

Customer Information Sheet

my:Optima Secure

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	my:Optima Secure	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <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>Base Covers: 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"> Admission in Hospital for minimum 24 hours All Day Care procedures requiring less than 24 hours of hospitalization Home Health Care (Medical Expenses incurred on availing treatment at Home) Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital) AYUSH Treatment (Medical Expenses incurred for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) Pre-hospitalisation of 60 days (treatment prior to admission in hospital) Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient) Cumulative Bonus (Applicable only to Optima Suraksha plan) Preventive Health Check-up (Cost of a Preventive Health Check-up for the Insured Person will be paid) 	<p>B-11</p> <p>B-11.1.iv</p> <p>B-1.2</p> <p>B-1.3</p> <p>B-1.4</p> <p>B-1.5</p> <p>B-1.6</p> <p>B-1.7</p> <p>B-1.8</p> <p>B-3</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <ol style="list-style-type: none"> 1. Emergency Air Ambulance (Cost incurred by the Insured Person towards Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital) 2. Daily Cash for Shared Room (Daily cash amount for each continuous and completed 24 hours of Hospitalization if the Insured Person is Hospitalized in shared accommodation in a Network Provider Hospital and such Hospitalization exceeds 48 consecutive hours) 3. Protect Benefit (Payment towards Non-Medical Expenses listed under Annexure B of Policy Document) 4. Plus Benefit (50% of the Base Sum Insured under the expiring Policy will be added to the Sum Insured available under the Renewed Policy) 5. Secure Benefit (An additional amount will be available to the Insured Person as Sum Insured for all claims admissible) 6. Automatic Restore Benefit (Restoration of Sum Insured in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year) 7. Aggregate Deductible (Aggregate Deductible is an amount as specified in the Policy Schedule that Insured Person shall bear for all admissible claims) 8. E-Opinion for Critical Illness (Expenses towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of any Major Medical Illness) 9. Global Health Cover (Emergency Treatments Only) Emergency Medical Expenses which are diagnosed and incurred outside India. 10. Global Health Cover (Emergency & Planned Treatments) Emergency & Planned Medical Expenses which are incurred & paid outside India. 11. Overseas Travel Secure (Covers overseas travel & accommodation expenses) 	<p>B-2.1</p> <p>B-2.2</p> <p>B-2.3</p> <p>B-2.4</p> <p>B-2.5</p> <p>B-2.6</p> <p>B-2.7</p> <p>B-2.8</p> <p>B-2.9</p> <p>B-2.10</p> <p>B-2.11</p>
6	Exclusions (what the policy does not cover)	<p>1. Investigation & Evaluation: Code Excl04</p> <ol style="list-style-type: none"> i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 	C.1.d

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. <p>3. Obesity/Weight control: Code – Excl06:</p> <p>Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes <p>4. Change-of-Gender treatments: Code – Excl07:</p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. Cosmetic or plastic Surgery: Code – Excl08:</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> <p>6. Hazardous or Adventure Sports: Code – Excl09:</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, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	<p>C.1.e</p> <p>C.1.f</p> <p>C.1.g</p> <p>C.1.h</p> <p>C.1.i</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8. 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.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>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.</p> <p>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.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopres.</p> <p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization</p> <p>15. Maternity: Code – Excl18 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.</p>	<p>C.1.j</p> <p>C.1.k</p> <p>C.1.l</p> <p>C.1.m</p> <p>C.1.n</p> <p>C.1.o</p> <p>C.1.p</p> <p>C.1.q</p> <p>C.1.r</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>Specific Exclusions:</p> <p>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:</p> <p>a) 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.</p> <p>b) Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule.</p> <p>c) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.</p> <p>d) Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>e) Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").</p> <p>f) Congenital external diseases, defects or anomalies.</p> <p>g) Stem cell harvesting.</p> <p>h) Investigative treatments for analysis and adjustments of spinal sub luxation, 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.</p> <p>i) Circumcisions (unless necessitated by illness or Injury and forming part of treatment).</p> <p>j) Vaccination including inoculation and immunisations (except post animal bite treatment).</p> <p>k) 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 as Annexure B of policy document and also available at www.hdfcergo.com.</p> <p>l) Treatment taken on outpatient basis.</p> <p>m) The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>n) 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.</p>	<p>C.2</p> <p>C.2.a</p> <p>C.2.b</p> <p>C.2.c</p> <p>C.2.d</p> <p>C.2.e</p> <p>C.2.f</p> <p>C.2.g</p> <p>C.2.h</p> <p>C.2.i</p> <p>C.2.j</p> <p>C.2.k</p> <p>C.2.l</p> <p>C.2.m</p> <p>C.2.n</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>o) 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.</p> <p>p) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.</p> <p>q) Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy</p>	<p>C.2.o</p> <p>C.2.p</p> <p>C.2.q</p>
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage. 	<ol style="list-style-type: none"> 1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 2. Specific Waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> • 24 months for listed diseases/procedure 3. Pre-existing diseases: Covered after 36 months <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>C.1.c</p> <p>C.1.b</p> <p>C.1.c</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 specified amount)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:</p> <p>Base Cover:</p> <ol style="list-style-type: none"> 1. Preventive Health Check-up (basis plan chosen) : <ol style="list-style-type: none"> i. Individual Policies : Upto Rs. 1500/2000/4000/5000/8000 ii. Family Floater Policies : Upto Rs 2500/5000/8000/10,000/15,000 <p>Optional Covers :</p> <ol style="list-style-type: none"> 1. Emergency Air Ambulance : Up to 5 L 2. Daily Cash for Shared Room (basis plan chosen) : Rs. 800 per day max upto 4800 or Rs. 1000 per day max up to 6000 3. Overseas Travel Secure : Accommodation Expenses : upto Rs. 15,000 per day max upto 30 days <p>Deductibles :</p> <ol style="list-style-type: none"> 1. Aggregate Deductible (Optional Cover) : 25k/50k/100k/200K/300K/5L/10L/20L/25L 2. Per Claim Deductible (Applicable for each and every claim arising out of India in Global plans) : 10K (Per Claim) 	<p>B-3</p> <p>B-2.1</p> <p>B-2.2</p> <p>B-2.11</p> <p>B-2.7</p> <p>B-2.9 & B-2.10</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
9	Claims/Claims Procedure	<p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India.</p> <p>Turn Around Time (TAT) for claims settlement: For Cashless Process :</p> <p>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</p> <p>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</p> <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>B. Procedure for Cashless Claims Outside India: You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website. Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com</p> <p>For Reimbursement Process :</p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details / web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are Excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	E
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	D.1

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6242 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	D.1.17
12	Things remember to	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Process for 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 policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p>Process for 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.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	<p>D.1.8</p> <p>D.1.9</p> <p>D.1.10 & D.1.11</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	D.1.6
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)