HDFC ERGO General Insurance Company Limited

Policy Wordings

my:credit Comprehensive Suraksha

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Operating Clause

We will provide Insurance coverage to the Insured Person(s) under this Policy up to Sum Insured and subject to waiting period andTime deductible mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

The Coverage under this Policy is subject to statements of Policy Holder and/or Insured Persons in the Proposal form/ enrollment form, declaration and/or medical reports, and the terms and conditions of this Policy.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable You to identify that particular word has a specific meaning for which You need to refer Section – A, Definitions.

Section A – Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

I Definitions of Critical Illness/Surgical Procedures

1 Standard Definitions

1 Cancer of specified severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded:
   a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
   b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   c. Malignant melanoma that has not caused invasion beyond the epidermis;
   d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
   e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
   f. Chronic lymphocytic leukemia less than RAI stage 3
   g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
   h. All Gastro-Intestinal Stromal Tumors histological classified as T1N0M0 (TNM classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2 Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:
   a. Angioplasty and/or any other intra-arterial procedures

3. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Myocardial Infarction

(First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
   a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   b. New characteristic electrocardiogram changes
   c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:
   a. Other acute Coronary Syndromes
   b. Any type of angina pectoris
   c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

5. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

6. Major Organ/Bone Marrow Transplantation

I. The actual undergoing of a transplant of:
   a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
   b. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:
   a. Other stem-cell transplants
   b. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with persisting symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

8. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Stroke resulting in permanent symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae.
   a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolisation from an extra cranial source.
   b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
   a. Transient ischemic attacks (TIA)
   b. Traumatic injury of the brain
   c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the elevant medical specialist.
   a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   b. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. Coma of specified severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   a. no response to external stimuli continuously for at least 96 hours;
   b. life support measures are necessary to sustain life; and
   c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner.
   a. Coma resulting directly from alcohol or drug abuse is excluded.

12. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   a. Permanent jaundice; and
   b. Ascites; and
   c. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

13. Deafness

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

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14. Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

15. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body’s surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

16. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

17. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:
   a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

18. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
   b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 5mmHg); and
   d. Dyspnea at rest.

19. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:
   a. corrected visual acuity being 3/60 or less in both eyes or;
   b. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

20. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:
   a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   d. Mobility: the ability to move indoors from room to room on level surfaces;
   e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   f. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:
   a. Spinal cord injury;

21. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

I. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

II. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Benefit payable on undergoing Angioplasty is restricted to lower of 25% of total Sum Insured or INR 1,000,000. A 180-days waiting period will be applicable for Angioplasty.

2. Specific Definitions

1. Medullary Cystic Disease

I. Medullary Cystic Disease where the following criteria are met:
   a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
   b. clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
   c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

II. Isolated or benign kidney cysts are specifically excluded from this benefit.

2. Parkinson's Disease

I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.
   a. Transfer: Getting in and out of bed without requiring external physical assistance
   b. Mobility: The ability to move from one room to another without requiring any external physical assistance
   c. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
   d. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
   e. Eating: All tasks of getting food into the body once it has been prepared

II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

3. Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

4. Surgery of Aorta

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

5. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Medical practitioner who is a consultant neurologist. The condition must result in the inability of the Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

6. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

a. Positive result of the blood culture proving presence of the infectious organism(s);
b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Medical practitioner who is a cardiologist.

7. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Medical practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

8. Systemic Lupus Erythematous with Lupus Nephritis

I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Cover, systemic lupus Erythematous will be restricted to those forms of systemic lupus Erythematous which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology.

II. The WHO Classification of Lupus Nephritis:
Class I Minimal Change Lupus Glomerulonephritis
Class II Messangial Lupus Glomerulonephritis
Class III Focal Segmental Proliferative Lupus Glomerulonephritis
Class IV Diffuse Proliferative Lupus Glomerulonephritis
Class V Membranous Lupus Glomerulonephritis

9. Apallic Syndrome

I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

10. Aplastic Anemia

I. Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
   a. Blood product transfusion;
   b. Marrow stimulating agents;
   c. Immunosuppressive agents; or
   d. Bone marrow transplantation.

