

Optima Restore, Policy

Suitability:

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for adult dependent: is 18 years and maximum entry age is 65 years.
- Children between 91 days and 5 years can be insured provided either parent is getting insured under this policy.
- There is no maximum cover ceasing age on renewals.
- The policy will be issued for a period of 1 or 2 year(s) period, the sum insured & benefits will be applicable on policy year basis.
- This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.
- In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of self, spouse, father, father in law, mother or mother in law.
- In a family floater the age of the eldest member will be considered while computing premium for the family.
- In an individual 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, father in law, mother or mother in law.
- The Sum Insured of the dependent insured members should be equal to or less than the sum insured of the primary insured member. In case where two or more children are covered, the sum insured for all the children must be same. Sum insured of dependent parents must be the same.

Note:

I. Dependents means only the family members listed below:

- Your legally married spouse as long as she continues to be married to you;
- Your children aged between 91 days and 25 years if they are unmarried
- Your natural parents or parents that have legally adopted you, provided that the parent was below 65 years at his initial participation in the Optima Restore policy.
- You're Parent -in-law as long as your spouse continues to be married to you and were below 65 years at his initial participation in the Optima Restore policy.
- All dependent parents must be financially dependent on you.

Dependent Child means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Salient Features & Benefits:

We will cover the Medical Expenses for:		In addition to the waiting periods (Section 6a) and general exclusions (Section 6c), We will also not cover expenses
1.	<ol style="list-style-type: none"> In-patient Treatment. This includes <ul style="list-style-type: none"> Hospital room rent or boarding; Nursing; Intensive Care Unit Medical Practitioners (Fees) Anaesthesia Blood Oxygen Operation theatre Surgical appliances; Medicines, drugs & consumables; Diagnostic procedures. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before the date of admission to the hospital (In-patient OR Day Care OR Domiciliary treatment). Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 180 days after discharge from the Hospital (In-patient OR Day Care OR Domiciliary treatment). Day Care Procedures Medical treatment or surgical procedure which is undertaken under general or local anaesthesia, which require admission in a Hospital/ Day Care Centre for stay less than 24 hours. Treatment normally taken on out-patient basis is not included in the scope of this definition. 	<p>If as per any or all of the Medical references herein below containing guidelines and protocols for Evidence Based Medicines, the Hospitalisation for treatment under claim is not necessary or the stay at the hospital is found unduly long:</p> <ul style="list-style-type: none"> Medical text books, Standard treatment guidelines as stated in clinical establishment act of Government of India, World Health Organisation (WHO) protocols, Published guidelines by healthcare providers, Guidelines set by medical societies like cardiological society of India, neurological society of India etc. <ol style="list-style-type: none"> Claims which have NOT been admitted under 1 a) and 1d). Expenses not related to the admission and not incidental to the treatment for which the admission has taken place. <ol style="list-style-type: none"> Claims which have NOT been admitted under 1 a) and 1d). Expenses not related to the admission and not incidental to the treatment for which the admission has taken place. <ol style="list-style-type: none"> Treatment that can be and is usually taken on an out-patient basis is not covered. Treatment NOT taken at a Hospital or Day-care centre.

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<p>e. Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <p>i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or,</p> <p>ii. The patient takes treatment at home on account of non availability of room in a Hospital.</p> <p>ii. Pre and Post Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation and 180 days after hospitalization respectively will be covered in case of domiciliary treatment..</p>	<p>1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days only if treatment period is greater than three days).</p>
<p>f. Organ Donor: Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an insured person while donating an organ is NOT covered.</p>	<p>1. Claims which have NOT been admitted under 1a) for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.</p>
<p>g. Ambulance Cover Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to Rs. 2000 per Hospitalisation.</p>	<p>1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under 1a).</p>
<p>h. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of benefits if the Insured Person is hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p>	<p>1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under 1a).</p>
<p>i. E-Opinion in respect of a Critical Illness We shall arrange and pay for a second opinion from Our panel of medical Practitioners, if: -The Insured Person suffers a Critical Illness during the Policy Period; and -He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "Critical Illness" includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.</p>	<p>1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner</p>
<p>j. Emergency Air Ambulance Cover We will pay for ambulance transportation in an airplane or helicopter subject to maximum limit prescribed in j (1) , for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre that ground transportation cannot provide subject to:</p> <ul style="list-style-type: none"> Necessary medical treatment not being available at the location where the Insured Person is situated at the time of Emergency; The Medical Evacuation been prescribed by a Medical Practitioner and is Medically Necessary; The insured person is in India and the treatment is required in India only and not overseas in any condition whatsoever; and The air ambulance provider being registered in India. <p>J(i) The amount payable in case of Air ambulance facility shall be either the actual expenses or Rs. 2.5 Lacs per hospitalisation, whichever is lower; upto basic sum insured limit for a year.</p>	<p>1. Claims which have NOT been admitted under 1 a) and 1d). 2. Expenses incurred in return transportation to the insured's home by air ambulance is excluded.</p>

