

Suitability:

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years.
- Child between 91 days and 5 years can be insured provided both parents are getting insured under this Policy.
- There is no maximum cover ceasing age in this policy.
- The policy will be issued for a period 1/2 years.
- This policy can be issued to an individual and/or family.
- The family includes spouse, dependent children and dependent parents.
- The policy offers option of covering on individual sum insured basis as well as on family floater basis.

Salient Features & Benefits:

- In-patient Treatment** - Covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for room rent, nursing, intensive care unit, medical practitioner(s), anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices or equipments if implanted internally during a surgical procedure.
- Pre-Hospitalisation** - The medical expenses incurred in 60 days immediately before the insured person was hospitalised.
- Post-Hospitalisation** - The medical expenses incurred in the 180 days immediately after the insured person was discharged post Hospitalisation.
- Day care procedures** - The medical expenses for 140 enlisted Day care procedures which do not require 24 hours hospitalisation due to technological advancement.
- Domiciliary Treatment** - The medical expenses incurred by an insured person for availing medical treatment at his home which would otherwise have required hospitalisation.
- Organ Donor** - The Medical Expenses for harvesting the organ from the donor for organ transplantation.
- Emergency Ambulance** - Expenses Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital in case of an emergency or from one hospital to another if medical services required are not available.
- Restore Benefit** - We will automatically re-instate the basic sum insured, if the basic sum insured and multiplier benefit has been exhausted during the policy year. Basic sum insured will be re-instated only once in a policy year. Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year. If the restore sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year.

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

For policy period 1st Jan 2011 to 31st Dec 2011

Details		Case A	Case B	Case C	Case D
Sum Insured at beginning of policy year (Rs)		3,00,000	3,00,000	3,00,000	3,00,000
Multiplier benefit (if any, please refer to section on "Renewal incentives")		None	None	3,00,000	3,00,000
				Assuming the policy has had 2 claim free years enabling the insured person to be eligible to receive a multiplier benefit of 100% of SI	
Total eligible Sum Insured limit applicable for the year		3,00,000	3,00,000	6,00,000	6,00,000
Event 1:	Individual undergoes a inpatient hospitalisation on 1st June 2011				
	Eligible claim amount (Rs)	2,00,000	3,00,000	3,00,000	6,00,000
	Restore benefit triggered	No	Yes	No	Yes
	Additional Restore Sum Insured triggered (Rs)	N.A	3,00,000	N.A	3,00,000
Sum Insured applicable for the remainder of the policy year (Rs) i.e. 2nd June 2011 to 31st Dec 2011		1,00,000	3,00,000	3,00,000 (Existing Multiplier benefit)	3,00,000
Sum Insured at renewal in the next policy year (Rs.)		3,00,000	3,00,000	3,00,000 (Multiplier benefit will reduce by 50% of basic Sum Insured due to claim made in previous year)	3,00,000

Basic Sum Insured:

Rs. 300,000; 500,000; 1,000,000; 1,500,000 on individual as well as on family floater basis.

Renewal Incentives:

- Multiplier Benefit:** We will offer Bonus of 50% of the basic sum insured for every claim free year accumulating up to 100%. In the event of a claim, the bonus

shall be reduced by 50% of the Basic Sum Insured at the time of renewal. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.

Portability:

If you are insured continuously and without interruption under another Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to us on renewal, Optima Restore policy offers you transfer of your accrued benefits and make due allowances for waiting periods etc to the extent of sum of previous sum insured and accrued cumulative bonus and it shall not apply to any other additional increased sum insured.

Free Look Period:

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

Exclusions

- a) Waiting Periods: We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.
- b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless:
 - i) The Insured Person has been insured under an Optima Restore Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any Indian insurer's individual health insurance policy for the reimbursement of medical costs for in-patient treatment in a Hospital, and We have issued an endorsement for the same.
 - iii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 3a) upon renewal with Us), then this exclusion will only apply in relation to the amount by which the Sum Insured has been increased.
- c) Specific Waiting Periods - The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Optima Restore Policy continuously and without any break:

Organ / Organ System	Illness	Treatment
ENT	<ul style="list-style-type: none"> • Any Benign ear, nose and throat (ENT) disorder Example: Sinusitis, Rhinitis etc 	<ul style="list-style-type: none"> • All ear, nose and throat (ENT) surgery Example: Adenoidectomy, Mastoidectomy, Tonsillectomy, Tympanoplasty, Septoplasty, Functional endoscopic sinus surgery (FESS)
Gynaecological	<ul style="list-style-type: none"> • Internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant) • Polycystic ovarian diseases 	<ul style="list-style-type: none"> • Dilatation and curettage (D&C) • Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy • Myomectomy for fibroids
Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Age related Osteoporosis 	<ul style="list-style-type: none"> • Joint replacement • Surgery for prolapsed inter vertebral disk
Gastrointestinal	<ul style="list-style-type: none"> • Calculus diseases of gall bladder • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Gastric and duodenal ulcers • All forms of cirrhosis 	<ul style="list-style-type: none"> • Surgery of gallbladder and bile duct unless necessitated by malignancy • Surgery of hernia
Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary Bladder stone etc. 	<ul style="list-style-type: none"> • Any surgery of Urogenital system unless necessitated by malignancy • Surgery on prostate • Surgery for Hydrocele
Others	<ul style="list-style-type: none"> • Cataract • Internal tumors, cysts, nodules, polyps, skin tumors (each of any kind unless malignant) 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers

- i) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any Indian insurer's individual health insurance policy for the reimbursement of medical costs for in-patient treatment in a Hospital, and We have issued an endorsement for the same.
- ii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 3a) upon renewal with Us), then this exclusion will only apply in relation to the amount by which the Sum Insured has been increased.
- d) Pre-existing Conditions will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Optima Restore policy with us,

but

1) If the Insured Person is presently covered and has been continuously covered without any lapses under:

- i) an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital, OR
- ii) any other similar health insurance plan from Us,

then Section 4 d) of the Policy stands deleted and shall be replaced entirely with the following:

- i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy
- ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy (other than as a result of the application of Benefit 3a), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:

- i) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
- ii) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation

We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- v) Sleep-apnoea, Treatment of Obesity and any weight control program.
- vi) Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, congenital internal or external diseases, defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- vii) Venereal disease, sexually transmitted disease or illness, "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1a) only.
- ix) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1f) Organ Donor, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- xiii) Treatment of nasal concha resection, circumcisions (unless necessitated by illness or injury and forming part of treatment), treatment for correction of refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens, Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
- xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, general debility or exhaustion ("run-down condition")
- xvii) Any non allopathic treatment.
- xviii) All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing, enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge,

administration, registration, documentation and filing.

- xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed, treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxii) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiii) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription.
- xxiv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxv) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 36 months prior to the commencement of his first being covered under an Optima Restore policy with Us.

Claim Procedure:

Specified Third Party Administrator (TPA) licensed by IRDA will process and settle all claims under this policy on behalf of Apollo Munich Health Insurance Company Limited. The final decision on any claim solely rests with Apollo Munich Health Insurance Company Limited.

Intimation & Assistance - Please contact our designated TPA atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses -

- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.
*Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, your designated TPA will send the cheque for the admissible amount, along with a settlement statement within 15 days.
- The cheque will be sent in the name of the proposer.

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

Procedure to avail Cashless facility -

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

Note:

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

Terms of Renewal:

- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the policy poses a moral hazard.
- Grace Period - Grace Period of 30 days for renewing the policy is provided under this policy.
- Maximum Age – There is no maximum cover ceasing age in this policy.
- Waiting Period - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Optima Restore policy.
- Renewal Premium – Renewal premium are subject to change with prior approval from IRDA.
- Basic Sum Insured Enhancement – Basic sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case shall be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of enhancement shall be at our sole discretion.

Tax Benefit:

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

Requirement:

Completed proposal form

Premium Rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium under floater coverage will be charged on the completed age of the oldest insured member.
- Premium rates are subject to change with prior approval from IRDA.

Discounts:

Family Discount of 10% if 2 or more family members are covered under Optima Restore Individual Sum Insured Plan.

Loadings:

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of enhancement in sum insured (for the enhanced Sum Insured).
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent.

Termination (other than Free Look Period):

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

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

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

Section 41 of Insurance Act1938 (Prohibition of Rebates):

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

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

SCHEDULE OF BENEFITS

Optima Restore Individual		
	Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00, 5.00, 10.00, 15.00
1a)	In-patient Treatment	Covered
1b)	Pre-Hospitalization	Covered, upto 60 Days
1c)	Post-Hospitalization	Covered, upto 180 Days
1d)	Day Care Procedures	Covered
1e)	Domiciliary Treatment	Covered
1f)	Organ Donor	Covered
1g)	Emergency Ambulance	Upto Rs.2,000 per Hospitalisation
2)	Restore Benefit	Equal to 100% of Basic Sum Insured
3)	Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim bonus will be reduced by 50% of the basic sum insured However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.

Optima Restore Family		
	Basic Sum Insured per Policy per Policy Year (Rs. in Lakh)	3.00, 5.00, 10.00, 15.00
1a)	In-patient Treatment	Covered
1b)	Pre-Hospitalization	Covered, upto 60 Days
1c)	Post-Hospitalization	Covered, upto 180 Days
1d)	Day Care Procedures	Covered
1e)	Domiciliary Treatment	Covered
1f)	Organ Donor	Covered
1g)	Emergency Ambulance	Upto Rs.2,000 per Hospitalisation
2)	Restore Benefit	Equal to 100% of Basic Sum Insured
3)	Multiplier Benefit	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim bonus will be reduced by 50% of the basic sum insured However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.