



Optima **SUPER** 

**THERE'S A BIG
INSURANCE
HIDING INSIDE A
SMALL ONE.**



WHAT IS UNIQUE ABOUT IT?

Optima Super is an aggregate top up plan that allows you to enhance your sum insured as per your need at a lower cost. Unlike many top up plans, you do not have to cross the deductible limits at every claims incidence but can aggregate them during a policy period over multiple hospitalizations.

Optima Super comes with the unique benefit where one can choose to convert the top up plan into a regular (nil deductible) health insurance plan. This makes Optima Super best suited for individuals with group cover and low sum insured policies.

SWITCH OPTION (WAIVER OF DEDUCTIBLE):

Optima Super gives its customer a unique option of converting into a full-fledged nil deductible plan by using the Waiver of Deductible benefit. It is hassle free with no underwriting or medical tests. This benefit comes with added advantage like:

- Reduction in Waiting Period : You bid goodbye to tiresome waiting periods (whether it's the initial 30 days or 2 years for specific diseases or pre-existing conditions) by the number of years you have completed with us.
- Your deductible is waived off and you are covered from the first rupee.

This option for waiver of Deductible (Switch benefit) can be exercised by you only at the time of renewal between the age of 55 and 60 years or at the beginning of 6th policy year; provided that it has been bought before 50 years of age and has renewed with us continuously and without any interruption.

SO WHO'S IT FOR?

The design and benefits of this plan make it the perfect match for you, if

- You are looking to increase your current individual health insurance coverage or add to your current company provided coverage.
- You have a company provided cover that may cease due to retirement or change of job. Invest little now and switch when you need.
- You are only looking for coverage over a specified rupee amount.

Sum Insured Options (in Rs.)

500,000	700,000	10,00,000
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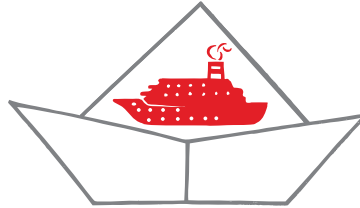
Deductible Options (in Rs.)

100,000	200,000	300,000	400,000
500,000	600,000	700,000	10,00,000

BENEFITS

The policy pays for the benefits mentioned below, exceeding the deductible opted by you.

- a. In-patient Treatment - Hospitalisation expenses due to an illness or accident.
- b. Pre-Hospitalisation - Medical expenses incurred in 60 days immediately before hospitalisation.
- c. Post-Hospitalisation - Medical expenses incurred in 90 days immediately after discharge from hospital.
- d. Day care procedures - Coverage for medical expenses for day care procedures which do not require 24 hours hospitalization.
- e. Organ Donor - Medical expenses for harvesting of the organ donated to the Insured person.
- f. Ambulance Service - Expenses up to Rs. 2000 per hospitalization.



WHAT IS A DEDUCTIBLE?

“Deductible” means a cost-sharing requirement under a health insurance policy where the insurance company will not be liable for eligible medical expenses up to a specified rupee amount, that incur in a policy year, as opted i.e. it is the amount upto which the insurance company will not pay for all the claims incurred in a policy year under the policy.

- The Deductible will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy.
- A Deductible does not reduce the Sum Insured.

i.e. HDFC ERGO General Insurance Company Limited will only be liable for any payment where the Medical Expenses exceed the Deductible amount selected by you.

Example of Deductible:

Mr. X has policy (Policy Period - 1st Jan 2014 to 31st Dec 2014) with Sum Insured of Rs. 500,000 and with a deductible of Rs. 500,000.

Scenario 1: For multiple claims in a year

- ✓ In May 2014, he is hospitalized and a claim is filed for Rs. 400,000. Claim is not admissible in this scenario since his deductible is Rs. 500,000.
- ✓ In June 2014, he is hospitalized and a claim is filed for Rs. 200,000. As the total claims under the policy for the year is Rs. 6,00,000 (4,00,000 +2,00,000), he is eligible to claim for Rs. 1,00,000 (i.e. Rs. 6,00,000 - Rs. 5,00,000)

Scenario 2: For a single claim

- ✓ In May 2014, he is hospitalized and a claim for Rs. 6,00,000 is filed, in this scenario claim payment will be made for Rs. 100,000 [Rs. 6,00,000-Rs. 5,00,000].

ELIGIBILITY - WHO CAN BE COVERED?

