days per illness. The overall liability of the Company during the policy period will be limited to 1.5% of the sum insured.
	Attendant allowance as hereinafter defined under	NIL	Rs.500/- per day of hospitalisation per illness and upto 10 days per illness. The overall liability of the Company during the policy period will be limited to compensation for 15 days of hospitalisation.
	<p>LIMITATIONS: 1.  UNLESS THE TREATMENT IS UNDERTAKEN IN A GOVERNMENT HOSPITAL / MEDICAL COLLEGE HOSPITAL, THE TOTAL EXPENSES REIMBURSEABLE/PAYABLE PER FAMILY MEMBER FOR ANY ONE ILLNESS SHALL BE LIMITED TO 40% OF THE SUM INSURED UNDER THE HOSPITALISATION SECTION OF THE POLICY. FOR SPECIFIED ILLNESS (AS DEFINED HEREINAFTER) THIS LIMIT SHALL BE 60% OF THE SUM INSURED UNDER THE HOSPITALISATION SECTION OF THE POLICY. FOR DAY CARE TREATMENT THE ABOVE LIMIT SHALL BE 30% AND 50% RESPECTIVELY.  SPECIFIED illness for the ABOVE purpose shall be:  Renal Failure wherever Dialysis and or kidney transplant are involved.  Other Organ transplant  Treatment for heart diseases where Coronary Artery Bypass grafting (CABG), Percutaneous Trans Coronary Angioplasty (PTCA), surgery for installing pacemaker, ballooning any valve replacement, and any open heart surgery are involved.  Liver Disorder due to hepatitis B, C and D associated with complications like cirrhosis of liver and hepatic encephalopathy.  Multiple surgeries for the same disease taken up within 30 (thirty) days of each other.  Malignant tumor – wherever Chemotherapy and or Radio therapy and palliative</p>		

	<p>surgery is involved.  Stroke – excluding transient ischemic attack. (TIA)  Major surgeries involving nervous system.  Sepsis and other generalized infections requiring ventilatory support in Intensive Care Unit.  Amputation of limbs.  Total joint replacement of the hip and or knee.  LIMITATIONS: 2.  IF THE PER DAY ROOM RENT AND OR THE PER DAY INTENSIVE CARE UNIT EXPENSES INCURRED IS / ARE IN EXCESS OF THE PERMISSIBLE LIMIT(S) UNDER THE POLICY, THE REST OF THE EXPENSES SHALL BE REDUCED IN PROPORTION THE ADMISSIBLE ROOM RENT / INTENSIVE CARE UNIT EXPENSES BEARS TO THE ROOM RENT / INTENSIVE CARE UNIT EXPENSES INCURRED.</p>		
<b>B.</b>	<b>DOMICILIARY HOSPITALISATION (AS DEFINED HEREINAFTER)</b>		
	Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Dialysis, Chaemotherapy, Nursing expenses.	10% of Sum Insured, Maximum Rs.25000/- during policy period.	Rs.50000/- during policy period.
	Treatment for Dog bite (or bite of any other rabid animal like monkey, cat etc.)	Reasonable expenses limited upto Rs.5,000/- actually incurred for	Reasonable expenses limited upto Rs.5,000/- actually incurred for
NOTE: FOR THE PURPOSE OF THIS SECTION THE PRE-REQUISITE CONDITIONS FOR DOMICILIARY HOSPITALISATION CLAIM SHALL NOT APPLY.			

1.3. Hospitalization / nursing home charges, surgery, medicines, drugs, pathological tests etc. incurred for donating an organ by the donor to the insured person during the course of organ transplant shall also be payable under this policy. However, cost of organ is not payable / reimbursable under the policy.

1.4 Company's overall Liability in respect of all claims admitted under sections 1.2 and 1.3 during the Period of insurance shall not exceed the Sum Insured per Family mentioned in the Schedule.

1.5 REGISTRATION CHARGES: are not payable under either SILVER or GOLD plans.

#### 1.6 ADD ON COVERS (OPTIONAL, SUBJECT TO EXTRA PREMIUM)

	ITEM	SILVER PLAN	GOLD PLAN
a.	PERSONAL ACCIDENT as defined hereinafter	Sum insured in multiples of Rs.1,00,000/- and upto Rs.5,00,000/- per person aged 18 years and above . 50% of this limit for persons less than 18 years.	Sum Insured in multiples of Rs.2,00,000/-, and upto Rs.10,00,000/- per person aged 18 years and above. 50% of this limit for persons less than 18 years.

