

APOLLO MUNICH HEALTH OPTIMA RESTORE FAMILY



BENEFITS

Plan Benefits

• IN-PATIENT HOSPITALISATION

The medical expenses for coverage for hospitalization of more than 24 hrs with no room rent limits.

• PRE-HOSPITALISATION

The medical expenses that you incur due to illness during 60 days immediately before you are hospitalized.

• POST-HOSPITALISATION

The medical expenses you incur in the 180 days immediately after you are discharged from hospital.

• DAY-CARE PROCEDURES

The medical expenses for all day-care procedures, which do not require 24 hours hospitalization due to technological advancement, are covered.

• DOMICILIARY TREATMENT

The treatment expenses involved in getting a treatment done at home which otherwise would need hospitalization.

• ORGAN DONOR

Treatment expenses for the organ donor at the time of organ transplant.

• DAILY CASH FOR CHOOSING SHARED ACCOMMODATION

A lump sum amount given for selecting a shared room in a network hospital.

• EMERGENCY AMBULANCE

Emergency Air Ambulance-Covers expenses for ambulance transportation in an airplane or helicopter for emergency life threatening health conditions.

• PREVENTIVE HEALTH CHECK-UP

Reimbursement for a preventive health checkup package taken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease. This benefit is available at renewal at the end of a block of 2 years on base sum insured of 5 lacs and annually on base sum insured of 10 Lacs and above.

• RESTORE BENEFIT

Automatic re-instatement of 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.

• STAY ACTIVE BENEFIT

In order to encourage Insured members to stay healthy, we will offer a discount at each renewal if the insured member achieves the average step count target on the mobile application provided by us in the specified time interval (calculated from the policy risk start date).

• E-OPINION

On request of the Insured person diagnosed with a critical illness, We will arrange for a second opinion from a medical practitioner selected by the insured person from Our panel. This benefit can be availed once in a policy year.

• ADDITIONAL COVER FOR CRITICAL ADVANTAGE RIDER (OPTIONAL)

You can opt to cover yourself worldwide at our network centers against treatment expenses for 8 major illnesses that include Cancer, Coronary Artery by-pass surgery, Heart Valve replacement/repair, Neurosurgery, Live Donor Organ Transplant, Bone Marrow Transplant, Pulmonary artery graft surgery and Aorta Graft Surgery. The rider offers you freedom to not only avail best healthcare services world over but also covers all travel costs for the insured and accompanying relative, accommodation expenses, second opinion & post hospitalization expenses. This rider will be offered where base policy Sum Insured is Rs.10 lacs & above. This rider can be issued to an individual and/or family only on individual Sum

Other Benefits

• MULTIPLIER BENEFIT

You get a 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).

• CASHLESS SERVICE

You need to obtain a pre-authorization for all planned admissions atleast 48 hours prior to actual admission or regularize any 'emergency' admission within 24 hours post the admission. The details of the process and the documentation requirements are given in the guide-book sent along with the policy.

• 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 increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the sum insured waiting period will apply afresh in relation to the amount by which the sum insured has been enhanced. However, the quantum of increase shall be at the discretion of the company.

• PORTABILITY

If you are insured with some other company's health insurance and you want to shift to us on renewal, you can. Our portability policy is customer friendly and aims to achieve the transfer of most of the accrued benefits and makes due allowances for waiting periods etc.

Renewal Policies

- Our Optima Restore policy offers lifelong renewability i.e there is no maximum cover ceasing age in this policy
- Grace Period of 30 days for renewing the policy is provided under this policy.
- Waiting periods as mentioned in the policy wording gets reduced by 1 year on every continuous renewal of your Optima Restore Insurance 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 IRDA and will be intimated at least 3 months in advance.

Exclusions

- All treatments within the first 30 days of cover except any accidental injury.
- Any pre-existing condition will be covered after a waiting period of 3 years.
- 2 years waiting period for specific diseases like cataract, hernia, joint replacement surgeries, surgery of hydrocele etc.
- Expenses arising from HIV or AIDS and related diseases.
- Congenital diseases, mental disorder or insanity, cosmetic surgery and weight control treatments.
- Abuse of intoxicant or hallucinogenic substances like intoxicating drugs and alcohol.
- Hospitalization due to war or an act of war or due to a nuclear, chemical or biological weapon and radiation of any kind.
- Pregnancy, dental treatment, external aids and appliances.
- Items of personal comfort and convenience.
- Experimental, investigative and unproven treatment devices and pharmacological regimens

Please refer to the Policy Wording for the complete list of exclusions

ELIGIBILITY

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for Adult Dependent is 18 years and Maximum entry age is 65 years.
- Children between 91 days and 5 years can be insured provided either parent is getting insured under this Policy.
- There is no maximum cover ceasing age on renewals.
- The policy will be issued for a period of 1 year period, the sum insured & benefits will applicable on Policy Year basis.
- This policy can be issued to an individual and/or family .The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.
- In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father, Father in law, Mother or Mother in law.
- In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father, Father in law, Mother or Mother in law .
- In a family floater the age of the eldest member will be considered while computing premium for the family.
- In a individual policy Sum Insured of the Dependent insured members should be equal to or less than the Sum Insured of the primary insured member. Incase where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of Dependent Parents must be the same.