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Section II. Restore Benefits.

<p>Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Multiplier Benefit (if applicable) during the Policy Year. The Total amount (Basic sum insured, Multiplier benefit and Restore sum insured) will be available to all Insured Persons for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable).</p> <p>Conditions for Restore benefit:</p> <p>a. The Sum Insured will be restored only once in a Policy Year.</p> <p>b. If the Restored Sum Insured is not utilized in a Policy Year, it will expire.</p> <p>In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy.</p>	
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Please note the below example to understand the working of the "Restore Benefit"

For policy period 1st Jan 2016 to 31st Dec 2016

Details		Case A	Case B	Case C	Case D
Sum Insured at beginning of policy year (Rs)		3,00,000	3,00,000	3,00,000	3,00,000
Multiplier benefit (if any, please refer to section on "Renewal incentives")		None	None	3,00,000	3,00,000
Total eligible Sum Insured limit applicable for the year		3,00,000	3,00,000	6,00,000	6,00,000
Event 1:	Individual undergoes a inpatient hospitalisation on 1st June 2016				
	Eligible claim amount (Rs)	2,00,000	3,00,000	3,00,000	6,00,000
	Restore benefit triggered	Yes	Yes	Yes	Yes
	Additional Restore Sum Insured triggered (Rs)	3,00,000	3,00,000	3,00,000	3,00,000
Sum Insured applicable for the remainder of the policy year (Rs) i.e. 2nd June 2016 to 31st Dec 2016		4,00,000	3,00,000	6,00,000	3,00,000
Sum Insured at renewal in the next policy year (Rs.)		3,00,000	3,00,000	3,00,000 (Multiplier benefit will reduce by 50% of basic Sum Insured due to claim made in previous year)	3,00,000

Basic Sum Insured:

Rs. 3Lacs; 5 Lacs; 10 Lacs; 15 Lacs; 20 Lacs; 25 Lacs; 50 Lacs on individual as well as on family floater basis..

Policy Period:

The policy will be issued for 1 year and 2 years period, the sum insured & benefits will be applicable on Policy Year basis.

Payment Facility:

- Online
- Cheque/ Cash/ Credit Card Payment
- Electronic Clearing System

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Renewal Incentives:

• **Multiplier Benefit:**

- i. If no claim has been made in respect of inpatient benefits under this policy and the policy is renewed with us without any break, we will apply a bonus to the next policy year by automatically increasing the Sum Insured for the next Policy Year by 50% of the Basic Sum Insured for this Policy Year. The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.
- ii. In Family Floater policy,
 - a. The multiplier benefit shall be available on floater basis and accrue only if no claims have been made in respect of any Insured Person during the expiring Policy Year.
 - b. Accrued Multiplier benefit is available to all insured persons under the policy
- iii. If a Multiplier benefit has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We will automatically decrease the accrued multiplier benefit at the same rate at which it is accrued. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy, and only the accrued multiplier bonus will be decreased.
- iv. If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the multiplier bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the multiplier bonus to be carried forward for credit in the Policy would be the least multiplier bonus amongst all the Insured Persons.
- v. Portability/Migration benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability/migration benefit shall not apply to any other additional increased Sum Insured.
- vi. In policies with a two year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year.

