

### 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	Optima Restore	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> <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p>	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> </ol>	<p>B-1.a</p> <p>B-1.b</p> <p>B-1.c</p>

		<p>4. Day-Care procedures– Medical expenses for day care procedures.</p> <p>5. Domiciliary Treatment- Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.</p> <p>6. Organ Donor- Medical expenses on harvesting the organ from the donor for organ transplantation.</p> <p>7. Ambulance cover– Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency.</p> <p>8. Daily Cash for choosing shared accommodation- Daily cash amount if hospitalised in shared accommodation in network hospital and hospitalisation exceeds 48 hrs</p> <p>9. 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.</p> <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>13. Multiplier Benefit- 50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims</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>B-1.d</p> <p>B-1.e</p> <p>B-1.f</p> <p>B-1.g</p> <p>B-1.h</p> <p>B-1.i</p> <p>B-1.j</p> <p>B-4</p> <p>B-2.a</p> <p>B-3</p> <p>B-2.b</p>
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HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117.  
Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East),  
Mumbai – 400 059. UIN: Optima Restore - HDFHLIP25012V082425

		<p>supported by clinical protocols</p> <p>10. The member has to be 18 years of age or older and</p> <p>11. Body Mass Index (BMI)</p> <p>12. greater than or equal to 40 or</p> <p>13. 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>14. Obesity-related cardiomyopathy</p> <p>15. Coronary heart disease</p> <p>16. Severe sleep apnea</p> <p>17. Uncontrolled type2 diabetes</p>	C.2.7
		<p><b>18. 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>	C.2.6
		<p><b>19. Cosmetic or plastic Surgery: Code – Excl08:</b></p> <p>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.2.2
		<p><b>20. Hazardous or Adventure Sports: Code – Excl09:</b></p> <p>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,</p>	C.2.1

	<p>mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p><b>21. 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> <p><b>22. 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> <p><b>23. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</b></p> <p><b>24. 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> <p><b>25. 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>	<p>C.2.1 5</p> <p>C.2.3</p> <p>C.2.1 1</p> <p>C.2.1 2</p> <p>C.2.5</p>
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		<p><b>27. 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.2.1 4
		<p><b>28. Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes:</p>	
		<p>29. Any type of contraception, sterilization</p>	
		<p>30. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p>	C.2.1 3
		<p>31. Gestational Surrogacy</p>	
		<p>32. Reversal of sterilization</p>	
		<p><b>33. Maternity: Code – Excl18</b></p>	
		<p>34. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p>	
		<p>35. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</p>	C.3.1
		<p><b>Specific Exclusions:</b> In addition to the foregoing general exclusions, the Company shall not be liable to make any</p>	

	<p>payment under this Policy caused by or arising out of or attributable to any of the following:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Intentional self injury or attempted suicide while sane or insane.</li> <li>Any Insured Person's participation or involvement in naval, military or air force operation.</li> <li>Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia</li> <li>Treatment availed outside India.</li> <li>Treatment at a healthcare facility that is not a Hospital</li> <li>Circumcisions (unless necessitated by illness or injury and forming part of treatment)</li> <li></li> <li>Non allopathic treatment except for inpatient care AYUSH treatment.</li> <li>Conditions for which treatment could have been done on an outpatient basis without any Hospitalization.</li> <li>Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment)</li> <li>Provision or fitting of hearing aids, spectacles</li> </ol>	<p>C.3.2</p> <p>C.3.3</p> <p>C.3.4</p> <p>C.3.5</p> <p>C.3.6</p> <p>C.3.7</p> <p>C.3.8</p> <p>C.3.9</p> <p>C.3.10</p> <p>C.3.11</p> <p>C.3.12</p> <p>C.3.13</p>
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		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.3.1 4
		13. Sleep apnoea.	C.3.1 5
		14. External congenital diseases, defects or anomalies	
		15. Expenses incurred by the insured on organ donation	
		16. 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.	C.3.1 6
		17. Any non medical expenses mentioned in List I of Annexure I of policy document	C.3.1 7
		18. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed	C.3.1 8
		19. 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.	C.3.1 9
		20. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.	C.3.2 0
		21. Drugs or treatments which are not supported by a prescription.	C.3.2 1
		22. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.	C.3.2 2
		23. Admission for administration of Intraarticular or Intra-lesional injections, Supplementary	



		<p>medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion.</p> <p>24. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p>	C.3.2 3
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>ii. Deductible (It is a specified amount:</p> <p>- up to which an insurance company will not pay any claim, and</p> <p>- which will be deducted from total claim amount (if claim amount is more than the</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> <li>Aggregate Deductible (Optional Cover) : 25k/50k/100k</li> <li>Co-Payment (Optional cover): 10% / 20%</li> </ol>	<p>B.1.g</p> <p>B-1.h</p> <p>B-3</p> <p>B-2.c</p> <p>B-2.d</p>

	specified amount)  iii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).		
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: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</li> <li>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</li> </ul> <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> <li>i. TAT for Claim settlement – Within 15 days of claim intimation</li> </ul> <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/">https://www.hdfcergo.com/</a></li> </ul>	E

		<a href="#">customercare/grievances</a>  Contact us - 022 6158 2020/ 022 6234 6234  i. 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>  iii. Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a>	
10	Policy Servicing	Contact us - 022 6158 2020/ 022 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a>  Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.	E
11	Grievances/ Complaints	In case of any grievance the insured person may contact the Company through: <ul style="list-style-type: none"> <li>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>- Contact us - 022 6158 2020/ 022 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 – 6242 – 6226</li> <li>- E-mail specific for Senior citizens : <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> </ul> Insured Person may contact the Grievance officer at <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a>  For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a>  Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> .	D.i

12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> <li>1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</li> <li>2. The insured person shall be allowed free look period of 30 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.</li> </ol> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be</p>	<p>D.h</p> <p>D.e</p> <p>D.I &amp; D.m</p>
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		<p>changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><b>Moratorium Period:</b> After completion of five continuous years under the policy no look back to be applied. This period of five 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 five 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)



**HDFC ERGO General Insurance**

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