HDFC ERGO General Insurance Company Limited

Prospectus
Optima Restore

Suitability:

a) 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.

b) Children between 91 days and 5 years can be insured provided either parent is getting insured under this policy.

c) There is no maximum cover ceasing age on renewals.

d) The policy will be issued for a period of 1/2/3 year(s) period, the sum insured & benefits will applicable on policy year basis.

e) 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.

f) The policy offers option of covering on individual sum insured basis and on family floater basis.

g) The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.

h) 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 .

i) In a family floater the age of the eldest member will be considered while computing premium for the family.

j) 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.

k) 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:

- **i.** Your legally married spouse as long as she continues to be married to you;
- **ii.** Your children aged between 91 days and 25 years if they are unmarried
- **iii.** 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.
- **iv.** 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.
- **v.** 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 5a) and general exclusions (Section 5c), We will also not cover expenses**
a. In-patient Treatment. This includes • Hospital room rent or boarding; • Nursing; • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances; • Medicines, drugs & consumables; • Diagnostic procedures. • <u>Note pertaining specifically to AYUSH Treatments only:</u> • 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	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: ▪ 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.
b. 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).	i) Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. ii) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
c. 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).	i. Claims which have NOT been admitted under Inpatient treatment benefit and day care procedure benefit. ii. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place
d. 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-	i) Treatment that can be and is usually taken on an out-patient basis is not covered. ii) Treatment NOT taken at a Hospital or daycare centre.

	patient basis is not included in the scope of this definition.	
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: i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or, ii. The patient takes treatment at home on account of non-availability of room in a Hospital. iii. 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.	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).
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.	1. Claims which have NOT been admitted under Inpatient treatment benefit for insured member. 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donors Pre and Post-Hospitalisation expenses.
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.	1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare procedure benefit 2. Healthcare or ambulance service provider not registered with road traffic authority.
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.	1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under Inpatient Treatment benefit
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:	1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission

	- 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.		or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner
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: • 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. 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.	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.
a.	**Restore Benefit** 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). Conditions for Restore benefit: i. The Sum Insured will be restored only once in a Policy Year. ii. If the Restored Sum Insured is not utilized in a Policy Year, it will expire. In case of a Family Floater Policy, Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy. **b. Unlimited Restore Benefit (Optional benefit)** This optional cover will be provide instant addition of 100% Basic Sum Insured on complete or partial utilization of Your Restore benefit or Unlimited Restore benefit (as applicable) during the Policy Year. This optional cover will trigger unlimited times and is available for all subsequent claims in a Policy Year. <u>Conditions for Unlimited Restore benefit:</u> i. The Sum Insured will be restored under this optional cover for the subsequent claim in the Policy Year. ii. A single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Multiplier Benefit (if applicable). In case of a Family Floater Policy, Unlimited Restore Sum Insured will be available on floater basis for all Insured Persons in the Policy. **c. Aggregate Deductible** The Insured Person shall bear an amount equal to the Aggregate Deductible specified on Policy Schedule for all admissible claims made by the Insured Person and assessed by the Company in a Policy Year. The liability of the	

Company to pay the admissible claim under that Policy Year will commence only once the specified Aggregate Deductible has been exhausted. This Cover shall be subject to the following conditions: I. This Cover is applicable on annual aggregate basis and can be opted only at inception of the Policy or at subsequent Renewals. II. Once the Aggregate Deductible option is opted by the Insured Person, it cannot be opted out or reduced at any time during the Policy Year or at subsequent Renewals. Deductible however can be increased at the time of Renewal. III. In case of Individual Policy, the entire amount of Aggregate Deductible must first be exhausted on per Insured Person basis, once in a Policy Year, before the Company pays for claims of that Insured Person in that Policy Year. IV. In case of family floater Policy, the entire amount of Aggregate Deductible must first be exhausted by any one or more of the Insured Persons once in a Policy Year before the Company pays for claims of any Family Member covered under the Policy in that Policy Year. V. The Aggregate Deductible is not applicable to section 3 (Preventive Health checkup), Section 1.i (E-Opinion in respect of a Critical Illness). **d. Co-Payment** I. <u>If opted and mentioned on the Policy Schedule that a Co-payment is effective, and an admissible claim has been admitted, then the insured person shall bear the percentage (%) of Co-payment mentioned in the policy schedule on all eligible claims payable under the Policy and Our liability, if any, shall only be in excess of that amount and would be subject to the Sum Insured.</u> II. <u>Co-payment is not applicable to Section 3 (Preventive Health checkup), Section 1.h (Daily Cash for choosing shared</u>	

	Accommodation) and Section 1.i (E-Opinion in respect of a Critical Illness).	
III.	This benefit once opted, cannot be opted out at any time during the Policy Year or at subsequent Renewals.	

