



OPTIMA CASH-PROSPECTUS

SUITABILITY

- This policy covers persons in the age group 5 years onwards. The maximum entry age is 65 years. Children are covered from the age of 91 days onwards if either parent is covered under any Optima Cash policy.
- The policy will be issued for 1 or 2 year(s) period
- This policy can be issued to an individual and/or family
- The policy offers coverage on individual sum insured basis only.
- The family includes self, spouse and dependent children.

SALIENT FEATURES & BENEFITS

1. **Sickness Hospital Cash** – If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation (including In-patient care AYUSH treatment in an AYUSH Hospital) as an inpatient, then
 - i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
 - ii) We will pay twice the Sickness Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.
2. **Accident Hospital Cash** - If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation (including In-patient care AYUSH treatment in an AYUSH Hospital) as an inpatient, then
 - i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and
 - ii) We will pay twice the Accident Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.
3. **Day-Care Procedure Cash**- 50% of the Daily Cash amount if insured person undergoes identified 10 Day care procedures which does not require 24 hours hospitalisation due to technological advancement. This benefit is payable maximum upto 6 Days.
4. **Joint Hospitalisation due to an Accident**- Twice the Daily Cash amount for the period where two or more Insured person(s) are concurrently hospitalised due to an accident, in addition to Accident Hospital Cash above. This benefit is payable maximum upto 10 Days per policy year.
5. **Convalescence**- Lumpsum amount towards Convalescence if insured person is hospitalised beyond 7 continuous days, in addition to Sickness/Accident Hospital Cash benefits above. This benefit can be claimed only once in a policy year.
6. **Child Birth**- Lumpsum amount equivalent to twice the Daily Cash amount for maternity to female insured in event of child birth. There is a waiting period of 2 years for availing



this benefit and this benefit will be paid maximum twice during the lifetime of the Insured Person.

- 7. Parent Accommodation-** Daily Cash amount for parent's accommodation If the Insured child is aged 12 years or less and is hospitalised for more than 72 hours; in addition to Sickness/ Accident Hospital Cash benefits above. This benefit is payable maximum upto 30 Days per policy year.

Note –

- 1) A continuous and completed period of less than 24 hours of Hospitalisation will be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours and also includes the period 0200 to 0330 hours.
- 2) These benefits are effective only if noted as such in the Schedule of Benefits.
- 3) Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

TAX BENEFIT – Avail tax benefit for the premium amount under Section 80D of the Income Tax Act.

DAILY CASH OPTIONS

Daily Cash Plan	Sum Insured [All Figures in INR]					
	500	1,000	2,000	3,000	4,000*	5,000*
90 days	✓	✓	✓	✓	✓	✓
180 days	✓	✓	✓	✓	✓	✓

* For Rs 4,000 and 5,000 Sum Insured entry age is restricted to 45 years.

EXCLUSIONS

The exclusions under this Policy are

Waiting Period: All Illnesses and treatments shall be covered subject to the waiting periods specified below:

a) 30-day Waiting Period: Code – Excl03

- I. 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.
- II. This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
- III. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.



b) Specified disease/procedure waiting period: Code – Excl02

- I. 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**.
- II. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- III. 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.
- IV. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- V. 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.
- VI. List of specific diseases/procedure:
 - i) Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus; hemorrhoids; pilonidal sinus; gastric and duodenal ulcers; gout and rheumatism; internal tumors; cysts; nodules; polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis; polycystic ovarian diseases; sinusitis, Rhinitis, Tonsillitis and skin tumors unless malignant.
 - ii) Treatments: Surgeries for benign ear; adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty; dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; Nasal septum deviation; surgery on tonsils and sinuses.
 - iii) If the Insured person renews with Us and increases the Sum Insured, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased in the year.

c) Pre- Existing Diseases: Code- Excl01

- I. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36months of continuous coverage after the date of inception of the first policy with insurer.
- II. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- III. 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.



IV. Coverage under the Policy after the expiry of 36months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

- d) We will not make any payment for any claim in respect of any Insured Person caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
- i) 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.
 - ii) Breach of the 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.
 - 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.
 - v) Treatment for alcoholism, drug or substance abuse, or any addictive condition and consequences thereof. Code – Excl12
 - vi) 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:
 - a. Obesity-related cardiomyopathy
 - b. Coronary heart disease
 - c. Severe Sleep Apnoea
 - d. Uncontrolled Type2 Diabetes
 - vii) General debility or exhaustion (“run-down condition”)
 - viii) External congenital diseases, defects or anomalies
 - ix) 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.
 - x) Sterility and infertility: Code – Excl17



- Expenses related to sterility and infertility. This includes:
- i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
- xi) Birth control, contraceptive supplies or services including complications arising out of same.
 - xii) Circumcisions (unless necessitated by illness or injury and forming part of treatment)
 - xiii) Refractive error: Code – Excl15
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
 - xiv) 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.
 - xv) 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.
 - xvi) Unproven treatment: Code – Excl16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness
 - xvii) Investigation and evaluation: Code – Excl04
 - a) Expenses related to any admission primarily for diagnostics 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
 - xviii) 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.
 - xix) Any non-allopathic treatment except to the extent of coverage provided for under '**Sickness Hospital Cash**' and '**Accident Hospital Cash**' covers..
 - xx) Any treatment or part of a treatment that is not medically necessary.



- xxiii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xxiv. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xxv. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xxvi. Congenital external diseases, defects or anomalies,
- xxvii. Stem cell harvesting
- xxviii. 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).
- xxix. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxx. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxxi. 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.

- xxxii. Treatment taken on Outpatient basis
- xxxiii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxxiv. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxxv. 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.
- xxxvi. Dental treatment and surgery of any kind, unless requiring Hospitalisation

DISCOUNT

- Family discount of 10 % if 2 or more members are included under the same policy.
- Discount of 5% on published tariff, if customer is already insured with Us in any other policy and buys Optima Cash Policy through online/Tele sales channel.
- Discount of 5% on published tariff, if customer buys Optima Cash policy through Our Online, Tele Sales or Bancassurance channel.

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 thirty 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**
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

RENEWABILITY

- We offer renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in a improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the Policy poses a moral hazard.
- **Grace Period** - Grace Period of 15 days for renewing the Policy is provided under this Policy.
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- **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Optima Cash policy.
- **Renewal Premium**- Renewal premium are subject to change with prior approval from IRDA.
- **Sum Insured Enhancement** – Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the Insured increases the Sum Insured, the case will be subject to medical underwriting. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

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.

REQUIREMENT

Completed proposal form

PRE- ACCEPTANCE MEDICAL TEST



- No Pre-acceptance medical tests required under this policy. We may ask for Pre-acceptance medical test in the event of adverse declaration in the proposal form. (In such cases, We will reimburse 50% of the expenses incurred on the acceptance of the proposal)

RATING SCHEDULE

- The premium varies depending on several factors including the age of the persons proposed to be covered and number of days opted.

PREMIUM RATES*

- As per the enclosed tariff sheet.

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 increase in sum insured (for the increased 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.

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

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.

Renewal of Policy



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 of this schedule.

- a) 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.
- b) 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.
- c) No loading shall apply on renewals based on individual claims experience
- d) 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.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the Company

Cancellation

- a. 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. 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.
- b. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- c. 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
- d. 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

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.

Grievance Redressal Procedure

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

- Website: www.hdfcergo.com
- Contact No 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@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

For updated details of grievance officer, kindly refer the link:

<https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com



	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Write to us at	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri, Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

- i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>



Schedule of Benefits

Following benefits are available as per the plan opted and mentioned against the Insured Person named in the Schedule. Benefits are on per Insured Person per Policy Year basis.

<u>Silver Plan – 90 days</u>	Silver - 500-90d	Silver - 1000-90d	Silver - 2000-90d	Silver - 3000-90d	Silver - 4000-90d	Silver - 5000-90d
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000

<u>Silver Plan – 180 days</u>	Silver - 500-180d	Silver - 1000-180d	Silver - 2000-180d	Silver - 3000-180d	Silver - 4000-180d	Silver - 5000-180d
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000

<u>Gold Plan – 90 days</u>	Gold - 500-90d	Gold - 1000-90d	Gold - 2000-90d	Gold - 3000-90d	Gold - 4000-90d	Gold - 5000-90d
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000



Convalescence Cash [once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000
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Gold Plan – 180 days	Gold - 500-180d	Gold - 1000-180d	Gold - 2000-180d	Gold - 3000-180d	Gold - 4000-180d	Gold - 5000-180d
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000

Platinum Plan – 90 days	Platinum m - 500-90d	Platinum m - 1000-90d	Platinum m - 2000-90d	Platinum m - 3000-90d	Platinum m - 4000-90d	Platinum m - 5000-90d
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [Once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000
Child birth [2 year waiting period]	1,000	2,000	4,000	6,000	8,000	10,000
Parent Accommodation [Maximum upto 30 days]	500	1,000	2,000	3,000	4,000	5,000



Platinum Plan – 180 days	Platinum -500-180d	Platinum -1000-180d	Platinum -2000-180d	Platinum -3000-180d	Platinum -4000-180d	Platinum -5000-180d
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [Once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000
Child birth [2 year waiting period]	1,000	2,000	4,000	6,000	8,000	10,000
Parent Accommodation [Maximum upto 30 days]	500	1,000	2,000	3,000	4,000	5,000

