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my: Optima Secure is a unique indemnity health insurance product which covers expenses incurred on hospitalization due to Illness or Accident. Some of the innovative benefits offered are:

- Secure Benefit offers additional coverage amount equivalent to 100%/200% of the Base Sum Insured.
- Plus Benefit offers additional coverage equivalent to 100% of the Base Sum Insured in 2 years irrespective of a claim.
- Automatic Restore Benefits restores 100% of Base Sum Insured automatically on partial or complete utilization of Sum Insured (i.e. Base Sum Insured, Secure Benefit and Plus Benefit / Cumulative Bonus).
- Protect Benefit pays towards the Non-Medical expenses like gloves, food charges and other consumables during hospitalization.
- Global cover provides coverage for hospitalization expenses incurred outside India.

1. Eligibility

- This Policy covers Insured Persons in the age group 91 days to 65 years.
- The minimum entry age for an adult is 18 years and maximum entry age is 65 years.
- The minimum entry age for a dependent child (i.e. natural or legally adopted) is 91 days and maximum entry age is 25 years.
- Dependent Child between 91 days and 5 years can be insured provided either of the parent is getting insured under this Policy.
- Dependent Child between 5 to 25 years can be insured on Individual basis wherein proposer may not be an insured.
- When the child attains the age of 25 years, he or she shall be ineligible for coverage in the subsequent renewals and will be migrated to a new Policy, with continuity benefits.
- There is no maximum cover ceasing age on renewals.
- The family includes following relationships: spouse, dependent children, parents and parents-in-law.
- In a family floater Policy, a maximum of 4 adults and a maximum of 6 dependent children can be included in a single Policy. The 4 adults can be a combination of self, spouse, parents and parents- in-law.
- In an individual Policy, a maximum of 6 adults and a maximum of 6 dependent children can be included in a single Policy. List of relationships which can be included is mentioned below:

i.	Spouse	xi.	Grandmother
ii.	Son	xii.	Grandson
iii.	Daughter	xiii.	Granddaughter
iv.	Father	xiv.	Brother
v.	Mother	xv.	Sister
vi.	Father-in-law	xvi.	Sister-in-law
vii.	Mother in-law	xvii.	Brother-in-law
viii.	Daughter-in-law	xviii.	Nephew
ix.	Son-in-Law	xix.	Niece
x.	Grandfather		

2. Plans & Sum Insured (Rs.)

- my: Optima Secure offers five plans with following Sum Insured options depending on the Plan opted.
- All Insured Persons in a Policy will have the same Sum Insured.
- The Policy will be issued for a period of 1, 2 or 3 year(s), the Sum Insured and benefits will be applicable per Policy Year basis.

500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	100,00,000	200,00,000
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2.1. Illustration for maximum amount payable in a Hospitalization Claim (Rs.)

Year 1

Plan	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus
Base Sum Insured	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Secure Benefit	NIL	10,00,000	20,00,000	1,00,00,000	1,00,00,000
Cumulative Bonus / Plus Benefit	NIL	NIL	NIL	NIL	NIL
Automatic Restore Benefit	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Maximum permissible amount for a single Hospitalization claim in a Policy Year	10,00,000	20,00,000	30,00,000	2,00,00,000	2,00,00,000
Maximum permissible amount for all Hospitalization claims in a Policy Year	20,00,000	30,00,000	40,00,000	3,00,00,000 ^a	3,00,00,000 ^a

Year 2

Plan	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus
Base Sum Insured	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Secure Benefit	NIL	10,00,000	20,00,000	1,00,00,000	1,00,00,000
Cumulative Bonus* / Plus Benefit	100,000	500,000	500,000	50,00,000	50,00,000
Automatic Restore Benefit	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Maximum permissible amount for a single Hospitalization claim in a Policy Year	11,00,000	25,00,000	35,00,000	2,50,00,000	2,50,00,000
Maximum permissible amount for all Hospitalization claims in a Policy Year	21,00,000	35,00,000	45,00,000	3,50,00,000 ^a	3,50,00,000 ^a

*Assuming No Claim in year 1

Year 3

Plan	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus
Base Sum Insured	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Secure Benefit	NIL	10,00,000	20,00,000	1,00,00,000	1,00,00,000
Cumulative Bonus* / Plus Benefit	200,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Automatic Restore Benefit	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000
Maximum permissible amount for a single Hospitalization claim in a Policy Year	12,00,000	30,00,000	40,00,000	3,00,00,000	3,00,00,000
Maximum permissible amount for all Hospitalization claims in a Policy Year	22,00,000	40,00,000	50,00,000	4,00,00,000 ^a	4,00,00,000 ^a

*Assuming No Claim in year 1 and 2

^aNote: Maximum hospitalisation claim amount in Optima Secure Global & Optima Secure Global Plus is calculated basis claims made in India.

Note: Secure and Restore benefit are available only for claims within India

3. Base Coverage

The Covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy and up to the Sub-limits mentioned in the Policy Schedule. Cumulative Bonus shall be available only if the Cover is specified to be applicable in the Policy Schedule.

Claims made in respect of any of these Covers will affect the eligibility for the additional Covers set out in Section 4 and Section 5 below.

3.1. Hospitalization Expenses

The Company shall indemnify Medical Expenses necessarily incurred by the Insured Person for Hospitalization of the Insured Person during the Policy Year due to Illness or Injury, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule for:

- Room Rent, boarding, nursing expenses as provided by the Hospital / Nursing Home.
- Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.

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- c. Surgeon, anaesthetist, Medical Practitioner, consultants, specialist Fees during Hospitalization forming part of Hospital bill.
- d. Investigative treatments and diagnostic procedures directly related to Hospitalization.
- e. Medicines and drugs prescribed in writing by Medical Practitioner.
- f. Intravenous fluids, blood transfusion, surgical appliances, allowable consumables and/or enteral feedings. Operation theatre charges.
- g. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery.

3.1.1. Other Expenses

- i. Expenses incurred on road Ambulance if the Insured Person is required to be transferred to the nearest Hospital for Emergency Care or from one Hospital to another Hospital or from Hospital to Home (within same city) following Hospitalization.
- ii. In patient Care Dental Treatment, necessitated due to disease or Injury
- iii. Plastic surgery, necessitated due to Injury
- iv. All Day Care Treatments.

Note:

- i. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
- ii. The Hospitalization must be for Medically Necessary Treatment, and prescribed in writing by Medical Practitioner.

3.2. Home Health Care

The Company shall indemnify the Medical Expenses incurred by the Insured Person on availing treatment at Home during the Policy Year, if prescribed in writing by the treating Medical Practitioner, provided that:

- a. The treatment in normal course would require In-patient Care at a Hospital, and be admissible under Section 3.1 (Hospitalization Expenses).
- b. The treatment is pre-authorized by the Company as per procedure given under Claims Procedure - Section 6.
- c. Records of the treatment administered, duly signed by the treating Medical Practitioner, are maintained for each day of the Home treatment.

This Cover is not available on reimbursement basis.

3.3. Domiciliary Hospitalization

The Company shall indemnify the Medical Expenses incurred during the Policy Year on Domiciliary Hospitalization of the Insured Person prescribed in writing by treating Medical Practitioner, provided that:

- a. the condition of the Insured Person is such that he/she could not be removed/admitted to a Hospital.
or
- b. the Medically Necessary Treatment is taken at Home on account of non-availability of room in a Hospital.

3.4. AYUSH Treatment

The Company shall indemnify the Medical Expenses incurred by the Insured Person for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the Sub-limit specified against this Cover in the Policy Schedule, in any AYUSH Hospital.

3.5. Pre-Hospitalization Expenses

The Company shall indemnify the Pre-Hospitalization Medical Expenses incurred by the Insured Person, related to an admissible

Hospitalization under Section 3.1 (Hospitalization Expenses), for up to 60 days immediately prior to the date of admissible Hospitalization covered under the Policy.

3.6. Post-Hospitalization Expenses

The Company shall indemnify the Post-Hospitalization Medical Expenses incurred by the Insured Person, related to an admissible Hospitalization under Section 3.1 (Hospitalization Expenses), for up to 180 days from the date of discharge from the Hospital, following an admissible Hospitalization claim under the Policy.

3.7. Organ Donor Expenses

The Company shall indemnify the Medical Expenses covered under Section 3.1 (Hospitalization Expenses) which are incurred by the Insured Person during the Policy Year towards the organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, subject to the following conditions:

- a. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and/or regulations.
- b. Recipient Insured Person's claim under Section 3.1 (Hospitalization Expenses) is admissible under the Policy.
- c. Expenses listed below are excluded from this Cover:
 - i. The organ donor's Pre-Hospitalization Expenses and Post-Hospitalization Expenses.
 - ii. Expenses related to organ transportation or preservation.
 - iii. Any other Medical Expenses or Hospitalization consequent to the organ harvesting.

3.8. Cumulative Bonus (CB) [Applicable only to Optima Suraksha plan]

Cumulative Bonus (CB) will be applied/increased by 10% of the Base Sum Insured in respect of each claim free Policy Year (where no claims are reported), provided the Policy is renewed with the Company without a break, subject to maximum cap of 100% of the Base Sum Insured under the current Policy Year. If a claim is made in any particular Policy Year, the CB accrued shall be reduced at the same rate at which it has accrued.

