

Prospectus – Optima Super

Eligibility

- a) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years. The minimum entry age for Adult Dependent is 18 years and maximum entry age is 65 years.
- b) Dependent children between 91 days to 5 years can be covered if either parent is covered under the same policy.
- c) There is no maximum cover ceasing age on renewals.
- d) The policy will be issued for a period for 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 spouse, dependent children and dependent parents.
- h) In a family floater policy, a maximum of 2 adults and a maximum of 2 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father or Mother.
- 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 or Mother.
- 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. The sum insured of all dependant parents must be same.

Note:

-Dependents means only the family members listed below:

- Your legally married spouse as long as she continues to be married to You;
- Your children aged between 91 days and 21 years if they are unmarried and financially dependent with no independent source of income.
- 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 Super Policy. The dependant parents must be financially dependent on you.
- All Dependent parents, Parent in laws must be financially dependent on You.

Policy Period

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

Sum Insured Options

Rs.	500,000	700,000	10,00,000
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Deductible Options

Rs.	100,000	200,000	300,000	400,000	500,000	600,000	700,000	10,00,000
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Schedule of Benefits

<p>We will cover the Medical Expenses for:</p>	<p>We will not cover treatment, costs or expenses for*: *The following exclusions apply in addition to the waiting periods and general exclusions specified in Section 2 A and C</p>
<p>a. In-Patient Treatment</p> <p><u>Note pertaining specifically to AYUSH Treatments only:</u></p> <p>Medical expenses pertaining only to In-patient care AYUSH treatment are also covered under 'In-patient treatment' cover if undertaken in an AYUSH Hospital. Any medical expense other than In-patient care AYUSH treatment expenses are not covered under this policy.</p>	<ol style="list-style-type: none"> 1. Prosthetics NOT implanted by surgery 2. Hospitalisation for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc are not payable. 3. Treatment availed outside India 4. Treatment at a healthcare facility which is NOT a Hospital.
<p>b. Pre-Hospitalization Medical expenses for consultations, investigations and medicines incurred upto 60 days before Hospitalisation.</p> <p>c. Post-Hospitalization Medical expenses for consultations, investigations and medicines incurred upto 90 days after discharge from Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a) and 1d). 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required. 3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.
<p>d. Day Care Procedures</p> <p>Medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a Hospital/day care centre for less than 24 hours because of technological advancement, which would have otherwise required a hospitalisation of more than 24 hours.</p>	<ol style="list-style-type: none"> 1. Out-Patient Treatment 2. Treatment at a healthcare facility which is NOT a Hospital
<p>e. Organ Donor:</p> <p>Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor in the case of transplant surgery</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a). 2. Claims not covered under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses.
<p>f. Ambulance Service:</p> <p>Expenses incurred on an ambulance, subject to lower of actual expenses or Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a). 2. 3. Non registered healthcare or ambulance service provider ambulances.

Waiver of Deductible

We will offer the Insured Person an option to waive the Deductible and to opt for any indemnity health insurance Policy (without any Deductible) offered by Us for same Sum Insured without re-evaluation of health status or any pre policy check provided that:

- i. Insured Person has been insured with Us for first time under this Policy before the age of 50 years and has renewed with Us continuously and without any interruption,
- ii. This option for waiver of Deductible shall be exercised by the Insured Person during the age group of 55 to 60 years, and certainly at the time of renewal only.

Or

At the beginning of 6th policy year ; provided that it has been renewed with Us continuously and without any interruption

- iii. Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered under 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 at any point of time or shifting to any other health insurance Policy with Us.

Key Definitions

- **Pre-existing Condition** means any condition, ailment, injury, or disease:
 - i) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii) For which **Medical advice** or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.
- Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- **Deductible** means a 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. For the purpose of this policy deductible shall apply on per year basis.

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 45 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.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Non Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule without refunding the premium amount; and
 - b) the claim under such Policy if any, shall be rejected/repudiated forthwith.

- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

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

Moratorium Period

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

Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

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

a. Waiting Period

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

- i) **30-days 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) **Specific disease/procedure waiting period: Code – Excl02**
- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments as mentioned in the table below shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
 - e. If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f. List of specific diseases/procedure:

SI No	Organ / Organ System	Illness	Treatment/Surgeries
a.	ENT	<ul style="list-style-type: none"> ▪ Sinusitis ▪ Rhinitis ▪ Tonsillitis 	<ul style="list-style-type: none"> ▪ adenoidectomy ▪ mastoidectomy ▪ tonsillectomy ▪ tympanoplasty ▪ surgery for nasal septum deviation ▪ nasal concha resection
b.	Gynaecological	<ul style="list-style-type: none"> ▪ cysts, polyps including breast lumps ▪ Polycystic ovarian disease ▪ fibroids (fibromyoma) 	<ul style="list-style-type: none"> ▪ Dilatation and curettage (D&C) ▪ Myomectomy for fibroids
c.	Orthopaedic	<ul style="list-style-type: none"> ▪ Non infective arthritis ▪ Gout and Rheumatism 	<ul style="list-style-type: none"> ▪ Surgery for prolapsed inter vertebral disk ▪ Joint replacement surgeries

		<ul style="list-style-type: none"> ▪ Osteoarthritis and Osteoporosis 	
d.	Gastrointestinal	<ul style="list-style-type: none"> ▪ Calculus diseases of gall bladder including Cholecystitis ▪ Pancreatitis ▪ Fissure/fistula in anus, hemorrhoids, pilonidal sinus ▪ Ulcer and erosion of stomach and duodenum ▪ Gastro Esophageal Reflux Disorder (GERD) ▪ All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded) ▪ Perineal Abscesses ▪ Perianal Abscesses 	<ul style="list-style-type: none"> ▪ Cholecystectomy ▪ surgery of hernia
e.	Urogenital	<ul style="list-style-type: none"> ▪ Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. ▪ Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> ▪ Surgery on prostate ▪ Surgery for Hydrocele/ Rectocele
f.	Eye	<ul style="list-style-type: none"> ▪ Cataract 	<ul style="list-style-type: none"> ▪ NIL
g.	Others	<ul style="list-style-type: none"> ▪ NIL 	<ul style="list-style-type: none"> ▪ Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> ▪ Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> ▪ NIL

iii) **Pre-existing disease waiting period: Code- Excl01**

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

b. General exclusions

We will not pay for any claim in respect of any Insured Person arising from:

<p>Non Medical Exclusions</p>	<ul style="list-style-type: none"> i) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind. ii) Breach of law: Code- Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. iii) Intentional self-injury or attempted suicide while sane or insane. iv) Hazardous or Adventure sports: Code – Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
<p>Medical Exclusions</p>	<ul style="list-style-type: none"> v) Investigation & Evaluation: Code Excl04 <ul style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. vi. Rest Cure, rehabilitation and respite care–Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. i. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: <ul style="list-style-type: none"> a. Surgery to be conducted is upon the advice of the doctor b. The surgery/procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI) <ul style="list-style-type: none"> i. Greater than or equal to 40 or, ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> 1. Obesity related cardiomyopathy 2. coronary heart disease 3. severe sleep apnoea 4. uncontrolled type2 diabetes

	<ul style="list-style-type: none"> ii. 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. x. Cosmetic or plastic surgery:Code – Excl08:Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. x. Excluded Providers- Code – Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim. <ul style="list-style-type: none"> i. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12 ii. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.Code – Excl13 ii. 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 v. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.Code – Excl15 v. 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 i. Sterility and Infertility –Code – Excl17 -Expenses related to sterility and infertility. This includes: <ul style="list-style-type: none"> 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 i. Maternity:Code – Excl18 <ul style="list-style-type: none"> 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. i. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound. x. Any Insured Person’s participation or involvement in naval, military or air force operation. x. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”). i. Congenital external diseases, defects or anomalies, i. Stem cell harvesting,
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	<ul style="list-style-type: none"> i. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities). v. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). v. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care. i. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. ii. Vaccination including inoculation and immunisations (Except post Animal bite treatment), ii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergohealth.com. x. Treatment taken on Outpatient basis x. The provision or fitting of hearing aids, spectacles or contact lenses. i. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy. ii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription. ii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com v. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form. vi) Any non-allopathic treatment except to the extent of coverage provided for under 'In-patient treatment' cover. vii) Dental treatment and surgery of any kind, unless requiring Hospitalisation viii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. ix) 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. x) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
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Claim Procedure:

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

Procedure for Reimbursement of Medical Expenses –

- Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO Health within 15 days of the occurrence of the Incident.

*Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, the HDFC ERGO Health 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 will send the admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the policy holder.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, HDFC ERGO Health must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO Health atleast 48 hours prior to the hospitalization.
- HDFC ERGO Health will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 1 hour of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 1 hour.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our Contact number at 1800-102-0333.
- Rejection of cashless facility in no way indicates rejection of the claim , You can approach HDFC ERGO Health Insurance Ltd. to settle Your claim by following the “Procedure for Reimbursement of Medical Expenses” as stated above.

Case - Insured opting for 2 Adults plan on Family Floater basis, Sum Insured 400000 and Deductible of Rs. 200000. The Policy Period was from 01-July-2011 to 30-June-2012

Example 1-

Insured	Date of Hospitalisation	Claimed Amount	Payable Amount
Insured 1	10-Aug-2011	200000	0 (200000 claim amount – 200000 Deductible)
Insured 1	10-Sep-2011	200000	200000 (200000 claim amount – 0 (200000 Deductible applied to claim on 10-Aug-2011))

Example 2-

Insured	Date of Hospitalisation	Claimed Amount	Payable Amount
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Insured 1	10-Aug-2011	100000	0 (100000 claim amount, deductible for the year remaining $200000-100000=100000$)
Insured 1	10-Sep-2011	50000	0 (50000 claim amount, deductible for the year remaining $200000-100000+50000=50000$)
Insured 2	10-Oct-2011	60000	10000 (60000 claim amount – 50000 deductible remaining for the year)

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.

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.

Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Tax Benefit:

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

Redressal of Grievance

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

- Website: www.hdfcergo.com
- Contact us: 022 6234 6234 / 0120 6234 6234
- E-mail: grievance@hdfcergo.com

HDFC ERGO General Insurance
Optima Super – Prospectus

- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com

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

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

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

Requirement:

Completed proposal form

Pre- Policy Check-up:

Pre-Policy Check-up based upon sum insured & deductible at our network may be required. The cost of such medicals would be borne by the Insured and upon acceptance, we shall refund 100% of the expenses incurred on medical tests. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Pre-Policy Check-up Grid:

Sum Insured – 500,000								
Sum Insured (Rs.)	500,000	500,000	500,000	500,000	500,000	500,000	500,000	500,000
Deductible (Rs.)	100,000	200,000	300,000	400,000	500,000	600,000	700,000	10,00,000
18-45 Yrs	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals
46-55 Yrs	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, FBS, ECG	ME, FBS, ECG	ME, FBS, ECG	ME, FBS, ECG	ME, FBS, ECG	ME, FBS, ECG
56-60 Yrs	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG
61-65 Yrs	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c

Sum Insured – 700,000								
Sum Insured (Rs.)	700,000	700,000	700,000	700,000	700,000	700,000	700,000	700,000
Deductible (Rs.)	100,000	200,000	300,000	400,000	500,000	600,000	700,000	10,00,000
18-45 Yrs	ME, RUA, FBS, ECG	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals	No Medicals
46-55 Yrs	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, FBS, ECG	ME, FBS, ECG	ME, FBS, ECG	ME, FBS, ECG
56-60 Yrs	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, HbA1c, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG
61-65 Yrs	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c
Sum Insured – 10,00,000								
Sum Insured (Rs.)	10,00,000	10,00,000	10,00,000	10,00,000	10,00,000	10,00,000	10,00,000	10,00,000
Deductible (Rs.)	100,000	200,000	300,000	400,000	500,000	600,000	700,000	10,00,000
18-45 Yrs	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	No Medicals	No Medicals	No Medicals	No Medicals
46-55 Yrs	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC	ME, RUA, FBS, ECG, CBC, TC
56-60 Yrs	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, HbA1c, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, HbA1c, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, HbA1c, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, HbA1c, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, ECG	ME, RUA, FBS, CBC, Lipids, ECG