II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
   a. Absolute neutrophil count of less than 500/mm³ or less
   b. Platelets count less than 20,000/mm³ or less
   c. Reticulocyte count of less than 20,000/mm³ or less

III. Temporary or reversible Aplastic Anemia is excluded.

11. Bacterial Meningitis

I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
   a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
   b. A consultant neurologist.

12. Cardiomyopathy

I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

II. The Diagnosis of Cardiomyopathy has to be supported by echo graphic findings of compromised ventricular performance.

III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

13. Other Serious Coronary Artery Disease

I. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).

II. For purposes of this definition, “major coronary artery” refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

14. Creutzfeldt-Jacob Disease (CJD)

I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Medical practitioner who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

15. Encephalitis

I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.

16. Fulminant Hepatitis

I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
   a. Rapid decreasing of liver size;
   b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
   c. Rapid deterioration of liver function tests;
   d. Deepening jaundice; and
   e. Hepatic encephalopathy.

II. Acute Hepatitis infection or carrier status alone

does not meet the diagnostic criteria.

17. Eisenmenger's Syndrome

I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Medical practitioner who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:
   a. Mean pulmonary artery pressure > 40 mm Hg;
   b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
   c. Normal pulmonary wedge pressure < 15 mm Hg.

18. Chronic Adrenal Insufficiency (Addison's Disease)

I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical practitioner who is a specialist in endocrinology through one of the following:
   a. ACTH simulation tests;
   b. insulin-induced hypoglycemia test;
   c. plasma ACTH level measurement;
   d. Plasma Renin Activity (PRA) level measurement.

II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

19. Progressive Scleroderma

I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

II. The following are excluded:
   a. Localized scleroderma (linear scleroderma or morphea);
   b. Eosinophilic fasciitis; and
   c. CREST syndrome.

20. Progressive Supranuclear Palsy

Confirmed by a Registered Medical practitioner who is a specialist in neurology of a definite diagnosis of progressive Supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

21. Chronic Relapsing Pancreatitis

I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

22. Elephantiasis

I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered Medical practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

23. Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed. Keyhole surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Medical practitioner who is a qualified specialist.

24. Pneumonectomy

The undergoing of surgery on the advice of a specialist Medical Practitioner to remove an entire lung for disease or traumatic injury suffered by the Insured Person.

The following conditions are excluded:

I. Removal of a lobe of the lungs (lobectomy)

II. Lung resection or incision

25. Terminal illness

The conclusive diagnosis of an illness, which in the opinion of a Registered Medical practitioner who is an attending Consultant and agreed by our appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

26. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the Insured requires a blood

transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Medical practitioner who is a specialist.

27. Pheochromocytoma

I. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumor.

II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered Medical practitioner who is an endocrinologist.

28. Crohn's Disease

I. Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
   a. Stricture formation causing intestinal obstruction requiring admission to hospital, and
   b. Fistula formation between loops of bowel, and
   c. At least one bowel segment resection.

II. The diagnosis must be made by a Registered Medical practitioner who is a specialist Gastroen terologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

29. Severe Rheumatoid Arthritis

I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
   a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
   b. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below
   i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   iv. Mobility: the ability to move indoors from room to room on level surfaces;
   v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   vi. Feeding: the ability to feed oneself once food has been prepared and made available.
   c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
   d. The foregoing conditions have been present for at least six (6) months.

30. Severe Ulcerative Colitis

I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

II. All of the following criteria must be met:
   a. the entire colon is affected, with severe bloody diarrhoea; and
   b. the necessary treatment is total colectomy and ileostomy; and
   c. the diagnosis must be based on histopathological features and confirmed by a Registered Medical practitioner who is a specialist in gastroenterology.

31. Malignant Cancer of Specified sites – Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

i. All tumors which are histological described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumorshistological classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. Tumors of any other sites except Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

32. Other Cancers

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

i. All tumors which are histological described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumorshistological classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. Tumor/Malignant Cancer of Breast, Cervix, Uterus, Fallopian Tube, Ovary, Vagina/Vulva

33. Carcinoma in situ of Cervix Uteri and Breast

Carcinoma in situ means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.

34. Rheumatoid Arthritis

The unequivocal diagnosis of Rheumatoid Arthritis must be made by a certified medical consultant based on clinically accepted criterion. There must be imaging evidence of erosion with widespread joint destruction in three or more of the following joint areas: hands, wrist, elbows, knees, hips, ankle, cervical spine or feet. There must be also be typical rheumatoid joint deformities.

