HDFC ERGO General Insurance Company Limited
Prospectus

Optima Restore

Suitability:

a) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for adult dependent: is 18 years and maximum entry age is 65 years.

b) Children between 91 days and 5 years can be insured provided either parent is getting insured under this policy.

c) There is no maximum cover ceasing age on renewals.

d) The policy will be issued for a period of 1/2/3 year(s) period, the sum insured & benefits will applicable on policy year basis.

e) This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.

f) The policy offers option of covering on individual sum insured basis and on family floater basis.

g) The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.

h) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of self, spouse, father, father in law, mother or mother in law.

i) In a family floater the age of the eldest member will be considered while computing premium for the family.

j) In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of self, spouse, father, father in law, mother or mother in law.

k) The Sum Insured of the dependent insured members should be equal to or less than the sum insured of the primary insured member. In case where two or more children are covered, the sum insured for all the children must be same. Sum insured of dependent parents must be the same.

Note:

I. Dependents means only the family members listed below:

i. Your legally married spouse as long as she continues to be married to you;

ii. Your children aged between 91 days and 25 years if they are unmarried

iii. Your natural parents or parents that have legally adopted you, provided that the parent was below 65 years at his initial participation in the Optima Restore policy.

iv. You're Parent -in-law as long as your spouse continues to be married to you and were below 65 years at his initial participation in the Optima Restore policy.

v. All dependent parents must be financially dependent on you.

Dependent Child means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Salient Features & Benefits:

We will cover the Medical Expenses for:	**In addition to the waiting periods (Section 5a) and general exclusions (Section 5c), We will also not cover expenses:**
a. In-patient Treatment. This includes • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures. Note pertaining specifically to AYUSH Treatments only: Medical expenses pertaining only to In-patient care AYUSH treatment are also covered under 'In-patient treatment' cover if undertaken in an AYUSH Hospital. Any medical expense other than In-patient care AYUSH treatment expenses are not covered under this policy.	If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long: • Medical text books, • Standard treatment guidelines as stated in clinical establishment act of Government of India, • World Health Organisation (WHO) protocols, • Published guidelines by healthcare providers, • Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
b. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the hospital (In-patient OR Day Care OR Domiciliary treatment).	i) Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. ii) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
c. Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 180 days after discharge from the Hospital (In-patient OR Day Care OR Domiciliary treatment).	i. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. ii. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place
d. Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/Day Care Centre for stay less than 24 hours. Treatment	i) Treatment that can be and is usually taken on an out-patient basis is not covered. ii) Treatment NOT taken at a Hospital or daycare centre.

Optima Restore

	normally taken on out-patient basis is not included in the scope of this definition.	
e.	Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances: i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or, ii. The patient takes treatment at home on account of non-availability of room in a Hospital. iii. Pre and Post Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation and 180 days after hospitalization respectively will be covered in case of domiciliary treatment.	1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than three days).
f.	Organ Donor: Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an insured person while donating an organ is NOT covered.	1. Claims which have NOT been admitted under Inpatient treatment benefit for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donors Pre and Post-Hospitalisation expenses.
g	Ambulance Cover Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to Rs. 2000 per Hospitalisation.	1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare procedure benefit 2. Healthcare or ambulance service provider not registered with road traffic authority.
h.	Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of benefits if the Insured Person is hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.	1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under Inpatient Treatment benefit
i.	E-Opinion in respect of a Critical Illness We shall arrange and pay for a second opinion from Our panel of medical Practitioners, if: - The Insured Person suffers a Critical Illness during the Policy Period; and - He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.	1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner
j.	Emergency Air Ambulance Cover We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in j (1) , for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to:	1. Claims which have NOT been admitted under 1 a) and 1d). 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.