Illustration of Sum Insured utilization in a Policy Year

Basic Sum Insured : 5 Lacs

Multiplier Benefit: 2.5 Lacs

Number of Claim	Claim amount	Available Benefit Limit				Admissible claim amount	Utilization of Sum Insured
		Basic Sum Insured	Multiplier Benefit	Restore Benefit	Unlimited Restore Benefit		
1st claim	7,00,000	5,00,000	2,50,000	0	0	7,00,000	Basic + Multiplier (Partial)
2nd claim	3,50,000	-	50,000	5,00,000	0	3,50,000	Multiplier (balance) + Restore (partial)
3rd claim	3,00,000	-	-	2,00,000	5,00,000	3,00,000	Restore (balance) + Unlimited Restore
4th claim	7,00,000	-	-	-	5,00,000	5,00,000	Unlimited Restore
5th claim	5,00,000	-	-	-	5,00,000	5,00,000	Unlimited Restore

Basic Sum Insured: Rs. 3Lacs; 5 Lacs; 10 Lacs; 15 Lacs; 20 Lacs; 25 Lacs; 50 Lacs; 100 Lacs on individual as well as on family floater basis.

Policy Period

- The policy will be issued for 1/2/3 year period, the sum insured & benefits will be applicable on Policy Year basis.

Payment Facility:

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

Renewal Incentives:

- **Multiplier Benefit:**

  On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured of the expiring Policy shall be provided as multiplier benefit irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

  i. The maximum multiplier bonus will not exceed 100% of the Basic Sum Insured in any Policy

Year.

ii. In Family Floater policy, the Multiplier Benefit shall be available on Family Floater basis at policy level

iii. In Family Floater policy, the accrued Multiplier Benefit is available to all Insured Persons under the Policy.

iv. The applicable Multiplier Benefit shall be applied annually only on completion of each Policy Year, and once added, the accumulated amount will be carried forward to the subsequent Policy Year, subject to there being no Break in Policy

v. If the Insured Persons in the expiring policy are covered on individual basis and thus have accrued 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 lowest accrued multiplier bonus amongst all the Insured Persons from the expiring Policy.

vi. 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.

vii. In policies with a 2/3 year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year.

- **Preventive 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/SI	3 Lacs	5 Lacs	10 Lacs	15 Lacs	20/25/50/100 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	Upto a maximum of Rs.5,000 per policy at the	Upto a maximum of Rs.8,000 per policy, at the	Upto a maximum of Rs. 10,000 per policy,

		block of every continuous two Policy Years.	end of each year at renewal	end of each year at renewal.	at the end of each year at renewal.

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 30 days before the policy renewal date of the existing policy.

Free Look Period:

You have a period of 30 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 Period

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.

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)	• Sinusitis • Rhinitis • Tonsillitis	• Adenoidectomy • Mastoidectomy • Tonsillectomy • Tympanoplasty • Surgery for Nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
Gynaecological	• Cysts, polyps including breast lumps • Polycystic ovarian diseases • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus	• Hysterectomy
Orthopaedic	• Non infective arthritis • Gout and Rheumatism Osteoporosis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk	• Joint replacement surgeries
Gastrointestinal	• Cholelithiasis • Cholecystitis	• Cholecystectomy • Surgery of hernia

	• 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	
Urogenital	• Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele	• Surgery on prostate • Surgery for Hydrocele/ Rectocele
Eye	• Cataract • Retinal detachment • Glaucoma	• Nil
Others	• NIL	• Surgery of varicose veins and varicose ulcers
General (Applicable to all organ systems/organs whether or not described above)	• Benign tumors of Non-infectious etiologye.eg. cysts, nodules, polyps, lump, growth, etc.	• 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.

