



Prospectus – Optima Vital

Eligibility

- This policy covers persons in the age group of 18 years onwards. The maximum entry age is restricted to 65 years.
- Child can be covered from 18 years to 25 years provided both parents are covered in a Critical Illness Policy of an Indian Insurer.
- There is no cover ceasing age under this policy. The policy will be issued for 1 or 2 year(s) period. The sum insured & benefits will be applicable on Policy Year basis.
- This policy will be issued on individual basis only.
- The policy can be issued to an individual and/or family
- The family includes spouse, dependent children and dependent parents.
- 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.

Note:

-Dependents mean only the family members listed below:

- Your legally married spouse as long as she continues to be married to You;
- Your children Aged between 18 years and 25 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 Vital Policy.
- Dependent parents must be financially dependent on You.

Policy Period

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

Annual Sum Insured Options

The sum insured would range from: Rs. 1,00,000 to Rs. 50,00,000 in multiples of Rs.1,00,000. The maximum sum insured available above 55 years of age for new policy is restricted upto Rs. 20,00,000.

The insured can propose to apply for all sum insured available as per stated conditions applicable on age.

Salient Features & Benefits

We will pay the insured person the sum insured as a lump sum amount for the identified critical illness, medical events or surgical procedures provided that

- a) The critical illness, which the insured person is suffering from, occurs or manifests itself during the Policy Period as a first incidence, and
- b) The insured person survives the survival period as follows

	CATEGORY-1	CATEGORY-2	CATEGORY-3	CATEGORY-4



CONDITION FOR PAYMENT	30 Day Survival period from the date of confirmed diagnosis and defined severity	90 day survival Period from the date of confirmed diagnosis and defined severity	30 days survival period from the date of actual undergoing of the procedure	6 months permanent impairment from the date of confirmed diagnosis
CRITICAL ILLNESS	Cancer of Specified Severity	Primary Parkinson's Disease	Open chest Coronary Artery Bypass Graft surgery	Blindness
	Kidney Failure requiring Regular Dialysis	Alzheimer's Disease	Major Organ/ Bone Marrow Transplant	Deafness
	Multiple Sclerosis with Persisting Symptoms	Motor Neuron Disease with Permanent Symptoms	Aorta Graft Surgery	Total Loss of speech
	End Stage Liver Disease of Specified Severity	Stroke resulting in Permanent Symptoms	Open Heart Replacement or Repair of Heart Valves	
	First Heart Attack-Of specified severity	Permanent Paralysis of Limbs	Pneumectomy	
	Coma of Specified Severity	Primary Pulmonary Arterial Hypertension	Pulmonary Artery Graft Surgery	
	Major Burns	Benign Brain Tumor		
	Goodpasture's Syndrome	Cardiomyopathy		
	Apallic Syndrome	End Stage Lung Disease		
	Aplastic Anaemia	Brain Surgery		



	Systemic Lupus erythematosus	Progressive Supranuclear palsy		
	Bacterial Meningitis	Creutzfeldt-Jakob Disease (CJD)		
	Multiple System Atrophy	Major head Trauma		
	Progressive Scleroderma	Encephalitis		

Condition for Payment means (i) the date of confirmed diagnosis and defined severity/event, if any; or (ii) date of undergoing specified surgery; as applicable to a particular critical illness.

The policy shall terminate on the occurrence of the first critical illness and you shall receive the sum insured as per applicable guidelines and the policy shall cease with no subsequent renewals for the insured, however the other insured members will continue to be covered in the Policy.

E-opinion in respect of a Critical Illness - If an insured person suffers a critical illness during the policy period, and then at the insured person’s request We will arrange a second opinion from a medical practitioner selected by the insured person from Our panel. The second opinion will be based only on the information and documentation provided to the medical practitioner by or on behalf of the insured person, and the second opinion will be sent directly to the insured person by the medical practitioner. You can claim this benefit only once in a policy year.

Key Definitions

- **Activities of Daily Living** refer to daily self care activities within an individual’s place of residence, in outdoor environment or both.

The Activities of Daily Living are:

- a) Bathing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Mobility: the ability to move indoors from room to room on level surfaces;
- e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f) Feeding: the ability to feed oneself once food has been prepared and made available.



- **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.

- **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.
- **Critical Illness** means any one of the following illnesses or conditions that occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period

I. Alzheimer's Disease:

The Unequivocal diagnosis of Alzheimer's disease (presenile dementia) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist) and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain).

The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in need of supervision and the permanent presence of care staff due to the disease.

These conditions must be medically documented for at least 90 days.

II. Aorta Graft Surgery

The actual undergoing of surgery of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. The Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner

III. Apallic Syndrome

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

IV. Aplastic Anaemia

A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

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UIN: Optima Vital – HDHHLIP21341V022021



- (a) Regular blood product transfusion
- (b) Marrow stimulating agents
- (c) Immunosuppressive agents
- (d) Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

1. Absolute Neutrophil count of 500 per cubic millimetre or less;
2. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
3. Platelet count of 20,000 per cubic millimetre or less.

V. Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days. It should result in a permanent inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

VI. Benign Tumour in Brain [resulting in permanent neurological symptoms]

- i. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- ii. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

VII. Blindness:

- i. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- ii. The Blindness is evidenced by: a. corrected visual acuity being 3/60 or less in both eyes or ;
b. the field of vision being less than 10 degrees in both eyes.
- iii. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

VIII. Brain Surgery



The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

The following condition is excluded:

- Burr Hole and brain surgery as a result of an accident

IX. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist.

The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
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X. Cardiomyopathy

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following conditions are excluded:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.



XI. COMA of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner.

- Coma resulting directly from alcohol or drug abuse is excluded.

XII. Creutzfeldt-Jakob Disease (CJD)

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

XIII. Deafness:

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

XIV. Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

XV. End Stage Liver Disease of Specified Severity:

- i. Permanent and irreversible failure of liver function that has resulted in all three of the following:



- a. Permanent jaundice; and
- b. Ascites; and
- c. Hepatic encephalopathy.
- ii. Liver failure secondary to drug or alcohol abuse is excluded.

XVI. End Stage Lung Disease

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
- d. Dyspnea at rest.

XVII. First Heart Attack of Specified Severity:

The first occurrence of myocardial infarction means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes.
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- a) Other acute Coronary Syndromes
- b) Any type of angina pectoris
- c) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

XVIII. Goodpasture`s Syndrome

Goodpasture`s syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of atleast 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

XIX. Kidney Failure requiring Regular Dialysis

The End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or



renal transplantation is carried out. The diagnosis has to be confirmed by a specialist Medical Practitioner

XX. Major Burns:

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

XXI. Major head Trauma

- i. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- ii. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- iii. The Activities of Daily Living are:
 - a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d) Mobility: the ability to move indoors from room to room on level surfaces;
 - e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f) Feeding: the ability to feed oneself once food has been prepared and made available.
- iv. The following are excluded:
 - a. i. Spinal cord injury;

XXII. Major Organ/ Bone Marrow Transplant:

The actual undergoing of a transplant of:

- One of the following human organs - heart, lung, liver, pancreas, kidney, that resulted from irreversible end-stage failure of the relevant organ or;
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant must be confirmed by specialist medical practitioner.



The following conditions are excluded:

- Other Stem-cell transplants
- Where only islets of langerhans are transplanted.

XXIII. Motor Neuron Disease with Permanent Symptoms:

Motor neuron disease diagnosed by a specialist Medical Practitioner as a spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of atleast 3 Months.

XXIV. Multiple Sclerosis with Persisting Symptoms:

- i. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- ii. Neurological damage due to SLE is excluded.

The definite occurrence of Multiple Sclerosis must be confirmed by a Specialist Medical Practitioner (Neurologist).The diagnosis must be supported by all of the following:

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 180 days.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast 1 month apart.

XXV. Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- motor function with associated rigidity of movement; or
- the ability to coordinate muscle movement; or
- bladder control and postural hypotension.

XXVI. Open Chest CABG:

- i. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.



- ii. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedures

XXVII. Open Heart Replacement or Repair of Heart Valve:

The actual undergoing of Open heart valve surgery to replace or repair one or more heart valves, as consequences of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

- Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

XXVIII. Permanent Paralysis of Limbs:

The total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner (Physician / Neurologist) must be of the opinion that paralysis will be permanent with no hope of recovery and must be present for more than 3 Months.

XXIX. Pneumonectomy

The undergoing of surgery on the advice of an appropriate medical specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded :

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision.

XXX. Primary Parkinson 's disease:

The Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist).

The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions must be medically documented for at least 90 days.

XXXI. Primary Pulmonary Arterial Hypertension:

- i. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.



- ii. The NYHA Classification of Cardiac Impairment are as follows:
- a) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- iii. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

XXXII. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

XXXIII. Progressive Supranuclear Palsy

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

XXXIV. Pulmonary Artery Graft Surgery

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

XXXV. Stroke resulting in Permanent Symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source.

The diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

The evidence of permanent neurological deficit lasting for atleast 3 Months has to be produced.



The following condition are excluded

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular diseases affecting only the eye or optic nerve or vestibular functions.

XXXVI. Systemic Lupus Erythematosus

A diagnosis of systemic lupus erythematosus by a rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
- The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.

XXXVII. Total Loss of Speech

Total and irrecoverable loss of the ability to speak for a continuous period of 6 months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an appropriate (Ear, Nose, Throat) specialist.

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 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
 - b) the claim under such Policy if any, shall be prejudiced
- 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 j.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

Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

Free Look Period:

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

The **Insured Person** shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover **or**
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.



Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

Complete Discharge

Any payment to the **Policyholder, Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Nomination:

The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the **Policyholder**, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

Exclusions

a. Waiting Period

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



- i) 90 Days waiting period shall apply from the commencement of the policy period to all claims under the Policy.
- ii) 36 months waiting period from policy commencement date for all Pre-existing Conditions declared and/or accepted at the time of application. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

b. General exclusions

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

- i) War or similar situations:
Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii) Breach of law:
Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide.
- iii) Insured Person's participation or involvement in naval, military or air force operation.
- iv) Insured Person's Involvement in **Adventure Sports**
- v) Substance abuse and de-addiction programs:
Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol.
- vi) Types of treatment, defined Illnesses/ conditions/ supplies:
 - a. Congenital external diseases, defects or anomalies.
 - b. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section)
- vi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

Claim Procedure:

HDFC ERGO Health Insurance Limited will process and settle all claims under this policy and the final decision on any claim solely rests with HDFC ERGO Health Insurance Limited.



Critical Illness

- You must intimate us of any event or occurrence that may give rise to a claim under this Policy within 14 days of the diagnosis of the first occurrence of the Critical Illness.
 - You must submit a duly filled claim form along with specified documents within 45 days of completion of survival period for the Critical Illness against which the claim is made.
 - Any additional information requested must be submitted within 15 days of Our request.
 - On receipt of the complete set of claim documents, We will send the admissible amount, along with a settlement statement within 30 days.
 - The payment will be made in the name of the proposer.
 - **Claim Settlement (Provision for Penal Interest)**
- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

E-opinion

- Please submit duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) at any of our Branch Office.
- You need to select Our Panel Doctor from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 Contact No. line to obtain the list of Our Panel Doctors)
- On receipt of the complete set of documents, We will forward the same to the concerned doctor.

Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

- a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c) No loading shall apply on renewals based on individual claims experience
- d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the Company



Tax Benefit:

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

Requirement:

Completed proposal form

Pre- Policy Check-up:

Pre-Acceptance Medical Tests at our network depending on the age and sum insured. Pre Policy check up is required for sum insured Rs. 6 Lacs and above and/or age group 46 years and above. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Checkup.

Grievance Redressal Procedure

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

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

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

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

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

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

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1	https://www.hdfcergo.com/customer-care/grievances/escalation level 2



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	6234 / 0120 6234 6234	Call - : 022 6234 6234 / 0120 6234 6234	Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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

Pre-Policy Check-up Grid:

Age (Years)	Sum Insured (In Rs. Lacs)				
	1 to 2	3 to 5	6 to 10	11 to 20	21 to 50

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

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18-45	Nil	Nil	ME, FBS, ECG, RUA, CBC, Lipids, Serum creatinine	ME, FBS, ECG, RUA, CBC, Lipids, Serum creatinine	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (females), HbA1C
46-55	ME, FBS, ECG, RUA, CBC, TC	ME, FBS, ECG, RUA, CBC, Lipids, Serum creatinine	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum creatinine, PSA (males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum creatinine, PSA (males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (females), HbA1C
56-60	ME, FBS, ECG, RUA, CBC, Lipids, Serum creatinine	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum creatinine, PSA (males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, SGOT, Serum creatinine, PSA (males), USG Abd (females), HbA1C	ME, FBS, TMT, RUA, CBC, Lipids, RFT, LFT, PSA (males), USG Abd (females), HbA1C	
61 and above	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	ME, FBS, RUA, CBC, Lipids, HbA1C, RFT, LFT, PSA (males), USG Abd (females), ECG, 2D ECHO	

MER = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr.Creatinine = Serum Creatinine, LFT = Liver Function Test, HbA1c = Glycosylated Hemoglobin, SGOT = Serum Glutamic-Oxaloacetic Transaminase, PSA = Prostate Specific antigen (Males only), RUA = Routine Urine Examination, TMT = Treadmill Test

USG = Ultrasonogram Abd (Females), TC- Total Cholesterol, 2D ECHO-2D Echocardiogram

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UIN: Optima Vital – HDHHLIP21341V022021



Premium Rates:

The premium varies depending on several factors including the age of the persons proposed to be covered, and the Sum insured.

Age Bands (In Year)	Annual Premium [Per mille Sum Insured]
18-25	2.25
26-30	3.25
31-35	3.75
36-40	5.75
41-45	9.50
46-50	17.50
51-55	30.00
56-60	49.00
61-65	78.00
66-70	133
71 and above	293

- The premium is mentioned as Annual Premium - Per mille Sum Insured
- All premium rates are exclusive of service tax
- Premium rates can be revised subject to 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.

Note:

- a) Premium rates as per policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposer based on medical test and information provided on Proposal Form. Please visit our nearest branch to refer our underwriting guidelines if required.
- b) 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 same.



Discounts:

A 7.5% discount in case the Insured Person is paying 2 years premium in advance as single premium.

For example:

- (1) Proposed Insured Age 33 years opting for 2 year policy with Sum Insured of Rs 10 Lac. Calculation – $1000,000 \times 0.00375 \times 2 \times 92.5\% = \text{Rs. } 6937.50/-$ plus taxes.
- (2) Proposed Insured Age 35 years opting for 2 year policy with Sum Insured of Rs 10 Lac. Calculation – $1000,000 \times (0.00375 + 0.00575) \times 92.5\% = \text{Rs. } 8787.50/-$ plus taxes.

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.
- 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	25%
35	Yes	Yes	146-160	70-95	50%
35	Yes	Yes	110-140	96-105	50%
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.
- These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured). We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 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 to our underwriting guidelines, if required.



Cancellation

- a) The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- b) The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- c) Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- d) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

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

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

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.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.