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OPTIMA CASH - TARIFF

Silver – Annual Premium												
	90 Days						180 Days					
	500	1,000	2,000	3,000	4,000	5,000	500	1,000	2,000	3,000	4,000	5,000
0-45	536	964	1,928	2,892	3,856	4,820	595	1,071	2,142	3,213	4,284	5,355
46-60	898	1,706	3,411	5,117	6,823	8,529	945	1,796	3,591	5,387	7,182	8,978
61-65	1,879	3,758	7,516	11,275	15,033	18,791	1,978	3,956	7,912	11,868	15,824	19,780

Gold – Annual Premium												
	90 Days						180 Days					
	500	1,000	2,000	3,000	4,000	5,000	500	1,000	2,000	3,000	4,000	5,000
0-45	657	1,183	2,365	3,548	4,730	5,913	730	1,314	2,628	3,942	5,256	6,570
46-60	1,040	1,976	3,953	5,929	7,906	9,882	1,095	2,081	4,161	6,242	8,322	10,403
61-65	2,081	4,161	8,322	12,483	16,644	20,805	2,190	4,380	8,760	13,140	17,520	21,900

Platinum – Annual Premium												
	90 Days						180 Days					
	500	1,000	2,000	3,000	4,000	5,000	500	1,000	2,000	3,000	4,000	5,000
0-45	723	1,301	2,602	3,903	5,203	6,504	803	1,445	2,891	4,336	5,782	7,227
46-60	1,144	2,174	4,348	6,522	8,696	10,871	1,205	2,289	4,577	6,866	9,154	11,443
61-65	2,289	4,577	9,154	13,731	18,308	22,886	2,409	4,818	9,636	14,454	19,272	24,090

Silver – 2 Year Premium												
	90 Days						180 Days					
	500	1,000	2,000	3,000	4,000	5,000	500	1,000	2,000	3,000	4,000	5,000
0-45	964	1,735	3,470	5,205	6,940	8,675	1,071	1,928	3,856	5,783	7,711	9,639
46-60	1,751	3,326	6,652	9,978	13,305	16,631	1,843	3,501	7,002	10,504	14,005	17,506



61-65	3,66 4	7,32 8	14,6 57	21,9 85	29,3 14	36,6 42	3,85 7	7,71 4	15,4 28	23,1 43	30,8 57	38,5 71
Gold – 2 Year Premium												
	90 Days						180 Days					
	500	1,00 0	2,00 0	3,00 0	4,00 0	5,00 0	500	1,00 0	2,00 0	3,00 0	4,00 0	5,00 0
0-45	1,18 3	2,12 9	4,25 7	6,38 6	8,51 5	10,6 43	1,31 4	2,36 5	4,73 0	7,09 6	9,46 1	11,8 26
46-60	2,02 8	3,85 4	7,70 8	11,5 62	15,4 17	19,2 71	2,13 5	4,05 7	8,11 4	12,1 71	16,2 28	20,2 85
61-65	4,05 7	8,11 4	16,2 28	24,3 42	32,4 56	40,5 70	4,27 1	8,54 1	17,0 82	25,6 23	34,1 64	42,7 05
Platinum – 2 Year Premium												
	90 Days						180 Days					
	500	1,00 0	2,00 0	3,00 0	4,00 0	5,00 0	500	1,00 0	2,00 0	3,00 0	4,00 0	5,00 0
0-45	1,30 1	2,34 2	4,68 3	7,02 5	9,36 6	11,7 08	1,44 5	2,60 2	5,20 3	7,80 5	10,4 07	13,0 09
46-60	2,23 1	4,24 0	8,47 9	12,7 19	16,9 58	21,1 98	2,34 9	4,46 3	8,92 5	13,3 88	17,8 51	22,3 13
61-65	4,46 3	8,92 5	17,8 51	26,7 76	35,7 01	44,6 27	4,69 8	9,39 5	18,7 90	28,1 85	37,5 80	46,9 76

- All premium rates are exclusive of service tax
- Premium rates can be revised subject to approval from IRDA
- Discount of 5% on published tariff, if customer is already insured with Us in any other policy and buys Optima Cash Policy through online/Tele sales channel.
- Discount of 5% on published tariff, if customer buys Optima Cash policy through Our Online, Tele Sales or Bancassurance channel.
- For Rs 4,000 and 5,000 Sum Insured entry age is restricted to 45 years.

Section 41 of Insurance Act 1938 (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 Ten Lakh Rupees.