61-65 Yrs	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c	ME, RUA, FBS, CBC, Lipids, ECG, 2D ECHO, LFT, RFT, PSA (males), USG Abd (females), HbA1c
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List of Abbreviations

ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creat = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, USG = Ultrasonogram, SGOT – Serum Glutamic Oxaloacetic Transaminase, HbA1c – Glycoslated Hb, LFT= Liver Function Test, RFT= Renal Function Test, 2D Echo = 2 Dimensional Echocardiogram..

Discounts:

- A discount of 7.5% / 10% will be provided if insured person is paying two year/ three year premium respectively in advance as a single premium.
- Family Discount of 10% if 2 family members are covered under Optima Super policy.
- Upto 10% discount for direct sales channel.

Discount Calculation

For Example – Insured Person age 37 years and spouse aged 33 years opted for two year policy for Sum Insured Rs 5 Lac and Deductible of Rs 2 Lac are included in a set of 102 members.

Step 1 - Calculation of 2 year premium
 $(3055+2055)*2*(100-7.5)\% = 9453.50$ (exclusive service tax).

Step 2 – Calculating family discount on the calculated 2 year premium.
 Calculation – $9453.50*10\% = 945.35$

Step 3 – Calculating maximum direct sales discount on the calculated 2 year premium.
 Calculation – $9453.50*10\% = 945.35$

Step 4 - Applying family & direct sales discount on the calculated 2 year premium.
 Calculation – $9453.50 - (945.35+945.35) = 7562.80$ (exclusive service tax).

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).
 For Example: Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	
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 not apply any additional loading on your policy premium at renewal based on claim experience.
- 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 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.
- 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 renewals.

Premium Rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater policy will be considered on the completed age of the eldest insured member.
- Premium rates are subject to change with prior approval from IRDA.
- 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.
- 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 must be same.

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) -

- **Individual sum Insured**

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group								
0-17	2,315	1,850	1,690	1,580	1,455	1,350	1,190	1,000
18-35	2,570	2,055	1,880	1,755	1,620	1,500	1,320	1,115
36-45	3,475	3,055	2,715	2,505	2,235	1,940	1,635	1,380
46-50	5,765	5,120	4,500	3,985	3,690	3,220	2,910	2,495
51-55	8,780	7,805	6,855	6,075	5,450	4,905	4,435	3,805
56-60	11,470	10,270	8,845	7,885	6,900	6,025	5,445	4,670
61-65	16,720	14,860	12,740	10,975	9,255	8,005	7,160	6,035
66-70	21,040	19,125	16,030	13,465	11,340	10,075	9,295	7,595
>70	25,955	24,145	21,295	17,485	13,985	12,425	11,465	9,365

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group								
0-17	2,720	2,175	1,990	1,880	1,785	1,700	1,540	1,380
18-35	3,020	2,415	2,210	2,090	1,985	1,890	1,710	1,530
36-45	4,080	3,590	3,195	2,985	2,740	2,450	2,120	1,895
46-50	6,775	6,020	5,285	4,745	4,520	4,065	3,770	3,435
51-55	10,320	9,175	8,055	7,230	6,680	6,190	5,740	5,230
56-60	13,485	12,070	10,400	9,385	8,460	7,600	7,050	6,425
61-65	19,650	17,470	14,975	13,060	11,345	10,105	9,275	8,300
66-70	24,730	22,485	18,845	16,025	13,900	12,715	12,040	10,445
>70	30,505	28,380	25,030	20,810	17,145	15,685	14,850	12,885

Sum Insured	1000000							
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Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Group								
0-17	3,090	2,505	2,345	2,275	2,230	2,190	2,055	1,940
18-35	3,430	2,780	2,605	2,530	2,475	2,435	2,280	2,160
36-45	4,635	4,135	3,765	3,615	3,415	3,155	2,825	2,675
46-50	7,695	6,935	6,235	5,745	5,640	5,235	5,025	4,840
51-55	11,725	10,565	9,505	8,755	8,330	7,975	7,655	7,375
56-60	15,315	13,900	12,270	11,365	10,550	9,795	9,400	9,055
61-65	22,320	20,115	17,665	15,815	14,145	13,015	12,365	11,695
66-70	28,090	25,885	22,230	19,405	17,335	16,380	16,045	14,720
>70	34,650	32,675	29,530	25,195	21,380	20,205	19,795	18,160

▪ **Family Floater (1 Adult + 1 Child)**

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C
18-35	3,855	3,085	2,820	2,630	2,430	2,245	1,980	1,670
36-45	4,755	4,085	3,655	3,385	3,045	2,690	2,295	1,935
46-50	7,045	6,150	5,435	4,865	4,500	3,970	3,570	3,050
51-55	10,065	8,835	7,795	6,955	6,260	5,655	5,095	4,360
56-60	12,755	11,295	9,785	8,765	7,710	6,770	6,105	5,225
61-65	18,005	15,890	13,680	11,850	10,065	8,755	7,820	6,590
66-70	22,325	20,155	16,970	14,345	12,150	10,825	9,955	8,150
>70	27,240	25,170	22,235	18,360	14,795	13,175	12,125	9,925

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C
18-35	4,530	3,625	3,315	3,130	2,975	2,835	2,565	2,295
36-45	5,590	4,800	4,300	4,030	3,730	3,395	2,975	2,660
46-50	8,285	7,230	6,390	5,790	5,515	5,010	4,625	4,200
51-55	11,835	10,385	9,160	8,275	7,670	7,135	6,595	5,995
56-60	14,995	13,280	11,505	10,430	9,450	8,545	7,905	7,190
61-65	21,160	18,675	16,080	14,105	12,335	11,050	10,130	9,065
66-70	26,240	23,690	19,950	17,070	14,890	13,660	12,895	11,210
>70	32,015	29,585	26,135	21,850	18,135	16,630	15,705	13,650

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000

Age Oldest Member	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C	1A+1C
18-35	5,145	4,175	3,910	3,790	3,715	3,655	3,420	3,235
36-45	6,350	5,525	5,070	4,875	4,655	4,370	3,965	3,750
46-50	9,410	8,325	7,540	7,010	6,875	6,450	6,165	5,915
51-55	13,440	11,955	10,810	10,020	9,570	9,195	8,795	8,450
56-60	17,030	15,290	13,570	12,630	11,785	11,010	10,540	10,130
61-65	24,040	21,505	18,970	17,080	15,385	14,235	13,505	12,775
66-70	29,805	27,280	23,535	20,670	18,570	17,595	17,185	15,800
>70	36,365	34,065	30,835	26,460	22,620	21,420	20,935	19,235

▪ **Family Floater (1 Adult + 2 Child)**

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C
18-35	4,625	3,700	3,385	3,160	2,915	2,695	2,380	2,005
36-45	5,530	4,700	4,220	3,910	3,530	3,140	2,695	2,270
46-50	7,820	6,765	6,000	5,390	4,985	4,415	3,965	3,385
51-55	10,835	9,450	8,355	7,480	6,745	6,105	5,490	4,695
56-60	13,525	11,915	10,350	9,290	8,195	7,220	6,500	5,560
61-65	18,775	16,505	14,240	12,380	10,550	9,205	8,220	6,925
66-70	23,095	20,770	17,535	14,870	12,635	11,270	10,350	8,485
>70	28,010	25,785	22,800	18,890	15,285	13,625	12,520	10,255
Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C
18-35	5,435	4,350	3,975	3,760	3,575	3,405	3,080	2,755
36-45	6,500	5,525	4,960	4,655	4,330	3,960	3,490	3,120
46-50	9,190	7,955	7,055	6,415	6,110	5,575	5,135	4,655
51-55	12,740	11,110	9,825	8,900	8,270	7,705	7,110	6,455
56-60	15,900	14,005	12,165	11,055	10,045	9,115	8,420	7,650
61-65	22,070	19,400	16,740	14,730	12,930	11,615	10,645	9,525
66-70	27,150	24,415	20,610	17,695	15,485	14,225	13,405	11,670
>70	32,925	30,310	26,800	22,480	18,735	17,195	16,220	14,110

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000

Age Oldest Member	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C	1A+2C
18-35	6,175	5,010	4,690	4,550	4,455	4,385	4,105	3,885
36-45	7,380	6,360	5,850	5,635	5,395	5,100	4,650	4,400
46-50	10,440	9,160	8,320	7,770	7,620	7,180	6,845	6,565
51-55	14,470	12,790	11,590	10,780	10,310	9,925	9,480	9,100
56-60	18,060	16,125	14,355	13,385	12,530	11,740	11,225	10,780
61-65	25,065	22,340	19,750	17,835	16,125	14,965	14,190	13,425
66-70	30,835	28,115	24,315	21,425	19,315	18,330	17,870	16,445
>70	37,395	34,900	31,615	27,220	23,365	22,155	21,620	19,885

▪ **Family Floater (2 Adults)**

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A	2A	2A	2A	2A	2A	2A	2A
18-35	4,110	3,290	3,005	2,805	2,590	2,395	2,115	1,780
36-45	5,555	4,890	4,345	4,010	3,575	3,105	2,620	2,205
46-50	9,220	8,195	7,195	6,380	5,900	5,150	4,655	3,995
51-55	14,050	12,490	10,965	9,720	8,720	7,850	7,095	6,085
56-60	18,355	16,430	14,155	12,620	11,040	9,635	8,710	7,470
61-65	26,750	23,775	20,380	17,560	14,805	12,810	11,460	9,655
66-70	33,665	30,605	25,650	21,545	18,145	16,120	14,870	12,150
>70	41,525	38,630	34,070	27,975	22,380	19,885	18,345	14,985
Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A	2A	2A	2A	2A	2A	2A	2A
18-35	4,835	3,865	3,535	3,340	3,175	3,025	2,735	2,450
36-45	6,530	5,745	5,110	4,775	4,385	3,915	3,390	3,035
46-50	10,840	9,635	8,460	7,590	7,235	6,500	6,030	5,490
51-55	16,515	14,680	12,890	11,570	10,690	9,905	9,185	8,370
56-60	21,575	19,315	16,640	15,015	13,535	12,165	11,280	10,275
61-65	31,445	27,950	23,955	20,895	18,150	16,165	14,840	13,280
66-70	39,570	35,975	30,150	25,640	22,240	20,340	19,260	16,710
>70	48,810	45,405	40,050	33,290	27,430	25,095	23,760	20,615
Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000

Age Oldest Member	2A	2A	2A	2A	2A	2A	2A	2A
18-35	5,490	4,450	4,170	4,045	3,960	3,895	3,650	3,450
36-45	7,420	6,615	6,025	5,780	5,465	5,045	4,520	4,275
46-50	12,310	11,090	9,980	9,195	9,020	8,375	8,035	7,740
51-55	18,760	16,905	15,210	14,010	13,330	12,760	12,245	11,795
56-60	24,505	22,235	19,630	18,185	16,880	15,670	15,040	14,485
61-65	35,715	32,180	28,265	25,305	22,635	20,825	19,785	18,715
66-70	44,945	41,420	35,570	31,045	27,735	26,205	25,675	23,555
>70	55,445	52,280	47,250	40,310	34,210	32,325	31,670	29,055

▪ **Family Floater (2 Adults + 1 Child)**

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C
18-35	5,395	4,315	3,945	3,685	3,400	3,145	2,775	2,335
36-45	6,840	5,915	5,285	4,890	4,385	3,855	3,280	2,760
46-50	10,505	9,225	8,135	7,255	6,710	5,900	5,315	4,550
51-55	15,335	13,515	11,905	10,600	9,530	8,600	7,755	6,640
56-60	19,640	17,460	15,095	13,495	11,850	10,385	9,370	8,030
61-65	28,035	24,805	21,320	18,435	15,615	13,555	12,120	10,210
66-70	34,950	31,630	26,590	22,420	18,950	16,865	15,530	12,705
>70	42,810	39,655	35,010	28,850	23,190	20,630	19,005	15,545

Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C
18-35	6,345	5,075	4,640	4,385	4,170	3,970	3,595	3,215
36-45	8,040	6,955	6,215	5,820	5,375	4,860	4,245	3,800
46-50	12,350	10,840	9,565	8,635	8,225	7,445	6,885	6,260
51-55	18,025	15,890	13,995	12,615	11,680	10,850	10,045	9,135
56-60	23,085	20,520	17,745	16,060	14,525	13,110	12,135	11,040
61-65	32,955	29,160	25,060	21,940	19,140	17,110	15,695	14,045
66-70	41,080	37,180	31,255	26,685	23,230	21,290	20,115	17,475
>70	50,320	46,615	41,155	34,335	28,425	26,040	24,615	21,380

Sum Insured	1000000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C	2A+1C
18-35	7,205	5,845	5,475	5,310	5,200	5,115	4,790	4,530
36-45	9,135	8,010	7,330	7,045	6,705	6,265	5,660	5,355
46-50	14,025	12,485	11,285	10,455	10,260	9,590	9,175	8,820
51-55	20,475	18,295	16,510	15,275	14,565	13,980	13,385	12,875
56-60	26,220	23,630	20,935	19,450	18,115	16,885	16,180	15,565
61-65	37,430	33,570	29,565	26,565	23,870	22,040	20,925	19,795
66-70	46,660	42,810	36,870	32,310	28,970	27,425	26,815	24,630
>70	57,160	53,670	48,555	41,575	35,450	33,545	32,810	30,135

▪ Family Floater (2 Adults + 2 Child)

Sum Insured	500000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C
18-35	6,165	4,935	4,510	4,210	3,885	3,595	3,170	2,670
36-45	7,610	6,535	5,850	5,415	4,870	4,300	3,675	3,095
46-50	11,275	9,840	8,700	7,785	7,195	6,350	5,710	4,885
51-55	16,105	14,135	12,470	11,125	10,015	9,045	8,150	6,975
56-60	20,410	18,075	15,660	14,020	12,335	10,835	9,765	8,360
61-65	28,805	25,420	21,885	18,960	16,100	14,005	12,515	10,545
66-70	35,720	32,250	27,150	22,950	19,440	17,315	15,930	13,040
>70	43,580	40,275	35,575	29,380	23,675	21,080	19,400	15,875
Sum Insured	700000							
Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C
18-35	7,250	5,800	5,305	5,010	4,765	4,535	4,105	3,675
36-45	8,950	7,680	6,875	6,445	5,970	5,430	4,760	4,260
46-50	13,255	11,565	10,225	9,260	8,820	8,015	7,400	6,715
51-55	18,930	16,615	14,660	13,240	12,275	11,420	10,555	9,595
56-60	23,990	21,245	18,405	16,685	15,120	13,675	12,650	11,500
61-65	33,860	29,885	25,725	22,565	19,735	17,675	16,210	14,505
66-70	41,985	37,905	31,915	27,310	23,825	21,855	20,630	17,935
>70	51,230	47,340	41,820	34,960	29,020	26,605	25,125	21,840

Sum Insured	1000000								
	Deductible	100000	200000	300000	400000	500000	600000	700000	1000000
Age Oldest Member	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C	2A+2C
18-35	8,235	6,680	6,255	6,065	5,940	5,845	5,475	5,180	
36-45	10,165	8,845	8,110	7,805	7,445	6,995	6,345	6,000	
46-50	15,055	13,320	12,065	11,215	11,000	10,325	9,860	9,465	
51-55	21,505	19,130	17,295	16,030	15,310	14,710	14,070	13,525	
56-60	27,250	24,465	21,715	20,205	18,860	17,615	16,860	16,210	
61-65	38,460	34,405	30,350	27,325	24,615	22,775	21,610	20,440	
66-70	47,690	43,645	37,655	33,070	29,715	28,155	27,500	25,280	
>70	58,190	54,505	49,335	42,335	36,190	34,275	33,495	30,780	

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred 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 Non-Medical Expenses

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT

5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN 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