

Base Coverage

1.1. Hospitalization Expenses

The Company will indemnify medical expenses for hospitalization of the Insured Person 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.
- ICU/ICCU Expenses: Intensive Care Unit and Intensive Cardiac Care Unit expenses.
- Surgeon Fees: Surgeon, anaesthetist, medical practitioner, consultants, specialist fees during hospitalization.
- Investigative and Diagnostic Procedures: Investigative treatments and diagnostic procedures directly related to hospitalization.
- Medicines and Drugs: Prescribed in writing by a medical practitioner.
- Other Expenses:
 - Road Ambulance expenses for emergency transfers.
 - In-patient care dental treatment due to disease or injury.
 - Plastic surgery necessitated by injury.
 - All day care treatments.

Notes:

- Hospitalization must be for a minimum of 24 consecutive hours, except for day care treatments.
- Treatment must be medically necessary and prescribed by a medical practitioner.

1.2. Home Health Care

Indemnification for medical expenses incurred for home treatment if prescribed by a medical practitioner, provided:

- The treatment would otherwise require hospitalization and is pre-authorized by the Company.
- Records of the treatment are maintained and signed by the medical practitioner.

1.3. Domiciliary Hospitalization

Indemnification for medical expenses incurred for domiciliary hospitalization if:

- The Insured Person's condition prevents hospital admission or if there is a non-availability of hospital rooms.

1.4. AYUSH Treatment

Indemnification for medical expenses under AYUSH systems of medicine, up to the sub-limit specified in the Policy Schedule.

1.5. Pre-Hospitalization Expenses

Indemnification for pre-hospitalization medical expenses up to 60 days before admissible hospitalization.

1.6. Post-Hospitalization Expenses

Indemnification for post-hospitalization medical expenses up to 180 days from the date of discharge.

1.7. Organ Donor Expenses

Indemnification for medical expenses of the organ donor's hospitalization, subject to:

- Compliance with relevant laws.
- The recipient's hospitalization claim under Section B-1.1 is admissible.
- Excludes pre-hospitalization, post-hospitalization expenses, and organ transportation.

1.8. Cumulative Bonus (CB)

10% increase in the Base Sum Insured for each claim-free policy year, with a maximum cap of 100%. CB will be reduced if a claim is made.

Optional Covers

2.1. Emergency Air Ambulance

Indemnification for air ambulance transportation expenses for emergency care, subject to:

- Medical necessity and written advice by a medical practitioner.
- No return transportation covered.
- The air ambulance provider must be registered in India.

2.2. Daily Cash for Shared Room

Daily cash amount for hospitalization in shared accommodation exceeding 48 consecutive hours, excluding ICU time and if not admissible under Section B-1.1.

2.3. Protect Benefit

Indemnification for non-medical expenses listed under Annexure B related to a claim under Section B-1.

2.4. Plus Benefit

50% addition to the Base Sum Insured on renewal, up to a maximum of 100% of the Base Sum Insured. Applicable only if renewed without a break.

2.5. Secure Benefit

An additional sum as specified in the Policy Schedule available for claims under Section B and B-2.3, applicable once per policy year.

2.6. Automatic Restore Benefit

Restoration of Base Sum Insured up to the current Policy Year limit for subsequent claims after utilization of the sum insured.

2.7. Aggregate Deductible

The Insured Person bears the aggregate deductible amount specified, applicable on an

annual aggregate basis. Exclusions apply to specific sections.

2.7.1. Waiver of Aggregate Deductible

Option to reduce or waive the deductible under specified conditions after 5 continuous policy years.

Major Medical Illnesses Covered

- Cancer of specified severity
- Open Chest CABG (Coronary Artery Bypass Grafting)
- Kidney failure requiring regular dialysis
- Myocardial Infarction (First Heart Attack of specified severity)
- Other specified severe conditions

E-Opinion for Critical Illness

- Coverage for obtaining an E-Opinion for Major Medical Illnesses from Network Providers.
- Only applicable once per Policy Year.
- Benefits available regardless of whether the advice is followed.
- No impact on Sum Insured.

Global Health Cover (Emergency Treatments Only)

- Covers emergency medical expenses outside India.
- Includes hospitalization expenses, AYUSH treatment, organ donor expenses, emergency air ambulance, and more.
- Maximum liability per Policy Year is limited to the Base Sum Insured and Plus Benefit.
- Per Claim Deductible of Rs. 10,000 applies.
- Excludes planned treatments, non-life-threatening conditions, certain orthopaedic conditions, and oncology diseases.
- Claims are reimbursed based on the RBI exchange rate.

Global Health Cover (Emergency & Planned Treatments)

- Covers both planned and emergency medical expenses outside India.
- Includes pre- and post-hospitalization expenses.
- Per Claim Deductible of Rs. 10,000 applies.
- No separate Sum Insured; any claim reduces the Sum Insured of the opted plan.
- Specific exclusions apply.

Overseas Travel Secure

- Can be opted with Optima Secure Global Plan or Optima Secure Global Plus Plan.
- Covers travel and accommodation expenses for the insured person and an accompanying person.
- No separate Sum Insured; any claim reduces the Sum Insured of the opted plan.
- Limits on accommodation costs and air tickets.

Preventive Health Check-up

- Cost of preventive health check-up covered annually, based on Sum Insured.
- Not carried forward if not claimed.

Exclusions

- Pre-existing diseases (36 months waiting period).
- Specified diseases/procedures (24 months waiting period).
- 30-day waiting period for illnesses.
- Investigation & Evaluation.
- Rest Cure, Rehabilitation, and Respite Care.
- Obesity/Weight Control.
- Change-of-Gender Treatments.
- Cosmetic or Plastic Surgery.

External Durable Medical Equipment: Costs for items like wheelchairs, crutches, and oxygen concentrators for conditions like bronchial asthma or COPD are not covered, except where necessary due to an accident.

Non-Medically Necessary Treatments: Any treatment or part of a treatment deemed not medically necessary or not of reasonable charge is excluded.

Non-Prescription Drugs or Treatments: Drugs or treatments that are not supported by a prescription are not covered.

Permanent Exclusions: Any specific conditions or treatments permanently excluded from coverage, as outlined in the Policy Schedule, will not be covered.

Underwriting Policy Exclusions: Conditions or treatments that would otherwise lead to rejection of coverage under the Company's Underwriting Policy are excluded.