

### Suitability:

- The minimum entry age under this policy is 61 years and above.
- There is no maximum cover ceasing age in this policy.
- The policy will be issued for a period 1/2 years.
- Policy can be issued to an individual and/or family on individual sum insured basis.
- The family includes self and spouse only.

### Schedule of Benefits:

Sum Insured per Insured Person per Policy Year	200,000; 300,000; 500,000
1a) In-patient Treatment	Covered
1b) Pre-Hospitalization	Covered, upto 30 Days
1c) Post-Hospitalization	Covered, upto 60 Days
1d) Day Care Procedures	Covered, enlisted 140 Day Care Procedures
1e) Domiciliary Treatment	Covered
1f) Organ Donor	Covered
1g) Emergency Ambulance	Upto Rs.2,000 per Hospitalisation
2a) E-opinion	One opinion per Policy Year

### Salient Features & Benefits:

	We will cover (Medical Expenses for)	We will not cover (Additional to Waiting periods and General exclusions)
1.	a. In-Patient Treatment	a. Cost of prosthetics NOT implanted by surgery b. Hospitalisation for evaluation, Investigation only c. Treatment availed outside India d. Treatment at a healthcare facility NOT conforming to Hospital definition.
	b. Pre-Hospitalization Expenses (Consultations, Investigations, Medicines) upto 30 days before Hospitalisation.	e. If claim has NOT been admitted under 1 a (in-patient) f. Cost incurred is NOT for the same condition for which hospitalisation was done
	c. Post-Hospitalization Expenses (Consultations, Investigations, Medicines) Upto 60 days after discharge Post-Hospitalisation.	
	d. Enlisted Day care procedures	g. Out-Patient Treatment
	e. Domiciliary Treatment Treatment at home ONLY because the Medical Practitioner advised that the Insured Person is not in a condition to be transferred OR bed was not available in Hospital.	h. Treatment for less than 3 days i. Post-Hospitalisation Expenses j. Following medical conditions: i. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, ii. Arthritis, Gout and Rheumatism, iii. Chronic Nephritis and Nephritic Syndrome, iv. Diarrhoea and all type of Dysenteries including Gastroenteritis, v. Diabetes Mellitus and Insipidus, vi. Epilepsy, vii. Hypertension, viii. Psychiatric or Psychosomatic Disorders of all kinds, ix. Pyrexia of unknown Origin
f. Organ Donor Treatment of organ donor for harvesting the organ	k. If claim has NOT been admitted under 1 a (In-Patient) l. Beyond purview of Transplantation of Human Organs Act, 1994 (Amended) m. Donor's Pre and Post-Hospitalisation Expenses.	
g. Emergency Ambulance Subject to the amount mentioned in Schedule of Benefits	n. If claim has NOT been admitted under 1 a (In-Patient) o. Non Emergency p. NON registered healthcare or ambulance service provider	
2.	a. E-Opinion We shall arrange and pay for a second opinion on request of the Insured Person by a Medical Practitioner selected from Our panel for 'Critical Illness' suffered during the Policy Year based upon the documents and information provided. Second opinion will be sent directly by the Medical Practitioner to the Insured Person. While Claiming under this benefit Insured Person expressly notes and agrees that: (1) Insured Person has to decide from which Medical Practitioner in Our Panel to take the E-opinion from and the use (if any) to which the E-opinion so obtained is put. Critical Illness includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs, Stroke.	a. More than one claim for this benefit in a Policy Year b. More than one claim for same Critical Illness c. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of E-opinion provided by Medical Practitioner

### Co-Payment

"Co-Payment" means a cost-sharing requirement applicable under this Policy in which the Insured Person will bear the percentage of the admissible claim amount which is specified in the table below. A Co-Payment does not reduce or otherwise affect the Sum Insured.

#### Co-Payment applicable on accommodation type

Accommodation Type	Co-Payment (Percentage to be borne by the Insured Person as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

**Note** If any urgent medical and/or surgical treatment is taken for acute cardiac illness or Accident to avoid serious impairment of health in a single occupancy accommodation due to unavailability of Shared or any other lower accommodation then only a 15% Co-Payment would be applicable.

A Co-payment of 15% shall be applicable to all enlisted Day Care Procedures; no additional copay's shall apply.

