

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 or 2 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:

W	e will cover the Medical Expenses for:	In addition to the waiting periods and general exclusions, 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.	 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).	 Claims which have NOT been admitted under 1 a) and 1d) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
C.	Post-Hospitalisation expenses for consultations, investigations and medicines incurred upto 180 days after discharge from the Hospital.	 Claims which have NOT been admitted under 1 a) and 1d) Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.



 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- patient basis is not included in the scope of this definition. Indicative list of Day Care Procedures Cancer Chemotherapy Liver biopsy Coronary angiography Haemodialysis Operation of cataract Nasal sinus aspiration 	 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 Day-care centre.
 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: 1. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The patient takes treatment at home on account of non availability of room in a Hospital. Pre Hospitalisation expenses for consultations, investigations and medicines incurred 	 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). Post-Hospitalisation expenses.
 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. 	 Claims which have NOT been admitted under 1a) for insured member. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). The organ donor's 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.	 Claims which have NOT been admitted under Section 1a) and Section 1d). 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. 	 Daily Cash Benefit for time spent by the Insured Person in an intensive care unit Claims which have NOT been admitted under 1a).
 i. E-Opinion in respect of a Critical Illness We shall arrange and pay for a second opinion from Our panel of medical Practitioners, if: The Insured Person suffers a Critical Illness during the Policy Period; and He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner. "Critical Illness" includes Cancer of Specified Severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs and Stroke resulting in permanent symptoms. 	 More than one claim for this benefit in a Policy Year. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.

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 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. 	 Claims which have NOT been admitted under 1 a) and 1d). Expenses incurred in return transportation to the insured's home by air ambulance is excluded.
Section II. Restore Benefits.	
 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: a. The Sum Insured will be restored only once in a Policy Year. b.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. 	

Please note the below example to understand the working of the "Restore Benefit"

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

Details		Case A	Case B	Case C	Case D
Sum Insured at beginning of policy year (Rs)		3,00,000	3,00,000	3,00,000	3,00,000
Multiplier benefit (if any, p	please refer to section on	None	None	3,00,000	3,00,000
"Renewal incentives")	"Renewal incentives")			Assuming the policy has has enabling the insured perso multiplier benefit of 100%	n to be eligible to receive a
Total eligible Sum Insured	l limit applicable for the year	3,00,000	3,00,000	6,00,000	6,00,000
Event 1:	Individual undergoes a inpatient hospitalisation on 1st June 2016				
	Eligible claim amount (Rs)	2,00,000	3,00,000	3,00,000	6,00,000
	Restore benefit triggered	Yes	Yes	Yes	Yes
	Additional Restore Sum Insured triggered (Rs)	3,00,000	3,00,000	3,00,000	3,00,000
Sum Insured applicable for policy year (Rs) i.e. 2nd	or the remainder of the June 2016 to 31st Dec 2016	4,00,000	3,00,000	6,00,000	3,00,000
Sum Insured at renewal in the next policy year (Rs.)		3,00,000	3,00,000	3,00,000 (Multiplier benefit will reduce by 50% of basic Sum Insured due to claim made in previous year)	3,00,000

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

Policy Period:

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

Payment Facility :

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

Renewal Incentives :

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

Health checkup

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

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

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

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

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

Portability:

If you are insured continuously and without interruption under a health insurance plan issued by an Indian non-life insurer and you want to shift to us on renewal, Optima Restore policy offers you transfer of accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous sum insured.

The application for portability should be received by us at least 45 days before the policy renewal date of the existing policy.

Free Look Period:

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

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Exclusions :

A. Waiting Period

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

- i) We are not liable for any claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.
- ii) A waiting period of 24 months from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses / diagnoses or surgical procedures mentioned in the following table. However this waiting period will not be applicable where the underlying cause is cancer(s).

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)	SinusitisRhinitisTonsillitis	 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 Pancreatitis Fissure/fistula in anus, Haemorrhoids, 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 	CholecystectomySurgery of hernia
Urogenital	 Calculus diseases of Urogenital system including Kidney, ureter, bladder stones Benign Hyperplasia of prostate Varicocele 	 Surgery on prostate Surgery for Hydrocele/ Rectocele
Eye	CataractRetinal detachmentGlaucoma	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

36 months waiting period from policy Commencement Date for all Pre-existing Conditions declared and/or accepted at the time of application. iii)

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PI Note:

Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

B. Reduction in waiting periods

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
- (a) any health insurance plan with an Indian non-life insurer as per guidelines on portability , OR

(b) any other similar health insurance plan from Us,

Then:

- (a) The waiting periods specified above stand deleted; AND:
- (b) The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
- (c) 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 and any other accrued 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 and information.
 - c) We will retain the right to underwrite the proposal.
 - d) We shall consider 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

C. General exclusions

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

Non Medical Exclusions

- i) War or similar situations: Treatment directly or indirectly arising from or consequent upon 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.
- iii) Intentional self-injury or attempted suicide while sane or insane.
- iv) Dangerous acts (including sports): An 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 in a professional or semi-professional nature.

Medical Exclusions

- v) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances
- vi) Prosthetic and other devices which are self detachable /removable without surgery involving anaesthesia .
- vii) Treatment availed outside India
- viii) Treatment at a healthcare facility which is NOT a Hospital.
- ix) Treatment of obesity and any weight control program.
- x) Treatment for correction of eye sight due to refractive error
- xi) Cosmetic, aesthetic and re-shaping treatments and surgeries:
 - a. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
 - b. Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
- xii) Types of treatment, defined Illnesses/ conditions/ supplies:
 - a. Non allopathic treatment.
 - b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.
 - c. Charges related to peritoneal dialysis, including supplies.
 - d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion.
 - e. Experimental, investigational or unproven treatment devices and pharmacological regimens.



- f. Admission primarily for diagnostic and evaluation purposes only
- g. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy
- h. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").
- i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);
- j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements
- k. 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.
- I. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease,
- m. Sleep-apnoea.
- n. Congenital external diseases, defects or anomalies.
- o. Stem cell therapy or surgery, or growth hormone therapy.
- p. Venereal disease, sexually transmitted disease or illness;
- q. "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.
- r. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.
- s. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.
- t. Birth control, and similar procedures including complications arising out of the same.
- u. The expense incurred by the insured on organ donation.
- v. 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.
- w. Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xiii) Any non-medical expenses mentioned in Annexure I.
- xiv) Healthcare providers (Hospitals /Medical Practitioners)
 - a. Any Medical Expenses incurred using facility of any Medical Practitioners or institution that we have told you (in writing) is not to be used at the time of renewal or at any specific time during the policy period.
 - b. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
 - c. 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.
- xv) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.
- xvi) Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured.
- xvii) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies like Rituximab/Infliximab/Tratsuzumab, etc (Trade name Remicade, Rituxan, Herceptin, etc), Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc) or IV immunoglobulin infusion

Claim Procedure:

HDFC ERGO Health Insurance Ltd. will process all claims under this policy.

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

Procedure for Reimbursement of Medical Expenses

- HDFC ERGO Health Insurance Ltd. 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 Health Insurance Ltd.15 days of the occurrence of the Incident. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

* Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, HDFC ERGO Health Insurance Ltd. will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, HDFC ERGO Health Insurance Ltd. will send admissible amount, along with a settlement statement within 30 days.

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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 Health Insurance Ltd. must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO Health Insurance Ltd. at least 48 hours prior to the hospitalization.
- HDFC ERGO Health Insurance Ltd. will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the
 documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim.