There must be history of treatment or current treatment with disease-modifying anti-rheumatic drugs, or DMARDs. Non-steroidal anti-inflammatory drugs such as acetylsalicylic acid are not considered a DMARD drug under this definition.

Degenerative osteoarthritis and all other forms of arthritis are excluded.

35. Severe Osteoporosis

A certified medical consultant must make the definite diagnosis of osteoporosis that follows the WHO definition where there is testing evidence of reading with a T-score of less than 2.5 (2.5 standard deviation below the peak bone density of a normal 25 – 30 years old adult).

Osteoporosis must have caused multiple fractures resulting in the insured's permanent inability to perform at least 3 to 5 Activities of Daily Living (ADLs)

Activities of Daily Living (ADLs) are defined as:

a) Washing: the ability to wash in the bath or shower (including getting into or and out of the bath shower) or wash satisfactorily by other means
b) Dressing: ability to put on, take off, secure and unfasten all garments and, as appropriate, all braces, artificial limbs or other surgical appliances
c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
d) Toileting: the ability to use the lavatory or otherwise manage bowel or bladder functions so as to maintain a satisfactory level of personal hygiene
e) Feeding: the ability to feed oneself once food has been prepared and made available

36. Breast Lumpectomy

Removal of a malignant tumor or carcinoma in situ and surrounding breast tissue in one/both breasts. Diagnosis has to be confirmed by appropriate medical specialist.

37. Mastectomy

The actual undergoing of a mastectomy due to carcinoma in situ of the Breast (confirmed by histological evidence). The mastectomy must be certified to be absolutely necessary by a Specialist in the relevant field.

Partial mastectomy and lumpectomy do not fulfill the above definition.

38. Breast Reconstructive Surgery

Plastic or reconstructive surgery of the breast performed by a registered surgeon after mastectomy following diagnosis of breast cancer or carcinoma in situ of the breast.

39. Hysterectomy

The removal of the uterus (at least the corpus and cervix or corpus only) with supporting evidence of carcinoma of the uterus, fallopian tube, ovary, vagina or endometrium, advanced cervical carcinoma, or hydatidiform mole. Diagnosis has to be confirmed by appropriate medical specialist.

40. Wertheim's Operation

A radical hysterectomy which includes removal of the uterus, fallopian tubes, wide excision of parametrium, tissues surrounding the upper vagina, and all the pelvic lymph nodes. Diagnosis has to be confirmed by appropriate medical specialist.

41. Radical Vulvectomy

The complete removal of the vulva and the pelvic lymph nodes.Diagnosis has to be confirmed by appropriate medical specialist.

42. Total Pelvic Exenteration
Actual undergoing of excision of the bladder, lower uterus, vagina uterus, adnexa, the pelvic and lower sigmoid colon, pelvic lymph nodes and all the pelvic peritoneum, due to gynaecological cancers. Diagnosis has to be confirmed by appropriate medical specialist.

43. Complicated Repair of Vaginal Fistula
Actual undergoing abdominal or vaginal repair of ureterovaginal, vesicovaginal, urethrovaginal or complex fistulas which occurred following cancer-related pelvic surgery or in case of advanced pelvic malignancy, especially when there has been radiotherapy.
Repair of fistula resulting from trauma (an obstetric tear or extension of an episiotomy), diverticular disease, Crohn's disease, or any other non-cancer related pelvic surgery would not be covered.
Diagnosis has to be confirmed by appropriate medical specialist

44. Heart Valve Repair
The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

45. Insertion of Pacemaker
Insertion of a permanent cardiac pacemaker that is required as a result of life threatening cardiac arrhythmias, Cardiomyopathy or any other condition which cannot be treated via other means.
The insertion of the cardiac pacemaker must be certified to be absolutely necessary by a specialist in the relevant field.

46. Disseminated Intravascular Coagulation (DIC)
DIC means a life-threatening complication of pregnancy, consisting of a systematic thrombo-hemorrhagic disorder that is characterized by generalized bleeding and end organ damage. The diagnosis must be confirmed by a gynaecologist or obstetrician as disseminated intravascular coagulation and supported by laboratory tests showing a combination of significant thrombocytopenia, procoagulant activation, fibrinolytic activation and inhibitor consumption. The benefit is payable only if the above requires treatment with frozen plasma and platelet concentrates.