Optima Restore

• Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency; • The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; • The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and • The air ambulance provider being registered in India. j(i) The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalisation, whichever is lower; upto basic sum insured limit for a year.	
Section II.	
a. Restore Benefit Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year. The Total amount (Basic sum insured, Multiplier benefit and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable). Conditions for Restore benefit: i. The Sum Insured will be restored only once in a Policy Year. ii. If the Restored Sum Insured is not utilized in a Policy Year, it will expire. In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy. b. Unlimited Restore Benefit (Optional benefit) This optional cover will be provide instant addition of 100% Basic Sum Insured on complete or partial utilization of Your Restore benefit or Unlimited Restore benefit (as applicable) during the Policy Year. This optional cover will trigger unlimited times and is available for all subsequent claims in a Policy Year. Conditions for Unlimited Restore benefit: i. The Sum Insured will be restored under this optional cover for the subsequent claim in the Policy Year. ii. A single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable). In case of a Family Floater Policy, Unlimited Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.	

Illustration of Sum Insured utilization in a Policy Year

Basic Sum Insured : 5 Lacs

Multiplier Benefit: 2.5 Lacs

Optima Restore

Number of Claim	Claim amount	Available Benefit Limit				Admissible claim amount	Utilization of Sum Insured
		Basic Sum Insured	Multiplier Benefit	Restore Benefit	Unlimited Restore Benefit		
1st claim	7,00,000	5,00,000	2,50,000	0	0	7,00,000	Basic + Multiplier (Partial)
2nd claim	3,50,000	-	50,000	5,00,000	0	3,50,000	Multiplier (balance) + Restore (partial)
3rd claim	3,00,000	-	-	2,00,000	5,00,000	3,00,000	Restore (balance) + Unlimited Restore
4th claim	7,00,000	-	-	-	5,00,000	5,00,000	Unlimited Restore
5th claim	5,00,000	-	-	-	5,00,000	5,00,000	Unlimited Restore

Basic Sum Insured: Rs. 3Lacs; 5 Lacs; 10 Lacs; 15 Lacs; 20 Lacs; 25 Lacs; 50 Lacs; 100 Lacs on individual as well as on family floater basis.

Policy Period

- The policy will be issued for 1/2/3 year period, the sum insured & benefits will be applicable on Policy Year basis.

Payment Facility:

- Online
- Cheque/ Cash/ Credit Card Payment
- Electronic Clearing System

Renewal Incentives:

- Multiplier Benefit:
  - i. If no claim has been made in respect of inpatient benefits under this policy and the policy is renewed with us without any break, we will apply a bonus to the next policy year by automatically increasing the Sum Insured for the next Policy Year by 50% of the Basic Sum Insured for this Policy Year. The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.
  - ii. In Family Floater policy,
  - a) The multiplier benefit shall be available on floater basis and accrue only if no claims have been made in respect of any Insured Person during the expiring Policy Year.
  - b) Accrued Multiplier benefit is available to all insured persons under the policy
  - iii. If a Multiplier benefit has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We will automatically decrease the accrued multiplier benefit at the same rate at which it is accrued. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy, and only the accrued multiplier bonus will be decreased.
  - iv. If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the multiplier bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the multiplier bonus to be carried forward for credit in the Policy would be the least multiplier bonus amongst all the Insured Persons.
  - v. Portability/Migration benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability/ migration benefit shall not apply to any other additional increased Sum Insured.
  - vi. In policies with a 2/3 year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year.
- Preventive Health checkup

  This benefit is effective only if mentioned in the Schedule of Benefits. If You have maintained an Optima Restore Policy with Us for the period of time mentioned in the schedule of benefits without any break, then at the end of each block of continuous years (as mentioned in the schedule of benefits) We will pay upto the amount mentioned in the Schedule of Benefits towards the cost of a preventive health check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Plan/SI	3 Lacs	5 Lacs	10 Lacs	15 Lacs	20/25/50/100 Lacs
Individual (Per Person)	Not Applicable	Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two policy years.	Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.	Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal	Upto a maximum of Rs. 5000 per Insured Person, at the end of each year at renewal
Floater (Per Policy)	Not Applicable	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years.	Upto a maximum of Rs.5,000 per policy at the end of each year at renewal	Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal.	Upto a maximum of Rs. 10,000 per policy, at the end of each year at renewal.

