HDFC ERGO General Insurance Company Limited

Optima Senior, Policy - Prospectus

Suitability:

a) The minimum entry age under this policy is 61 years and above.
b) There is no maximum cover ceasing age in this policy.
c) The policy will be issued for a period 1/2/3 years.
d) Policy can be issued to an individual and/or family on individual sum insured basis.
e) The family includes self and spouse only.

Schedule of Benefits:

Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	**2.00, 3.00, 5.00**
1a) In-patient Treatment (in Shared Accommodation)	Covered
1b) Pre-Hospitalization	Covered, upto 30 Days
1c) Post-Hospitalization	Covered, upto 60 Days
1d) Day Care Procedures	Covered, All Day Care Procedures
1e) Domiciliary Treatment	Covered
1f) Organ Donor	Covered
1g) Emergency Ambulance	Upto Rs. 2,000 per Hospitalisation
2a) E-opinion	One opinion per Policy Year

Salient Features & Benefits:

	We will cover (Medical Expenses for)		**We will not cover (Additional to Waiting periods and General exclusions)**	
1.	a.	In-Patient Treatment (arising from Illness /Accident) in shared accommodation 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.	a. b. c. d.	Cost of prosthetics NOT implanted by surgery Hospitalisation for evaluation, Investigation only Treatment availed outside India Treatment at a healthcare facility NOT conforming to Hospital definition.
	b.	Pre-Hospitalization Medical Expenses (Consultations, Investigations, Medicines) upto 30 days before Hospitalisation.	e. f.	If claim has NOT been admitted under 1 a, 1 d, and 1 e (in- patient) Cost incurred is NOT for the same condition for which hospitalisation was done
	c.	Post-Hospitalization Medical Expenses (Consultations, Investigations, Medicines) Upto 60 days after discharge Post-Hospitalisation.		
	d.	Day Care Procedures Medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a Hospital/ day care centre for less than 24 hours because of technological advancement, which would have otherwise required a hospitalisation of more than 24 hours.	g. h.	Out-Patient Treatment Treatment at a healthcare facility NOT conforming to Hospital definition
	e.	Domiciliary Treatment Treatment at home ONLY because the Medical Practitioner advised that the Insured Person is not in a condition to be transferred OR bed was not available in Hospital.	i.	Treatment for less than 3 days
	f.	Organ Donor Treatment of organ donor for harvesting the organ	j. k. l.	If claim has NOT been admitted under 1 a (In-Patient) Beyond purview of Transplantation of Human Organs Act, 1994 (Amended) Donor's Pre and Post-Hospitalisation Expenses.
	g.	Emergency Ambulance Subject to the amount mentioned in Schedule of Benefits	m. n. o.	If claim has NOT been admitted under 1 a (In-Patient) Non Emergency NON registered healthcare or ambulance service provider
2.	a.	E-Opinion We shall arrange and pay for a second opinion on request of the Insured Person by a Medical Practitioner selected from Our panel for 'Critical Illness' suffered during the Policy Year based upon the documents and information provided. Second opinion will be sent directly by the Medical Practitioner to the Insured Person. While Claiming under this benefit Insured Person expressly notes and agrees that:	a. b. c.	More than one claim for this benefit in a Policy Year More than one claim for same Critical Illness Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of E-opinion provided by Medical Practitioner
	(1)	Insured Person has to decide from which Medical Practitioner in Our Panel to take the E-opinion from and the use (if any) to which the E-opinion so obtained is put. Critical Illness includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs, Stroke.		

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Co-Payment

Co-Payment" means a cost-sharing requirement applicable under this Policy in which the Insured Person will bear the percentage of the admissible claim amount which is specified in the table below. A Co-Payment does not reduce or otherwise affect the Sum Insured.

Co-Payment applicable on accommodation type

Accommodation Type	**Co-Payment** (Percentage to be borne by the Insured Person as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

Note : If any urgent medical and/or surgical treatment is taken for acute cardiac Illness or Accident to avoid serious impairment of health in a single occupancy accommodation due to unavailability of Shared or any other lower accommodation then only a 15% Co-Payment would be applicable.

A Co-payment of 15% shall be applicable to all Day Care Procedures; no additional copay's shall apply.

Co-Payment applicable on specified Illnesses/surgeries

If a claim has been admitted under Section I in respect of any of the following Illnesses/Surgeries then, the insured person shall bear 30% of the claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

S.no	**Illnesses/Surgeries**
i.	Cataract (each eye)
ii.	Hysterectomy
iii.	Cholecystectomy
iv.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
v.	Surgery of Hemia
vi.	Angiography (CT Angiogram excluded)
vii.	Arthroscopy
viii.	PID-Discectomy
ix.	Mastectomy
x.	Joint Replacement
xi.	PTCA (Angioplasty)
xii.	Hydrocele
xiii.	Major Organ Transplant
xiv.	CABG

Note: If we accept a claim for above mentioned specified illnesses/surgeries then no additional Copayment shall be applicable for the same claim.