b.	LIFE SURVIVAL BENEFIT AS DEFINED HEREINAFTER	HARDSHIP BENEFIT DEFINED	NIL	Plans of benefit DEFINED HEREINAFTER	AS
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## PERSONAL ACCIDENT COVER: (WORLD – WIDE)

### SCOPE OF COVER:

If at any time during the currency of the policy the insured sustains any bodily injury resulting solely and directly from accident caused anywhere in the world by external, violent and visible means, then the Company undertakes to pay the insured or his/her legal personal representative, as the case may be, the following sums :

<u>BENEFIT COVERED</u>	<u>DESCRIPTION</u>	<u>AMT.</u>	<u>PAYABLE</u>
	Accidental Death only	100 % of CSI	
2.	Loss of Two entire limbs, or sight of two eyes or one entire limb and sight of one eye.	100 % of CSI	
3.	Loss of one entire limb or Sight of one eye	50 % of CSI	
4.	Permanent Total Disablement resulting in The insured becoming incapable of engaging in any Employment or occupation whatsoever.	100 % of CSI	
	The overall liability in the event of one or more of the eventualities occurring SHALL be restricted to the CSI.		

CSI means capital sum insured opted for the personal accident section.

### LIFE HARDSHIP SURVIVAL BENEFIT:

If this benefit is opted for (under the GOLD plan only), and if a claim for the specified diseases listed hereunder is admitted under section 1.2 A of the policy, then a survival benefit as mentioned hereunder, SHALL be paid the insured.

Diseases covered:

Cancer - metastasis (stage IV)

End Stage Renal Disease (ESRD)

Stroke leading to paralysis or paraplegia

### Benefits:

Total amount payable	Amount payable on survival for 180 days and above from the date of discharge from the hospital (the first discharge date in case of more than one hospitalisations are involved).	Amount payable on survival for 270 days and above from the date of discharge from the hospital (the first discharge date in case of more than one hospitalisations are involved).
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A	15 % of Sum insured under the policy	5% of the sum insured	10% of the sum insured
B	25 % of Sum insured under the policy	10% of the sum insured	15% of the sum insured

The limit of liability SHALL be applicable for all the insured persons severally or jointly. The benefit under this section shall be paid only once under this policy or subsequent renewals for the same disease for the same person.

## 2. DEFINITIONS / OTHER MAJOR FEATURES:

**AMBULANCE SERVICES:** Means ambulance service charges reasonably and necessarily incurred in case the insured person is to be shifted from residence to hospital or from one hospital to another hospital. The ambulance service charges are payable only if the hospitalisation expenses are admissible. Further the ambulance service charges are admissible only if such expenses are paid to registered ambulance services providers.

**INSURED PERSON:** Means Person(s) named on the schedule of the policy which includes family comprising of the proposer, his /her legally wedded spouse, dependent unemployed children between 3 (three months) to the age of 25 years, unmarried daughters including divorcee, and widowed daughters and dependent Parents or parents-in-law (either of them only). The minimum number of persons to be covered under the policy shall be the proposer plus one family member. The maximum entry age of the proposer(Head of the family) will be 55 years on the date of proposal. The continuous renewals without break will be allowed upto the maximum age of 65 years of the proposer.

**PRE EXISTING HEALTH CONDITION OR DISEASE:** means any condition, ailment or injury or related condition(s) for which the insured person/s had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to his / her first hospitalization benefit policy with the Company. Further any complications arising from pre-existing ailment / disease / injuries will be considered as a part of that pre existing health condition.

**ANY ONE ILLNESS:** Any one illness SHALL be deemed to mean continuous period of illness and it includes relapse within **105 (one hundred and five)** days from the date of discharge from the Hospital / Nursing Home / Day Care centre from where the treatment was taken. Occurrence of the same illness after a lapse of **105 (one hundred and five)** days as stated above SHALL be considered as fresh illness for the purpose of this policy.

**DAILY HOSPITAL CASH ALLOWANCE:** When an insured member of the family is hospitalized and a claim is admitted under the GOLD plan of the policy, then the insured person SHALL be paid a daily cash allowance as specified in section 1.2 A f of the policy.

**ATTENDANT ALLOWANCE:** When an insured member of the family aged between three months to 10 years is hospitalized and a claim is admitted under the GOLD plan of the policy, a sum as mentioned in the table of benefit under 1.2 A g will become payable under the policy.

**MIDTERM INCLUSION:** Midterm inclusion of members is permitted for newly wed spouse only. Spouse can be included within three months of marriage or at the time of renewal of the policy.

**NO CLAIM DISCOUNT / LOADING:** A discount of 5% on the premium, in respect of each claim free year, subject to a maximum of 20 % SHALL be allowed provided the policy is renewed with the company without any break. In case any claim is admitted under the policy, the entire No Claim Discount earned SHALL be forfeited in the next renewal of the renewal of the policy. However, the No Claim Discount SHALL continue to accrue afresh from the next claim free year.

In case any claim is admitted under the policy, where No Claim Discount has not accrued or the earned No Claim Discount has been forfeited, a loading SHALL be levied on the renewal premium @5% for each claim occurred year subject to a maximum of 20%.

The position of No Claim Discount (NCD) / Loading on premium SHALL be as per illustration below:

Status of No Claim Discount (NCD) /Loading in the expiring policy	In the event of <b>NO CLAIM</b> , the position of No. Claim Discount (NCD) / Loading in renewal policy	In the event of <b>CLAIM</b> , the position of No. Claim Discount (NCD) / Loading in renewal policy
0 % NCD / Loading	5 % NCD	5 % Loading
5 % NCD	10 % NCD	0 % NCD / Loading
10 % NCD	15% NCD	0 % NCD / Loading
15 % NCD	20% NCD	0 % NCD / Loading
20 % NCD	20% NCD	0 % NCD / Loading
5 % Loading	0 % NCD / Loading	10 % Loading
10 % Loading	5 % Loading	15 % Loading
15 % Loading	10 % Loading	20 % Loading
20 % Loading	15 % Loading	20 % Loading

**FRAUD / MISREPRESENTATION / CONCEALMENT:** Non-Disclosure, concealment or mis-representation of material facts in the Proposal Form and/or in the Claim Form or any other documents, shall render the Policy null and void ab-initio and the Company shall not be liable under the policy. The Company shall also not be liable under this policy in respect of any claim if such claim be in any manner intentionally or fraudulently or otherwise misrepresented or concealed or on making false statements or submitting false bills whether by the Insured Person or Institution / Organization on his behalf. Company shall be at liberty to take suitable legal action against the Insured Person / Institution / Organization as per Law.

#### **Migration:**

The following guidelines have to be observed in case of migration:

Migration is permitted only if the current policy is an individual mediclaim policy issued by the Company and is valid as on the date of migration.

The migration is permitted only at the time of renewal of the existing individual mediclaim policy with the Company.

The pre existing cover in case of such migration will be granted after the completion of four years of consecutive (without break) individual mediclaim policies with the Company

including the Family floater policy. The benefit of the pre-existing will be restricted to those insured's who have completed four consecutive (without break) individual mediclaim policies with the Company including the family floater policy. The limit of liability for the pre existing cover will be the least of the sum insured of all the five policies considered for the pre existing cover (subject to the per illness cap of the family floater policy).

### **MEDICLAIM WITH OMP:**

In case where THE WHOLE FAMILY covered under THE FAMILY FLOATER Policy goes abroad by taking Oriental's Overseas Mediclaim Policy his / her FAMILY FLOATER Policy becomes suspended for the period he / she is abroad.

AND may be extended by number of days, the insured FAMILY was abroad subject to written request being made by the insured before leaving India. THE EXTENSION WONT BE APPLICABLE UNLESS THE ENTIRE FAMILY TAKES THE OPMP POLICY FROM THE COMPANY.

3. **IRDA REGULATION NO 5:** This policy is subject to regulation 5 of IRDA (Protection of Policy Holder interest) regulation.
4. **IT EXEMPTION:** The premium under the policy is eligible for Income Tax exemption under Section 80-D of the IT Act.
5. **PREMIUM:**

### **SILVER Plan:**

<b>PRIMARY MEMBER GROSS PREMIUM</b>					
Sum Insured	AGE IN YEARS				
	21-35	36-45	46-55	56-60	61-65
100000	1320	1580	2470	3520	5240
150000	1940	2320	3640	5180	7750
200000	2490	2980	4720	6750	10110
250000	2980	3570	5720	8210	12330
300000	3480	4160	6730	9670	14560
350000	3910	4670	7640	11030	16640
400000	4340	5180	8560	12380	18730
450000	4770	5700	9480	13740	20820
500000	5200	6210	10400	15090	22900

Please note that entry age limit for the proposer is maximum 55years on the time of initially taking the policy. However, continuous renewals will be accepted up to 65years.

<b>FAMILY MEMBER PREMIUM (PER PERSON)</b>								
Sum Insured	Domiciliary Hospitalisation limit	AGE BAND						
		3m-20	21-35	36-45	46-55	56-60	61-70	above70
100000	10000	240	260	320	490	700	1310	1760

150000	15000	350	390	460	730	1040	1940	2630
200000	20000	450	500	600	940	1350	2530	3450
250000	25000	540	600	710	1140	1640	3080	4230
300000	25000	630	700	830	1350	1930	3640	5020
350000	25000	700	780	930	1530	2210	4160	5750
400000	25000	780	870	1040	1710	2480	4680	6490
450000	25000	860	950	1140	1900	2750	5200	7230
500000	25000	940	1040	1240	2080	3020	5730	7970

PERSONAL ACCIDENT					
Sum Insured					
100000	200000	300000	400000	500000	
PREMIUM PER PERSON					
60	120	180	240	300	

Total premium will be the sum of A and B above. If add on cover is taken, premium under C is also to be added.

### GOLD Plan (without add on covers)

PRIMARY MEMBER GROSS PREMIUM					
Sum Insured	AGE IN YEARS				
	21-35	36-45	46-55	56-60	61-65
600000	7140	8520	14210	20600	31220
700000	8320	9930	16570	24020	36410
800000	9500	11340	18920	27440	41600
900000	10670	12750	21280	30860	46790
1000000	11850	14150	23640	34280	51980

B. FAMILY MEMBER PREMIUM (PER PERSON)								
Sum Insured	Domiciliary Hospitalisation limit	AGE BAND						
		3m-20	21-35	36-45	46-55	56-60	61-70	a
600000	50000	1290	1430	1700	2840	4120	7800	1
700000	50000	1500	1660	1990	3310	4800	9100	1
800000	50000	1710	1900	2270	3780	5490	10400	1
900000	50000	1920	2130	2550	4260	6170	11700	1
1000000	50000	2130	2370	2830	4730	6860	13000	1

Total premium will be the sum of A and B.

If Personal Accident to be opted the relevant premium from table (C) to be added.

<b>C. PERSONAL ACCIDENT</b>					
Sum Insured	200000	400000	600000	800000	1000000
PREMIUM PER PERSON	120	240	360	480	600

### **GOLD Plan (with add on covers)**

<b>D. GOLD WITH ADD-ON HARDSHIP PLAN 'A'</b>					
PREMIUM FOR PRIMARY MEMBER					
Sum Insured	AGE IN YEARS				
	21-35	36-45	46-55	56-60	61-65
600000	7350	8780	14640	21220	32160
700000	8570	10230	17070	24740	37500
800000	9790	11680	19490	28260	42850
900000	10990	13130	21920	31790	48190
1000000	12210	14570	24350	35310	53540

<b>E. GOLD WITH ADD-ON HARDSHIP PLAN 'A'</b>								
FAMILY MEMBER PREMIUM (PER PERSON)								
Sum Insured	Domiciliary Hospitalisation limit	AGE BAND						
		3m-20	21-35	36-45	46-55	56-60	61-70	above70
600000	50000	1330	1470	1750	2930	4240	8030	11190
700000	50000	1550	1710	2050	3410	4940	9370	13040
800000	50000	1760	1960	2340	3890	5650	10710	14900
900000	50000	1980	2190	2630	4390	6360	12050	16770
1000000	50000	2190	2440	2910	4870	7070	13390	18620

Total premium will be the sum of D and E.

If Personal Accident to be opted the relevant premium from table (C) to be added.

<b>F. GOLD WITH ADD-ON HARDSHIP PLAN 'B'</b>					
PREMIUM FOR PRIMARY MEMBER					
Sum Insured	AGE IN YEARS				
	21-35	36-45	46-55	56-60	61-65
600000	7500	8950	14920	21630	32780
700000	8740	10430	17400	25220	38230
800000	9980	11910	19870	28810	43680
900000	11200	13390	22340	32400	49130
1000000	12440	14860	24820	35990	54580

<b>G. GOLD WITH ADD-ON HARDSHIP PLAN 'B'</b>								
FAMILY MEMBER PREMIUM (PER PERSON)								
Sum Insured	Domiciliary Hospitalisation limit	AGE BAND						
		3m-20	21-35	36-45	46-55	56-60	61-70	above70
600000	50000	1350	1500	1790	2980	4330	8190	11400
700000	50000	1580	1740	2090	3480	5040	9560	13290
800000	50000	1800	2000	2380	3970	5760	10920	15190
900000	50000	2020	2240	2680	4470	6480	12290	17090
1000000	50000	2240	2490	2970	4970	7200	13650	18980

Total premium will be the sum of F and G.

If Personal Accident to be opted the relevant premium from table (C) to be added.