

Customer Information Sheet

Optima Plus

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	Optima Plus	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) Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted. Expenses in respect of: <ol style="list-style-type: none"> Admission in Hospital for minimum 24 hours Pre-hospitalization: - Medical Expenses incurred in 60 days before the admission in the Hospital. Post hospitalization: Medical Expenses incurred in 90 days after the discharge from Hospital. Day Care procedures requiring less than 24 hours of hospitalization Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization. Domiciliary Treatment - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. 	B.a B.b B.c B.d B.e B.f B.g
6	Exclusions (what the policy does not cover?)	1. Investigation & Evaluation: Code – Excl04: <ol style="list-style-type: none"> Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 	C.II.i

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		<p>2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.</p> <p>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: 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: 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: 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: 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.II.ii</p> <p>C.II.iii</p> <p>C.II.iv</p> <p>C.II.v</p> <p>C.II.v</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>	C.II.vii
		<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>	C.II.viii
		<p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p>	C.II.ix
		<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>	C.II.x
		<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>	C.II.xi
		<p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	C.II.xii
		<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>	C.II.xiii
		<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. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.</p>	C.II.xiv
		<p>15. Maternity: Code – Excl18 i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p>	C.II.xv

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		<p>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period</p> <p>Specific Exclusions:</p> <p>i. War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>ii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p> <p>iii. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>iv. Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").</p> <p>v. Congenital external diseases, defects or anomalies,</p> <p>vi. Stem cell harvesting</p> <p>vii. Investigative treatment 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).</p> <p>viii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).</p> <p>ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.</p> <p>x. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.</p> <p>xi. Vaccination including inoculation and immunisations (Except post bite treatment),</p> <p>xii. 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 etc. Full list of Non-Medical expenses attached and is attached and also available at www.hdfcergo.com.</p> <p>xiii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,</p> <p>xiv. Treatment taken on Outpatient basis</p> <p>xv. The provision or fitting of hearing aids, spectacles or contact lenses.</p>	<p>C.IV.i</p> <p>C.IV.ii</p> <p>C.IV.iii</p> <p>C.IV.iv</p> <p>C.IV.v</p> <p>C.IV.vi</p> <p>C.IV.vii</p> <p>C.IV.viii</p> <p>C.IV.ix</p> <p>C.IV.x</p> <p>C.IV.xi</p> <p>C.IV.xii</p> <p>C.IV.xiii</p> <p>C.IV.xiv</p> <p>C.IV.xv</p>

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		<p>xvi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement method. Optometric therapy.</p> <p>xvii. 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.</p> <p>xviii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intraoperatively). 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.</p> <p>xix. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p> <p>xx. Dental treatment and surgery of any kind, unless requiring Hospitalisation</p> <p>xxi. Non allopathic treatment except for inpatient care AYUSH treatment.</p> <p>xxii. Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule</p>	<p>C.IV.xvi</p> <p>C.IV.xvii</p> <p>C.IV.xviii</p> <p>C.IV.xix</p> <p>C.IV.xx</p> <p>C.IV.xxi</p> <p>C.IV.xxii</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"> • 24months for listed diseases/ procedure 3. Pre-existing diseases: Covered after 48 months <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>C.I.i</p> <p>C.I.ii</p> <p>C.I.iii</p>
8	<p>Financial limits coverage of</p> <ol style="list-style-type: none"> i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) ii. Deductible (It is a specified amount: 	<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"> a) Emergency Ambulance Charges: <ul style="list-style-type: none"> Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization. <p>Deductibles Options : 1/2/3/4/5L</p>	<p>B.f</p>

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	<ul style="list-style-type: none"> - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) 		
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: <u>For Cashless Process :</u></p> <ul style="list-style-type: none"> i. TAT for pre-authorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (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>B. Procedure for Cashless Claims Outside India:</p> <p>You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.</p> <p>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><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> i. TAT for Claim settlement – 30 days from the time the last necessary document is received. <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"> i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks 	D