47. Ectopic Pregnancy
Pregnancy, in which the fertilized ovum implants in the fallopian tube. The ectopic pregnancy must have required the immediate surgical; removal of the ovum or complete fallopian tube. The diagnosis must be confirmed with a pathology report. No benefit will be payable for partial salpingectomy and any other forms of treatment for ectopic pregnancy.

48. Molar Pregnancy
Complete Hydatiform mole is a form of trophoblastic disease characterized by clusters of hydropic villi and trophoblastic elements and atypia. The hydatiform mole must have been diagnosed by a specialist and confirmed with a pathology report. The condition must require a hysterectomy and same must have been performed.

49. Eclampsia
Eclampsia is the occurrence of generalized tonic clonic grand mal seizures after the 20th week of pregnancy in a pregnant woman who has also has hypertension, proteinuria, and oedema. Eclampsia must be diagnosed by a Gynaecologist, Obstetrician or specialist physician. The eclampsia must require the emergency delivery of the foetus and placenta.
Seizures due to other causes are excluded. Postpartum eclampsia is excluded.

50. Down's Syndrome
Live birth of a baby with Down's syndrome (trisomy 21) – as diagnosed by a specialist physician and proven on chromosomal analysis.

51. Spina Bifida
Spina Bifida is a neural tube defect where there is failure of the spine to close properly during pregnancy. There must be a resultant meningomyocele or meningocele. The spina bifida must also have a required corrective surgery and there must be objective evidence or permanent paralysis a verified by a neurologist.

52. Tetralogy of Fallot
A congenital abnormality of the heart characterized by pulmonary stenosis, an opening in the interventricular septum, malposition of the aorta over both ventricles, and hypertrophy of the right ventricle. Open heart surgery must have taken place to correct the congenital defect.

53. Cleft Palate
Congenital fissure of the roof of the mouth requiring corrective surgical procedures produced by failure of the two maxillae to unite during embryonic development with or without cleft lip.

54. Ventricular Septal Defect
Failure of the interventricular septum to close giving rise to a significant left to right shunt that must be more than 2:1 pulmonary to systemic flow ratio. Open-heart surgery must have taken place to correct the defect.

55. Patent DuctusArteriosus
The condition where the ductusarteriosus fails to close after birth causing significant left to right shunt. Open-heart surgery must have taken place to correct the congenital defect.

56. Surgical Separation of Conjoined Twins

The undergoing of surgical separation of the conjoined twins at least one of the co-twins must be alive till the time of the separation surgery. Conjoined twins here are defined as identical twins that are born with their bodies joined.

57. Cardiac arrest

The sudden and unexpected loss of; heart function, breathing and consciousness which usually results from an electrical disturbance in the heart that disrupts its pumping action, stopping blood flow to the rest of the body resulting in either the death of the Insured Person or either of the following;

i. Surgical implantation of Implantable Cardioverter-Defibrillator (ICD)
ii. Surgical implantation of Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition, following is not covered

i. Insertion of Defibrillator without Cardiac Arrest
ii. Cardiac arrest Secondary to alcohol or Drug Misuse
iii. Cardiac arrest due to Injury or Accident resulting in Insured Person's death.

58. Balloon Valvotomy or Valvuloplasty

An interventional procedure involving Percutaneous heart valve repair by balloon valvotomy or valvuloplasty to repair narrowing of heart valves using a catheter.
Payout will be based on the actual undergoing of surgery. The need for surgery should be certified by a cardiologist and supported by an echocardiography

59. Early Stage Cancer

Early stage Cancers shall mean first ever presence of one of the following malignant conditions:

i. Prostate Cancer that is histologically described using the TNM Classification as T1N0M0 or Prostate cancers described using another equivalent classification.
ii. Thyroid Cancer that is histologically described using the TNM Classification as T1N0M0.
iii. Tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification).
iv. Chronic Lymphocytic Leukaemia (CLL) RAI Stage 1 or 2. CLL RAI Stage 0 or lower is excluded.
v. Malignant melanoma that has not caused invasion beyond the epidermis. Other skin carcinoma are excluded.
vi. Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.
The Diagnosis must be based on histopathological features and confirmed by a Pathologist.