Terms of Renewal:

- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in a dishonest or fraudulent manner or any
 misrepresentation under or in relation to this policy or the Policy poses a moral hazard then the Policy shall be cancelled ab-initio from the inception date or the
 renewal date (as the case may be), or We may modify the Policy In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable
 under such Policy shall be forfeited with respect to such claim.
- Grace Period Grace Period of 30 days for renewing the policy is provided under this policy.
- Maximum Age There is no maximum cover ceasing age on renewal in 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 Restore policy
- Renewal premium are subject to change with prior approval from IRDA. Any change in benefits or premium (other than due to change in Age) will be done with the
 approval of the Insurance Regulatory and Development Authority and will be intimated at least 3 months in advance
- In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person
 will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as
 Multiplier Benefit, waiver of waiting period etc. provided the policy has been maintained without a break.
- 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
- Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting
 with all the accrued continuity benefits such as Multiplier Benefit, waiver of waiting period etc. provided the policy has been maintained without a break.

Tax Benefit:

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

Requirement

Completed proposal form

Discounts

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

Stay Active

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

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.

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The discount grid would be as per the table mentioned in the next page:

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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	Max 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	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	0.625%	5%
Above 10000	1%	1%	1%	1%	1%	1%	1%	1%	8%

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

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

Illustration

	Policy start date	1st Jan 2016				
	Policy Tenure	1 year				
	٦	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 3 A i), ii) & iii) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.

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• 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.

Termination (other than Free Look Period)

• 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 P	olicy	2 Year P	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	48.00%		
		Upto 15 Months	25.00%		
		Upto 18 Months	12.00%		
		Exceeding 18 Months	Nil		

• We shall terminate this Policy for the reasons as specified under aforesaid section Non Disclosure or Misrepresentation & section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

Renewability

• There shall be no cover ceasing age on renewal.

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
1a) In-patient Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1e) Domiciliary Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1f) Organ Donor	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization	Upto Rs.2,000 per Hospitalization
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	Covered	Covered	Covered
1j) Emergency Air Ambulance Cover	Not Covered	Not Covered	Covered upto Rs 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto Rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year	Covered upto Rs. 2.5 Lacs per hospitalization and maximum upto sum insured in an year
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured



3) Health Checkup (per person)	Not Applicable	Upto Rs. 1500	Upto Rs. 2000	Upto Rs. 4000	Upto Rs. 5000
4) Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal

Optima Restore Family

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



Premium rates

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

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

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

Individual Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A	1A	1A	1A	1A	1A	1A
0-17	4,285	5,436	6,267	7,511	9,056	9,828	12,636
18-35	5,119	6,495	8,650	10,368	12,500	13,566	17,442
36-45	5,793	7,350	9,984	11,967	14,427	15,658	20,131
46-50	8,474	10,751	14,855	17,805	21,466	23,296	29,952
51-55	10,714	13,594	19,030	22,809	27,499	29,844	38,370
56-60	13,832	17,549	24,955	29,911	36,061	39,136	50,318
61-65	19,208	24,370	35,201	42,192	50,867	55,204	70,977
66-70	26,504	33,627	48,920	58,636	70,692	76,721	98,641
71-75	32,020	40,625	59,689	71,544	86,254	93,609	120,354
76-80	38,424	48,750	72,419	86,802	104,649	113,572	146,021
> 80	44,187	56,063	84,988	101,867	122,812	133,284	171,366

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
18-35	6,604	8,378	10,822	12,971	15,638	16,971	21,820
36-45	7,158	9,081	11,980	14,359	17,312	18,788	24,156
46-50	9,959	12,635	17,026	20,407	24,603	26,701	34,330
51-55	12,319	15,630	21,376	25,622	30,890	33,524	43,102
56-60	15,467	19,623	27,346	32,777	39,516	42,886	55,139
61-65	20,843	26,444	37,591	45,057	54,321	58,953	75,797
66-70	28,139	35,701	51,311	61,502	74,147	80,470	103,461
71-75	33,655	42,699	62,080	74,410	89,709	97,358	125,175

61-65

66-70

26,350

36,300

33,432

46,056



SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
76-80	40,058	50,824	74,810	89,667	108,103	117,321	150,842
> 80	45,822	58,137	87,379	104,733	126,267	137,034	176,186
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C
18-35	8,513	10,800	13,613	16,317	19,672	21,350	27,449
36-45	8,912	11,308	14,546	17,435	21,020	22,812	29,330
46-50	11,868	15,057	19,818	23,754	28,638	31,080	39,959
51-55	14,382	18,247	24,394	29,239	35,250	38,256	49,186
56-60	17,568	22,290	30,420	36,461	43,958	47,706	61,337
61-65	22,945	29,111	40,665	48,741	58,763	63,774	81,995
66-70	30,240	38,368	54,385	65,186	78,589	85,290	109,659
71-75	35,756	45,366	65,154	78,094	94,150	102,179	131,373
76-80	42,160	53,491	77,883	93,351	112,545	122,142	157,040
> 80	47,924	60,803	90,453	108,417	130,709	141,854	182,384
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C
18-35	9,573	12,146	15,164	18,176	21,913	23,782	30,577
36-45	9,887	12,544	15,972	19,144	23,080	25,048	32,205
46-50	12,928	16,403	21,369	25,613	30,879	33,512	43,087
51-55	15,528	19,702	26,070	31,248	37,673	40,885	52,566
56-60	18,736	23,771	32,127	38,508	46,426	50,384	64,780
61-65	24,112	30,592	42,373	50,788	61,231	66,452	85,438
66-70	31,408	39,849	56,093	67,233	81,057	87,968	113,102
71-75	36,924	46,847	66,861	80,141	96,618	104,857	134,816
76-80	43,328	54,972	79,591	95,398	115,013	124,820	160,483
> 80	49,091	62,285	92,160	110,464	133,176	144,532	185,827
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
18-35	7,167	9,093	12,110	14,516	17,500	18,992	24,419
36-45	8,555	10,854	14,709	17,631	21,256	23,068	29,659
46-50	12,171	15,441	21,304	25,535	30,785	33,410	42,956
	45.040	10.407	07 107	22 500	20.200	40 CE1	E4 020
51-55	15,343	19,467	27,197	32,598	39,300	42,651	54,838

57,665

80,149

69,522

96,628

75,450

104,867

97,007

134,830

48,110

66,868



SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
71-75	45,094	57,213	83,854	100,508	121,174	131,506	169,080
76-80	54,523	69,175	102,460	122,809	148,059	160,684	206,594
> 80	63,335	80,357	121,182	145,249	175,113	190,045	244,344

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C
18-35	8,651	10,976	14,282	17,118	20,638	22,398	28,797
36-45	9,920	12,585	16,705	20,023	24,140	26,198	33,683
46-50	13,655	17,325	23,475	28,138	33,923	36,816	47,335
51-55	16,948	21,503	29,543	35,411	42,692	46,332	59,570
56-60	21,201	26,899	37,585	45,049	54,312	58,943	75,784
61-65	27,985	35,506	50,501	60,531	72,976	79,199	101,827
66-70	37,935	48,130	69,259	83,014	100,083	108,617	139,650
71-75	46,729	59,287	86,245	103,374	124,628	135,256	173,900
76-80	56,157	71,249	104,850	125,674	151,514	164,433	211,414
> 80	64,970	82,431	123,572	148,115	178,568	193,795	249,165
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C
18-35	10,560	13,398	17,074	20,465	24,672	26,776	34,426
36-45	11,674	14,812	19,271	23,099	27,848	30,223	38,858
46-50	15,564	19,747	26,267	31,484	37,957	41,194	52,964
51-55	19,011	24,120	32,561	39,027	47,052	51,064	65,654
56-60	23,303	29,566	40,658	48,733	58,753	63,763	81,981
61-65	30,086	38,172	53,575	64,215	77,418	84,019	108,025
66-70	40,037	50,796	72,333	86,698	104,524	113,437	145,848
71-75	48,830	61,953	89,319	107,058	129,070	140,076	180,098
76-80	58,259	73,916	107,924	129,358	155,955	169,254	217,612
> 80	67,072	85,097	126,646	151,799	183,010	198,615	255,362
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
18-35	12,893	16,358	20,486	24,554	29,603	32,127	41,306
36-45	13,819	17,533	22,408	26,858	32,380	35,142	45,182
46-50	17,897	22,707	29,679	35,574	42,888	46,545	59,844
51-55	21,533	27,320	36,249	43,448	52,381	56,848	73,090
56-60	25,872	32,825	44,415	53,236	64,182	69,655	89,556
61-65	32,655	41,431	57,332	68,718	82,847	89,911	115,600



SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
66-70	42,605	54,056	76,090	91,201	109,953	119,329	153,423
71-75	51,399	65,213	93,076	111,561	134,499	145,968	187,673
76-80	60,828	77,175	111,681	133,861	161,384	175,146	225,187
> 80	69,640	88,356	130,403	156,302	188,439	204,507	262,937
					1		
Addl. Child	1,950	2,474	2,851	3,418	4,120	4,472	5,749

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

Individual Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A	1A	1A	1A	1A	1A	1A
0-17	4,928	5,980	6,768	8,112	9,509	10,319	13,268
18-35	5,887	7,145	9,342	11,197	13,125	14,244	18,314
36-45	6,662	8,085	10,783	12,924	15,148	16,441	21,138
46-50	9,745	11,826	16,043	19,229	22,539	24,461	31,450
51-55	12,321	14,953	20,552	24,634	28,874	31,336	40,289
56-60	15,907	19,304	26,951	32,304	37,864	41,093	52,834
61-65	22,089	26,807	38,017	45,567	53,410	57,964	74,526
66-70	30,480	36,990	52,834	63,327	74,227	80,557	103,573
71-75	36,823	44,688	64,464	77,268	90,567	98,289	126,372
76-80	44,188	53,625	78,213	93,746	109,881	119,251	153,322
> 80	50,815	61,669	91,787	110,016	128,953	139,948	179,934

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
18-35	7,595	9,216	11,688	14,009	16,420	17,820	22,911
36-45	8,232	9,989	12,938	15,508	18,178	19,727	25,364
46-50	11,453	13,899	18,388	22,040	25,833	28,036	36,047
51-55	14,167	17,193	23,086	27,672	32,435	35,200	45,257
56-60	17,787	21,585	29,534	35,399	41,492	45,030	57,896
61-65	23,969	29,088	40,598	48,662	57,037	61,901	79,587
66-70	32,360	39,271	55,416	66,422	77,854	84,494	108,634
71-75	38,703	46,969	67,046	80,363	94,194	102,226	131,434
76-80	46,067	55,906	80,795	96,840	113,508	123,187	158,384
> 80	52,695	63,951	94,369	113,112	132,580	143,886	184,995



SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C
18-35	9,790	11,880	14,702	17,622	20,656	22,418	28,821
36-45	10,249	12,439	15,710	18,830	22,071	23,953	30,797
46-50	13,648	16,563	21,403	25,654	30,070	32,634	41,957
51-55	16,539	20,072	26,346	31,578	37,013	40,169	51,645
56-60	20,203	24,519	32,854	39,378	46,156	50,091	64,404
61-65	26,387	32,022	43,918	52,640	61,701	66,963	86,095
66-70	34,776	42,205	58,736	70,401	82,518	89,555	115,142
71-75	41,119	49,903	70,366	84,342	98,858	107,288	137,942
76-80	48,484	58,840	84,114	100,819	118,172	128,249	164,892
> 80	55,113	66,883	97,689	117,090	137,244	148,947	191,503
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C
18-35	11,009	13,361	16,377	19,630	23,009	24,971	32,106
36-45	11,370	13,798	17,250	20,676	24,234	26,300	33,815
46-50	14,867	18,043	23,079	27,662	32,423	35,188	45,241
51-55	17,857	21,672	28,156	33,748	39,557	42,929	55,194
56-60	21,546	26,148	34,697	41,589	48,747	52,903	68,019
61-65	27,729	33,651	45,763	54,851	64,293	69,775	89,710
66-70	36,119	43,834	60,580	72,612	85,110	92,366	118,757
71-75	42,463	51,532	72,210	86,552	101,449	110,100	141,557
76-80	49,827	60,469	85,958	103,030	120,764	131,061	168,507
> 80	56,455	68,514	99,533	119,301	139,835	151,759	195,118
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
18-35	8,242	10,002	13,079	15,677	18,375	19,942	25,640
36-45	9,838	11,939	15,886	19,041	22,319	24,221	31,142
46-50	13,997	16,985	23,008	27,578	32,324	35,081	45,104
51-55	17,644	21,414	29,373	35,206	41,265	44,784	57,580
56-60	22,502	27,308	38,010	45,559	53,400	57,953	74,511
61-65	30,303	36,775	51,959	62,278	72,998	79,223	101,857
66-70	41,745	50,662	72,217	86,561	101,459	110,110	141,572
71-75	51,858	62,934	90,562	108,549	127,233	138,081	177,534
76-80	62,701	76,093	110,657	132,634	155,462	168,718	216,924
> 80	72,835	88,393	130,877	156,869	183,869	199,547	256,561

HDFC ERGO HEALTH

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C
18-35	9,949	12,074	15,425	18,487	21,670	23,518	30,237
36-45	11,408	13,844	18,041	21,625	25,347	27,508	35,367
46-50	15,703	19,058	25,353	30,389	35,619	38,657	49,702
51-55	19,490	23,653	31,906	38,244	44,827	48,649	62,549
56-60	24,381	29,589	40,592	48,653	57,028	61,890	79,573
61-65	32,183	39,057	54,541	65,373	76,625	83,159	106,918
66-70	43,625	52,943	74,800	89,655	105,087	114,048	146,633
71-75	53,738	65,216	93,145	111,644	130,859	142,019	182,595
76-80	64,581	78,374	113,238	135,728	159,090	172,655	221,985
> 80	74,716	90,674	133,458	159,964	187,496	203,485	261,623
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C
18-35	12,144	14,738	18,440	22,102	25,906	28,115	36,147
36-45	13,425	16,293	20,813	24,947	29,240	31,734	40,801
46-50	17,899	21,722	28,368	34,003	39,855	43,254	55,612
51-55	21,863	26,532	35,166	42,149	49,405	53,617	68,937
56-60	26,798	32,523	43,911	52,632	61,691	66,951	86,080
61-65	34,599	41,989	57,861	69,352	81,289	88,220	113,426
66-70	46,043	55,876	78,120	93,634	109,750	119,109	153,140
71-75	56,155	68,148	96,465	115,623	135,524	147,080	189,103
76-80	66,998	81,308	116,558	139,707	163,753	177,717	228,493
> 80	77,133	93,607	136,778	163,943	192,161	208,546	268,130
SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
18-35	14,827	17,994	22,125	26,518	31,083	33,733	43,371
36-45	15,892	19,286	24,201	29,007	33,999	36,899	47,441
46-50	20,582	24,978	32,053	38,420	45,032	48,872	62,836
51-55	24,763	30,052	39,149	46,924	55,000	59,690	76,745
56-60	29,753	36,108	47,968	57,495	67,391	73,138	94,034
61-65	37,553	45,574	61,919	74,215	86,989	94,407	121,380
66-70	48,996	59,462	82,177	98,497	115,451	125,295	161,094
71-75	59,109	71,734	100,522	120,486	141,224	153,266	197,057
76-80	69,952	84,893	120,615	144,570	169,453	183,903	236,446
00	80,086	97,192	140,835	168,806	197,861	214,732	276,084
> 80	,			l			



• 2 Year Premium Calculation

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

Example

- Proposed Insured Age 33 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 3 Lac Calculation – 5887X 2 X 92.5% = Rs. 10890.95/- plus taxes.
- Proposed Insured Age 35 years from Delhi opting for Optima Restore Individual 2 year policy with Sum Insured of 3 Lac Calculation – (5887+6662) X 92.5% = Rs. 11607.83/- 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 of excluded expenses (non-medical) under indemnity policy are uploaded on our website. Please login to http://www.hdfcergohealth.com/download-forms/List-of-Non-Medical-Expenses.pdf

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: APOHLIP18125V041718