Notes:

- a. In case where the Policy is on individual basis as specified in the Policy Schedule, the CB shall be added and available individually to the Insured Person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- b. In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any Family Member. CB shall reduce in case of claim from any of the Insured Persons.
- c. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- d. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.
- e. In case of floater policies where the Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy

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- f. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- g. If the Sum Insured under the Policy has been increased at the time of Renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- h. If a claim is made in the expiring Policy Year, and is notified to the Company after the acceptance of Renewal premium any awarded CB shall be withdrawn.
- i. If the Policy Period is of two/three years, any CB that has accrued for the first/second Policy Year shall be credited post completion of each Policy Year.
- j. New Insured Person added to the Policy during subsequent Renewals will be eligible for CB as per their Renewal terms.
- k. CB shall be available only if the Cover is specified to be applicable in the Policy Schedule.

4. Optional Covers

The Covers listed below are optional covers. An optional cover is applicable to an Insured Person only if it is specified in the Policy Schedule to be in force for that Insured Person, and such optional cover will be available in accordance with the procedures set out in this Policy and up to the Sub-limits mentioned in the Policy Schedule. The optional covers shall apply to all Insured Person(s) once selected, without any individual selection.

Note: Please refer to 'Annexure A' for Optional Covers which are in-built in Your plan.

4.1. Emergency Air Ambulance

The Company shall indemnify expenses incurred by the Insured Person during the Policy Year towards Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid Ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital. The claim is subject to a maximum of Sum Insured as specified in the Policy Schedule against this Cover, and subject to the following conditions:

- a. The air Ambulance transportation is advised in writing by a Medical Practitioner.
- b. Medically Necessary Treatment is not available at the location where the Insured Person is situated at the time of emergency.
- c. The air Ambulance provider is a registered entity in India (except Section 4.9 (Global Health Cover (Emergency Treatments Only)) and Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)))
- d. The Insured Person is in India and the treatment is taken in India only. (except Section 4.9 (Global Health Cover (Emergency Treatments Only)) and Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only))).
- e. No return transportation to the Insured Person's Home or elsewhere by the air Ambulance will be covered under this Cover.
- f. A claim for the same Hospitalization is admissible under Section 3.1 (Hospitalization Expenses) OR Section 4.9 (Global Health Cover (Emergency Treatments Only)) OR Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)).
- g. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

4.2. Daily Cash for Shared Room

The Company shall pay a daily cash amount as specified in Policy Schedule for each continuous and completed 24 hours of Hospitalization during the Policy Year if the Insured Person is Hospitalised in shared accommodation in a Network Provider Hospital

and such Hospitalization exceeds 48 consecutive hours.

Specific Exclusions:

- a. The Cover is not available for the time spent by the Insured Person in an Intensive Care Unit (ICU).
- b. The claim for the same Hospitalization is not admissible under Section 3.1 (Hospitalization Expenses).
- c. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

4.3. Protect Benefit

The Company shall indemnify the Insured Person for the Non-Medical Expenses listed under Annexure B to this Policy incurred in relation to a claim admissible under Section 3 (Base Coverage) during the Policy Year.

Exclusion (k) of Section 10.2 – Specific Exclusions shall not apply to this Cover.

4.4. Plus Benefit

On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured under the expiring Policy will be added to the Sum Insured available under the Renewed Policy subject to the following conditions:

- a. The applicable Plus Benefit under this Cover can only be accumulated up to 100% of Base Sum Insured, and will be applicable only to the Insured Person covered under the expiring Policy and who continues to remain insured on Renewal.
- b. The applicable Plus Benefit shall be applied annually only on completion of each Policy Year, and once added, the accumulated amount will be carried forward to the subsequent Policy Year, subject to there being no Break in Policy
- c. This Cover will be applied irrespective of number of claims made under the expiring Policy.
- d. This applicable Plus Benefit under this Cover can be utilized only for claims admissible under Section 3 (Base Coverage) and Section 4.3 (Protect Benefit) of the Policy.

Notes:

- i. In case where the Policy is issued on an individual basis, the Plus Benefit shall be added and available individually to the Insured Person. In case where the Policy is on floater basis, the Plus Benefit shall be added and available to all Family Members on a floater basis.
- ii. Plus Benefit shall be available only if the Policy is renewed and due premium is received within the Grace Period.
- iii. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated Plus Benefit for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the Plus Benefit to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.
- iv. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/ individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the Plus Benefit of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- v. If the Sum Insured has been reduced at the time of Renewal, the applicable Plus Benefit shall be reduced in the same proportion to the Sum Insured in current Policy.
- vi. If the Sum Insured under the Policy has been increased at the time of Renewal, the Plus Benefit shall be calculated on the Sum Insured of the last completed Policy Year.

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- vi. If the Policy Period is of two or three years, the Plus Benefit shall be credited post completion of each Policy Year, and will be available for any claims made in the subsequent Policy Year.
- vii. New Insured Person added to the Policy during subsequent Renewals will be eligible for the Plus Benefit as per their Renewal terms.

4.5. Secure Benefit

An additional amount as specified in the Policy Schedule will be available to the Insured Person as Sum Insured for all claims admissible under Section 3 (Base Coverage) and Section 4.3 (Protect Benefit) during the Policy Year, subject to the following conditions:

- a. This Secure Benefit shall be applied only once during each Policy Year and any unutilized amount, in whole or in part will not be carried forward to the subsequent Policy Year.
- b. The Secure Benefit can be utilized for any number of claims admissible under the Policy during the Policy Year.
- c. The Secure Benefit will be applicable only after exhaustion of Base Sum Insured.
- d. In case of family floater policy, the Secure Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

4.6. Automatic Restore Benefit

In the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year irrespective of the utilization of the Cumulative Bonus, Plus Benefit, and Secure Benefit, the Company shall restore the Sum Insured up to the Base Sum Insured (as applicable under the current Policy Year) for any subsequent claims admissible under Section 3 (Base Coverage) and Section 4.3 (Protect Benefit) (if in force), subject to the following conditions:

- a. This Automatic Restore Benefit shall be applied only once during each Policy Year and any unutilized amount, in whole or in part, will not be carried forward to the subsequent Policy Year.
- b. The Base Sum Insured restoration under the Automatic Restore Benefit would be triggered only upon complete or partial utilization of the Base Sum Insured by the way of first claim admitted under the Policy, and be available for subsequent claims thereafter in the Policy Year, for all Insured Persons.
- c. In case of a family floater policy, the Automatic Restore Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

4.7. Aggregate Deductible

The Insured Person shall bear an amount equal to the Aggregate Deductible specified on Policy Schedule for all admissible claims made by the Insured Person and assessed by the Company in a Policy Year. The liability of the Company to pay the admissible claim under that Policy Year will commence only once the specified Aggregate Deductible has been exhausted. This Cover shall be subject to the following conditions:

- a. This Cover is applicable on annual aggregate basis and can be opted only at inception of the Policy or at subsequent Renewals. Aggregate Deductible can be increased at the time of Renewal.
- b. In case of Individual Policy, the entire amount of Aggregate Deductible must first be exhausted on per Insured Person basis, once in a Policy Year, before the Company pays for claims of that Insured Person in that Policy Year.
- c. In case of family floater Policy, the entire amount of Aggregate Deductible must first be exhausted by any one or more of the Insured Persons once in a Policy Year before the Company pays for claims of any Family Member covered under the Policy in that Policy Year.

- d. The Aggregate Deductible is not applicable to Sections 4.8 (E-Opinion for Critical Illness), Section 5 (Preventive Health Check Up), Sections 4.9 (Global Health Cover (Emergency Treatments Only)), Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)) and Section 4.11 (Overseas Travel Secure). Hence, coverage under Section 4.8 (E-Opinion for Critical Illness), Section 5 (Preventive Health Check Up), Section 4.9 (Global Health Cover (Emergency Treatments Only)), Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)) and Section 4.11 (Overseas Travel Secure) can be availed irrespective of whether the chosen Aggregate Deductible limit is breached or not, during the Policy Year.

4.7.1. Waiver of Aggregate Deductible

The Insured Person will have the option to either reduce or waive the applicable deductible only once in the lifetime of the Policy and at Renewal, subject to underwriting and only if all the below mentioned conditions are fulfilled:

- a. Age of eldest Insured Person should be less than 50 years at the time of purchasing this Policy (with aggregate deductible)
- b. Only after completion of 5 continuous Policy Years with Us in this Policy and the age of eldest Insured Person covered in the Policy should be less than 61 years at the time of availing this option.
- c. Continuity benefits of waiting period accrued as per expiring Policy Year (with aggregate deductible) shall be offered even after availing this option.
- d. This option shall apply to all Insured Person(s) once selected, without any individual selection.
- e. Post availing 'Waiver of Aggregate Deductible' option, premium will be charged as per the modification made.

4.8. E-Opinion for Critical Illness

The Company shall indemnify the expenses incurred by the Insured Person towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of any Major Medical Illness (of the nature listed below) through the Network Provider specified in the Policy Schedule, subject to the following conditions:

- a. Benefit under this cover shall be subject to the eligible geography of the Network Provider. The Insured Person may contact the Company or refer to its website for details on eligible Network Provider(s).
- b. The Benefit under this Cover can be availed by an Insured Person only once in a Policy Year, and shall be available for each Insured Person in case the Policy is issued on a floater basis.
- c. The Insured Person is free to choose whether or not to obtain the E-Opinion for Critical Illness, and if obtained, it is the Insured Person's sole and absolute discretion to follow the suggestion for any advice related to his/her health. It is understood and agreed that any information and documentation provided to the Company for the purpose of seeking the E-Opinion for Critical Illness shall be shared with the Network Providers.
- d. Availing this benefit shall not have any impact on the Sum Insured.

Disclaimer – E-Opinion for Critical Illness Services are being offered by Network Providers through its portal/mail/App or any other electronic form to the Policyholders/Insured Person. In no event shall the Company be liable for any direct, indirect, punitive, incidental, special, or consequential damages or any other damages whatsoever caused to the Policyholders/Insured Person while receiving the services from Network Providers or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Network Provider or treating Medical Practitioner.

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Major Medical Illness

1	Cancer of specified severity	27	Aplastic Anaemia
2	Open Chest CABG	28	Bacterial Meningitis
3	Kidney failure requiring regular dialysis	29	Cardiomyopathy
4	Myocardial Infarction (First Heart Attack of specified severity)	30	Other serious coronary artery disease
5	Open Heart Replacement or Repair of Heart Valves	31	Creutzfeldt-Jakob Disease (CJD)
6	Major Organ/Bone Marrow Transplantation	32	Encephalitis
7	Multiple Sclerosis with persisting symptoms	33	End Stage Lung Failure
8	Permanent Paralysis of Limbs	34	Fulminant Hepatitis
9	Stroke resulting in permanent symptoms	35	Eisenmenger's Syndrome
10	Benign Brain Tumour	36	Major Head Trauma
11	Coma of specified severity	37	Chronic Adrenal Insufficiency (Addison's Disease)
12	Parkinson's Disease	38	Progressive Scleroderma
13	Alzheimer's Disease	39	Progressive Supranuclear Palsy
14	Surgery of Aorta	40	Blindness
15	End Stage Liver Failure	41	Chronic Relapsing Pancreatitis
16	Deafness	42	Elephantiasis
17	Loss of Speech	43	Brain Surgery
18	Third Degree Burns	44	HIV due to blood transfusion and occupationally acquired HIV
19	Medullary Cystic Disease	45	Terminal Illness
20	Motor Neurone Disease with permanent symptoms	46	Myelofibrosis
21	Muscular Dystrophy	47	Pheochromocytoma
22	Infective Endocarditis	48	Crohn's Disease
23	Primary (Idiopathic) Pulmonary Hypertension	49	Severe Rheumatoid Arthritis
24	Dissecting Aortic Aneurysm	50	Severe Ulcerative Colitis
25	Systemic Lupus Erythematosus with Lupus Nephritis	51	Angioplasty
26	Apallic Syndrome		

4.9. Global Health Cover (Emergency Treatments Only)

On availing this cover, the below mentioned benefits shall be extended for Emergency Medical Expenses which are diagnosed and incurred outside India:

B 3.1	Hospitalization Expenses
B 3.4	AYUSH Treatment
B 3.7	Organ Donor Expenses
B 4.1	Emergency Air Ambulance
B 4.3	Protect Benefit
B 4.4	Plus Benefit
B 4.8	E Opinion for Critical Illness

A. Global Health Cover (Emergency Treatments Only) is applicable subject to following terms and conditions

- Our maximum liability in a Policy Year for claims under this cover shall not exceed the Base Sum Insured and Plus Benefit (if available).
- Section 4.7 (Aggregate Deductible) will not be applicable for any claim under this cover. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim (except Section 4.8 'E Opinion for Critical Illness') under this cover.
- Claims shall normally be payable on Reimbursement basis only. Cashless facility may be arranged on case to case basis.

- The treatment should be taken in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.
- The payment of any Claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Discharge, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
- We would not be liable to pay any claim wherein the medical treatment taken outside India has not commenced within the first 45 days of a trip.

Note: Each trip shall be deemed to start within the Policy Period and from the date Insured Person finally boards the flight (scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket) to leave from India.

- There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.

B. Specific Exclusions applicable to Global Health Cover (Emergency Treatments Only)

- Any Planned treatments
- In case we have paid a Hospitalization claim under this benefit, Pre-hospitalization Medical Expenses and/or Post-hospitalization

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Medical Expenses related to the claim whether incurred overseas or within India are not payable under this Policy.

- iii. Treatment or part of treatment for any condition which is not Life threatening in nature and can be safely postponed till the Insured Person returns to India.
- iv. Medical treatment taken outside India if that is the sole reason or one of the reasons for the journey.
- v. Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.
- vi. Oncological (Cancer) diseases
- vii. The Company may not be liable to make any payment under this Policy, wherein the Government of India has laid down territorial restriction.

4.10. Global Health Cover (Emergency & Planned Treatments)

On availing this cover, the below mentioned benefits shall be extended for both planned and Emergency Medical Expenses incurred outside India:

B 3.1	Hospitalization Expenses
B 3.4	AYUSH Treatment
B 3.5	Pre-Hospitalization cover
B 3.6	Post-Hospitalization cover
B 3.7	Organ Donor Expenses
B 4.1	Emergency Air Ambulance
B 4.3	Protect Benefit
B 4.4	Plus Benefit
B 4.8	E Opinion for Critical Illness

Global Health Cover (Emergency & Planned Treatments) is applicable subject to following terms and conditions

- i. Our maximum liability in a Policy Year for claims under this cover shall not exceed the Base Sum Insured and Plus Benefit (if available).
- ii. Section 4.7 (Aggregate Deductible) will not be applicable for any claim under this cover. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim (except Section 4.8 'E Opinion for Critical Illness') under this cover.
- iii. Claims shall normally be payable on Reimbursement basis only. Cashless facility may be arranged on case to case basis.
- iv. The treatment should be taken in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.
- v. The payment of any Claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Discharge, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
- vi. The Company may not be liable to make any payment under this Policy, wherein the Government of India has laid down territorial restriction.
- vii. There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.
- viii. Only those Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses shall be admissible under this benefit that have been incurred and paid overseas. Such expenses should be related to an admissible overseas Hospitalization claim only (as per details in invoice/supporting documents).

4.11. Overseas Travel Secure

- i) This optional cover can only be opted along with Optima Secure Global Plan or Optima Secure Global Plus Plan on payment of additional premium.
- ii) Claim under this benefit shall be payable upto Sum Insured and is admissible only if both the below conditions are fulfilled:
 - a. The overseas treating Medical Practitioner has advised a minimum hospitalization of 5 consecutive days and has also advised the requirement of an accompanying person during treatment.
 - b. We have accepted a claim under
 - Section 4.9 Global Health Cover (Emergency Treatments Only) OR
 - Section 4.10 Global Health Cover (Emergency & Planned Treatments)
- iii) There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.
- iv) We will indemnify the following expenses incurred overseas:

A Travel Expenses

- a. We will indemnify actual expenses incurred on air tickets (most basic economy class airfare in a common carrier) for the Hospitalized Insured Person and any one accompanying person to attend to the Insured Person's medical treatment overseas.
 - i) For Emergency hospitalization cases, we shall indemnify for the following travel expenses
 - For the accompanying person, two way expense incurred on air tickets from his City of Residence OR India to the airport nearest to the site of hospitalization shall be provided.
 - For the Hospitalized Insured Person, we shall only indemnify air expenses incurred to transport him from the airport nearest to the site of Hospitalization to India.
 - ii) For planned hospitalization cases, we shall indemnify for the following travel expenses
 - For the accompanying person, two way expense incurred on air tickets from his City of Residence OR India to the airport nearest to the site of hospitalization shall be provided.
 - For the Hospitalized Insured Person, we shall indemnify two way expense incurred on air tickets from India to the airport nearest to the site of hospitalization shall be provided.
 - iii) In case the accompanying person was already present in that city at the time of such hospitalization, we shall only indemnify air expenses incurred to transport him from the airport nearest to the site of Hospitalization to his City of Residence OR India.
- b. Any kind of other transportation expenses except the expense on airfare is not payable under this optional cover

Note – For Insured Person, City of Residence shall be considered as declared in the Proposal Form and mentioned in the Policy Schedule. Whereas, for accompanying person, City of Residence shall be considered as mentioned in the legal document issued by the Government of that particular country.

B Accommodation Expenses

- a. We will also indemnify the cost of accomodation, at a place near to the site of Hospitalization, for the accompanying person, to attend to the Insured Person's medical treatment overseas.
- b. Cost of accomodation overseas shall be indemnified upto Rs. 15,000 per day, only for the days wherein the Insured person was hospitalized overseas; maximum upto 30 days in a Policy Year.

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- c. Any other kind of supplementary expenses such as meals, laundry, transport are not payable under this cover.

5. Preventive Health Check-up

On each continuous Renewal of the Policy, the Company will indemnify the cost of a Preventive Health Check-up for the Insured Person who was insured during the previous Policy Year, up to the amounts specified in this Cover below.

- i. This Cover does NOT carry forward if it is not claimed and shall not be provided if the Policy is not Renewed further.
- ii. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.
- iii. For Individual Policies, the below mentioned limits are applicable for each Insured Person per Policy Year.

Base Sum Insured under the Policy	5 Lakhs	10 Lakhs	15 Lakhs	20, 25 & 50 Lakhs	100 & 200 Lakhs
Limit of Cover	Rs. 1,500	Rs. 2,000	Rs. 4,000	Rs. 5,000	Rs. 8,000

For Family Floater Policies, the below mentioned limits are applicable cumulatively for all Insured Persons per Policy Year.

Base Sum Insured under the Policy	5 Lakhs	10 Lakhs	15 Lakhs	20, 25 & 50 Lakhs	100 & 200 Lakhs
Limit of Cover	Rs. 2,500	Rs. 5,000	Rs. 8,000	Rs. 10,000	Rs. 15,000

6. Add on – Cover

my:Optima Secure offers following Add on Covers:

- My: health Critical Illness Add On with Sum Insured options of Rs. 100,000 to Rs. 500,00,000 in multiples of Rs. 100,000
- My: health Hospital Cash Benefit Add On with Sum Insured options of Rs. 500/ Rs. 1000/ Rs. 1500 / Rs. 2000/ Rs. 2500 / Rs. 3000 / Rs. 5000/ Rs. 7500/ Rs. 10,000
- Individual Personal Accident Rider with Sum Insured 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs 1 Crore
- Unlimited Restore (Add on): Provides unlimited restoration in a Policy Year.

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

7. Pre Policy Check up

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured.

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

8. Discounts

- **Online Discount:** The Insured Person is eligible for 5% discount on premium in case he / she purchase the Policy online from the Company's website or the Company's mobile app or across technology platforms wherein they undertake digital marketing for the Company or assist with technology systems reducing IT costs for the Company. The subsequent Renewal of the same Policy will continue to enjoy the 5% discount, provided the Policy remains without the involvement of any other insurance agent or insurance intermediary.

- **Employee Discount:** A discount of 5 % on the Premium is applicable if any Insured Person is a HDFC Group employee (full time employee) / Munich Re Group employee (full time employee) at the time of enrolment, or subsequent renewal; provided that such Policy is purchased through the Company's website or the Company's mobile app and without the involvement of any insurance agent or insurance intermediary.

- **Loyalty Discount:** If any Insured Person has an active retail insurance Policy with premium above Rs.2,000 with the Company, a discount of 2.5% on the Policy premium will be applicable at the time of enrolment as well as subsequent renewals.

- **Family Discount:** The Insured Person will be entitled to receive 10% discount on the premium if two or more family members are covered under the same Policy under the individual Policy option.

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

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

- **NRI Discount:** Insured Person residing overseas with declaration that they are based abroad in entirety for the Policy Year will be offered a discount of 40%, subject to the following conditions:

- a. This is applicable in case the Insured's status is NRI for the whole year and he wishes to continue earning his PED coverage until upon his return. However, while in India if the Insured wishes to make a claim, he may do so by making the differential payment applicable on the policy.

- b. For Insured who have been offered NRI discount in a particular policy year and at policy renewal makes further declaration of his stay abroad for the forthcoming year the applicable NRI discount would be offered on the renewal premium. If the Insured would be based in India then no discount would be applicable upon renewal.

- c. For Insured who have been offered NRI discount in a particular policy year and he returns to India anytime during the year, the Insured can notify the Company about the change and make payment for the additional premium (equivalent to the applicable NRI discount). If the additional premium payment hasn't been made during the year, the same would be added to the renewal premium at the policy anniversary. The policy would be renewed subject to the full premium being received by the Company. In case of long term policies, the additional premium will be recovered only for the corresponding year and not from retrospective date.

- **Aggregate Deductible Discount:** If Aggregate Deductible is opted for all Insured Person, following discount will be applicable on the Policy premium.

Deductible amount (INR)	Optima Suraksha, Optima Secure & Optima Super Secure		Optima Secure Global	Optima Secure Global Plus
	Base SI <= 20 lakhs	Base SI > 20 lakhs		
25,000	25%	15%	14%	4%
50,000	40%	30%	27%	8%
1,00,000	50%	40%	36%	10%
2,00,000	55%	45%	41%	11%
3,00,000	65%	55%	50%	14%

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9. Tax Benefit

Premium amount paid under this Policy qualifies for deduction under Section 80D of the Income Tax Act

10. Exclusions

The Company shall not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy:

10.1. Standard Exclusions

All the Waiting Periods and exclusions listed below shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

a. Pre-Existing Diseases – Code – Excl01

- i. 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.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. 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.
- iv. 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. Specified Disease/Procedure waiting period- Code – Excl02

- i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. 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.
- iv. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- v. 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.
- vi. List of specific diseases/procedures is provided below:

Illnesses

	Non infective Arthritis	Pilonidal sinus
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g. KidneyStone, Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis

Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract and other disorders of lens and Retina	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system unless necessitated by Malignancy	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/ Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy		

c. 30-day waiting period – Code – Excl03

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

d. Investigation & Evaluation: Code Excl04

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

e. 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:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

f. Obesity/Weight control: Code – Excl06:

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor

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- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI)
 - A. greater than or equal to 40 or
 - B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1) Obesity-related cardiomyopathy
 - 2) Coronary heart disease
 - 3) Severe sleep apnoea
 - 4) Uncontrolled type2 diabetes
- g. **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.
- h. **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.
- i. **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.
- j. **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.
- k. **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.
 - l. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12.**
 - m. 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.**
 - n. 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.**
 - o. **Refractive Error: Code – Excl15:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 - p. **Unproven Treatments: Code – Excl16:** 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.
 - q. **Sterility and Infertility: Code – Excl17:** Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - r. **Maternity: Code – Excl18**
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization.

10.2. Specific Exclusions:

In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:

- a. 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.
- b. Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule.
- c. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- d. Any Insured Person's participation or involvement in naval, military or air force operation.
- e. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").
- f. Congenital external diseases, defects or anomalies.
- g. Stem cell harvesting.
- h. Investigative treatments for analysis and adjustments of spinal sub luxation, 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.
- i. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- j. Vaccination including inoculation and immunisations (except post animal bite treatment).
- k. 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 as ANNEXURE B and also available at www.hdfcergo.com.
- l. Treatment taken on outpatient basis.
- m. The provision or fitting of hearing aids, spectacles or contact lenses.
- n. 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.
- o. 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.

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- p. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.
- q. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.

11. Claims Procedure

11.1. Notification of a Claim

Notice with full particulars shall be sent to the Company as under:

- a. Within 24 hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization or decision to avail treatment under Section 3.2 (Home Health Care).

11.2. Procedure for Cashless Claims In India

- a. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company.
- b. Cashless request form is available with the Network Provider.
- c. The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.
- d. The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue pre-authorization letter to the Network Provider after verification.
- e. At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.
- f. The Company reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.
- g. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

11.3. Procedure for Cashless Claims Outside India

- a. You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website
- b. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company. Process for obtaining Pre-Authorization is mentioned below:
 - i. **We** shall send Release of Information form to the Insured Person for signature and consent.
 - ii. After receiving the signed Release of Information form, **We** will retrieve hospitalization documents along with invoices
 - iii. If these details are not provided in full or are insufficient for **Us** to consider the request, We will request additional information or documentation
 - iv. On receipt of the complete documents **We** may
 - issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable
 - or

- reject the request for pre-authorization specifying reasons for the rejection

11.4. Procedure for Cashless Claims in case of Home Health Care (Section 3.2)

On receipt of duly filled pre authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Healthcare service provider or Network Provider, who will share the care plan and treatment cost estimation with the Company. On receipt of the complete documents the Company may:

- a. issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or
- b. reject the request for pre-authorization specifying reasons for the rejection.

11.5. Conditions for obtaining Cashless Facility within India

- a. Cashless facility can be availed only at Company's Network Provider. The complete list of Network Providers and empanelled service providers is available on Company's website and can also be obtained by contacting the Company.
- b. The Company reserves the right to modify, add or restrict any Network Provider for Cashless facility at its sole discretion. The same shall be duly updated on the Company's website. The Insured Person shall check the updated list of Network Providers before applying for cashless claim.
- c. Pre-authorization issued by the Company shall be valid for 15 days from the date of issuance (or expiry of the Policy, whichever is earlier).
- d. The Company shall make payment for the Cashless facility to the authorized amount, directly to the Network Provider.

11.6. Procedure for Reimbursement Claims

For reimbursement of claims, the Insured Person shall submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

Type of Claim	Prescribed Time limit
Reimbursement of Hospitalization, Day Care Treatment or Pre-Hospitalization Expenses	Within 30 days of date of discharge from Hospital.
Reimbursement of Post-Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.

11.7. List of documents required for a Claim

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- a. Duly Completed claim form,
- b. Photo ID and Age Proof,
- c. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of Hospitalization in any non-Network Provider of the Company or certificate from Hospital authorities providing facilities available including number of beds,
- d. Discharge Card / Day Care Summary / Transfer Summary,
- e. Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded,
- f. Invoice with payment receipt and implant stickers for all implants used during Surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery,
- g. All previous consultation papers indicating history and treatment details for current illness and advice for current Hospitalization,

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- h. All diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre,
- i. All medicine / pharmacy bills along with prescription by Medical Practitioner,
- j. MLC / FIR Copy – in Accident cases only,
- k. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases,
- l. Copy of Death Summary and copy of Death Certificate (in death claims only),
- m. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details, and patient's progress (to be submitted wherever required by the Company),
- n. Invoice for vaccination and payment receipt,
- o. Original invoices for the expenses incurred towards ambulance facility along with details of loss in our prescribed format,
- p. KYC documents (in all claims above Rs 1 lakh) of the Policyholder as per AML guidelines,
- q. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf),
- r. Legal heir/succession certificate, wherever applicable,
- s. Additional documents for claims outside India of Insured Person and Accompanying Person (as applicable) –
 - i. Passport copy with entry and exit stamps
 - ii. Flight Tickets and Boarding Pass, if applicable
 - iii. Accommodation Invoices, if applicable
 - iv. Written advice from the overseas treating Medical Practitioner for requirement of an accompanying person during treatment.
- t. Any other relevant document required by Company for assessment of the claim.

Note:

- i. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- ii. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
- iii. If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.
- iv. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

12. Standard General Terms and Clauses

12.1. 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.

12.2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

12.3. Claim Settlement (provision for Penal Interest)

- a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- 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 last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

12.4. 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.

12.5. Multiple Policies

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- c. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- d. Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

12.6. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

12.7. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but

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which are found fraudulent later shall be repaid by all recipient(s)/ Policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- any other act fitted to deceive; and
- any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Insurer.

12.8. 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 fifteen 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:

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

12.9. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal
- Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years
- Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period
- At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period
- No loading shall apply on renewals based on individual claims experience.

12.10. 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

12.11. 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

12.12. Cancellation

- The Policyholder may cancel this Policy by giving 15 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

- 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.
- 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.
- 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.

12.13. Premium Payment in Instalments

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

- Grace Period as mentioned in the table below would be given to pay the instalment premium due for the Policy

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

- During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company
- The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period

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- d. No interest will be charged If the instalment premium is not paid on due date
- e. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled
- f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- g. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

12.14. Instalment Premium payment through Auto Debit/ECS Facility

- a. If premium payment is opted for by instalments through auto debit/ECS facility, a separate authorization form shall be submitted by Insured Person specifying the frequency chosen for premium to be debited.
- b. Where there is a change either in the terms and conditions of the coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh.
- c. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable.
- d. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode.

12.15. 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.

12.16. Withdrawal of Policy

- a. 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.

- b. 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.

12.17. 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.

12.18. Redressal of Grievance

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

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- E-mail: grievance@hdfcergo.com
- 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>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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

13. Specific General Terms and Clauses

13.1. Non-Disclosure or Misrepresentation of Pre-Existing Disease

The Company may, notwithstanding and without prejudice to its rights under the standard general terms and clauses above, also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of non-disclosure or misrepresentation of Pre-Existing Diseases, subject to prior consent from Policyholder:

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- a. Permanently exclude the disease/condition and continue with the Policy.
- b. Incorporate additional Waiting Period of not exceeding 4 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 Policy Year of issuance of Policy or Renewal, whichever is later.

13.2.Utilization of Sum Insured

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

- a. Base Sum Insured.
- b. Cumulative Bonus/Plus Benefit (if applicable).
- c. Secure Benefit (if applicable).
- d. Automatic Restore Benefit (subject to utilization of the Base Sum Insured in whole or in part).

A single claim in a Policy Year cannot exceed the sum of Basic Sum Insured, Cumulative Bonus (if applicable), Plus Benefit (if applicable) and Secure Benefit (if applicable).

Illustration for Utilization of Sum Insured

- An Insured Person with my: Optima Secure (Optima Secure Plan), Tenure 1 Year, Second Policy Year in progress, Base Sum Insured 5,00,000

Illustration 1

Number of Claim	Claim amount	Available Benefit Limit				Admissible claim amount	Utilisation of Sum Insured
		Base Sum Insured	Plus Benefit (on 1 st renewal)	Secure Benefit	Automatic Restore Benefit		
1 st claim	14,00,000	5,00,000	2,50,000	5,00,000	0	12,50,000	Base + Plus + Secure
2 nd claim	3,00,000	-	-	-	5,00,000	3,00,000	Automatic Restore (partial)
3 rd claim	3,00,000	-	-	-	2,00,000	2,00,000	Automatic Restore (balance)

Illustration 2

Number of Claim	Claim amount	Available Benefit Limit				Admissible claim amount	Utilisation of Sum Insured
		Base Sum Insured	Plus Benefit (on 1 st renewal)	Secure Benefit	Automatic Restore Benefit		
1 st claim	3,00,000	5,00,000	2,50,000	5,00,000	0	3,00,000	Base (partial)
2 nd claim	14,00,000	2,00,000	2,50,000	5,00,000	3,00,000	12,50,000*	Base (balance) + Plus + Secure + Automatic Restore (partial)
3 rd claim	3,00,000	-	-	-	2,00,000	2,00,000	Automatic Restore (partial)

*A single claim in a Policy Year cannot exceed the sum of Basic Sum Insured, Cumulative Bonus (if applicable), Plus Benefit (if applicable) and Secure Benefit (if applicable).

Illustration 3

Number of Claim	Claim amount	Available Benefit Limit				Admissible claim amount	Utilisation of Sum Insured
		Base Sum Insured	Plus Benefit (on 1 st renewal)	Secure Benefit	Automatic Restore Benefit		
1 st claim	3,00,000	5,00,000	2,50,000	5,00,000	0	3,00,000	Base (partial)
2 nd claim	10,00,000	2,00,000	2,50,000	5,00,000	3,00,000	10,00,000	Base (balance) + Plus + Secure + Automatic Restore (partial)
3 rd claim	3,00,000	-	-	-	4,50,000	3,00,000	Automatic Restore (partial)

13.3.Geography

This Policy provides coverage throughout the territory of India, except under Section 4.8 (E-Opinion for Critical Illness), Section 4.9 Global Health Cover (Emergency Treatments Only), Section 4.10 Global Health Cover (Emergency & Planned Treatments), Section 4.11 Overseas Travel Secure and as may be specified in the Schedule of Coverage in the Policy Schedule.

13.4.Loadings

- a. The Company may apply loading on the premium, specific Waiting Period or permanent exclusions, based on the declarations made in the Proposal Form and the health status, habits and lifestyle, past medical records, and the results of the pre-Policy medical examination of the persons proposed to be insured under the Policy.

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- b. The maximum medical underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person.
- c. Loadings shall be applied from Commencement Date including subsequent Renewal(s), and on increased Sum Insured.
- d. Proposer shall be informed about the proposed loading with premium, specific Waiting Period or permanent exclusion (if any) through a counter offer letter and Policy will be issued only on specific acceptance within 15 days of the receipt of such counter offer letter. In case the Company does not receive any response to the counter offer letter from the proposer within 15 days, the application shall be cancelled and any premium received shall be refunded within 7 days.

13.5. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change or modification that the Company makes will be evidenced by a written endorsement signed and stamped by the Company.

13.6. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

- a. The Policyholder's, at the address/ e-mail address specified in the Policy Schedule.
- b. To the Company, at the address specified in the Policy Schedule.
- c. Insurance agents, brokers, other person or entity is/are not authorised to receive any notice on the behalf of the Company, unless stated in writing by the Company.

14. Premium Tier

The premium payable under the Policy will be computed basis the city of residence provided by the Insured Person in the Proposal Form. Classification of cities would be as under:

- a. Tier 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara.
- b. Tier 2: Rest of India.

No co-payment shall apply if Insured Person from Tier 2 avails a treatment in Tier 1.

Refer Annexure C – Premium Table: Exclusive of Goods and Services Tax (GST)

15. Premium Computation Illustration

Illustration 1

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

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10% (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
5	8,500	10	8,500	850	7,650	10	8,500	4,675	3,825	10
25	12,500	10	12,500	1,250	11,250	10	12,500	6,875	5,625	10
35	14,500	10	14,500	1,450	13,050	10	14,500	7,975	6,525	10
45	16,500	10	16,500	1,650	14,850	10	16,500	9,075	7,425	10
55	32,500	10	32,500	3,250	29,250	10	32,500	17,875	14,625	10
65	58,000	10	58,000	5,800	52,200	10	58,000	0	58,000	10
	1,42,500				1,28,250				96,025	
	Total premium for all members of the family is Rs. 1,42,500, when each member is covered separately. Sum Insured available for each individual is Rs. 10 Lakhs.	Total premium for all members of the family is Rs. 1,28,250, when they are covered under a single policy. Sum Insured available for each individual is Rs. 10 Lakhs.			Total premium when policy is opted on floater basis is Rs. 96,025. Sum Insured of Rs. 10 Lakhs is available for the entire family.					

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Illustration 2

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

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10% (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	9,500	10	9,500	950	8,550	10	9,500	5,225	4,275	10
24	12,300	10	12,300	1,230	11,070	10	12,300	6,765	5,535	10
45	16,500	10	16,500	1,650	14,850	10	16,500	9,075	7,425	10
55	32,500	10	32,500	3,250	29,250	10	32,500	17,875	14,625	10
65	58,000	10	58,000	5,800	52,200	10	58,000	31,900	26,100	10
75	93,000	10	93,000	9,300	83,700	10	93,000	0	93,000	10
	2,21,800				1,99,620				1,50,960	
	Total premium for all members of the family is Rs. 2,21,800, when each member is covered separately.Sum Insured available for each individual is Rs. 10 Lakhs.	Total premium for all members of the family is Rs. 1,99,620, when they are covered under a single policy.Sum Insured available for each individual is Rs. 10 Lakhs.				Total premium when policy is opted on floater basis is Rs. 1,50,960. Sum Insured of Rs. 10 Lakhs is available for the entire family.				

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 Ten Lakh Rupees.

IRDAI Regulation no 5 - This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation 2017

Disclaimer: the above is descriptive only. The actual terms and conditions can be found in the policy document. Insured's are advised to read the policy document completely for a full description of the terms and conditions of coverage and the exclusions relating thereto.

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

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Annexure A – Schedule of Benefits

	Plans	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus
	Base Sum Insured	5/10/15/20/25/50 Lakhs	5/10/15/20/25/50/100/200 Lakhs	10/15/20/25/50/100/200 Lakhs	100/200Lakhs	100/200 Lakhs
	^Geography	India only	India only	India only	Worldwide including India	Worldwide including India
Base Coverages						
1	Hospitalization Expenses	100%	100%	100%	100%	100%
1.1	Room Rent	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals
1.2	Road Ambulance	Covered	Covered	Covered	Covered	Covered
1.3	Dental Treatment	Covered	Covered	Covered	Covered	Covered
1.4	Plastic surgery	Covered	Covered	Covered	Covered	Covered
1.5	Day Care Treatment	Covered	Covered	Covered	Covered	Covered
2	Home Healthcare	Covered	Covered	Covered	Covered (India only)	Covered (India only)
3	Domiciliary Hospitalization	Covered	Covered	Covered	Covered (India only)	Covered (India only)
4	AYUSH Treatment	Covered	Covered	Covered	Covered	Covered
5	Pre-Hospitalization	60 days	60 days	60 days	60 days (India only)	60 days
6	Post-Hospitalization	180 days	180 days	180 days	180 days (India only)	180 days
7	Organ Donor Expenses	Covered	Covered	Covered	Covered	Covered
8	Cumulative Bonus	Covered	Not Covered	Not Covered	Not Covered	Not Covered
Optional Covers						
1	Emergency Air Ambulance	Covered Up to 5 L	Covered Up to 5 L	Covered Up to 5 L	Covered Up to 5 L	Covered Up to 5 L
2	Daily Cash for choosing Shared Accommodation	Covered Rs. 800 per day max upto 4800	Covered Rs. 800 per day max upto 4800	Covered Rs. 1000 per day max up to 6000	Covered (India only) Rs. 800 per day max upto 4800	Covered (India only) Rs. 800 per day max upto 4800
3	Secure Benefit	Not Covered	Covered 100%	Covered 200%	Covered 100% (India only)	Covered 100% (India only)
4	Automatic Restore Benefit	Covered	Covered	Covered	Covered (India only)	Covered (India only)
5	Protect Benefit	Not Covered	Covered	Covered	Covered	Covered
6	Plus Benefit	Not Covered	Covered	Covered	Covered	Covered
7	**Aggregate Deductible	25k/50k/100k/200K/300K	25k/50k/100k/200K/300K	25k/50k/100k/200K/300K (India only)	25k/50k/100k/200K/300K (India only)	25k/50k/100k/200K/300K (India only)
8	E Opinion for Critical Illness	India	India	Global	Global	Global
9	Global Health Cover (Emergency Treatments Only)	Not Covered	Not Covered	Not Covered	Covered (Outside India only)	Not Covered
10	Global Health Cover (Emergency & Planned Treatments)	Not Covered	Not Covered	Not Covered	Not Covered	Covered (Outside India only)
11	**Overseas Travel Secure	Not Covered	Not Covered	Not Covered	Covered(Outside India only)	Covered (Outside India only)
Wellbeing Cover						
1	Preventive Health Check-up	Defined Limits	Defined Limits	Defined Limits	Defined Limits(India only)	Defined Limits (India only)

Note: Optional Covers (except Aggregate Deductible & Overseas Travel Secure) are inbuilt in Plans as per the above table. Premium of such Optional covers are included in the premium of the respective Plan.

**Aggregate Deductible & Overseas Travel Secure are not an inbuilt feature in any of the above Plans. However, these cover can be separately opted at inception of the Policy or at subsequent Renewals.

^Claims shall be payable as per geography mentioned unless explicitly stated otherwise in a specific cover.

Add on – Covers:

'my: Optima Secure' offers following Add on Covers:

- my: health Critical Illness Add On: Provides comprehensive coverage by offering a Lumpsum payout on diagnosis of any of the listed 51 critical illnesses. Sum Insured options range from Rs. 100,000 to Rs. 500,00,000 in multiples of Rs. 100,000
- my: health Hospital Cash Benefit Add On: Per day hospital cash benefit for each continuous and completed 24 hours of hospitalization. Per day Sum Insured options of Rs. 500/ 1000/ 1500 / 2000/ 2500 / 3000 / 5000/ 7500/ 10,000 are available.
- Individual Personal Accident Rider: Provides Lumpsum pay out in case of Accidental Death, Permanent Total Disablement and Permanent Partial Disablement. Sum Insured shall be 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs. 1 Crore
- Unlimited Restore (Add on): Provides unlimited restoration in a Policy Year.

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

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Annexure B – List I - Items for which Coverage is not available in the Policy (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	Trolley Cover
32	Photocopies Charges	66	Urometer, Urine Jug
33	Mortuary Charges	67	Ambulance
34	Walking Aids Charges	68	Vasofix Safety

This Policy is subject to Regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulations 2017

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

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45	13,250	16,500	17,400	18,200	18,950	22,000	26,000	33,500
46	14,450	18,100	19,400	20,500	21,450	25,500	30,500	38,500
47	15,650	19,700	21,400	22,800	23,950	29,000	35,000	43,500
48	16,850	21,300	23,400	25,100	26,450	32,500	39,500	48,500
49	18,050	22,900	25,400	27,400	28,950	36,000	44,000	53,500
50	19,250	24,500	27,400	29,700	31,450	39,500	48,500	58,500
51	20,450	26,100	29,400	32,000	33,950	43,000	53,000	63,500
52	21,650	27,700	31,400	34,300	36,450	46,500	57,500	68,500
53	22,850	29,300	33,400	36,600	38,950	50,000	62,000	73,500
54	24,050	30,900	35,400	38,900	41,450	53,500	66,500	78,500
55	25,250	32,500	37,400	41,200	43,950	57,000	71,000	83,500
56	26,450	34,100	39,400	43,500	46,450	60,500	75,500	88,500
57	27,650	35,700	41,400	45,800	48,950	64,000	80,000	93,500
58	28,850	37,300	43,400	48,100	51,450	67,500	84,500	98,500
59	30,050	38,900	45,400	50,400	53,950	71,000	89,000	103,500
60	31,250	40,500	47,400	52,700	56,450	74,500	93,500	108,500
61	33,750	44,000	51,400	57,200	61,450	80,500	100,500	116,500
62	36,250	47,500	55,400	61,700	66,450	86,500	107,500	124,500
63	38,750	51,000	59,400	66,200	71,450	92,500	114,500	132,500
64	41,250	54,500	63,400	70,700	76,450	98,500	121,500	140,500
65	43,750	58,000	67,400	75,200	81,450	104,500	128,500	148,500
66*	46,250	61,500	71,400	79,700	86,450	110,500	135,500	156,500
67*	48,750	65,000	75,400	84,200	91,450	116,500	142,500	164,500
68*	51,250	68,500	79,400	88,700	96,450	122,500	149,500	172,500
69*	53,750	72,000	83,400	93,200	101,450	128,500	156,500	180,500
70*	56,250	75,500	87,400	97,700	106,450	134,500	163,500	188,500
71*	58,750	79,000	91,400	102,200	111,450	140,500	170,500	196,500
72*	61,250	82,500	95,400	106,700	116,450	146,500	177,500	204,500
73*	63,750	86,000	99,400	111,200	121,450	152,500	184,500	212,500
74*	66,250	89,500	103,400	115,700	126,450	158,500	191,500	220,500
75*	68,750	93,000	107,400	120,200	131,450	164,500	198,500	228,500
76*	71,250	96,500	111,400	124,700	136,450	170,500	205,500	236,500
77*	73,750	100,000	115,400	129,200	141,450	176,500	212,500	244,500
78*	76,250	103,500	119,400	133,700	146,450	182,500	219,500	252,500
79*	78,750	107,000	123,400	138,200	151,450	188,500	226,500	260,500
80*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
81*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
82*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
83*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
84*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
85*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
86*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
87*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
88*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
89*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500
>=90*	81,250	110,500	127,400	142,700	156,450	194,500	233,500	268,500

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

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45	10,800	14,050	17,000	17,650	18,250	21,150	24,000	29,250
46	11,800	15,450	18,700	19,750	20,750	24,650	28,000	33,750
47	12,800	16,850	20,400	21,850	23,250	28,150	32,000	38,250
48	13,800	18,250	22,100	23,950	25,750	31,650	36,000	42,750
49	14,800	19,650	23,800	26,050	28,250	35,150	40,000	47,250
50	15,800	21,050	25,500	28,150	30,750	38,650	44,000	51,750
51	16,800	22,450	27,200	30,250	33,250	42,150	48,000	56,250
52	17,800	23,850	28,900	32,350	35,750	45,650	52,000	60,750
53	18,800	25,250	30,600	34,450	38,250	49,150	56,000	65,250
54	19,800	26,650	32,300	36,550	40,750	52,650	60,000	69,750
55	20,800	28,050	34,000	38,650	43,250	56,150	64,000	74,250
56	21,800	29,450	35,700	40,750	45,750	59,650	68,000	78,750
57	22,800	30,850	37,400	42,850	48,250	63,150	72,000	83,250
58	23,800	32,250	39,100	44,950	50,750	66,650	76,000	87,750
59	24,800	33,650	40,800	47,050	53,250	70,150	80,000	92,250
60	25,800	35,050	42,500	49,150	55,750	73,650	84,000	96,750
61	28,000	38,250	45,900	52,650	59,250	77,650	90,000	103,750
62	30,200	41,450	49,300	56,150	62,750	81,650	96,000	110,750
63	32,400	44,650	52,700	59,650	66,250	85,650	102,000	117,750
64	34,600	47,850	56,100	63,150	69,750	89,650	108,000	124,750
65	36,800	51,050	59,500	66,650	73,250	93,650	114,000	131,750
66*	39,000	54,250	62,900	70,150	76,750	97,650	120,000	138,750
67*	41,200	57,450	66,300	73,650	80,250	101,650	126,000	145,750
68*	43,400	60,650	69,700	77,150	83,750	105,650	132,000	152,750
69*	45,600	63,850	73,100	80,650	87,250	109,650	138,000	159,750
70*	47,800	67,050	76,500	84,150	90,750	113,650	144,000	166,750
71*	50,000	70,250	79,900	87,650	94,250	117,650	150,000	173,750
72*	52,200	73,450	83,300	91,150	97,750	121,650	156,000	180,750
73*	54,400	76,650	86,700	94,650	101,250	125,650	162,000	187,750
74*	56,600	79,850	90,100	98,150	104,750	129,650	168,000	194,750
75*	58,800	83,050	93,500	101,650	108,250	133,650	174,000	201,750
76*	61,000	86,250	96,900	105,150	111,750	137,650	180,000	208,750
77*	63,200	89,450	100,300	108,650	115,250	141,650	186,000	215,750
78*	65,400	92,650	103,700	112,150	118,750	145,650	192,000	222,750
79*	67,600	95,850	107,100	115,650	122,250	149,650	198,000	229,750
80*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
81*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
82*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
83*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
84*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
85*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
86*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
87*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
88*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
89*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750
>=90*	69,800	99,050	110,500	119,150	125,750	153,650	204,000	236,750

*Only for Renewal Purposes

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my: Optima Secure - Optima Super Secure Plan Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)								
Age	Sum Insured							
	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000	20,000,000
0	6,703	7,657	8,554	9,343	10,079	13,133	17,133	20,150
1	6,858	7,861	8,758	9,546	10,281	13,335	17,335	20,452
2	7,013	8,065	8,962	9,749	10,484	13,537	17,536	20,754
3	7,168	8,270	9,165	9,952	10,687	13,739	17,738	21,057
4	7,322	8,474	9,369	10,155	10,889	13,941	17,939	21,359
5	7,477	8,678	9,573	10,358	11,092	14,143	18,141	21,661
6	7,632	8,882	9,776	10,561	11,294	14,345	18,342	21,963
7	7,786	9,086	9,980	10,765	11,497	14,547	18,544	22,266
8	7,941	9,291	10,184	10,968	11,700	14,750	18,746	22,568
9	8,096	9,495	10,387	11,171	11,902	14,952	18,947	22,870
10	8,250	9,699	10,591	11,374	12,105	15,154	19,149	23,172
11	8,405	9,903	10,795	11,577	12,307	15,356	19,350	23,475
12	8,560	10,107	10,998	11,780	12,510	15,558	19,552	23,777
13	8,714	10,312	11,202	11,983	12,713	15,760	19,753	24,079
14	8,869	10,516	11,406	12,186	12,915	15,962	19,955	24,381
15	9,024	10,720	11,609	12,389	13,118	16,164	20,156	24,684
16	9,179	10,924	11,813	12,592	13,320	16,366	20,358	24,986
17	9,333	11,128	12,017	12,796	13,523	16,568	20,560	25,288
18	9,488	11,333	12,220	12,999	13,725	16,770	20,761	25,590
19	9,643	11,537	12,424	13,202	13,928	16,972	20,963	25,893
20	9,797	11,741	12,628	13,405	14,131	17,174	21,164	26,195
21	9,952	11,945	12,831	13,608	14,333	17,376	21,366	26,497
22	10,107	12,149	13,035	13,811	14,536	17,578	21,567	26,799
23	10,261	12,353	13,239	14,014	14,738	17,780	21,769	27,102
24	10,416	12,558	13,442	14,217	14,941	17,982	21,971	27,404
25	10,571	12,762	13,646	14,420	15,144	18,184	22,172	27,706
26	10,725	12,966	13,850	14,624	15,346	18,386	22,374	28,008
27	10,880	13,170	14,053	14,827	15,549	18,588	22,575	28,311
28	11,035	13,374	14,257	15,030	15,751	18,790	22,777	28,613
29	11,190	13,579	14,461	15,233	15,954	18,993	22,978	28,915
30	11,344	13,783	14,664	15,436	16,157	19,195	23,180	29,217
31	11,499	13,987	14,868	15,639	16,359	19,397	23,382	29,520
32	11,654	14,191	15,072	15,842	16,562	19,599	23,583	29,822
33	11,808	14,395	15,275	16,045	16,764	19,801	23,785	30,124
34	11,963	14,600	15,479	16,248	16,967	20,003	23,986	30,426
35	12,118	14,804	15,683	16,451	17,169	20,205	24,188	30,729
36	12,272	15,008	15,886	16,655	17,372	20,407	24,389	31,031
37	12,427	15,212	16,090	16,858	17,575	20,609	24,591	31,333
38	12,582	15,416	16,294	17,061	17,777	20,811	24,792	31,635
39	12,737	15,620	16,497	17,264	17,980	21,013	24,994	31,938
40	12,891	15,825	16,701	17,467	18,182	21,215	25,196	32,240
41	13,046	16,029	16,905	17,670	18,385	21,417	25,397	32,542
42	13,201	16,233	17,108	17,873	18,588	21,619	25,599	32,844
43	13,355	16,437	17,312	18,076	18,790	21,821	25,800	33,147
44	13,510	16,641	17,516	18,279	18,993	22,023	26,002	33,449

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45	13,665	16,846	17,719	18,483	19,195	22,225	26,203	33,751
46	14,902	18,479	19,756	20,818	21,728	25,761	30,739	38,789
47	16,140	20,113	21,793	23,154	24,260	29,297	35,274	43,826
48	17,377	21,746	23,829	25,490	26,792	32,833	39,809	48,864
49	18,615	23,380	25,866	27,825	29,325	36,369	44,344	53,901
50	19,852	25,013	27,903	30,161	31,857	39,904	48,879	58,938
51	21,090	26,647	29,940	32,497	34,390	43,440	53,415	63,976
52	22,328	28,280	31,976	34,832	36,922	46,976	57,950	69,013
53	23,565	29,914	34,013	37,168	39,454	50,512	62,485	74,051
54	24,803	31,547	36,050	39,504	41,987	54,048	67,020	79,088
55	26,040	33,181	38,086	41,840	44,519	57,584	71,556	84,126
56	27,278	34,814	40,123	44,175	47,051	61,120	76,091	89,163
57	28,515	36,448	42,160	46,511	49,584	64,655	80,626	94,201
58	29,753	38,081	44,197	48,847	52,116	68,191	85,161	99,238
59	30,990	39,715	46,233	51,182	54,649	71,727	89,696	104,276
60	32,228	41,348	48,270	53,518	57,181	75,263	94,232	109,313
61	34,806	44,922	52,343	58,088	62,246	81,324	101,286	117,373
62	37,385	48,495	56,417	62,658	67,310	87,386	108,341	125,433
63	39,963	52,068	60,490	67,228	72,375	93,447	115,396	133,493
64	42,541	55,642	64,564	71,797	77,440	99,509	122,451	141,553
65	45,119	59,215	68,637	76,367	82,505	105,570	129,505	149,613
66*	47,697	62,788	72,710	80,937	87,569	111,631	136,560	157,673
67*	50,276	66,362	76,784	85,507	92,634	117,693	143,615	165,733
68*	52,854	69,935	80,857	90,077	97,699	123,754	150,670	173,793
69*	55,432	73,508	84,931	94,647	102,764	129,816	157,725	181,853
70*	58,010	77,081	89,004	99,216	107,828	135,877	164,779	189,913
71*	60,589	80,655	93,078	103,786	112,893	141,939	171,834	197,973
72*	63,167	84,228	97,151	108,356	117,958	148,000	178,889	206,033
73*	65,745	87,801	101,224	112,926	123,023	154,062	185,944	214,093
74*	68,323	91,375	105,298	117,496	128,087	160,123	192,998	222,153
75*	70,902	94,948	109,371	122,066	133,152	166,184	200,053	230,213
76*	73,480	98,521	113,445	126,636	138,217	172,246	207,108	238,273
77*	76,058	102,095	117,518	131,205	143,282	178,307	214,163	246,333
78*	78,636	105,668	121,591	135,775	148,346	184,369	221,217	254,393
79*	81,215	109,241	125,665	140,345	153,411	190,430	228,272	262,453
80*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
81*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
82*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
83*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
84*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
85*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
86*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
87*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
88*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
89*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513
>=90*	83,793	112,815	129,738	144,915	158,476	196,492	235,327	270,513

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Age	my: Optima Secure - Optima Super Secure Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)							
	Sum Insured							
	500,000	1,000,000	1,500,000	2,000,000	2,500,000	5,000,000	10,000,000	20,000,000
0	6,497	7,453	8,147	8,784	9,370	12,274	15,117	18,135
1	6,600	7,606	8,351	8,987	9,572	12,476	15,319	18,387
2	6,703	7,759	8,554	9,190	9,775	12,679	15,520	18,639
3	6,807	7,912	8,758	9,394	9,978	12,881	15,722	18,891
4	6,910	8,065	8,962	9,597	10,180	13,083	15,924	19,142
5	7,013	8,219	9,165	9,800	10,383	13,285	16,125	19,394
6	7,116	8,372	9,369	10,003	10,585	13,487	16,327	19,646
7	7,219	8,525	9,573	10,206	10,788	13,689	16,528	19,898
8	7,322	8,678	9,776	10,409	10,990	13,891	16,730	20,150
9	7,425	8,831	9,980	10,612	11,193	14,093	16,931	20,402
10	7,528	8,984	10,184	10,815	11,396	14,295	17,133	20,654
11	7,632	9,137	10,387	11,018	11,598	14,497	17,335	20,906
12	7,735	9,291	10,591	11,222	11,801	14,699	17,536	21,157
13	7,838	9,444	10,795	11,425	12,003	14,901	17,738	21,409
14	7,941	9,597	10,998	11,628	12,206	15,103	17,939	21,661
15	8,044	9,750	11,202	11,831	12,409	15,305	18,141	21,913
16	8,147	9,903	11,406	12,034	12,611	15,507	18,342	22,165
17	8,250	10,056	11,609	12,237	12,814	15,709	18,544	22,417
18	8,354	10,209	11,813	12,440	13,016	15,911	18,746	22,669
19	8,457	10,363	12,017	12,643	13,219	16,113	18,947	22,921
20	8,560	10,516	12,220	12,846	13,422	16,315	19,149	23,172
21	8,663	10,669	12,424	13,049	13,624	16,517	19,350	23,424
22	8,766	10,822	12,628	13,253	13,827	16,719	19,552	23,676
23	8,869	10,975	12,831	13,456	14,029	16,922	19,753	23,928
24	8,972	11,128	13,035	13,659	14,232	17,124	19,955	24,180
25	9,075	11,281	13,239	13,862	14,435	17,326	20,156	24,432
26	9,179	11,435	13,442	14,065	14,637	17,528	20,358	24,684
27	9,282	11,588	13,646	14,268	14,840	17,730	20,560	24,936
28	9,385	11,741	13,850	14,471	15,042	17,932	20,761	25,187
29	9,488	11,894	14,053	14,674	15,245	18,134	20,963	25,439
30	9,591	12,047	14,257	14,877	15,447	18,336	21,164	25,691
31	9,694	12,200	14,461	15,081	15,650	18,538	21,366	25,943
32	9,797	12,353	14,664	15,284	15,853	18,740	21,567	26,195
33	9,900	12,507	14,868	15,487	16,055	18,942	21,769	26,447
34	10,004	12,660	15,072	15,690	16,258	19,144	21,971	26,699
35	10,107	12,813	15,275	15,893	16,460	19,346	22,172	26,951
36	10,210	12,966	15,479	16,096	16,663	19,548	22,374	27,202
37	10,313	13,119	15,683	16,299	16,866	19,750	22,575	27,454
38	10,416	13,272	15,886	16,502	17,068	19,952	22,777	27,706
39	10,519	13,425	16,090	16,705	17,271	20,154	22,978	27,958
40	10,622	13,579	16,294	16,908	17,473	20,356	23,180	28,210
41	10,725	13,732	16,497	17,112	17,676	20,558	23,382	28,462
42	10,829	13,885	16,701	17,315	17,879	20,760	23,583	28,714
43	10,932	14,038	16,905	17,518	18,081	20,962	23,785	28,966
44	11,035	14,191	17,108	17,721	18,284	21,165	23,986	29,217

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45	11,138	14,344	17,312	17,924	18,486	21,367	24,188	29,469
46	12,169	15,774	19,043	20,057	21,019	24,902	28,219	34,003
47	13,201	17,203	20,774	22,189	23,551	28,438	32,250	38,537
48	14,232	18,632	22,506	24,322	26,083	31,974	36,282	43,070
49	15,263	20,062	24,237	26,454	28,616	35,510	40,313	47,604
50	16,294	21,491	25,968	28,587	31,148	39,046	44,344	52,138
51	17,326	22,920	27,699	30,720	33,681	42,582	48,376	56,672
52	18,357	24,350	29,430	32,852	36,213	46,117	52,407	61,205
53	19,388	25,779	31,162	34,985	38,745	49,653	56,438	65,739
54	20,420	27,208	32,893	37,117	41,278	53,189	60,469	70,273
55	21,451	28,638	34,624	39,250	43,810	56,725	64,501	74,807
56	22,482	30,067	36,355	41,383	46,342	60,261	68,532	79,340
57	23,514	31,496	38,086	43,515	48,875	63,797	72,563	83,874
58	24,545	32,926	39,818	45,648	51,407	67,332	76,595	88,408
59	25,576	34,355	41,549	47,780	53,940	70,868	80,626	92,941
60	26,607	35,784	43,280	49,913	56,472	74,404	84,657	97,475
61	28,876	39,051	46,742	53,467	60,017	78,445	90,704	104,528
62	31,145	42,318	50,205	57,022	63,563	82,486	96,751	111,580
63	33,414	45,585	53,667	60,576	67,108	86,527	102,798	118,633
64	35,683	48,852	57,130	64,130	70,653	90,568	108,845	125,685
65	37,952	52,119	60,592	67,685	74,198	94,609	114,892	132,738
66*	40,221	55,386	64,054	71,239	77,744	98,650	120,939	139,790
67*	42,489	58,653	67,517	74,793	81,289	102,691	126,986	146,842
68*	44,758	61,920	70,979	78,348	84,834	106,732	133,033	153,895
69*	47,027	65,187	74,442	81,902	88,380	110,773	139,080	160,947
70*	49,296	68,454	77,904	85,456	91,925	114,814	145,127	168,000
71*	51,565	71,721	81,366	89,011	95,470	118,855	151,174	175,052
72*	53,834	74,988	84,829	92,565	99,016	122,896	157,221	182,105
73*	56,103	78,256	88,291	96,119	102,561	126,937	163,268	189,157
74*	58,371	81,523	91,754	99,673	106,106	130,978	169,314	196,210
75*	60,640	84,790	95,216	103,228	109,652	135,019	175,361	203,262
76*	62,909	88,057	98,678	106,782	113,197	139,060	181,408	210,315
77*	65,178	91,324	102,141	110,336	116,742	143,100	187,455	217,367
78*	67,447	94,591	105,603	113,891	120,288	147,141	193,502	224,420
79*	69,716	97,858	109,066	117,445	123,833	151,182	199,549	231,472
80*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
81*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
82*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
83*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
84*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
85*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
86*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
87*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
88*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
89*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525
>=90*	71,985	101,125	112,528	120,999	127,378	155,223	205,596	238,525

*Only for Renewal Purposes