60. Malignant Cancer of Specified sites (Male)-Head and Neck, Lung, Stomach, Colorectum, Prostate

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder his tologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. Tumors of any other sites except Head and Neck, Lung, Stomach, Colorectum, Prostate

II. Definitions applicable to Policy

1. Standard Definitions

Def. 1. **Accident** or **Accidental** means a sudden, unfore seen and involuntary event caused by external, visible and violent means.

Def. 2. **Any one illness** means continuous period of **Illness** and includes relapse within 45 daysfrom the date of last consultation with the Hospital/ Nursing Home where treatment was taken

Def. 3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/ para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local au thorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the

following criterion:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgi cal interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner (s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def. 7. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A Co-Payment does not reduce the Sum Insured

Def. 8. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal **Congenital Anomaly: Congenital Anomaly** which is not in the visible and accessible parts of the body.
b) External **Congenital Anomaly: Congenital Anomaly** which is in the visible and accessible parts of the body.

Def. 9. **Day care Centre** means any institution established for **Day Care Treatment** of Illness and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterionas under:-

I. has qualified nursing staff under its employment;
II. has qualified medical practitioner/s in charge;
III. has fully equipped operation theatre of its own where surgical procedures are carried out;
IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 10. **Day Care Treatment/ Procedures** means those medicaltreatment, and/or surgical procedure which is

i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
ii) which would have otherwise required **Hospitalization** of more than 24 hours,

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 11. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

Def. 12. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclo sure of any material fact.

Def. 13. **Domiciliary Hospitalization** means medical treatment for an **Illness**/disease/**Injury** whichin the normal course would require care and treatment at a **Hospital** but is actually takenwhile confined at home under any of the following circumstances:

I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

Def. 14. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 15. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existingdiseases. Coverage is not available

for the period for which no premium is received.

Def. 16. **Hospital** means any institution established for In-patient Care and **Day Care Treatment** ofIllness and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-pa tient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 17. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 18. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

(a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ **Illness**/ **Injury** which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs on-going or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Def. 19. **Injury** means **Accidental** physical bodily harm ex cluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 20. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 21. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 22. **ICU (Intensive Care Unit)** Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services pro vided to any ICU patient including monitoring devices, critical care nursing and intensive charges.

Def. 23. **Maternity Expenses** means

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).

b. Expenses towards lawful medical termination of pregnancy during the policy Period.

Def. 24. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 25. **Medical consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.

Def. 26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 27. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which

- Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards

widely accepted in international medical practice or by the medical community in India.

Def. 28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for Global Cover except in India)
Means a licensed medical practitioner acting with in the scope of his/her license and who holds a degree of a recognized institution and isregistered by the Authorized Medical Council of the respective country.

Def. 29. **New-born Baby** means baby born during the Policy Period and is Aged up to 90 days

Def. 30. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.

Def. 31. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network

Def. 32. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 33. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospital ization was required, and
ii. The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company.

Def. 34. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:

i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.

Def. 35. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 36. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods

Def. 37. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**

Def. 38. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of **Illness/ Injury** involved.

Def. 39. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treat ment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a medical practitioner.

Def. 40. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

2. Specific Definition

Def. 1. **Age or Aged** means completed years as at the Policy Commencement Date.

Def. 2. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha, Homeopathy, Yoga & Naturopathy in the Indian context.

Def. 3. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 4. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Def. 5. **Biological attack** or **weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms

and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Def. 6. **Chemical attack** or **weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

Def. 7. **Commencement Date** means the commence ment date of the Policy as specified in the Policy Schedule.

Def. 8. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to Insured Person specified in the Policy Schedule/Certificate of Insurance.

Def. 9. **Dependents** means only the family members listed below:

1. **Your** legally married spouse as long as she continues to be married to You
2. **Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;

c. **Your** natural parents or parents that have legally adopted You, and **Your** parent in laws

Def. 10. **Family Floater** means a Policy described as such in the Policy Schedule whereunder You and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.

Def. 11. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934

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Def. 12. **Insured Person** means You and the persons named in the Policy Schedule.