• **Health checkup:**

This benefit is effective only if mentioned in the Schedule of Benefits.

If You have maintained an Optima Restore Policy with Us for the period of time mentioned in the schedule of benefits without any break, then at the end of each block of continuous years (as mentioned in the schedule of benefits) We will pay upto the amount mentioned in the Schedule of Benefits towards the cost of a preventive health check-up for those Insured Persons who were insured for the number of previous Policy Years mentioned in the Schedule.

Plan/Sl	3 Lacs	5 Lacs	10 Lacs	15 Lacs	20/25/50 Lacs
Individual (Per Person)	Not Applicable	Upto a maximum of Rs.1,500 per insured person, only once at the end of a block of every continuous two policy years.	Upto a maximum of Rs.2,000 per insured person at the end of each year at renewal.	Upto a maximum of Rs.4,000 per insured person, at the end of each year at renewal	Upto a maximum of Rs. 5000 per Insured Person, at the end of each year at renewal
Floater (Per Policy)	Not Applicable	Upto a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two Policy Years	Upto a maximum of Rs.5,000 per policy at the end of each year at renewal	Upto a maximum of Rs.8,000 per policy, at the end of each year at renewal	Upto a maximum of Rs. 10,000 per policy, at the end of each year at renewal

In case of family floater policy, if any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.

Note: Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

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 Restore policy offers you transfer of accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous sum insured. The application for portability should be received by us at least 45 days before the policy renewal date of the existing policy.

Free Look Period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option of canceling the Policy stating the reasons for cancellation and you shall be refunded the premium paid by you after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if you have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Exclusions

a. Waiting Periods

All illnesses and treatments shall be covered 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.

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- 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 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 or underlying cause is cancer(s).
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.
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/migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f. List of specific diseases/procedures: -

Organ / Organ System	Illness / diagnoses (irrespective of treatments medical or surgical)	Surgeries / procedure (irrespective of any illness / diagnosis other than cancers)
Ear, Nose & Throat (ENT)	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for Nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus 	<ul style="list-style-type: none"> • Hysterectomy
Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk 	<ul style="list-style-type: none"> • Joint replacement surgeries
Gastrointestinal	<ul style="list-style-type: none"> • Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus, Hemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess • Rectal Prolapse 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia
Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele
Eye	<ul style="list-style-type: none"> • Cataract • Retinal detachment • Glaucoma 	<ul style="list-style-type: none"> • Nil
Others	<ul style="list-style-type: none"> • Nil 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/ organs whether or not described above)	<ul style="list-style-type: none"> • Benign tumors of Non-infectious etiology eg. cysts, nodules, polyps, lump, growth, etc. 	<ul style="list-style-type: none"> • Nil

iii. Pre-Existing Diseases – 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 insured increase.

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- c. If the insured person is continuously covered without any break as defined under the portability/migration 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..

B. General Exclusions

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to::

Non-Medical Exclusions	<ol style="list-style-type: none"> 1. 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. 2. Intentional self-injury or attempted suicide. 3. 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. 4. 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 Exclusion	<ol style="list-style-type: none"> 5. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 6. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia. 7. Treatment availed outside India 8. Treatment at a healthcare facility which is NOT a Hospital. 9. Obesity/ Weight Control: Code – Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: <ol 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); <ol 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: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnoea iv. Uncontrolled Type2 Diabetes 10. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15 11. 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. 12. Circumcisions (unless necessitated by Illness or injury and forming part of treatment) 13. 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. 14. Non allopathic treatment. 15. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation. 16. 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 significant medical documentation to support their effectiveness. Code – Excl16

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Medical Exclusion	<p>17. Investigation & Evaluation: Code – Excl04</p> <p>a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>18. Rest Cure, rehabilitation and respite care: Code – Excl05</p> <p>a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>19. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);</p> <p>20. Provision or fitting of hearing aids, spectacles 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.</p> <p>21. Treatments received in health spas, 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>22. 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>23. Sleep-apnoea.</p> <p>24. Congenital external diseases, defects or anomalies</p> <p>25. Growth hormone therapy.</p> <p>26. Maternity: Code – Excl18</p> <p>a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p>
	<p>27. Sterility and Infertility: Code – Excl17</p> <p>Expenses related to sterility and infertility. This includes:</p> <p>a. Any type of contraception, sterilization</p> <p>b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p> <p>c. Gestational Surrogacy</p> <p>d. Reversal of sterilization</p> <p>28. The expense incurred by the insured on organ donation.</p> <p>29. 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.</p> <p>30. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p> <p>31. Any non-medical expenses mentioned in Annexure I.</p> <p>32. Excluded Providers: Code – Excl11</p> <p>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>33. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</p> <p>34. 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.</p> <p>35. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.</p> <p>36. Drugs or treatments which are not supported by a prescription.</p> <p>37. Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured.</p> <p>38. Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion</p>

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Claim Procedure:

HDFC ERGO General Insurance Company Limited will process all claims under this policy.

Intimation & Assistance - Please contact HDFC ERGO General Insurance Company Limited at least 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Company Limited within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

- HDFC ERGO General Insurance Company Limited must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO General Insurance Company Limited 15 days of the occurrence of the Incident. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- * Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Company Limited will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, HDFC ERGO General Insurance Company Limited will send admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the Policyholder.

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 Hospitalization, HDFC ERGO General Insurance Company Limited must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO General Insurance Company Limited at least 48 hours prior to the hospitalization.
- HDFC ERGO General Insurance Company Limited 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..

Renewal of Policy:

- The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
 - i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
 - ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
 - iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
 - iv. 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.
 - v. No loading shall apply on renewals based on individual claims experience.
- **Basic Sum Insured Enhancement** – Basic sum insured can be enhanced only at the time of renewal subject to the underwriting norms and acceptability criteria of the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case may be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

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 may be required based upon the age and basic sum insured. We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Discounts:

- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.
- Family Discount of 10% if 2 or more family members are covered under Optima Restore Individual Sum Insured Plan.

Stay Active

We will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by Us in the specified time interval (calculated from the policy risk start date) as per the grid below. In an individual policy, the average step count would be calculated per adult member and in a floater policy it would be an average of all adult members covered. Dependent children covered either in individual or floater plan will not be considered for calculation of average steps.

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This discount will be accrued at defined time intervals as given in table below. The discount will be cumulated and offered as discount on the renewal premium.

In individual policies the discount percentage (%) would be applied on premium applicable per insured member (Dependent Children are not eligible for this stay active discount in an individual policy) and in a floater policy it would be applied on premium applicable on policy.

The discount grid would be as per the table below:

1 Year Policy

	Time Interval (calculated from policy risk start date)				
Average Step Target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-300 days	Maximum Discount at the end of the year
5000 or below	0%	0%	0%	0%	0%
5001 to 8000	0.5%	0.5%	0.5%	0.5%	2%
8001 to 10000	1.25%	1.25%	1.25%	1.25%	5%
Above 10000	2%	2%	2%	2%	8%

2 Year Policy

	Time Interval (calculated from policy risk start date)								
Average Step target	Risk start date or date of download of mobile application -90 days	91-180 days	181-270 days	271-360 days	361-450 days	451-540 days	541-630 days	631-660 days	Maximum Discount at the end of 2 years
5000 or below	0%	0%	0%	0%	0%	0%	0%	0%	0%
5001 to 8000	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	2%
8001 to 10000	.625%	.625%	.625%	.625%	.625%	.625%	.625%	.625%	5%
Above 10000	1%	1%	1%	1%	1%	1%	1%	1%	8%

The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit. The average step count completed by an Insured member would be tracked on this mobile application.

We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Policy start date	1st Jan 2016
Policy Tenure	1 year

Time Interval				
	Risk start date or date of download of mobile application -90 days	91 days-180 days	181 days-270 days	271- 300 days
average steps taken in the defined time period	8500	10000	5001	7500
Discount %applicable	1.25%	1.25%	0.5%	0.5%

Total discount applicable on renewal premium = 3.5%

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).).

Optima Restore, Policy

For Example: Consider a male aged 35 who is undergoing treatment for hypertension

Age	Hypertension	Treatment	Systolic	Diastolic	loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.

- We will inform you about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.
- The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 5 A i), ii) & iii) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.
- Please note that we will issue Policy only after getting your consent and additional premium, if any.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- Please visit our nearest branch to refer our underwriting guidelines, if required.

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		2 Year Policy	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 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.

ii. 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.

Renewability:

- There shall be no cover ceasing age on renewal.

Free Look Period

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.

Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Optima Restore, Policy

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 subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies 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

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 at least 30 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

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.

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.

Nomination:

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case

Condition Precedent to admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

Multiple Policies

- i. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- ii. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.

Optima Restore, Policy

- iii. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

Schedule of benefits

Optima RESTORE Individual

Basic Sum Insured per Policy per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00,25.00,50.00
1a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
3) Health Checkup (per person)	Not Applicable	Upto Rs. 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 5000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Optima Restore, Policy

Optima RESTORE Family

Basic Sum Insured per Policy per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00,25.00,50.00
1a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured
3) Health Checkup (per policy)	Not Applicable	Upto Rs 2500	Upto Rs.5000	Upto Rs. 8000	Upto Rs. 10,000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Optima Restore, Policy

Premium rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater coverage the premium will be considered on the completed age of the eldest insured member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- Premium rates are subject to change with prior approval from IRDA.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.
- The premium will be computed basis the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:
 - Delhi NCR/Mumbai MMR- Delhi, Gurgaon, Noida, Faridabad, Ghaziabad, Greater Noida ,Mumbai, Navi Mumbai , Thane, Kalyan, Dombivali, Bhayandar, Ulhasnagar, Bhiwandi, Vasai,Virar
 - Rest of India- All other cities

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

Gross Premium Tables (Exclusive of Taxes) - Rest Of India

Individual Sum Insured

1. Individual Sum Insured							
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A	1A	1A	1A	1A	1A	1A
0-17	4,679	5,936	6,844	8,202	9,889	10,732	13,798
18-35	5,590	7,093	9,446	11,322	13,650	14,814	19,047
36-45	6,326	8,026	10,902	13,068	15,754	17,098	21,983
46-50	9,254	11,740	16,221	19,443	23,441	25,439	32,708
51-55	11,700	14,845	20,781	24,907	30,029	32,590	41,900
56-60	15,104	19,164	27,251	32,662	39,378	42,736	54,948
61-65	20,168	25,589	36,961	44,302	53,410	57,964	74,526
66-70	27,829	35,308	51,366	61,568	74,227	80,557	103,573
71-75	33,621	42,656	62,673	75,121	90,567	98,289	126,372
76-80	40,345	51,188	76,040	91,142	109,881	119,251	153,322
> 80	46,396	58,866	89,237	106,960	128,953	139,948	179,934

2. Family Floater Sum Insured							
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
18-35	7,211	9,149	11,818	14,165	17,077	18,533	23,828
36-45	7,816	9,916	13,082	15,680	18,904	20,517	26,378
46-50	10,875	13,797	18,592	22,284	26,866	29,157	37,488
51-55	13,453	17,068	23,343	27,979	33,732	36,608	47,067
56-60	16,890	21,428	29,862	35,792	43,152	46,831	60,212
61-65	21,885	27,766	39,471	47,310	57,037	61,901	79,587
66-70	29,546	37,486	53,877	64,577	77,854	84,494	108,634
71-75	35,338	44,834	65,184	78,131	94,194	102,226	131,434
76-80	42,061	53,365	78,551	94,150	113,508	123,187	158,384
> 80	48,113	61,044	91,748	109,970	132,580	143,886	184,995

Optima Restore, Policy

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C
18-35	9,297	11,794	14,866	17,819	21,482	23,314	29,974
36-45	9,731	12,348	15,884	19,039	22,954	24,910	32,028
46-50	12,960	16,442	21,642	25,939	31,273	33,939	43,635
51-55	15,705	19,926	26,639	31,929	38,493	41,775	53,711
56-60	19,185	24,341	33,219	39,815	48,002	52,095	66,980
61-65	24,092	30,567	42,698	51,178	61,701	66,963	86,095
66-70	31,752	40,286	57,104	68,445	82,518	89,555	115,142
71-75	37,544	47,634	68,412	81,999	98,858	107,288	137,942
76-80	44,268	56,166	81,777	98,019	118,172	128,249	164,892
> 80	50,320	63,843	94,976	113,838	137,244	148,947	191,503
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C
18-35	10,454	13,264	16,560	19,848	23,930	25,970	33,390
36-45	10,796	13,698	17,442	20,906	25,203	27,353	35,168
46-50	14,117	17,912	23,335	27,970	33,720	36,595	47,051
51-55	16,956	21,515	28,469	34,123	41,139	44,646	57,402
56-60	20,459	25,958	35,083	42,050	50,697	55,019	70,740
61-65	25,318	32,122	44,492	53,327	64,293	69,775	89,710
66-70	32,978	41,841	58,898	70,595	85,110	92,366	118,757
71-75	38,770	49,189	70,204	84,148	101,449	110,100	141,557
76-80	45,494	57,721	83,571	100,168	120,764	131,061	168,507
> 80	51,546	65,399	96,768	115,987	139,835	151,759	195,118
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
18-35	7,827	9,930	13,224	15,852	19,110	20,740	26,666
36-45	9,342	11,852	16,062	19,253	23,211	25,191	32,387
46-50	13,291	16,862	23,264	27,884	33,617	36,483	46,908
51-55	16,755	21,258	29,699	35,597	42,916	46,575	59,884
56-60	21,368	27,109	38,432	46,065	55,536	60,271	77,492
61-65	27,668	35,104	50,516	60,548	72,998	79,223	101,857
66-70	38,115	48,359	70,211	84,156	101,459	110,110	141,572
71-75	47,349	60,074	88,047	105,533	127,233	138,081	177,534
76-80	57,249	72,634	107,583	128,949	155,462	168,718	216,924
> 80	66,502	84,375	127,241	152,511	183,869	199,547	256,561

Optima Restore, Policy

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C
18-35	9,447	11,986	15,596	18,693	22,537	24,459	31,446
36-45	10,833	13,742	18,242	21,865	26,361	28,608	36,782
46-50	14,911	18,919	25,635	30,727	37,044	40,203	51,689
51-55	18,507	23,481	32,261	38,668	46,620	50,594	65,051
56-60	23,151	29,374	41,042	49,194	59,308	64,366	82,756
61-65	29,384	37,281	53,026	63,558	76,625	83,159	106,918
66-70	39,832	50,537	72,722	87,165	105,087	114,048	146,633
71-75	49,065	62,251	90,557	108,543	130,859	142,019	182,595
76-80	58,965	74,811	110,093	131,958	159,090	172,655	221,985
> 80	68,219	86,553	129,751	155,521	187,496	203,485	261,623
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C
18-35	11,531	14,631	18,645	22,348	26,942	29,239	37,593
36-45	12,748	16,174	21,044	25,224	30,410	33,004	42,433
46-50	16,996	21,564	28,684	34,380	41,449	44,984	57,837
51-55	20,760	26,339	35,556	42,617	51,381	55,762	71,694
56-60	25,447	32,286	44,398	53,216	64,158	69,630	89,523
61-65	31,590	40,081	56,254	67,426	81,289	88,220	113,426
66-70	42,039	53,336	75,950	91,033	109,750	119,109	153,140
71-75	51,272	65,051	93,785	112,411	135,524	147,080	189,103
76-80	61,172	77,612	113,320	135,826	163,753	177,717	228,493
> 80	70,426	89,352	132,978	159,389	192,161	208,546	268,130
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
18-35	14,079	17,863	22,370	26,813	32,326	35,083	45,106
36-45	15,091	19,146	24,469	29,329	35,359	38,375	49,338
46-50	19,544	24,796	32,409	38,847	46,834	50,827	65,350
51-55	23,514	29,834	39,584	47,445	57,200	62,078	79,815
56-60	28,252	35,845	48,502	58,133	70,086	76,063	97,795
61-65	34,288	43,503	60,199	72,154	86,989	94,407	121,380
66-70	44,735	56,759	79,895	95,761	115,451	125,295	161,094
71-75	53,969	68,474	97,730	117,139	141,224	153,266	197,057
76-80	63,869	81,034	117,265	140,554	169,453	183,903	236,446
> 80	73,122	92,774	136,923	164,117	197,861	214,732	276,084
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Addl. Child	2,129	2,702	3,113	3,733	4,499	4,884	6,278

Optima Restore, Policy

Gross Premium Tables (Exclusive of Taxes) - (National capital region & Mumbai metropolitan region)
Individual Sum Insured

1. Individual Sum Insured							
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A	1A	1A	1A	1A	1A	1A
0-17	5,174	6,279	7,106	8,518	9,984	10,835	13,931
18-35	6,181	7,502	9,809	11,757	13,781	14,956	19,230
36-45	6,995	8,489	11,322	13,570	15,905	17,263	22,195
46-50	10,232	12,417	16,845	20,190	23,666	25,684	33,023
51-55	12,937	15,701	21,580	25,866	30,318	32,903	42,303
56-60	16,702	20,269	28,299	33,919	39,757	43,148	55,476
61-65	23,193	28,147	39,918	47,845	56,081	60,862	78,252
66-70	32,004	38,840	55,476	66,493	77,938	84,585	108,752
71-75	38,664	46,922	67,687	81,131	95,095	103,203	132,691
76-80	46,397	56,306	82,124	98,433	115,375	125,214	160,988
> 80	53,356	64,752	96,376	115,517	135,401	146,945	188,931

2. Family Floater Sum Insured							
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
18-35	7,975	9,677	12,272	14,709	17,241	18,711	24,057
36-45	8,644	10,488	13,585	16,283	19,087	20,713	26,632
46-50	12,026	14,594	19,307	23,142	27,125	29,438	37,849
51-55	14,875	18,053	24,240	29,056	34,057	36,960	47,520
56-60	18,676	22,664	31,011	37,169	43,567	47,282	60,791
61-65	25,167	30,542	42,628	51,095	59,889	64,996	83,566
66-70	33,978	41,235	58,187	69,743	81,747	88,719	114,066
71-75	40,638	49,317	70,398	84,381	98,904	107,337	138,006
76-80	48,370	58,701	84,835	101,682	119,183	129,346	166,303
> 80	55,330	67,149	99,087	118,768	139,209	151,080	194,245

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C
18-35	10,280	12,474	15,437	18,503	21,689	23,539	30,262
36-45	10,761	13,061	16,496	19,772	23,175	25,151	32,337
46-50	14,330	17,391	22,473	26,937	31,574	34,266	44,055
51-55	17,366	21,076	27,663	33,157	38,864	42,177	54,227
56-60	21,213	25,745	34,497	41,347	48,464	52,596	67,624
61-65	27,706	33,623	46,114	55,272	64,786	70,311	90,400
66-70	36,515	44,315	61,673	73,921	86,644	94,033	120,899
71-75	43,175	52,398	73,884	88,559	103,801	112,652	144,839
76-80	50,908	61,782	88,320	105,860	124,081	134,661	173,137
> 80	57,869	70,227	102,573	122,945	144,106	156,394	201,078

Optima Restore, Policy

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C
18-35	11,559	14,029	17,196	20,612	24,159	26,220	33,711
36-45	11,939	14,488	18,113	21,710	25,446	27,615	35,506
46-50	15,610	18,945	24,233	29,045	34,044	36,947	47,503
51-55	18,750	22,756	29,564	35,435	41,535	45,075	57,954
56-60	22,623	27,455	36,432	43,668	51,184	55,548	71,420
61-65	29,115	35,334	48,051	57,594	67,508	73,264	94,196
66-70	37,925	46,026	63,609	76,243	89,366	96,984	124,695
71-75	44,586	54,109	75,821	90,880	106,521	115,605	148,635
76-80	52,318	63,492	90,256	108,182	126,802	137,614	176,932
> 80	59,278	71,940	104,510	125,266	146,827	159,347	204,874

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
18-35	8,654	10,502	13,733	16,461	19,294	20,939	26,922
36-45	10,330	12,536	16,680	19,993	23,435	25,432	32,699
46-50	14,697	17,834	24,158	28,957	33,940	36,835	47,359
51-55	18,526	22,485	30,842	36,966	43,328	47,023	60,459
56-60	23,627	28,673	39,911	47,837	56,070	60,851	78,237
61-65	31,818	38,614	54,557	65,392	76,648	83,184	106,950
66-70	43,832	53,195	75,828	90,889	106,532	115,616	148,651
71-75	54,451	66,081	95,090	113,976	133,595	144,985	186,411
76-80	65,836	79,898	116,190	139,266	163,235	177,154	227,770
> 80	76,477	92,813	137,421	164,712	193,062	209,524	269,389

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C
18-35	10,446	12,678	16,196	19,411	22,754	24,694	31,749
36-45	11,978	14,536	18,943	22,706	26,614	28,883	37,135
46-50	16,488	20,011	26,621	31,908	37,400	40,590	52,187
51-55	20,465	24,836	33,501	40,156	47,068	51,081	65,676
56-60	25,600	31,068	42,622	51,086	59,879	64,985	83,552
61-65	33,792	41,010	57,268	68,642	80,456	87,317	112,264
66-70	45,806	55,590	78,540	94,138	110,341	119,750	153,965
71-75	56,425	68,477	97,802	117,226	137,402	149,120	191,725
76-80	67,810	82,293	118,900	142,514	167,045	181,288	233,084
> 80	78,452	95,208	140,131	167,962	196,871	213,659	274,704

Optima Restore, Policy

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C
18-35	12,751	15,475	19,362	23,207	27,201	29,521	37,954
36-45	14,096	17,108	21,854	26,194	30,702	33,321	42,841
46-50	18,794	22,808	29,786	35,703	41,848	45,417	58,393
51-55	22,956	27,859	36,924	44,256	51,875	56,298	72,384
56-60	28,138	34,149	46,107	55,264	64,776	70,299	90,384
61-65	36,329	44,088	60,754	72,820	85,353	92,631	119,097
66-70	48,345	58,670	82,026	98,316	115,238	125,064	160,797
71-75	58,963	71,555	101,288	121,404	142,300	154,434	198,558
76-80	70,348	85,373	122,386	146,692	171,941	186,603	239,918
> 80	80,990	98,287	143,617	172,140	201,769	218,973	281,537

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
18-35	15,568	18,894	23,231	27,844	32,637	35,420	45,540
36-45	16,687	20,250	25,411	30,457	35,699	38,744	49,813
46-50	21,611	26,227	33,656	40,341	47,284	51,316	65,978
51-55	26,001	31,555	41,106	49,270	57,750	62,675	80,582
56-60	31,241	37,913	50,366	60,370	70,761	76,795	98,736
61-65	39,431	47,853	65,015	77,926	91,338	99,127	127,449
66-70	51,446	62,435	86,286	103,422	121,224	131,560	169,149
71-75	62,064	75,321	105,548	126,510	148,285	160,929	206,910
76-80	73,450	89,138	126,646	151,799	177,926	193,098	248,268
> 80	84,090	102,052	147,877	177,246	207,754	225,469	289,888

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Addl. Child	2,355	2,857	3,233	3,876	4,542	4,931	6,338

• **2 Year Premium Calculation**

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

Example

1) Proposed Insured Age 33 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 3 Lac
Calculation – $6181 \times 2 \times 92.5\% = \text{Rs. } 11435.50$ - plus taxes.

2) Proposed Insured Age 35 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 3 Lac
Calculation – $(6181 + 6995) \times 92.5\% = \text{Rs. } 12188.22$ - plus taxes.

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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.
2. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

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.

Optima Restore, Policy

Annexure I – List of Non-Medical Expenses

SI No	Item
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	EXTRADIET 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

SI No	Item
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE 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/ HINGED)
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