#### Co-Payment applicable on specified illnesses/surgeries

If a claim has been admitted under Section I in respect of any of the following illnesses/surgeries then, the insured person shall bear 30% of the claim amount payable under the Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

S.no	Illnesses/Surgeries
i.	Cataract (each eye)
ii.	Hysterectomy
iii.	Cholecystectomy
iv.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
v.	Surgery of Hernia
vi.	Angiography (CT Angiogram excluded)
vii.	Arthroscopy
viii.	PID-Discectomy
ix.	Mastectomy
x.	Joint Replacement
xi.	PTCA (Angioplasty)
xii.	Hydrocele
xiii.	Major Organ Transplant
xiv.	CABG (Coronary Artery Bypass Graft)

**Note** If we accept a claim for above mentioned specified illnesses/surgeries then no additional Copayment shall be applicable for the same claim.

#### Basic Sum Insured:

Rs. 200,000; 300,000; 500,000 on individual basis.

#### Renewal Incentives:

- **No Claim Discount** - A 5% non cumulative discount will be offered on the renewal premium payable under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us and without a break.

#### Portability:

If you are insured continuously and without interruption under an indemnity based health insurance policy of any Indian insurance company and you want to shift to us on renewal, Optima Senior policy offers you transfer of most of the accrued benefits and make due allowances for waiting periods etc. If the Insured person transfers from any other insurer and enhances the sum insured, then the portability benefits will be offered only in respect to the previous 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

##### Waiting Period

All claims payable will be subject to the waiting periods specified below:

- General waiting period of 30 days for all claims payable under the Policy except claims arising due to an Accident.
- 24 months waiting period for the following listed illnesses or treatments except claims payable due to the occurrence of cancer.

Organ / Organ System	Illness	Treatment
ENT	<ul style="list-style-type: none"> <li>Any benign ear, nose and throat (ENT) disorder Example: Sinusitis, Rhinitis</li> </ul>	<ul style="list-style-type: none"> <li>Any ear, nose and throat (ENT) surgery Example: adenoidectomy, mastoidectomy, tonsillectomy, tympanoplasty</li> <li>Surgery for nasal septum deviation</li> </ul>
Gynaecological	<ul style="list-style-type: none"> <li>Internal tumors, cysts, nodules, polyps including breast lumps</li> <li>Polycystic ovarian diseases</li> </ul>	<ul style="list-style-type: none"> <li>Dilatation and curettage (D&amp;C)</li> <li>Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus</li> <li>Myomectomy for fibroids</li> </ul>
Orthopaedic	<ul style="list-style-type: none"> <li>Non infective arthritis</li> <li>Gout and Rheumatism</li> <li>Age related Osteoarthritis and Osteoporosis</li> </ul>	<ul style="list-style-type: none"> <li>Joint replacement</li> <li>Surgery for prolapsed inter vertebral disk</li> </ul>
Gastrointestinal	<ul style="list-style-type: none"> <li>Calculus diseases of gall bladder including Cholecystitis</li> <li>Pancreatitis</li> <li>Fissure/fistula in anus, hemorrhoids, pilonidal sinus</li> <li>Gastric and duodenal ulcers</li> <li>All forms of cirrhosis</li> </ul>	<ul style="list-style-type: none"> <li>Surgery of gallbladder and bile duct</li> <li>Surgery of hernia</li> </ul>
Urogenital	<ul style="list-style-type: none"> <li>Calculus diseases of Urogenital system Example: Kidney stone, Urinary Bladder stone etc.</li> <li>Benign Hyperplasia of prostate</li> </ul>	<ul style="list-style-type: none"> <li>Any surgery of Urogenital system</li> <li>Surgery on prostate</li> <li>Surgery for Hydrocele</li> </ul>
Eye	<ul style="list-style-type: none"> <li>Cataract</li> <li>Glaucoma</li> </ul>	<ul style="list-style-type: none"> <li>NIL</li> </ul>
Others	<ul style="list-style-type: none"> <li>Internal tumors, cysts, nodules, polyps, skin tumors</li> </ul>	<ul style="list-style-type: none"> <li>Surgery of varicose veins and varicose ulcers</li> </ul>

iii) 36 months waiting period for all Pre-existing Conditions declared and/or accepted at the time of application.