- a. This policy covers persons in the age group 91 days to 65 years. The maximum age at entry is upto 65 years.
- b. Dependent children between 91 days to 5 years can be covered if either parent is covered under the same policy.
- c. There is no maximum cover ceasing age on renewals.
- d. This policy can be issued to an individual and/or family.
- e. The family includes self, spouse, dependent children and dependent parents.
- f. In a family floater policy, a maximum of 2 adults and a maximum of 2 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father or Mother.
- g. In a family floater the age of the eldest member will be considered while computing premium for the family.
- h. In an individual policy, a maximum of 6 members can be added in a single policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father or Mother.

VALUE ADDED SERVICES

We offer you a range of value-added services to promote your well-being, prevent illnesses as well as make hospitalization stress-free for you and your family.

Cashless Hospitalisation - In addition to reimbursement of claims at all hospitals, the Optima Super Plan is valid on a cashless basis in over 10000+ hospitals listed in the guide book to be sent along with the policy and updated periodically on our website www.hdfcergo.com. You need to obtain a pre-authorization for all planned admissions at least 48 hours prior to actual admission or regularize any 'emergency' admission within 24 hours post the admission. The details of the process and the documentation requirements are given in the guide-book sent along with the policy.

Health Risk Assessment - Every HDFC ERGO General Insurance Company Limited customer will be provided with an access to a health risk assessment tool, which helps to profile each member's health status through our website. Upon assessment, members will be offered personalized wellness recommendations on diet, lifestyle and nutrition regimen.

EXCLUSIONS

- All treatments within the first 30 days of cover except any accidental injury.
- Any preexisting condition will be covered after a waiting period of 4 years.
- Congenital external disease, cosmetic surgery.
- Abuse of intoxicant or hallucinogenic substances like intoxicating drugs and alcohol.
- Hospitalization due to war or an act of war or due to a nuclear, chemical or biological weapon and radiation of any kind.
- Pregnancy, dental treatment, external aids and appliances.
- 2 years waiting period for specific diseases like cataract, hernia, joint replacement surgeries, surgery of hydrocele etc.
- Non-Medical expenses.
- Experimental, investigative and unproven treatment devices and pharmacological regimens.

Please refer to the Policy Wording for the complete list of exclusions.

POLICY PERIOD

The policy will be issued for 1/2/3 years period after which it needs renewal.

DISCOUNT

- a. Family Discount of 10% if 2 or more family members are covered under Optima Super Individual Sum Insured plan.
- b. An additional discount of 7.5% is offered on premium if you choose a 2 year policy and pay 2 years premium in advance as single premium.

TAX BENEFIT

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act. Consult your Tax Advisor for applicable benefits. Tax benefits are subject to changes in Tax Laws.

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.

BUYING PROCEDURE

- Fill the application form stating your personal information and health profile. Ensure that the information given in the form is complete and accurate.
- Handover the application form and the premium amount in your preferred mode of payment along with necessary documents to the company representative.
- Pre-policy check, if applicable due to age, health declaration and cover opted will be organized at a network center near you. On acceptance of your policy we would reimburse upto 100% of cost incurred by you to conduct these tests. In case your proposal is declined, no reimbursement will be provided.
- Based on the details, we may accept or revise our offer to give you an optimal plan as per your profile. This will be done with your consent. In case we do not accept your policy we will inform you with a proper reason. In case of acceptance, the final policy document and kit will be sent to you.

PORTABILITY

If you are insured continuously and without interruption under a health insurance plan issued by an Indian non life insurer and you want to shift to us on renewal Optima Super policy offers you transfer of accrued benefits and make due allowances for waiting periods, provided the policy has been maintained without a break as per portability guidelines.

FREE LOOK CANCELLATION

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.

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.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Firstly, you pay a nominal premium for the top-up that helps you cover higher medical spends.

Secondly, when you retire (or even at the 6th policy anniversary), it gives you an option to shift to a regular plan with nil deductible.

REACH US

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. Tax laws are subject to change. • UIN : Optima Super - HDHLLIP21340V022021 • UID: 6527

Customer care: 022 6234 6234 / 0120 6234 6234

Secured online purchase at: www.hdfcergo.com

SMS: 'super' to 5676 7333

Email: care@hdfcergo.com



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.

Statutory Warning ›

Section 41 of Insurance Act 1938 as amended by Insurance Laws (Amendment) Act, 2015 Prohibition of Rebates:

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 the 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 published prospectuses or tables of the insurers. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to 10 lakh rupees.