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 for, caused by, arising from or attributable to:

Non-Medical Exclusions	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. 5. Any Insured Person's participation or involvement in naval, military or air force operation.
Medical Exclusions	6. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 7. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia. 8. Treatment availed outside India 9. Treatment at a healthcare facility which is NOT a Hospital. 10. Obesity/ Weight Control: Code – Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 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); 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:
   i. Obesity-related cardiomyopathy
   ii. Coronary heart disease
   iii. Severe Sleep Apnoea
   iv. Uncontrolled Type2 Diabetes

11. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. Code – Excl15
12. 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.
13. Circumcisions (unless necessitated by Illness or injury and forming part of treatment)
14. 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.
15. Any non-allopathic treatment except to the extent of coverage provided for under 'In-patient Hospitalization treatment' cover.
16. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.
17. 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
18. Investigation & 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.
19. Rest Cure, rehabilitation and respite care: Code – Excl05
    a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
       i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
       ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

	20. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); 21. 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. 22. Treatments received in heath 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 23. 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 24. Sleep-apnoea. 25. Congenital external diseases, defects or anomalies 26. 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. 27. 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 28. The expense incurred by the insured on organ donation. 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. 30. Any non-medical expenses mentioned in Annexure I. 31. 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. 32. Treatment rendered by a Medical Practitioner which is outside his

	discipline or the discipline for which he is licensed. 33. 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. 34. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. 35. Drugs or treatments which are not supported by a prescription. 36. Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured. 37. Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion 38. Dental treatment and surgery of any kind, unless requiring Hospitalisation.

Claim Procedure:

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

Intimation & Assistance - Please contact HDFC ERGO General Insurance Company 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.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.
- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- 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 one 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 one 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 number at 0226234 6234 / 0120 6234 6234.
- Rejection of cashless facility in no way indicates rejection of the claim.

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

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.

- **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.
- If Proposal is declined post PPC, 100% of Medical test charges will be borne by the customer for Rs. 3,00,000 & 500,000 sum insured, 50% for Rs. 10,00,000 Sum Insured and NIL for other Sum Insureds.
- In case of any adverse medical declaration on the proposal form, we may request for additional medical tests

Discounts:

- Online Discount: The Insured Person is eligible for 5% discount on premium in case he / she purchase the Policy online from the Company's website or the Company's mobile app. The subsequent Renewal of the same Policy will continue to enjoy the 5% discount, provided the Policy remains without the involvement of any other insurance agent or insurance intermediary.
- Employee Discount: A discount of 5 % on the Premium is applicable if any Insured Person is a HDFC Group employee (full time employee) / Munich Re Group employee (full time employee) at the time of enrolment, or subsequent renewal; provided that such Policy is purchased through the Company's website or the Company's mobile app and without the involvement of any insurance agent or insurance intermediary.
- Loyalty Discount: If any Insured Person has an active retail insurance Policy with premium above Rs. 2,000 with the Company, a discount of 2.5% on the Policy premium will be applicable at the time of enrolment as well as subsequent renewals.
- Family Discount: The Insured Person will be entitled to receive 10% discount on the premium if two or more family members are covered under the same Policy under the individual Policy option.

The above mentioned discounts are cumulative in nature and the total discount offered under Employee discount, Online discount, Loyalty discount and Family discount shall not exceed 20%.

- Long Term Policy Discount: If the Policy Period is more than one year, the Insured Person will be entitled to receive a discount of 7.5% and 10% will be offered in case a Policy is purchased for 2-year and 3-year tenure respectively, provided he has paid the premium in advance as a single premium.
- Aggregate Deductible Discount: If Aggregate Deductible is opted for all Insured Person, following discount will be applicable on the Policy premium

Deductible (INR)	Discount % by Aggregate Deductible for All Ages	
	For Base Sum Insured < = 20,00,000	For Base Sum Insured > 20,00,000
25,000	25%	15%
50,000	40%	30%
1,00,000	50%	40%

- Co-payment Discount: A premium discount of 10% or 20% shall apply, if you choose to opt for a co-payment of 10% or 20% respectively.

- **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.

  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%

3 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**
5000 or below	0%	0%	0%	0%	0%	0%
5001 to 8000	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%
8001 to 10000	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%
Above 10000	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%

Time Interval (calculated from policy risk start date)						
541-630 days	**631-720 days**	**721-810 days**	**811-900 days**	**901-990 days**	**991-1020 days**	**Maximum Discount at the end of 3 years**
0%	0%	0%	0%	0%	0%	0%
0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	0.1667%	2%
0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	0.41667%	5%
0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	0.6667%	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).

  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

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.

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 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**

iii. 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.

Utilization of Sum Insured

The sequence of utilization of the Sum Insured in this Policy, subject to the optional covers in force under the Policy, will be as follows;

i. Aggregate deductible (if applicable)

ii. Co-payment (if applicable)

iii. Basic Sum Insured / Benefit sub-limit

iv. Multiplier Benefit (if applicable and available)

v. Restore Benefit

vi. Unlimited Restore (if applicable)

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.

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

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.

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 policyatleast30 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.

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.

Premium Payment in Instalments

If the **Insured Person** has opted for payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the **Policy**):

a. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

b. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

c. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period

d. No interest will be charged If the installment premium is not paid on due date

e. In case of installment premium due not received within the Grace Period, the Policy will get cancelled

f. In the event of a claim, all subsequent premium installments shall immediately become due and payable

g. The Company has the right to recover and deduct all the pending installments from the claim amount due under the Policy.

Instalment premium payment through Auto Debit/ECS Facility

a. If Option of Premium payment by instalment is opted through auto Debit/ECS facility, Electronic Clearing Service (ECS) Mandate form needs to be completely filled & signed by the Insured Person.

b. The Premium amount which would be auto debited & frequency of instalment should be duly filled in the ECS Mandate form.

c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.

d. The Company should be informed at least 15 days prior to the due date of instalment premium if the Insured Person wishes to discontinue the ECS facility.

Non-payment of premium on due date as opted by the Insured Person in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the Policy.

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.

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.

Redressal of Grievance

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

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com
Level 1	For lack of a response or if the response provided does not meet your expectation, you can: 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	If you're not satisfied with the resolution or if no response was received within 15 days, you can: 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website https://www.hdfcergo.com/customer-voice/grievances

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. Grievance may also be lodged at IRDAI Integrated Grievance Management System -https://bimabharosa.irdai.gov.in

Schedule of Benefits

Optima Restore Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00, 25.00, 50.00, 100.00
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
2b. Unlimited Restore Benefit (Optional Benefit)	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted
2c) Aggregate Deductible	25K/50K/1L	25K/50K/1L	25K/50K/1L	25K/50K/1L	25K/50K/1L

(Optional Benefit)					
2d) Co-Payment (Optional Benefit)	10% / 20%	10% / 20%	10% / 20%	10% / 20%	10% / 20%
3)Preventive Health Checkup (per person)	Not Applicable	Upto Rs. 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 5000
4) Multiplier Benefit	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims

Optima Restore Family

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00	5.00	10.00	15.00	20.00, 25.00, 50.00, 100.00
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	Coveredupto 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	Covered	Covered	Covered	Covered	Covered

respect of a Critical Illness					
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
2a) 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
2b) Unlimited Restore Benefit (Optional Benefit)	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted	Applicable if opted
2c) Aggregate Deductible (Optional Benefit)	25K/50K/1L	25K/50K/1L	25K/50K/1L	25K/50K/1L	25K/50K/1L
2d) Co-Payment (Optional Benefit)	10% / 20%	10% / 20%	10% / 20%	10% / 20%	10% / 20%
3) Preventive Health Checkup (per policy)	Not Applicable	Upto Rs 2500	Upto Rs.5000	Upto Rs. 8000	Upto Rs. 10,000
4) Multiplier Benefit	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims

Premium rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- In case of Family Floater policies Floater discount of 55% will be applied on all the members except the oldest 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:
    - Tier 1 : Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
    - Tier 2 : Rest of India- All other cities

Pl 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.

Add – On Covers:

'Optima Restore' offers following Add on Covers:

- Optima Wellbeing (Add on) : Covers expenses for various outpatient benefits
- Individual Personal Accident Rider: Provides Lumpsum pay out in case of Accidental Death, Permanent Total Disablement and Permanent Partial Disablement. Sum Insured shall be 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs. 1 Crore
- Protector Rider: Covers expenses which are not payable under the Base Plan as per the List of Excluded items released by IRDA along with benefits such as Sum Insured protector
- Hospital daily cash rider: Daily cash benefit upto 1K/2K/3K
- Critical Advantage rider: covers planned treatment abroad for listed 8 major illness
- my:health Critical Illness: Comprehensive policy with coverage for 50 Critical Illnesses

(For in depth details on terms and conditions applicable to add-ons, Kindly refer to the Prospectus & Policy wording documents of the respective add-on available under downloads section on our website).

Gross Premium Tables (Exclusive of Taxes)

Optima Restore - Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)								
Age/ Sum Insured	**3,00,000**	**5,00,000**	**10,00,000**	**15,00,000**	**20,00,000**	**25,00,000**	**50,00,000**	**1,00,00,000**
0	6,300	7,350	7,950	8,900	9,700	10,350	12,550	15,550
1	6,400	7,450	8,050	9,000	9,800	10,500	12,700	15,800
2	6,500	7,550	8,150	9,100	9,900	10,650	12,850	16,050
3	6,600	7,650	8,250	9,200	10,000	10,800	13,000	16,300
4	6,700	7,750	8,350	9,300	10,100	10,950	13,150	16,550
5	6,800	7,850	8,450	9,400	10,200	11,100	13,300	16,800
6	6,900	7,950	8,550	9,500	10,300	11,250	13,450	17,050
7	7,000	8,050	8,650	9,600	10,400	11,400	13,600	17,300
8	7,100	8,150	8,750	9,700	10,500	11,550	13,750	17,550
9	7,200	8,250	8,850	9,800	10,600	11,700	13,900	17,800
10	7,300	8,350	8,950	9,900	10,700	11,850	14,050	18,050
11	7,400	8,450	9,050	10,000	10,800	12,000	14,200	18,300
12	7,500	8,550	9,150	10,100	10,900	12,150	14,350	18,550
13	7,600	8,650	9,250	10,200	11,000	12,300	14,500	18,800
14	7,700	8,750	9,350	10,300	11,100	12,450	14,650	19,050
15	7,800	8,850	9,450	10,400	11,200	12,600	14,800	19,300
16	7,900	8,950	9,550	10,500	11,300	12,750	14,950	19,550
17	8,000	9,050	9,650	10,600	11,400	12,900	15,100	19,800
18	9,550	10,850	11,900	12,300	13,100	14,050	16,250	20,900
19	9,650	10,950	12,050	12,500	13,300	14,250	16,500	21,200
20	9,750	11,050	12,200	12,700	13,500	14,450	16,750	21,500
21	9,850	11,150	12,350	12,900	13,700	14,650	17,000	21,800
22	9,950	11,250	12,500	13,100	13,900	14,850	17,250	22,100
23	10,050	11,350	12,650	13,300	14,100	15,050	17,500	22,400
24	10,150	11,450	12,800	13,500	14,300	15,250	17,750	22,700
25	10,250	11,550	12,950	13,700	14,500	15,450	18,000	23,000
26	10,350	11,650	13,100	13,900	14,700	15,650	18,250	23,300
27	10,450	11,750	13,250	14,100	14,900	15,850	18,500	23,600
28	10,550	11,850	13,400	14,300	15,100	16,050	18,750	23,900
29	10,650	11,950	13,550	14,500	15,300	16,250	19,000	24,200
30	10,750	12,050	13,700	14,700	15,500	16,450	19,250	24,500
31	10,850	12,150	13,850	14,900	15,700	16,650	19,500	24,800
32	10,950	12,250	14,000	15,100	15,900	16,850	19,750	25,100
33	11,050	12,350	14,150	15,300	16,100	17,050	20,000	25,400
34	11,150	12,450	14,300	15,500	16,300	17,250	20,250	25,700
35	11,250	12,550	14,450	15,700	16,500	17,450	20,500	26,000
36	11,450	13,150	14,850	16,000	16,800	17,950	20,900	26,450
37	11,650	13,350	15,100	16,250	17,100	18,250	21,250	26,850
38	11,850	13,550	15,350	16,500	17,400	18,550	21,600	27,250
39	12,050	13,750	15,600	16,750	17,700	18,850	21,950	27,650
40	12,250	13,950	15,850	17,000	18,000	19,150	22,300	28,050
41	12,450	14,150	16,100	17,250	18,300	19,450	22,650	28,450
42	12,650	14,350	16,350	17,500	18,600	19,750	23,000	28,850
43	12,850	14,550	16,600	17,750	18,900	20,050	23,350	29,250
44	13,050	14,750	16,850	18,000	19,200	20,350	23,700	29,650
45	13,250	14,950	17,100	18,250	19,500	20,650	24,050	30,050
46	16,250	17,400	20,700	22,350	23,500	24,900	29,400	36,050
47	17,100	18,300	21,800	23,550	24,950	26,250	31,200	38,450

48	17,950	19,200	22,900	24,750	26,400	27,600	33,000	40,850
49	18,800	20,100	24,000	25,950	27,850	28,950	34,800	43,250
50	19,650	21,000	25,100	27,150	29,300	30,300	36,600	45,650
51	20,600	22,250	26,300	29,950	30,950	31,950	38,500	48,300
52	21,250	23,300	27,500	31,400	32,400	33,500	40,400	50,350
53	21,900	24,350	28,700	32,850	33,850	35,050	42,300	52,400
54	22,550	25,400	29,900	34,300	35,300	36,600	44,200	54,450
55	23,200	26,450	31,100	35,750	36,750	38,150	46,100	56,500
56	26,300	28,850	34,850	38,300	39,350	40,950	49,400	61,250
57	27,250	30,100	36,250	40,500	41,900	43,450	52,400	65,000
58	28,200	31,350	37,650	42,700	44,450	45,950	55,400	68,750
59	29,150	32,600	39,050	44,900	47,000	48,450	58,400	72,500
60	30,100	33,850	40,450	47,100	49,550	50,950	61,400	76,250
61	31,100	35,200	46,400	49,600	53,600	56,050	67,300	83,450
62	31,950	36,550	47,850	52,100	57,400	60,750	72,750	90,200
63	32,800	37,900	49,300	54,600	61,200	65,450	78,200	96,950
64	33,650	39,250	50,750	57,100	65,000	70,150	83,650	1,03,700
65	34,500	40,600	52,200	59,600	68,800	74,850	89,100	1,10,450
66	41,950	47,700	64,500	69,900	78,300	81,650	1,01,150	1,22,750
67	43,150	49,450	66,500	72,900	81,650	85,650	1,04,950	1,28,800
68	44,350	51,200	68,500	75,900	85,000	89,650	1,08,750	1,34,850
69	45,550	52,950	70,500	78,900	88,350	93,650	1,12,550	1,40,900
70	46,750	54,700	72,500	81,900	91,700	97,650	1,16,350	1,46,950
71	49,150	56,500	74,950	85,200	95,650	1,01,900	1,22,100	1,53,050
72	50,150	57,800	77,350	88,450	98,700	1,05,100	1,27,350	1,58,750
73	51,150	59,100	79,750	91,700	1,01,750	1,08,300	1,32,600	1,64,450
74	52,150	60,400	82,150	94,950	1,04,800	1,11,500	1,37,850	1,70,150
75	53,150	61,700	84,550	98,200	1,07,850	1,14,700	1,43,100	1,75,850
76	56,300	64,750	88,450	1,03,350	1,13,600	1,20,300	1,49,750	1,84,700
77	58,250	67,250	92,350	1,07,300	1,18,500	1,25,850	1,55,350	1,92,150
78	60,200	69,750	96,250	1,11,250	1,23,400	1,31,400	1,60,950	1,99,600
79	62,150	72,250	1,00,150	1,15,200	1,28,300	1,36,950	1,66,550	2,07,050
80	64,100	74,750	1,04,050	1,19,150	1,33,200	1,42,500	1,72,150	2,14,500
81	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
82	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
83	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
84	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
85	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
86	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
87	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
88	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
89	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274
90	68,574	79,256	1,10,832	1,29,379	1,44,879	1,54,292	1,88,931	2,34,274

***Only for Renewal Purposes**

Optima Restore Gross Premium (Excl. GST) - Tier 2 (Rest of India)								
Age/ Sum Insured	**3,00,000**	**5,00,000**	**10,00,000**	**15,00,000**	**20,00,000**	**25,00,000**	**50,00,000**	**1,00,00,000**
0	5,300	6,400	7,100	8,450	9,500	10,100	12,300	15,150
1	5,400	6,500	7,200	8,550	9,600	10,250	12,450	15,350
2	5,500	6,600	7,300	8,650	9,700	10,400	12,600	15,550
3	5,600	6,700	7,400	8,750	9,800	10,550	12,750	15,750
4	5,700	6,800	7,500	8,850	9,900	10,700	12,900	15,950
5	5,800	6,900	7,600	8,950	10,000	10,850	13,050	16,150
6	5,900	7,000	7,700	9,050	10,100	11,000	13,200	16,350
7	6,000	7,100	7,800	9,150	10,200	11,150	13,350	16,550
8	6,100	7,200	7,900	9,250	10,300	11,300	13,500	16,750
9	6,200	7,300	8,000	9,350	10,400	11,450	13,650	16,950
10	6,300	7,400	8,100	9,450	10,500	11,600	13,800	17,150
11	6,400	7,500	8,200	9,550	10,600	11,750	13,950	17,350
12	6,500	7,600	8,300	9,650	10,700	11,900	14,100	17,550
13	6,600	7,700	8,400	9,750	10,800	12,050	14,250	17,750
14	6,700	7,800	8,500	9,850	10,900	12,200	14,400	17,950
15	6,800	7,900	8,600	9,950	11,000	12,350	14,550	18,150
16	6,900	8,000	8,700	10,050	11,100	12,500	14,700	18,350
17	7,000	8,100	8,800	10,150	11,200	12,650	14,850	18,550
18	7,150	8,250	9,500	10,800	11,800	13,100	15,900	20,400
19	7,250	8,350	9,650	11,000	12,000	13,300	16,100	20,600
20	7,350	8,450	9,800	11,200	12,200	13,500	16,300	20,800
21	7,450	8,550	9,950	11,400	12,400	13,700	16,500	21,000
22	7,550	8,650	10,100	11,600	12,600	13,900	16,700	21,200
23	7,650	8,750	10,250	11,800	12,800	14,100	16,900	21,400
24	7,750	8,850	10,400	12,000	13,000	14,300	17,100	21,600
25	7,850	8,950	10,550	12,200	13,200	14,500	17,300	21,800
26	7,950	9,050	10,700	12,400	13,400	14,700	17,500	22,000
27	8,050	9,150	10,850	12,600	13,600	14,900	17,700	22,200
28	8,150	9,250	11,000	12,800	13,800	15,100	17,900	22,400
29	8,250	9,350	11,150	13,000	14,000	15,300	18,100	22,600
30	8,350	9,450	11,300	13,200	14,200	15,500	18,300	22,800
31	8,450	9,550	11,450	13,400	14,400	15,700	18,500	23,000
32	8,550	9,650	11,600	13,600	14,600	15,900	18,700	23,200
33	8,650	9,750	11,750	13,800	14,800	16,100	18,900	23,400
34	8,750	9,850	11,900	14,000	15,000	16,300	19,100	23,600
35	8,850	9,950	12,050	14,200	15,200	16,500	19,300	23,800
36	9,000	10,100	12,450	14,500	15,500	16,950	19,850	24,750
37	9,150	10,250	12,650	14,700	15,800	17,250	20,150	25,050
38	9,300	10,400	12,850	14,900	16,100	17,550	20,450	25,350
39	9,450	10,550	13,050	15,100	16,400	17,850	20,750	25,650
40	9,600	10,700	13,250	15,300	16,700	18,150	21,050	25,950
41	9,750	10,850	13,450	15,500	17,000	18,450	21,350	26,250
42	9,900	11,000	13,650	15,700	17,300	18,750	21,650	26,550
43	10,050	11,150	13,850	15,900	17,600	19,050	21,950	26,850
44	10,200	11,300	14,050	16,100	17,900	19,350	22,250	27,150
45	10,350	11,450	14,250	16,300	18,200	19,650	22,550	27,450
46	13,500	13,900	18,000	20,250	22,650	23,900	28,250	34,250
47	14,100	14,650	18,950	21,350	23,850	25,200	29,800	36,550
48	14,700	15,400	19,900	22,450	25,050	26,500	31,350	38,850
49	15,300	16,150	20,850	23,550	26,250	27,800	32,900	41,150

50	15,900	16,900	21,800	24,650	27,450	29,100	34,450	43,450
51	16,600	18,000	23,250	26,400	29,050	30,750	36,400	45,850
52	17,250	18,750	24,100	28,000	30,550	32,400	38,250	47,800
53	17,900	19,500	24,950	29,600	32,050	34,050	40,100	49,750
54	18,550	20,250	25,800	31,200	33,550	35,700	41,950	51,700
55	19,200	21,000	26,650	32,800	35,050	37,350	43,800	53,650
56	21,950	23,400	30,150	35,300	37,700	39,850	46,950	57,550
57	22,600	24,400	31,450	37,450	40,350	42,300	49,800	61,450
58	23,250	25,400	32,750	39,600	43,000	44,750	52,650	65,350
59	23,900	26,400	34,050	41,750	45,650	47,200	55,500	69,250
60	24,550	27,400	35,350	43,900	48,300	49,650	58,350	73,150
61	25,200	28,650	38,000	46,700	51,950	54,050	63,950	80,200
62	25,700	29,350	40,300	48,700	55,450	58,400	69,100	86,150
63	26,200	30,050	42,600	50,700	58,950	62,750	74,250	92,100
64	26,700	30,750	44,900	52,700	62,450	67,100	79,400	98,050
65	27,200	31,450	47,200	54,700	65,950	71,450	84,550	1,04,000
66	33,650	37,900	55,200	64,900	75,450	79,650	95,050	1,16,600
67	34,900	39,700	57,250	67,500	78,700	82,600	99,150	1,22,350
68	36,150	41,500	59,300	70,100	81,950	85,550	1,03,250	1,28,100
69	37,400	43,300	61,350	72,700	85,200	88,500	1,07,350	1,33,850
70	38,650	45,100	63,400	75,300	88,450	91,450	1,11,450	1,39,600
71	40,100	47,500	65,700	78,900	91,750	95,750	1,16,350	1,45,400
72	41,350	48,350	68,000	81,400	94,900	99,300	1,21,200	1,50,850
73	42,600	49,200	70,300	83,900	98,050	1,02,850	1,26,050	1,56,300
74	43,850	50,050	72,600	86,400	1,01,200	1,06,400	1,30,900	1,61,750
75	45,100	50,900	74,900	88,900	1,04,350	1,09,950	1,35,750	1,67,200
76	47,150	53,900	77,950	92,800	1,08,750	1,14,950	1,41,650	1,75,450
77	49,000	56,200	81,000	96,550	1,13,000	1,19,900	1,47,250	1,82,500
78	50,850	58,500	84,050	1,00,300	1,17,250	1,24,850	1,52,850	1,89,550
79	52,700	60,800	87,100	1,04,050	1,21,500	1,29,800	1,58,450	1,96,600
80	54,550	63,100	90,150	1,07,800	1,25,750	1,34,750	1,64,050	2,03,650
81	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
82	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
83	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
84	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
85	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
86	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
87	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
88	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
89	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561
90	58,573	67,368	98,641	1,17,735	1,37,635	1,46,578	1,79,484	2,22,561

***Only for Renewal Purposes**

Premium for Unlimited Restore Benefit (Optional benefit) : 0.50% will be applied on the Final Policy Premium in respect of all the base/in-built coverages under this product

- **Premium Computation Illustration**

Illustration 1

- Plan Name – Optima Restore
- Tenure – 1 Year
- Location – Delhi - Tier 1

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)			
	Premium (INR)	Sum Insured in Lakhs (INR)	Premium (INR)	Family Discount of 10% (if any)	Premium after discount (INR)	Sum Insured in Lakhs (INR)
5	8450	10	8450	845	7605	10
25	12,950	10	12,950	1295	11655	10
37	15100	10	15100	1510	13590	10
47	21800	10	21800	2180	19620	10
57	36250	10	36250	3625	32625	10
63	49,300	10	49300	4930	44370	10
	1,43,850		**Total Premium (exclusive of taxes)**		1,29465	
	Total premium (exclusive of taxes) for all members of the family is INR 1,43,850, when each member is covered separately (at a single point in time). Sum Insured available for each individual is INR 10 Lakhs.		Total premium (exclusive of taxes) for all members of the family is INR 129465, when they are covered under a single policy (Sum Insured is available for each member of the family). Sum Insured available for each individual is INR 10 Lakhs.			

Illustration 2

- Plan Name – Optima Restore
- Tenure – 1 Year
- Location – Lucknow - Tier 2

Age of the members insured (in Years)	Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
8	7900	4345	3,555	10
19	9650	5307	4343	10
37	12650	6958	5692	10
42	13650	0	13650	10
		Total Premium (exclusive of taxes)	27240	
	Total premium (exclusive of taxes) when policy is opted on floater basis is INR 27240. Sum Insured of Rs. 10 Lakhs is available for the entire family.			

- **2 year & 3year Premium Calculation**

  7.5% Discount on premium if Insured Person is paying premium of 2 years in advance & 10% Discount on premium if Insured Person is paying premium of 3 years in advance

  Example

  1) Proposed Insured Age 32 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 5 Lac

     Calculation – 9753 x 2 x 92.5% = Rs. 18043.05/- plus taxes.

  2) Proposed Insured Age 45 years from Lucknow opting for Optima Restore Individual 3 year policy with Sum Insured of 15 Lac

     Calculation – (14818+21496+21496) x 90% = Rs. 52029/- 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.

Annexure I

List I – Items for which coverage is not available in the policy

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 PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
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

List II – Items that are to be subsumed into Room Charges

S.No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

S.No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG