

Customer Information Sheet

Optima Restore

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

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

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	<b>Optima Restore</b>	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"> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<p><b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> <li>Admission in Hospital for minimum 24 hours</li> <li>Pre-Hospitalisation- Medical expenses incurred in 60 days before the hospitalisation.</li> <li>Post-Hospitalisation- Medical expenses incurred in 180 days after the hospitalisation.</li> <li>Day-Care procedures-- Medical expenses for day care procedures.</li> <li>Domiciliary Treatment- Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.</li> <li>Organ Donor- Medical expenses on harvesting the organ from the donor for organ transplantation.</li> <li>Ambulance cover-- Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency.</li> <li>Daily Cash for choosing shared accommodation- Daily cash amount if hospitalised in shared accommodation in network hospital and hospitalisation exceeds 48 hrs</li> <li>E-Opinion in respect of a Critical Illness – Second opinion by a Medical Practitioner from Our panel, for a Critical Illness suffered during the policy period.</li> </ol>	B-1.a B-1.a B-1.b B-1.d B-1.e B-1.f B-1.g B-1.h B-1.i

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		<p>10. Emergency Air Ambulance Cover- covers, Expenses for ambulance transportation in an airplane or helicopter for emergency life threatening health conditions</p> <p>11. Restore Benefit- Instant addition of 100% Basic Sum Insured on complete or partial utilization of Sum Insured</p> <p>12. Preventive Health Checkup – Cost of health check up paid basis Person/Policy</p> <p><b>Optional Covers:</b> Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted.</p> <p>13. Unlimited Restore Benefit (optional benefit)</p>	<p>B-1.j</p> <p>B-2.a</p> <p>B-3</p> <p>B-2.b</p>
6	Exclusions (what the policy does not cover)	<p><b>1. Investigation &amp; Evaluation: Code Excl04</b></p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p><b>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</b> Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p><b>3. Obesity/Weight control: Code – Excl06:</b> 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><b>4. Change-of-Gender treatments: Code – Excl07:</b></p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p>	<p>C.2.9</p> <p>C.2.10</p> <p>C.2.4</p> <p>C.2.7</p>

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		<p><b>5. Cosmetic or plastic Surgery: Code – Excl08:</b> 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>	C.2.6
		<p><b>6. Hazardous or Adventure Sports: Code – Excl09:</b> 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>	C.2.2
		<p><b>7. Breach of Law: Code – Excl10:</b> 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>	C.2.1
		<p><b>8. Excluded Providers: Code – Excl11:</b> 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.</p>	C.2.15
		<p><b>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</b></p>	C.2.3
		<p><b>10. Treatments received in health 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.</b></p>	C.2.11
		<p><b>11. 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.</b></p>	C.2.12
		<p><b>12. Refractive Error: Code – Excl15:</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	C.2.5
		<p><b>13. Unproven Treatments: Code – Excl16:</b> 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>	C.2.8
		<p><b>14. Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes:</p>	C.2.14
		<p>i. Any type of contraception, sterilization</p>	

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		ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <b>15. Maternity: Code – Excl18</b> i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period. <b>Specific Exclusions:</b> In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:	C.2.13
		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.	C.3.1
		2. Intentional self injury or attempted suicide while sane or insane.	C.3.2
		3. Any Insured Person's participation or involvement in naval, military or air force operation.	C.3.3
		4. Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia	C.3.4
		5. Treatment availed outside India.	C.3.5
		6. Treatment at a healthcare facility that is not a Hospital	C.3.6
		7. Circumcisions (unless necessitated by illness or injury and forming part of treatment)	C.3.7
		8. Non allopathic treatment except for inpatient care AYUSH treatment	C.3.8
		9. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization.	C.3.9
		10. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment)	C.3.10
		11. 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.	C.3.11
		12. Sleep apnea.	C.3.12
		13. External congenital diseases, defects or anomalies	C.3.13
		14. Expenses incurred by the insured on organ donation	C.3.14

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		<p>15. 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.</p> <p>16. Any non medical expenses mentioned in List I of Annexure I of policy document</p> <p>17. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed</p> <p>18. 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.</p> <p>19. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.</p> <p>20. Drugs or treatments which are not supported by a prescription.</p> <p>21. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.</p> <p>22. Admission for administration of Intraarticular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion.</p> <p>23. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p>	<p>C.3.15</p> <p>C.3.16</p> <p>C.3.17</p> <p>C.3.18</p> <p>C.3.19</p> <p>C.3.20</p> <p>C.3.21</p> <p>C.3.22</p> <p>C.3.23</p>
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/ treatments are not covered.</li> <li>It is counted from the beginning of the policy coverage.</li> </ul>	<p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> <li>24 months for listed diseases/procedure</li> </ul> <p>Pre-existing diseases: Covered after 36 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>C.1.i</p> <p>C.1.ii</p> <p>C.1.iii</p>
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Base Cover (limits basis plan/sum insured chosen):</p> <ol style="list-style-type: none"> <li>Road Ambulance : Up to 2K</li> <li>Daily Cash for choosing Shared Accommodation : Upto Rs 800/1K per day up to 4.8/6K per day</li> <li>Preventive Health Checkup: <ul style="list-style-type: none"> <li>Individual (Per Insured) : Upto Rs 1.5/2/4/5K</li> <li>Floater(Per Policy): Upto Rs 2.5/5/8/10K</li> </ul> </li> </ol>	<p>B.1.g</p> <p>B.1.h</p> <p>B-3</p>

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</li> <li>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</li> </ul> <p>(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> <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> <li>i. TAT for Claim settlement – 30 days from the time the last necessary document is received.</li> </ul> <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> <ul style="list-style-type: none"> <li>i. Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></li> <li>ii. Helpline number : <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a> Call - : 022 6234 6234 / 0120 6234 6234</li> <li>iii. Hospitals which are excluded or from where no claims will be accepted by insurer <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a></li> <li>iv. Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></li> </ul>	E
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials:</p> <p>Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	E



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		<p><b>Moratorium Period:</b> 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>	D.k
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)