Sum Insured:

Rs. 200,000; 300,000; 500,000 on individual basis.

Renewal Incentives:

- **No Claim Discount -** A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.

Portability:

If you are insured continuously and without interruption under an indemnity based health insurance policy of any Indian insurance company and you want to shift to us on renewal, Optima Senior policy offers you transfer of most of the accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances the sum insured, then the portability benefits will be offered only in respect to the previous sum insured.

Exclusions

Waiting Period

All claims payable will be 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 as mentioned in the table below 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.
   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.

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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 stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedure:

Sl No.	Organ / Organ System	Illness	Treatment
a.	ENT	• Any benign ear, nose and throat (ENT) disorder Example: Sinusitis, Rhinitis	• Any ear, nose and throat (ENT) surgery Example: adenoidectomy, mastoidectomy, tonsillectomy, tympanoplasty • surgery for nasal septum deviation
b.	Gynaecological	• Internal tumors, cysts, nodules, polyps including breast lumps • Polycystic ovarian diseases	• Dilatation and curettage (D&C) • Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus • Myomectomy for fibroids
c.	Orthopaedic	• Non infective arthritis • Gout and Rheumatism • Age related Osteoarthritis and Osteoporosis	• Surgery for prolapsed inter vertebral disk • Joint replacement
d.	Gastrointestinal	• Calculus diseases of gall bladder including Cholecystitis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Gastric and duodenal ulcers • All forms of cirrhosis	• surgery of gallbladder and bile duct • surgery of hernia
e.	Urogenital	• Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. • Benign Hyperplasia of prostate	• Any surgery of Urogenital system • Surgery on prostate • Surgery for Hydrocele
f.	Eye	• Cataract • Glaucoma	• NIL
g.	Others	• Internal tumors, cysts, nodules, polyps, skin tumors	• Surgery of varicose veins and varicose ulcers

iii) Pre-Existing Disease: 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 of Sum Insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability 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.

General exclusions

We will not pay in event of:

Non medical

i) Wars or similar situations

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, Chemical or Biological attack or weapons, radiation of any kind.

ii) 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.

iii) Intentional self-injury or attempted suicide while sane or insane.

iv) 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.

Medical

v) **Investigation & Evaluation:** Code Excl04

a. Expenses related to any admission primarily for diagnostic 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.

vi. **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:

a. 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.

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

vii. **Obesity/Weigchotntrol:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. 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:

1. Obesity related cardiomyopathy
2. coronary heart disease
3. severe sleep apnoea
4. uncontrolled type2 diabetes

viii. **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.

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ix. **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 by the attending **Medical Practitioner**.

x. **Excluded Providers** - Code – Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider y excluded by the Insurer and disclosed in its 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.

xi. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

xii. 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

xiii. 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

xiv. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code – Excl15

xv. **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 medical documentation to support their effectiveness. Code – Excl16

xvi. **Sterility and Infertility** – Code – Excl17 -Expenses related to sterility and infertility. This includes:

  a. Any type of contraception, sterilization

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

  c. Gestational Surrogacy

  d. Reversal of sterilization

xvii. **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.

xviii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xix. Any **Insured Person's** participation or involvement in naval, military or air force operation.

xx. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

xxi. Congenital external diseases, defects or anomalies,

xxii. Stem cell harvesting, or growth hormone therapy.

xxiii. **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization.**

xxiv. 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).

xxv. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

xxvi. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xxvii. Preventive care, and other nutritional and electrolyte supplements, unless to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxviii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xxix. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

xxx. Treatment taken on Outpatient basis

xxxi. The provision or fitting of hearing aids, spectacles or contact lenses.

xxxii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

xxxiii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxiv. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xxxv. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

xxxvi. Any non-allopathic treatment except to the extent of coverage provided for under 'In-patient treatment' cover.

xxxvii. Dental treatment and surgery of any kind, unless requiring Hospitalisation

xxxviii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.

xxxix. 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.

xl. Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured

Key Definitions:

Pre-existing Condition means any condition, ailment, injury, or disease:

i) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

ii) For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

Co-Payment means a cost-sharing requirement under this Policy that provides the Insured Person will bear a specified percentage of the admissible costs. A co-payment does not reduce the Sum Insured.

Claim Procedure:

Specified Third Party Administrator (TPA) licensed by IRDA will process and settle all claims under this policy on behalf of HDFC ERGO General Insurance Company Limited. The final decision on any claim solely rests with HDFC ERGO General Insurance Company Limited.