**Reduction in waiting periods:**

**A. Reduction in waiting periods**

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
  - a) any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR
  - b) any other similar health insurance plan from Us,

Then:

- a) The waiting periods specified above stand deleted; AND:
  - b) The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
  - c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.
- 2) The reduction in the waiting period specified above shall be applied subject to the following:
    - a) 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);
    - b) 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 and information.

**General exclusions**

We will not pay in event of:

**Non medical**

- i) Wars or similar situations  
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) Breach of Law  
Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iii) Dangerous Acts (including sports)  
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.

**Medical**

- iv) Substance abuse and de-addiction programs  
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) Cosmetic, Aesthetic and re-shaping treatments and surgeries

- a. Treatment of Obesity and any weight control program.
- b. 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.
- c. Treatment for correction of eye due to refractive error
- d. circumcisions (unless necessitated by illness or injury and forming part of treatment); Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- vi) Types of treatment, defined illnesses / conditions / supplies
  - a. Non allopathic treatment
  - b. Conditions for which Hospitalization is NOT required
  - c. Experimental, investigational or unproven treatment devices and pharmacological regimens
  - d. Measures primarily for diagnostic and evaluation purposes which are not consistent with or incidental to the diagnosis and treatment of Illness for which Hospitalization has been done. For example test like EPS, Holter monitoring, sleep study, etc are not payable.
  - e. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
  - f. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
  - g. Enteral feedings (infusion formulas 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.
  - h. 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.
  - i. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively)
  - j. Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
  - k. Congenital internal or external diseases, defects or anomalies, genetic disorders
  - l. Stem cell implantation or surgery, or growth hormone therapy
  - m. 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.
  - n. 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) in-patient only.
  - o. 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
  - p. Expenses for organ 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).
  - q. 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 treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities
  - r. Nasal concha resection
- vii) Medically not necessary expenses
  - a. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), 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
  - b. vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- viii) Specified Healthcare providers (Hospitals /Medical Practitioners)
  - a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed
  - b. Referral-fees.
  - c. Treatments rendered by a Medical Practitioner who is a member of the insured's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
  - d. 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.
  - e. 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.
- ix) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines
- x) Any non medical expenses mentioned in Annexure II in policy wordings.

### Key Definitions:

**Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

**Co-Payment** is a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible cost. A copayment does not reduce the sum insured.

### Claim Procedure:

Apollo Munich 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 Apollo Munich atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Apollo Munich 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 Apollo Munich 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, Apollo Munich will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, Apollo Munich will make the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be made 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, Apollo Munich must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Apollo Munich atleast 48 hours prior to the hospitalization.
- Apollo Munich 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 Senior policy.
- Renewal premium are subject to change with prior approval from IRDA. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated atleast 3 months in advance.
- In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- Sum Insured Enhancement - 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.
- Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

**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:**

Age Group / Sum Insured (Rs.)	2,00,000	3,00,000	5,00,000
61-65 Yrs	11,932	14,615	22,553
66-70 Yrs	15,137	19,201	30,719
71-75 Yrs	18,367	23,986	39,428
76-80 Yrs	24,219	31,629	52,125
81-85 Yrs	32,051	42,433	70,849
> 85 Yrs	42,497	57,032	96,402

- Service Tax to be charged as applicable
- The rates are valid till further notification

**2 Year Premium**

- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

For example:

- 1) Proposed Insured Age 64 years opting for 2 year policy with Basic Sum Insured of Rs 3 Lac.  
Calculation – 14,615 X 2 X (100-7.5) % = Rs. 27,039/- plus taxes.

2) Proposed Insured Age 65 years opting for 2 year policy with Basic Sum Insured of Rs 3 Lac.

Calculation –  $(14,615+19,201) \times (100-7.5) \% = \text{Rs. } 31,280/-$  plus taxes.

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

### Discounts:

- Family Discount of 5% if 2 family members are covered under Optima Senior policy.

### 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 not apply any additional loading on your policy premium at renewal based on claim experience.
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 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:

- You may terminate this Policy at any time by giving Us notice. The cancellation shall be from the date of receipt of such notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the policy

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 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 after 30 days of giving You a notice and We would issue and send an endorsement in this regard at Your address shown in the Schedule without refund of any 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.

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

### Disclaimer:

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

Insurance is the subject matter of solicitation