In case of family floater policy, if any of the members have made a claim under this Policy, the preventive health check-up benefit will not be offered to the whole family.

Note: Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Portability:

If you are insured continuously and without interruption under a health insurance plan issued by an Indian non-life insurer and you want to shift to us on renewal, Optima Restore policy offers you transfer of accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous sum insured.

The application for portability should be received by us at least 45 days before the policy renewal date of the existing policy.

Free Look Period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option of canceling the Policy stating the reasons for cancellation and you shall

Optima Restore

be refunded the premium paid by you after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if you have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Exclusions:

A. Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

i. 30-day waiting period – Code – Excl03

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b) This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

ii. Specified disease/procedure waiting period – Code – Excl02

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident or underlying cause is cancer(s).

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability/ migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures: -

Organ / Organ System	**Illness / diagnoses (irrespective of treatments medical or surgical)**	**Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)**
Ear, Nose & Throat (ENT)	• Sinusitis • Rhinitis • Tonsillitis	• Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for Nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	• Cysts, polyps including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus	• Hysterectomy
Orthopaedic	• Non infective arthritis • Gout and Rheumatism Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk	• Joint replacement surgeries
Gastrointestinal	• Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/ fistula in anus, Hemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess • Rectal Prolapse	• Cholecystectomy • Surgery of hernia
Urogenital	• Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele	• Surgery on prostate • Surgery for Hydrocele/ Rectocele
Eye	• Cataract • Retinal detachment • Glaucoma	• Nil
Others	• NIL	• Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/ organs whether or not described above)	• Benign tumors of Non-infectious etiologye.eg. cysts, nodules, polyps, lump, growth, etc.	• NIL

Optima Restore

iii. Pre-Existing Diseases – Code – Excl01

a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the insured person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by insurer.

B. **General exclusions**

We will not pay for any claim in respect of any Insured Person for, caused by, arising from or attributable to:

Non-Medical Exclusions	1. War or similar situations: 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. 2. Intentional self-injury or attempted suicide. 3. 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. 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. 5. Any Insured Person's participation or involvement in naval, military or air force operation.
Medical Exclusions	6. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 7. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia. 8. Treatment availed outside India 9. Treatment at a healthcare facility which is NOT a Hospital. 10. Obesity/ Weight Control: Code – Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI); a. greater than or equal to 40 or 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: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnoea iv. Uncontrolled Type2 Diabetes 11. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. Code – Excl15 12. 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. 13. Circumcisions (unless necessitated by Illness or injury and forming part of treatment) 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.

Optima Restore

15. Any non-allopathic treatment except to the extent of coverage provided for under 'In-patient Hospitalization treatment' cover.
16. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.
17. Unproven Treatments:

    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. Code – Excl16
18. Investigation & Evaluation: Code – Excl04

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

19. Rest Cure, rehabilitation and respite care: Code – Excl05

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

20. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);
21. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
22. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
23. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code – Excl14
24. Sleep-apnoea.
25. Congenital external diseases, defects or anomalies
26. Maternity: Code – Excl18

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

27. Sterility and Infertility: Code – Excl17
    Expenses related to sterility and infertility.

This includes:

a. Any type of contraception, sterilization

b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

c. Gestational Surrogacy

d. Reversal of sterilization

28. The expense incurred by the insured on organ donation.
29. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
30. Any non-medical expenses mentioned in Annexure I.
31. Excluded Providers: Code – Excl11
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
32. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.

Optima Restore

	33. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. 34. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. 35. Drugs or treatments which are not supported by a prescription. 36. Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured. 37. Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion

Claim Procedure:

HDFC ERGO General Insurance Company Limited will process all claims under this policy.

Intimation & Assistance - Please contact HDFC ERGO General Insurance Company at least 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Company Limited within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

- HDFC ERGO General Insurance Company Limited must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/ documents mentioned therein to HDFC ERGO General Insurance Company Limited 15 days of the occurrence of the Incident. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

  * Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Company Limited will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, HDFC ERGO General Insurance Company Limited will send admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the Policyholder. Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalization, HDFC ERGO General Insurance Company Limited must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO General Insurance Company Limited at least 48 hours prior to the hospitalization.
- HDFC ERGO General Insurance Company Limited will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our customer care number at 0226234 6234 / 0120 6234 6234.
- Rejection of cashless facility in no way indicates rejection of the claim.

Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.

iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

v. No loading shall apply on renewals based on individual claims experience.

- Basic Sum Insured Enhancement – Basic sum insured can be enhanced only at the time of renewal subject to the underwriting norms and acceptability criteria of the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case may be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Requirement:

Completed proposal form

Pre- Policy Check-up:

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured.

- We will reimburse 100% of the expenses incurred per Insured Person on the acceptance of the proposal.
- If Proposal is declined post PPC, 100% of Medical test charges will be borne by the customer for Rs. 3,00,000 & 500,000 sum insured, 50% for Rs. 10,00,000 Sum Insured and NIL for other Sum Insureds.
- In case of any adverse medical declaration on the proposal form, we may request for additional medical tests

Optima Restore

Discounts:

- Online Discount: The Insured Person is eligible for 5% discount on premium in case he / she purchase the Policy online from the Company's website or the Company's mobile app. The subsequent Renewal of the same Policy will continue to enjoy the 5% discount, provided the Policy remains without the involvement of any other insurance agent or insurance intermediary.
- Employee Discount: A discount of 5 % on the Premium is applicable if any Insured Person is a HDFC Group employee (full time employee) / Munich Re Group employee (full time employee) at the time of enrolment, or subsequent renewal; provided that such Policy is purchased through the Company's website or the Company's mobile app and without the involvement of any insurance agent or insurance intermediary.
- Loyalty Discount: If any Insured Person has an active retail insurance Policy with premium above Rs. 2,000 with the Company, a discount of 2.5% on the Policy premium will be applicable at the time of enrolment as well as subsequent renewals.
- Family Discount: The Insured Person will be entitled to receive 10% discount on the premium if two or more family members are covered under the same Policy under the individual Policy option.

The above mentioned discounts are cumulative in nature and the total discount offered under Employee discount, Online discount, Loyalty discount and Family discount shall not exceed 20%.

- Long Term Policy Discount: If the Policy Period is more than one year, the Insured Person will be entitled to receive a discount of 7.5% and 10% will be offered in case a Policy is purchased for 2-year and 3-year tenure respectively, provided he has paid the premium in advance as a single premium.
- **Stay Active**

  We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by Us in the specified time interval (calculated from the policy risk start date) as per the grid below. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

  This discount will be accrued at defined time intervals as given in table below. The discount will be cumulated and offered as discount on the renewal premium.

  In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount grid would be as per the table below:

1 Year Policy

	Time Interval (calculated from policy risk start date)				
Average Step Target	**Risk start date or date of download of mobile application -90 days**	**91-180 days**	**181-270 days**	**271-300 days**	**Maximum Discount at the end of the year**
5000 or below	0%	0%	0%	0%	0%
5001 to 8000	0.5%	0.5%	0.5%	0.5%	2%
8001 to 10000	1.25%	1.25%	1.25%	1.25%	5%
Above 10000	2%	2%	2%	2%	8%

2 Year Policy

	Time Interval (calculated from policy risk start date)								
Average Step target	**Risk start date or date of download of mobile application -90 days**	**91-180 days**	**181-270 days**	**271-300 days**	**361-450 days**	**451-540 days**	**541-630 days**	**631-660 days**	**Maximum Discount at the end of the year**
5000 or below	0%	0%	0%	0%	0%	0%	0%	0%	0%
5001 to 8000	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	2%
8001 to 10000	.625%	.625%	.625%	.625%	.625%	.625%	.625%	.625%	5%
Above 10000	1%	1%	1%	1%	1%	1%	1%	1%	8%

3 Year Policy

	Time Interval (calculated from policy risk start date)					
Average Step target	**Risk start date or date of download of mobile application -90 days**	**91-180 days**	**181-270 days**	**271-300 days**	**361-450 days**	**451-540 days**
5000 or below	0%	0%	0%	0%	0%	0%
5001 to 8000	0.0139%	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%
8001 to 10000	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%
Above 10000	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%
Time Interval (calculated from policy risk start date)						

Optima Restore

541-630 days	631-720 days	721-810 days	811-900 days	901-990 days	991-1020 days	Maximum Discount at the end of 3 years
0%	0%	0%	0%	0%	0%	0%
0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	2%
0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	5%
0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	8%

The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Policy start date	1st Jan 2016
Policy Tenure	1 year

	Time Interval			
	Risk start date or date of download of mobile application -90 days	**91 days - 180 days**	**181 days - 270 days**	**271 - 300 days**
Average steps taken in the defined time period	8500	10000	5001	7500
Discount %applicable	1.25%	1.25%	0.5%	0.5%

Total discount applicable on renewal premium = 3.5%

Loadings

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of enhancement in sum insured (for the enhanced Sum Insured).

For Example: Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	Loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.

- We will inform you about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.
- The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 5 A i), ii) & iii) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.
- Please note that we will issue Policy only after getting your consent and additional premium, if any.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- Please visit our nearest branch to refer our underwriting guidelines, if required.

Cancellation

i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

Month	1 Year	2 Year	3 Year
Up to 1 month	85.0%	92.5%	95.0%
Up to 3 month	70.0%	85.0%	90.0%
Up to 6 month	45.0%	70.0%	80.0%
Up to 12 month	0.0%	45.0%	65.0%
Up to 15 month	Not Applicable	30.0%	55.0%
Up to 18 month	Not Applicable	20.0%	45.0%
Up to 24 month	Not Applicable	0.0%	30.0%
Up to 27 month	Not Applicable	Not Applicable	20.0%
Up to 30 month	Not Applicable	Not Applicable	15.0%
Up to 36 month	Not Applicable	Not Applicable	0.0%

For Policies where premium is paid by instalment, the following additional conditions will be applicable:

i. Where yearly payment option is in force under the Policy, cancellation grid as per 1-Year Tenure policies will be applicable.

ii. For all other payment options, 50% of current instalment premium will be refunded when the current period elapsed is less than 6 months from the commencement of the Policy Year. For instalment

Optima Restore

after 6 months, no refund will be payable.

iii. In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Renewability

- There shall be no cover ceasing age on renewal.

Free Look Period

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.

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.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

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 subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

Portability

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Migration

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 policyatleast30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected

Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Nomination:

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case

Condition Precedent to admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the

Optima Restore

Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

Premium Payment in Instalments

If the Insured Person has opted for payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

a. Grace Period as mentioned in the table below would be given to pay the installment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

b. During such Grace Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company

c. The Insured Person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated Grace Period

d. No interest will be charged If the installment premium is not paid on due date

e. In case of installment premium due not received within the Grace Period, the Policy will get cancelled

f. In the event of a claim, all subsequent premium installments shall immediately become due and payable

g. The Company has the right to recover and deduct all the pending installments from the claim amount due under the Policy.

Instalment premium payment through Auto Debit/ECS Facility

a. If Option of Premium payment by instalment is opted through auto Debit/ECS facility, Electronic Clearing Service (ECS) Mandate form needs to be completely filled & signed by the Insured Person.

b. The Premium amount which would be auto debited & frequency of instalment should be duly filled in the ECS Mandate form.

c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.

d. The Company should be informed at least 15 days prior to the due date of instalment premium if the Insured Person wishes to discontinue the ECS facility.

Non-payment of premium on due date as opted by the Insured Person in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the Policy.

Multiple Policies

i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of thisPolicy.

iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

Optima Restore

Schedule of Benefits

Optima Restore Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	**3.00**	**5.00**	**10.00**	**15.00**	**20.00, 25.00, 50.00, 100.00**
1a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
2 b. Unlimited Restore Benefit (Optional Benefit)	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted
3) Preventive Health Checkup (per person)	Not Applicable	Upto Rs. 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 5000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Optima Restore

Optima Restore Family

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00, 25.00, 50.00, 100.00
1a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Coveredupto sum insured	Covered upto sum insured
1e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2a) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
2b) Unlimited Restore Benefit (Optional Benefit)	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted
3) Preventive Health Checkup (per policy)	Not Applicable	Upto Rs 2500	Upto Rs.5000	Upto Rs. 8000	Upto Rs. 10,000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Premium rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- In case of Family Floater policies Floater discount of 55% will be applied on all the members except the oldest member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- Premium rates are subject to change with prior approval from IRDA.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.
- The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:

Optima Restore

- Tier 1 : Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
- Tier 2 : Rest of India- All other cities

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

Gross Premium Tables (Exclusive of Taxes)

Optima Restore - Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)								
Age Band	**Sum Insured**							
	3,00,000	**5,00,000**	**10,00,000**	**15,00,000**	**20,00,000**	**25,00,000**	**50,00,000**	**1,00,00,000**
0 - 17	6,726	7,849	8,527	9,796	10,683	11,377	13,931	17,274
18 - 35	8,715	9,753	12,261	13,873	14,746	15,704	19,230	23,845
36 - 45	9,863	11,460	14,153	16,284	17,018	18,126	22,195	27,522
46 - 50	14,939	16,142	20,888	23,622	25,323	26,968	33,023	40,949
51 - 55	18,241	20,411	26,112	31,039	32,440	34,548	42,303	52,456
56 - 60	23,550	26,350	34,242	40,703	42,540	45,305	55,476	68,790
61 - 65	29,223	33,776	45,906	53,586	60,007	63,905	78,252	97,032
66 - 70 *	40,325	46,608	63,797	74,472	83,394	88,814	1,08,752	1,34,852
71 - 75 *	48,717	56,306	77,840	90,867	1,01,752	1,08,363	1,32,691	1,64,537
76 - 80 *	58,460	67,567	94,443	1,10,245	1,23,451	1,31,475	1,60,988	1,99,625
> 80 *	67,229	77,702	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274

*Only for Renewal Purposes

Optima Restore Gross Premium (Excl. GST) - Tier 2 (Rest of India)								
Age Band	**Sum Insured**							
	3,00,000	**5,00,000**	**10,00,000**	**15,00,000**	**20,00,000**	**25,00,000**	**50,00,000**	**1,00,00,000**
0 - 17	5,717	6,671	7,589	8,914	10,149	10,808	13,234	16,411
18 - 35	7,408	8,290	10,913	12,625	14,008	14,919	18,269	22,653
36 - 45	8,384	9,741	12,596	14,818	16,167	17,220	21,085	26,146
46 - 50	12,698	13,721	18,590	21,496	24,056	25,620	31,372	38,901
51 - 55	15,505	17,350	23,240	28,246	30,818	32,821	40,188	49,833
56 - 60	20,017	22,397	30,475	37,040	40,413	43,040	52,702	65,351
61 - 65	24,840	28,710	40,856	48,764	57,006	60,710	74,339	92,181
66 - 70 *	34,276	39,617	56,780	67,770	79,224	84,374	1,03,314	1,28,110
71 - 75 *	41,409	47,860	69,278	82,689	96,664	1,02,945	1,26,056	1,56,310
76 - 80 *	49,691	57,432	84,054	1,00,323	1,17,279	1,24,901	1,52,939	1,89,644
> 80 *	57,144	66,047	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561

*Only for Renewal Purposes

Premium for Unlimited Restore Benefit (Optional benefit) : 0.50% will be applied on the Final Policy Premium in respect of all the base/in-built coverages under this product

Optima Restore

- Premium Computation Illustration

  Illustration 1
- Plan Name – Optima Restore
- Tenure – 1 Year
- Location – Delhi - Tier 1

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)			
	Premium (INR)	Sum Insured in Lakhs (INR)	Premium (INR)	Family Discount of 10% (if any)	Premium after discount (INR)	Sum Insured in Lakhs (INR)
5	8,527	10	8,527	853	7,674	10
25	12,261	10	12,261	1226	11,035	10
37	14,153	10	14,153	1415	12,737	10
47	20,888	10	20,888	2089	18,799	10
57	34,242	10	34,242	3424	30,818	10
63	45,906	10	45,906	4591	41,315	10
	1,35,976		Total Premium (exclusive of taxes)		1,22,379	
	Total premium (exclusive of taxes) for all members of the family is INR 1,35,976, when each member is covered separately (at a single point in time). Sum Insured available for each individual is INR 10 Lakhs.		Total premium (exclusive of taxes) for all members of the family is INR 122379, when they are covered under a single policy (Sum Insured is available for each member of the family). Sum Insured available for each individual is INR 10 Lakhs.			

Illustration 2

- Plan Name – Optima Restore
- Tenure – 1 Year
- Location – Lucknow - Tier 1

Age of the members insured (in Years)	Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (INR)	Sum Insured in Lakhs (INR)
8	6,671	3,669	3,002	5
19	8,290	4,559	3,730	5
37	9,741	5,358	4,384	5
42	13,721	0	13,721	5
		Total Premium (exclusive of taxes)	24,837	
	Total premium (exclusive of taxes) when policy is opted on floater basis is INR 24837. Sum Insured of Rs. 5 Lakhs is available for the entire family.			

- **2 year & 3year Premium Calculation**

  7.5% Discount on premium if Insured Person is paying premium of 2 years in advance & 10% Discount on premium if Insured Person is paying premium of 3 years in advance
  Example

Optima Restore

1) Proposed Insured Age 32 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 5 Lac Calculation – 9753 x 2 x 92.5% = Rs. 18043.05/- plus taxes.
2) Proposed Insured Age 45 years from Lucknow opting for Optima Restore Individual 3 year policy with Sum Insured of 15 Lac Calculation – (14818+21496+21496) x 90% = Rs. 52029/- plus taxes

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

Annexure B - List I – Items for which coverage is not available in the policy (Non-Medical Expenses)

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	Oxygen Cylinder (For Usage Outside The Hospital)
36	Spacer
37	Spirometre
38	Nebulizer Kit
39	Steam Inhaler
40	Armsling
41	Thermometer
42	Cervical Collar
43	Splint
44	Diabetic Foot Wear
45	Knee Braces (Long/ Short/ Hinged)
46	Knee Immobilizer/Shoulder Immobilizer
47	Lumbo Sacral Belt
48	Nimbus Bed Or Water Or Air Bed Charges
49	Ambulance Collar
50	Ambulance Equipment
51	Abdominal Binder
52	Private Nurses Charges- Special Nursing Charges
53	Sugar Free Tablets
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
55	ECG Electrodes
56	Gloves
57	Nebulisation Kit
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc.]
59	Kidney Tray
60	Mask
61	Ounce Glass
62	Oxygen Mask
63	Pelvic Traction Belt
64	Pan Can
65	Trolly Cover
66	Urometer, Urine Jug
67	Ambulance
68	Vasofix Safety

Optima Restore

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG