

## Optima Senior - Prospectus

### Suitability:

- The minimum entry age under this policy is 61 years and above.
- There is no maximum cover ceasing age in this policy.
- The policy will be issued for a period 1/2/3 years.
- Policy can be issued to an individual and/or family on individual sum insured basis.
- The family includes self and spouse only.

### Schedule of Benefits

Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	2.00, 3.00, 5.00
1a) In-patient Treatment (in Shared Accommodation)	Covered
1b) Pre-Hospitalization	Covered, upto 30 Days
1c) Post-Hospitalization	Covered, upto 60 Days
1d) Day Care Procedures	Covered, All Day Care Procedures
1e) Domiciliary Treatment	Covered
1f) Organ Donor	Covered
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalisation
2a) E-opinion	One opinion per Policy Year

### Salient Features & Benefits:

	We will cover (Medical Expenses for)	We will not cover (Additional to Waiting periods and General exclusions)
1.	<p>a. In-Patient Treatment (arising from Illness /Accident) in shared accommodation <u>Note pertaining specifically to AYUSH Treatments only:</u></p> <p>Medical expenses pertaining only to In-patient care AYUSH treatment are also covered under 'In-patient treatment' cover if undertaken in an AYUSH Hospital. Any medical expense other than In-patient care AYUSH treatment expenses are not covered under this policy.</p>	<p>a. Cost of prosthetics NOT implanted by surgery b. Hospitalisation for evaluation, Investigation only c. Treatment availed outside India d. Treatment at a healthcare facility NOT conforming to Hospital definition.</p>
	<p>b. Pre-Hospitalization Medical Expenses (Consultations, Investigations, Medicines) upto 30 days before</p>	<p>e. If claim has NOT been admitted under 1 a, 1 d, and 1 e (in-patient) f. Cost incurred is NOT for the same</p>

	<p>Hospitalisation. c. Post-Hospitalization Medical Expenses (Consultations, Investigations, Medicines) Upto 60 days after discharge Post-Hospitalisation.</p>	<p>condition for which hospitalisation was done</p>
	<p>d. Day Care Procedures Medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a Hospital/day care centre for less than 24 hours because of technological advancement, which would have otherwise required a hospitalisation of more than 24 hours.</p>	<p>g. Out-Patient Treatment h. Treatment at a healthcare facility NOT conforming to Hospital definition</p>
	<p>e. Domiciliary Treatment Treatment at home ONLY because the Medical Practitioner advised that the Insured Person is not in a condition to be transferred OR bed was not available in Hospital.</p>	<p>i. Treatment for less than 3 days i.</p>

	<p>f. Organ Donor Treatment of organ donor for harvesting the organ</p>	<p>k. If claim has NOT been admitted under 1 a (In-Patient) l. Beyond purview of Transplantation of Human Organs Act, 1994 (Amended) m. Donor's Pre and Post-Hospitalisation Expenses.</p>
	<p>g. Emergency Ambulance Subject to the amount mentioned in Schedule of Benefits</p>	<p>n. If claim has NOT been admitted under 1 a (In-Patient) o. Non Emergency p. NON registered healthcare or ambulance service provider</p>
<p>2</p>	<p>a. E-Opinion We shall arrange and pay for a second opinion on request of the Insured Person by a Medical Practitioner selected from Our panel for 'Critical Illness' suffered during the Policy Year based upon the documents and information provided. Second opinion will be sent directly by the Medical Practitioner to the Insured Person.  While Claiming under this benefit Insured Person expressly notes and</p>	<p>a. More than one claim for this benefit in a Policy Year b. More than one claim for same Critical Illness c. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of E-opinion provided by Medical Practitioner</p>

	<p>agrees that:</p> <p>(1) Insured Person has to decide from which Medical Practitioner in Our Panel to take the E-opinion from and the use (if any) to which the E-opinion so obtained is put.</p> <p>Critical Illness includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs, Stroke.</p>	
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### Co-Payment

Co-Payment” means a cost-sharing requirement applicable under this Policy in which the Insured Person will bear the percentage of the admissible claim amount which is specified in the table below. A Co-Payment does not reduce or otherwise affect the Sum Insured.

#### Co-Payment applicable on accommodation type

Accommodation Type	Co-Payment (Percentage to be borne by the Insured Person as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

Note - If any urgent medical and/or surgical treatment is taken for acute cardiac Illness or Accident to avoid serious impairment of health in a single occupancy accommodation due to unavailability of Shared or any other lower accommodation then only a 15% Co-Payment would be applicable.

A Co-payment of 15% shall be applicable to all Day Care Procedures; no additional copay's shall apply.

#### Co-Payment applicable on specified Illnesses/surgeries

If a claim has been admitted under Section I in respect of any of the following Illnesses/Surgeries then, the insured person shall bear 30% of the claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

S.no	Illnesses/Surgeries
i.	Cataract (each eye)
ii.	Hysterectomy

iii.	Cholecystectomy
iv.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
v.	Surgery of Hemia
vi.	Angiography (CT Angiogram excluded)
vii.	Arthroscopy
viii.	PID-Discectomy
ix.	Mastectomy
x.	Joint Replacement
xi.	PTCA (Angioplasty)
xii.	Hydrocele
xiii.	Major Organ Transplant
xiv.	CABG

Note- If we accept a claim for above mentioned specified illnesses/surgeries then no additional Copayment shall be applicable for the same claim.

**Sum Insured:** Rs. 200,000; 300,000; 500,000 on individual basis.

**Renewal Incentives:**

**No Claim Discount** - A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.

**Portability:**

If you are insured continuously and without interruption under an indemnity based health insurance policy of any Indian insurance company and you want to shift to us on renewal, Optima Senior policy offers you transfer of most of the accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances the sum insured, then the portability benefits will be offered only in respect to the previous sum insured.

**Exclusions:**

**Waiting Period**

All claims payable will be 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.
  - 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 as mentioned in the table below 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**.
- 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 stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedure:

SI No	Organ / Organ System	Illness	Treatment
a.	ENT	<ul style="list-style-type: none"> <li>• Any benign ear, nose and throat (ENT) disorder Example: Sinusitis, Rhinitis</li> </ul>	<ul style="list-style-type: none"> <li>• Any ear, nose and throat (ENT) surgery Example: adenoidectomy, mastoidectomy, tonsillectomy, tympanoplasty</li> <li>• surgery for nasal septum deviation</li> </ul>
b.	Gynaecological	<ul style="list-style-type: none"> <li>• Internal tumors, cysts, nodules, polyps including breast lumps</li> <li>• Polycystic ovarian diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Dilatation and curettage (D&amp;C)</li> <li>• Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus</li> <li>• Myomectomy for fibroids</li> </ul>
c.	Orthopaedic	<ul style="list-style-type: none"> <li>• Non infective arthritis</li> <li>• Gout and Rheumatism</li> <li>• Age related Osteoarthritis and Osteoporosis</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery for prolapsed inter vertebral disk</li> <li>• Joint replacement</li> </ul>
d.	Gastrointestinal	<ul style="list-style-type: none"> <li>• Calculus diseases of gall bladder including Cholecystitis</li> <li>• Pancreatitis</li> <li>• Fissure/fistula in anus, hemorrhoids, pilonidal sinus</li> <li>• Gastric and duodenal ulcers</li> <li>• All forms of cirrhosis</li> </ul>	<ul style="list-style-type: none"> <li>• surgery of gallbladder and bile duct</li> <li>• surgery of hernia</li> </ul>
e.	Urogenital	<ul style="list-style-type: none"> <li>• Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.</li> </ul>	<ul style="list-style-type: none"> <li>• Any surgery of Urogenital system</li> <li>• Surgery on prostate</li> <li>• Surgery for Hydrocele</li> </ul>

		<ul style="list-style-type: none"> <li>• Benign Hyperplasia of prostate</li> </ul>	
f.	Eye	<ul style="list-style-type: none"> <li>• Cataract</li> <li>• Glaucoma</li> </ul>	<ul style="list-style-type: none"> <li>• NIL</li> </ul>
g.	Others	<ul style="list-style-type: none"> <li>• Internal tumors, cysts, nodules, polyps, skin tumors</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery of varicose veins and varicose ulcers</li> </ul>

iii) **Pre-Existing Disease: 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 of Sum Insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability 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.

**General exclusions**

We will not pay in event of:

**Non-medical**

- i) Wars or similar situations  
War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
- ii) 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.
- iii) Intentional self-injury or attempted suicide while sane or insane.
- iv) 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**

v) **Investigation & Evaluation: Code Excl04**

- a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- vi. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - a. 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.
  - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- vii. **Obesity/Weight control**:Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
  - a. Surgery to be conducted is upon the advice of the doctor
  - b. The surgery/procedure conducted should be supported by clinical protocols
  - c. The member has to be 18 years of age or older and
  - d. Body Mass Index (BMI)
    - i. Greater than or equal to 40 or,
    - ii. 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:
      - 1. Obesity related cardiomyopathy
      - 2. coronary heart disease
      - 3. severe sleep apnoea
      - 4. uncontrolled type2 diabetes
- viii. **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.
- ix. **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**.
- x. **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.
- xi. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12
- xii. 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
- xiii. 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

- xiv. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
- xv. **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
- xvi. **Sterility and Infertility** –Code – Excl17 -Expenses related to sterility and infertility. This includes:
  - a. Any type of contraception, sterilization
  - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c. Gestational Surrogacy
  - d. Reversal of sterilization
- xvii. **Maternity**: Code – Excl18
  - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xviii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xix. Any **Insured Person**'s participation or involvement in naval, military or air force operation.
- xx. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).
- xxi. Congenital external diseases, defects or anomalies,
- xxii. Stem cell harvesting
- xxiii. Investigative treatments 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).
- xxiv. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxvi. 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.
- xxvii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxviii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at [www.hdfcergo.com](http://www.hdfcergo.com).
- xxix. Treatment taken on Outpatient basis
- xxx. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxxi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

- xxxii. 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.
- xxxiii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
- xxxiv. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.
  - vi. Any non-allopathic treatment except to the extent of coverage provided for under 'In-patient treatment' cover.
  - vii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
  - viii. 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
  - ix. Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

#### Key Definitions:

**Pre-existing Condition** means any condition, ailment, injury, or disease:

- i) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- ii) For which **Medical advice** or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.

**Co-Payment** means a cost-sharing requirement under this Policy that provides the Insured Person will bear a specified percentage of the admissible costs. A co-payment does not reduce the Sum Insured.

#### Claim Procedure:

Specified Third Party Administrator (TPA) licensed by IRDA will process and settle all claims under this policy on behalf of HDFC ERGO General Insurance Company Limited. The final decision on any claim solely rests with HDFC ERGO General Insurance Company Limited .

Intimation & Assistance - Please contact our designated TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

#### Procedure for Reimbursement of Medical Expenses –

- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.  
\*Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- The cheque will be sent in the name of the proposer.

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 Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA 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 1 hour 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 1 hour.

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 Contact number.
- Rejection of cashless facility in no way indicates rejection of the claim.

**Terms of Renewal:**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
  - ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
  - iii. No loading shall apply on renewals based on individual claims experience
  - iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
  - v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.
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**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.

### 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.

### 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 will be required. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Check-up.

### Pre-Policy Check-up Grid:

Age\SI	2,00,000	3,00,000	5,00,000
61-65	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Total Proteins, Sr Creatinine, PSA (males), USG Abd (females) <b>5A</b>	ME,RUA,FBS,CBC,Lipids,TMT, LFT, Sr Creatinine,PSA (males),USG Abd (females) <b>Cat 10</b>	ME,RUA,FBS,CBC,Lipids,TMT, LFT, Sr Creatinine,PSA (males),USG Abd (females) <b>Cat 10</b>
66 onwards	ME,RUA,FBS,CBC,Lipids,TMT, LFT, Sr Creatinine,PSA (males),USG Abd (females) <b>Cat 10</b>	ME,RUA,FBS,CBC,Lipids,TMT, HbA1c, LFT,RFT,PSA (males), USG Abd (females) <b>Cat 8</b>	ME,RUA,FBS,CBC,Lipids,TMT, HbA1c, LFT,RFT,PSA (males), USG Abd (females) <b>Cat 8</b>
ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycoslated Hb, LFT= Liver Function Test, RFT= Renal Function Test			

Note- the ME must be done by an MD physician only and must include ophthalmological (Eye) examination, TMT must be done under close supervision of a qualified cardiologist only.

### Premium Rates:

Age Group / Sum Insured (Rs.)	2,00,000	3,00,000	5,00,000
61-65 Yrs	11,932	14,615	22,553
66-70 Yrs	15,137	19,201	30,719

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale.

UIN: Optima Senior: HDHHLIP21379V022021.

71-75 Yrs	18,367	23,986	39,428
76-80 Yrs	24,219	31,629	52,125
81-85 Yrs	32,051	42,433	70,849
> 85 Yrs	42,497	57,032	96,402

Service Tax to be charged as applicable  
The rates are valid till further notification

### 2/3 Year Premium

A discount of 7.5% / 10% will be provided if insured person is paying two year/ three year premium respectively in advance as a single premium

For example:

1) Proposed Insured Age 64 years opting for 2 year policy with Basic Sum Insured of Rs 3 Lac.  
Calculation –  $14,615 \times 2 \times (100-7.5) \% = \text{Rs. } 27,039/-$  plus taxes.

2) Proposed Insured Age 65 years opting for 2 year policy with Basic Sum Insured of Rs 3 Lac.  
Calculation –  $(14,615+19,201) \times (100-7.5) \% = \text{Rs. } 31,280/-$  plus taxes.

- The premium will be charged on the completed age of the individual insured member.
- Premium rates are subject to change with prior approval from IRDA.
- Premiums will similarly be calculated at 10% discount rate for 3 year premiums paid in advance

### Discounts:

- Family Discount of 5% if 2 family members are covered under Optima Senior policy.

### 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).
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent.

### Non- Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule ; and
  - the claim under such Policy if any, shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
- a) Permanently exclude the disease/condition and continue with the Policy
  - b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
  - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i) above.

### 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.

### Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits

### 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 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- i. 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
- ii. 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.

### 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 30 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.

### Redressal of Grievance

In case of any grievance the insured person may contact the Company through:

- Website: [www.hdfcergo.com](http://www.hdfcergo.com)
- Contact us: 022 6234 6234 / 0120 6234 6234
- E-mail: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)
- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : [seniorcitizen@hdfcergo.com](mailto:seniorcitizen@hdfcergo.com)

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at [cgo@hdfcergo.com](mailto:cgo@hdfcergo.com)

For updated details of grievance officer, kindly refer the link:  
<https://www.hdfcergo.com/customer-voice/grievances>

### Cancellation:

- i. The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.
- ii. Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.
- iii. 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.
- iv. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- v. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

**Section 41 of Insurance Act1938 (Prohibition of Rebates):**

1. 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

**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.

**Annexure I – List of Non-Medical Expenses**

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN	43	SPLINT

	PATIENT'S DIET PROVIDED BY HOSPITAL)		
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY