

Eligibility

- This Policy covers persons in the Age group 91 days to 65 years.
- The maximum entry Age is restricted upto 65 years.
- Child between 91 days to 5 years can be insured only when either parent is getting insured under this Policy.
- The Policy offers coverage on individual Sum Insured basis.
- This Policy can be issued to an individual and/or family.
- The family includes self, spouse, Dependent children and Dependent parents.

Policy Period

The Policy will be issued for 1 year /2 years period

Benefits

The Policy pays for the benefits mentioned below, in excess of the Deductible opted by You.

- **In-patient Treatment** - Covers Medical Expenses for Hospitalisation due to an Illness or Accident. We will pay for the Medical Expenses for room rent, boarding expenses, nursing, Intensive Care Unit, Medical Practitioner(s), anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices or equipments if implanted internally during a surgical procedure.
- **Pre-Hospitalisation** - The Medical Expenses incurred due to an Illness in 60 days immediately before the Insured Person was Hospitalised.
- **Post-Hospitalisation** - The Medical Expenses incurred in 90 days immediately after the Insured Person was discharged post Hospitalisation.
- **Day care Procedures** - The Medical Expenses for 140 day care procedures which do not require 24 hours Hospitalisation due to technological advancement in medical science.
- **Organ Donor** - The Medical Expenses on harvesting the organ from the donor.
- **Emergency Ambulance** - Expenses upto Rs. 2000 per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital.
- **Domiciliary Treatment** - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation.

Waiver of Deductible

We will offer the Insured Person an option to waive the Deductible and opt for 5 Lac indemnity health insurance Policy (without any Deductible) with Us provided that:

- a) Insured Person has enrolled with Us for first time under this Policy before the Age of 50 years and has renewed with Us continuously and without interruption,
 - b) This option can be exercised by the Insured Person in the age group 58 - 60 years at the time of renewal only,
 - c) Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered in this Policy.
- In all other cases, No benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy and shifting to any other Health Insurance Policy with Us.

Key Definitions

Pre-existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Any One Illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Deductible means cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days / hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

Exclusions

- a) Deductible - We are not liable for any payment unless the Medical Expenses exceed the Deductible. Deductible shall be applicable for each and every Hospitalisation except claims made for any one Illness.
- b) Waiting Periods - We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.
- c) 30 days Waiting Period - A waiting period of 30 days will apply to all claims unless:
 - i) The Insured Person has been insured under an Optima Plus Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any other individual health insurance policy (top-up policy with high Deductible) for the reimbursement of medical costs for in-patient treatment in a Hospital.
 - iii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
- d) Specific Waiting Periods - The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Optima Plus Policy continuously and without any break:
 - 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 if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
 - ii) Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to 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; surgery on tonsils and sinuses; surgery for nasal septum deviation.

- iii) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any other individual health insurance policy (top-up policy with high Deductible) for the reimbursement of medical costs for in-patient treatment in a Hospital.
 - iv) If the Insured Person renews with Us or transfers from any other insurer and increases the Sum Insured or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
 - f) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Optima Plus policy with us, but
 - 1) If the Insured Person is presently covered and has been continuously covered without any lapses under:
 - a) an individual health insurance plan (top-up policy with high Deductible) with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital , OR
 - b) any other similar health insurance plan from Us,
 then Section 2 e . of the Policy stands deleted and shall be replaced entirely with the following:
 - i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy , then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
 - 2) The reduction in the waiting period specified above shall be applied subject to the following:
 - a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
 - b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation
- We shall considered only completed years of coverage for waiver of waiting periods. Policy extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver
- g) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
 - i) War or any act of war, invasion, act of foreign enemy, war like operations (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) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v) Treatment of obesity and any weight control program.
 - vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
 - vii) Venereal disease, sexually transmitted disease or Illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
 - viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) in-patient treatment only.
 - ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
 - x) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
 - xi) Expenses for donor screening, or, save as and to the extent provided for in 1)e) organ donor, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
 - xii) 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 for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
 - xiii) Treatment of nasal concha resection; circumcisions (unless necessitated by Illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
 - xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
 - xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens.
 - xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
 - xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
 - xviii) Any non allopathic treatment.
 - xix) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) 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.

- xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxiii) The 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.
- xxiv) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxvi) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule

Requirement

- Completed proposal form

Premium Rates

Annual Premium (All figures in INR)					
Sum Insured	500,000	500,000	500,000	500,000	500,000
Deductible	100,000	200,000	300,000	400,000	500,000
91 Days-35 Years	1,999	1,049	899	799	699
36-45 Years	2,750	1,500	1,400	1,300	1,200
46-60 Years	4,813	2,925	2,170	2,015	1,860
61-75 Years	10,106	5,704	3,472	2,519	2,325
>75 Years	24,053	14,254	9,090	6,894	6,640

- The premium mentioned is annual premium.
- All premium rates are exclusive of service tax and applicable cess.
- Premium rates can be revised subject to approval from the IRDAI.
- 7.5% discount on premium if Insured Person is paying premium of 2 years in advance.

For example:

- 1) Proposed Insured Age 33 years opting for 2 year Policy with Sum Insured of Rs 5 Lac and Deductible Rs 2 Lac.
Calculation - $1,049 \times 2 \times (100 - 7.5)\% = \text{Rs. } 1940.65$ plus taxes.
- 2) Proposed Insured Age 35 years opting for 2 year Policy with Sum Insured of Rs 5 Lac and Deductible Rs 2 Lac.
Calculation - $(1,049+1,500) \times (100 - 7.5)\% = \text{Rs. } 2357.82$ plus taxes.

Discounts

- 1) Family discount of 10% if 2 or more family members are covered under same Policy.

Loadings

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of 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.

Termination

- You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

- We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

Renewability

- There is no maximum cover ceasing Age under this Policy.

Portability

- If You are insured continuously and without interruption under any other Indian insurer's individual health insurance policy (top-up policy with high deductible) for the reimbursement of medical costs for in-patient treatment in a Hospital and You want to shift to Us on renewal, Optima Plus Policy make due allowances for 30 days waiting periods, 2 years waiting period for specific illness and treatments, and waiting period for coverage of Pre-Existing Conditions. If the Insured person transfers from any other insurer and increases the Sum Insured or changes his Deductible, then the portability benefits will be offered only in respect to the previous Sum Insured and Deductible.

Terms of Renewal

- We offer renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an 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 30 days for renewing the Policy is provided under this Policy.
- Maximum Age - No maximum cover ceasing Age under this Policy.
- Waiting Period - The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Optima Plus Policy.
- Renewal Premium - Renewal premium are subject to change with prior approval from IRDAI.

Claim Procedure

- All claims under this Policy will be processed and settled in-house directly by Claims Department, HDFC Ergo Health Insurance Limited.

Intimation & Assistance - In case of any Hospitalisation or an event which might give rise to a claim, We request You to contact Us, contact details are available on Our website and will be provided in Your Optima Plus Policy kit.

Procedure to avail cashless facility

- For any emergency Hospitalisation, We must be informed no later than 24 hours after Hospitalization.
- For any planned Hospitalization, kindly seek cashless authorization from Us atleast 48 hours prior to the Hospitalization.
- We will check Your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the Hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the Hospital prior to the discharge.
- In case the ailment /treatment is not covered under the Policy a rejection letter would be sent to the provider within 6 hours.

While availing cashless facility

- Insured Person is entitled for cashless facility only in Our empanelled Hospitals.
- Please refer to the list of empanelled Hospitals on Our website www.hdfcergohealth.com or call Us on Our toll free number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim.

Procedure for reimbursement of Medical Expenses

- We 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 Us within 15 days of the occurrence of the Incident.

- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by You, We will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement within 15 days.
- The cheque will be sent in the name of the proposer.

Important Points for Claims Procedure

- Payment will only be made for items covered under Your Policy in excess of the Deductible and upto the limits therein.
- In the case of a covered Hospitalisation, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /reimbursement provider immediately on knowing that the Deductible is likely to be exceeded.

Tax Benefit The premium amount paid under this Policy qualifies for deduction under Section 80D of the Income Tax Act.

IRDAI Regulation No 5: This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

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.

We would be happy to assist you. For any help contact us at: E-mail: customerservice@hdfcergohealth.com | Toll Free: 1800 102 0333

HDFC ERGO Health Insurance Limited (Formerly known as Apollo Munich Health Insurance Company Limited.) • Central Processing Centre: 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurugram-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurugram-122001, Haryana • Registered Off. 101, First Floor, Inizio, Cardinal Gracious Road, Chakala, Opposite P & G Plaza, Andheri (East), Mumbai, Maharashtra 400069 India • Tel: +91-124-4584333 • Fax: +91-124-4584111 • Website: www.hdfcergohealth.com • Email: customerservice@hdfcergohealth.com • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • Tax laws are subject to change • IRDAI Registration Number - 131 • CIN: U66030MH2006PLC331263 • UIN : IRDA/NL-HLT AMHI/P-H/V.1/3/13-14