

Customer Information Sheet

Optima Cash

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Optima Cash	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy) Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted. Expenses in respect of:</p> <ol style="list-style-type: none"> Sickness Hospital Cash: Daily Cash amount for each continuous and completed period of 24 hours of hospitalization and twice the Sickness Daily Cash amount if insured is in ICU for Max. 15 days. Accident Hospital Cash: Daily Cash amount for each continuous and completed period of 24 hours of hospitalization and twice the Accident Daily Cash amount if insured is in ICU for Max. 15 days. Day Care Procedure Cash: 50% of the Daily Cash amount if insured person undergoes identified Day care procedures. Joint Hospitalisation due to an Accident: Twice the Daily Cash amount for the period where two or more Insured person(s) are concurrently hospitalised due to an accident for max upto 10 days. Convalescence: Lumpsum amount towards Convalescence if insured person is hospitalised beyond 7 continuous days Child Birth: Lumpsum amount equivalent to twice the Daily Cash amount for maternity to female insured in event of child birth. Parent Accommodation: Daily Cash amount for parent's accommodation If the Insured child is aged 12 years or less and is hospitalised for more than 72 hours; in addition to Sickness/ Accident Hospital Cash benefits above. 	B.a B.b B.c B.d B.e B.f B.g

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6	Exclusions (what the policy does not cover?)	<p>Standard Exclusions:</p> <p>1. Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/ materials, chemical and biological weapons, radiation of any kind.</p> <p>2. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>3. Intentional self-injury or attempted suicide.</p> <p>4. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>5. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>6. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or older and</p> <p>iv. Body Mass Index (BMI)</p> <p>A. greater than or equal to 40 or</p> <p>B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>1) Obesity-related cardiomyopathy</p> <p>2) Coronary heart disease</p> <p>3) Severe sleep apnea</p> <p>4) Uncontrolled type2 diabetes</p> <p>7. General debility or exhaustion (“run-down condition”)</p> <p>8. External congenital diseases, defects or anomalies</p> <p>9. Maternity: Code – Excl18:</p> <p>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.</p>	<p>C.2.i</p> <p>C.2.ii</p> <p>C.2.iii</p> <p>C.2.iv</p> <p>C.2.v</p> <p>C.2.vi</p> <p>C.2.vii</p> <p>C.2.viii</p> <p>C.2.ix</p>

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		<p>10. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>11. Birth control, contraceptive supplies or services including complications arising out of same.</p> <p>12. Circumcisions (unless necessitated by illness or injury and forming part of treatment)</p> <p>13. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.</p> <p>14. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>15. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>16. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>17. Investigation & Evaluation: Code Excl04</p> <ul style="list-style-type: none"> i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. <p>18. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. 	<p>C.2.x</p> <p>C.2.xi</p> <p>C.2.xii</p> <p>C.2.xiii</p> <p>C.2.xiv</p> <p>C.2.xv</p> <p>C.2.xvi</p> <p>C.2.xvii</p> <p>C.2.xviii</p>

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		<p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>Specific Exclusions:</p> <ol style="list-style-type: none"> 1. Any non allopathic treatment except for inpatient care AYUSH treatment. 2. Any treatment or part of a treatment that is not medically necessary. 3. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound. 4. Any Insured Person's participation or involvement in naval, military or air force operation. 5. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition"). 6. Congenital external diseases, defects or anomalies, 7. Stem cell harvesting 8. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities). 9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). 10. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care. 11. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. 12. Treatment taken on Outpatient basis 13. Vaccination including inoculation and immunisations (Except post Animal bite treatment), 14. The provision or fitting of hearing aids, spectacles or contact lenses. 15. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement methods, Optometric therapy. 16. Dental treatment and surgery of any kind, unless requiring Hospitalisation. 	<p>C.3.i</p> <p>C.3.ii</p> <p>C.3.iii</p> <p>C.3.iv</p> <p>C.3.v</p> <p>C.3.vi</p> <p>C.3.vii</p> <p>C.3.viii</p> <p>C.3.ix</p> <p>C.3.x</p> <p>C.3.xi</p> <p>C.3.xii</p> <p>C.3.xiii</p> <p>C.3.xiv</p> <p>C.3.xv</p> <p>C.3.xvi</p>

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7	Waiting period <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage. 	<ol style="list-style-type: none"> 1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 2. Specific Waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> • 24 months for listed diseases/procedure 3. Pre-existing diseases: Covered after 48 months 4. Child Birth : 24 Months <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected.</p>	C.1.a C.1.b C.1.c B.f
8	Financial limits coverage of i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)	<p>- The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:</p> <p>Base Cover:</p> <ol style="list-style-type: none"> 1. Sickness Hospital Cash : 500 or 1/2/3/4/5K for upto 90/180 days 2. Sickness ICU Cash : 1/2/4/6/8/10K for upto15 days 3. Accident Hospital Cash : 500 or 1/2/3/4/5 for upto 90/180 days 4. Accident ICU Cash : 1/2/4/6/8/10K for upto 15 days 5. Day Care Procedure Cash : 250/500 or 1/1.5/2/2.5K for upto 6 days 6. Joint Hospitalisation due to an Accident : 1/2/4/6/8/10K for upto 10 days 7. Convalescence Cash : 500 or 1/2/3/4/5K 8. Child birth : 1/2/4/6/8/10K 9. Parent Accommodation: 500 or 1/2/3/4/5Kfor upto 30 days 	B.a B.a B.b B.b B.c B.d B.e B.f B.g
9	Claims/Claims Procedure	<p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.(Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us) <p>B. Procedure for Cashless Claims Outside India:</p> <p>You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.</p> <p>Toll Free No: 800 08250825 Global Toll Free No: +800 08250825 (accessible from locations outside India only)</p> <p>Landline no (Chargeable) : 0120 4507250</p> <p>Email: travelclaims@hdfcergo.com</p>	D

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		<p>For Reimbursement Process :</p> <p>i. TAT for Claim settlement : 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.	E
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6242 6226 - E-mail specific for Senior citizens: seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at: cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	D.m
12	Things remember to	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 	

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		<p>2. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>D.I.d</p> <p>D.I.i</p> <p>D.I.h</p>
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)