Intimation & Assistance - Please contact our designated TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

- Please send the duly signed claim form and all the information/ documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.

* Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, your designated

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TPA will send the cheque for the admissible amount, along with a settlement statement within 15 days.

- The cheque will be sent in the name of the proposer.

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 Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA 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 at 022 6234 6234 / 0120 6234 6234.
- Rejection of cashless facility in no way indicates rejection of the claim.

Terms of Renewal:

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

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience.

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.

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.

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 will be required. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Check-up.

Pre-Policy Check-up Grid:

Age\SI	2,00,000	3,00,000	5,00,000
61-65	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Total Proteins, Sr Creatinine, PSA (males), USG Abd (females) 5A	ME, RUA, FBS,CBC, Lipids, TMT, LFT, Sr Creatinine, PSA (males), USG Abd (females) Cat 10	ME, RUA, FBS, CBC, Lipids, TMT, LFT, Sr Creatinine, PSA (males), USG Abd (females) Cat 10
66 onwards	ME, RUA, FBS, CBC, Lipids, TMT, LFT, Sr Creatinine, PSA (males), USG Abd (females) Cat 10	ME, RUA, FBS, CBC, Lipids, TMT, HbA1c, LFT, RFT, PSA (males), USG Abd (females) Cat 8	ME, RUA, FBS, CBC, Lipids, TMT, HbA1c, LFT, RFT, PSA (males), USG Abd (females) Cat 8
ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycoslated Hb, LFT= Liver Function Test, RFT= Renal Function Test			

Note- the ME must be done by an MD physician only and must include ophthalmological (Eye) examination, TMT must be done under close supervision of a qualified cardiologist only.

Premium Rates:

Age Group / Sum Insured (Rs.)	2,00,000	3,00,000	5,00,000
61-65 Yrs	11,932	14,615	22,553
66-70 Yrs	15,137	19,201	30,719
71-75 Yrs	18,367	23,986	39,428
76-80 Yrs	24,219	31,629	52,125
81-85 Yrs	32,051	42,433	70,849
> 85 Yrs	42,497	57,032	96,402

Service Tax to be charged as applicable
The rates are valid till further notification

2/3 Year Premium

A discount of 7.5% / 10% will be provided if insured person is paying two year/ three year premium respectively in advance as a single premium For example:

1) Proposed Insured Age 64 years opting for 2 year policy with Basic Sum Insured of Rs 3 Lac. Calculation – 14,615 X 2 X (100-7.5) % = Rs. 27,039/- plus taxes.
2) Proposed Insured Age 65 years opting for 2 year policy with Basic Sum Insured of Rs 3 Lac. Calculation – (14,615+19,201) X (100-7.5) % = Rs. 31,280/- plus taxes.

- The premium will be charged on the completed age of the individual insured member.
- Premium rates are subject to change with prior approval from IRDA.
- Premiums will similarly be calculated at 10% discount rate for 3 year premiums paid in advance

Discounts:

- Family Discount of 5% if 2 family members are covered under Optima Senior policy.

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).

- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent.

Non- Disclosure or Misrepresentation

i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
   - cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule ; and
   - the claim under such Policy if any, shall be prejudiced.

ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/ Misrepresentation of Pre-existing diseases subject to your prior consent;
   a) Permanently exclude the disease/condition and continue with the Policy
   b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
   c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i) above.

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

Moratorium Period:

After completion of eight continuous years under this Policy no look back would 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 eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud & permanent exclusions specified in the policy contract. The Policy 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

Cancellation:

- 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.

1 Year Policy Period		2 Year Policy Period		3 Year Policy Period	
Length of time Policy in force	% of premium re- funded	Length of time Policy in force	% of premium re-funded	Length of time Policy in force	% of premium re-funded
Upto 1 Month	75.00%	Upto 1 Month	87.50%	Upto 1 Month	
Upto 3 Months	50.00%	Upto 3 Months	75.00%	Upto 3 Months	91.7%
Upto 6 Months	25.00%	Upto 6 Months	62.50%	Upto 6 Months	83.3%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%	Upto 12 Months	75%
		Upto 15 Months	25.00%	Upto 15 Months	66.6%
		Upto 18 Months	12.00%	Upto 18 Months	50%
		Exceeding 18 Months	Nil	Upto 21 Months	41.6%
				Upto 24 Months	33.3%
				Exceeding 24 Months	8.3 %
				Exceeding 24 Months	Nil

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.

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.

Section 41 of Insurance Act1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to ten lakh rupees.

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IRDA REGULATION NO 12: This policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulation, 2017.

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 1 – List of Non-Medical Expenses

S.No	List of Non Medical Expenses
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 OUTSTDE 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/ HTNGED)
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