Def. 13. **Loan/Credit** means the sum of money lent at interest or otherwise to the Insured by any Institution as identified by the Loan Account Number / Account Number referred to in the Policy Schedule / Certificate of Insurance

Def. 14. **Life threatening situation** shall mean a serious medical condition or symptom resulting from **Injury** or **Illness** which is not **pre-existing disease**, which arises suddenly and unexpectedly, and requires immediate care and treatment by a **Medical Practitioner**, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

Def. 15. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 16. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

Def. 17. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends;

Def 18. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App you can:

- Access Your Policy Details
  - Manage Your policy, download Your policy schedule and access to Your e-card will al ways be at Your fingertips, 24 x 7.
- Policy Endorsement made easy
  - By submitting a request to us through my:Health App, you can make any modifications in Your policy, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management
  - Now you can Submit Your claims from the app for faster processing and track the status at Your fingertips. You can also intimate a claim using the app. You can also view Network hospitals in Your area with directions.

- Stay Active – Short Walks, Big Benefits
  - The App tracks Your steps, fitness session and lets you earn incentive on renewal discount on Your policy.

Def. 19. **Period of Insurance** means the period between the Coverage Commencement Date and the Expiry Date specified in the Certificate of Insurance under the Policy with the Company under which Insured Person is covered.

Def. 20. **Permanent Total Disablement** means that the **Insured Person** is totally disabled from under taking all the material duties of his/her usual occupation for which the **Insured Person** is reasonably fitted by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.

Def. 21. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 22. **Pre-existing disease** means any condition, ailment, injury or disease:

i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

ii. For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

Def. 23. **Policy** means Policy Holders and Insured Persons statements in the proposal form and Enrolment form, this Policy wording (including endorsements and Clauses if any), Policy Schedule and Certificate of Insurance (as the same may be amended from time to time) to which this Policy is attached.

Def. 24. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule. For **Insured Person** it means **Period of Insurance** as specified in the Certificate of Insurance or Endorsement

Def. 25. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued

Def. 26. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def. 27. **Policy Year** means a year following the Coverage Commencement Date and its subsequent annual anniversary.

Def. 28. **Principal outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event shall not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

Def. 29. **Reducing balance Sum Insured** means the Sum Insured under the Policy on the date of the Insured Event covered under the Policy and for the purpose of calculation of claim shall be the least of the following:

i. The Principal Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or

ii. The Principal Outstanding as per the amortization schedule prepared by Bank/ Financial Institution. Where the Sum Insured opted by Insured Person is less than the actual Loan disbursed upto the date of occurrence of the Insured Event, the amortization schedule shall be calculated as if the actual loan disbursed was equivalent to the Sum Insured; or,

iii. The Sum Insured as appearing against Sections where coverage is opted on reducing balance basis.

Def. 30. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recom mendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history

Def. 31. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Year. In case of Section 6 - Hospital Cash, the Sum Insured means the maximum number of days shown in the Policy Schedule.

Def. 32. **Time Deductible** means a cost sharing requirement under a health insurance policy that

provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured

Def. 33. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited

Def. 34. **Policyholder** means the Group Owner/ Organization/association/entity/society named in the Policy Schedule who has concluded the terms on behalf of the InsuredPersons and in whose name the Policy is issued.

Section B – Coverage & Exclusions

1. Critical Illness

If Insured Person suffers from Critical illness or undergoes Surgical Procedure under any of the opted covers as specified below, whose diagnosis first commence/occurs after the applicable Waiting Period from first commencement of the Coverage under this Section, We will pay Sum Insured or percentage of Sum Insured in accordance with table applicable to each cover under this Section.

I. Coverage

i. Essential Cover

Critical Illness / Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Cancer of specified severity	100%	Major	90 days
Open Chest CABG	100%	Major	90 days
Kidney failure DErequiring regular dialysis	100%	Major	90 days
Myocardial Infarction (First Heart Attack of specified severity)	100%	Major	90 days
Open Heart Replacement or Repair of Heart Valves	100%	Major	90 days
Major Organ/ Bone Marrow Transplantation	100%	Major	90 days
Multiple Sclerosis with persisting symptoms	100%	Major	90 days
Permanent Paralysis of Limbs	100%	Major	90 days
Stroke resulting in permanent symptoms	100%	Major	90 days

ii. Essential CI Plus Cover

Critical Illness/ Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days

iii. Silver CI Cover

Critical Illness/ Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days
Alzheimer's Disease	100%	Major	90 days
Surgery of Aorta	100%	Major	90 days
End Stage Liver Failure	100%	Major	90 days

iv. Silver CI Plus Cover

Critical Illness/ Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days
Alzheimer's Disease	100%	Major	90 days
Surgery of Aorta	100%	Major	90 days
End Stage Liver Failure	100%	Major	90 days
Deafness	100%	Major	90 days

Loss of Speech	100%	Major	90 days
Third Degree Burns	100%	Major	90 days

v. Gold CI Cover

Critical Illness/ Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days
Alzheimer's Disease	100%	Major	90 days
Surgery of Aorta	100%	Major	90 days
End Stage Liver Failure	100%	Major	90 days
Deafness	100%	Major	90 days
Loss of Speech	100%	Major	90 days
Third Degree Burns	100%	Major	90 days
Medullary Cystic Disease	100%	Major	90 days
Motor Neurone Disease with permanent symptoms	100%	Major	90 days
Muscular Dystrophy	100%	Major	90 days
Infective Endocarditis	100%	Major	90 days
Primary (Idiopathic) Pulmonary Hypertension	100%	Major	90 days
Dissecting Aortic Aneurysm	100%	Major	90 days
Systemic Lupus Erythematous with Lupus Nephritis	100%	Major	90 days

vi. Gold CI Plus Cover

Critical Illness/ Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days
Alzheimer's Disease	100%	Major	90 days
Surgery of Aorta	100%	Major	90 days
End Stage Liver Failure	100%	Major	90 days
Deafness	100%	Major	90 days
Loss of Speech	100%	Major	90 days
Third Degree Burns	100%	Major	90 days
Medullary Cystic Disease	100%	Major	90 days
Motor Neurone Disease with permanent symptoms	100%	Major	90 days
Muscular Dystrophy	100%	Major	90 days
Infective Endocarditis	100%	Major	90 days
Primary (Idiopathic) Pulmonary Hypertension	100%	Major	90 days
Dissecting Aortic Aneurysm	100%	Major	90 days
Systemic Lupus Erythematous with Lupus Nephritis	100%	Major	90 days
Apallic Syndrome	100%	Major	90 days
Aplastic Anaemia	100%	Major	90 days
Bacterial Meningitis	100%	Major	90 days
Cardiomyopathy	100%	Major	90 days
Other serious coronary artery disease	100%	Major	90 days
Creutzfeldt-Jakob Disease (CJD)	100%	Major	90 days
Encephalitis	100%	Major	90 days
End Stage Lung Failure	100%	Major	90 days

Fulminant Hepatitis	100%	Major	90 days
Eisenmenger's Syndrome	100%	Major	90 days
Major Head Trauma	100%	Major	90 days
Chronic Adrenal Insufficiency (Addison's Disease)	100%	Major	90 days
Progressive Scleroderma	100%	Major	90 days
Progressive Supranuclear Palsy	100%	Major	90 days
Blindness	100%	Major	90 days

vii. Platinum CI Cover

Critical Illness/ Surgical Procedure	Percentage of Sum Insured Payable	Stage	Applicable Waiting Period
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days
Alzheimer's Disease	100%	Major	90 days
Surgery of Aorta	100%	Major	90 days
End Stage Liver Failure	100%	Major	90 days
Deafness	100%	Major	90 days
Loss of Speech	100%	Major	90 days
Third Degree Burns	100%	Major	90 days
Medullary Cystic Disease	100%	Major	90 days
Motor Neurone Disease with permanent symptoms	100%	Major	90 days
Muscular Dystrophy	100%	Major	90 days
Infective Endocarditis	100%	Major	90 days
Primary (Idiopathic) Pulmonary Hypertension	100%	Major	90 days
Dissecting Aortic Aneurysm	100%	Major	90 days
Systemic Lupus Erythematous with Lupus Nephritis	100%	Major	90 days
Apallic Syndrome	100%	Major	90 days
Aplastic Anaemia	100%	Major	90 days
Bacterial Meningitis	100%	Major	90 days
Cardiomyopathy	100%	Major	90 days
Other serious coronary artery disease	100%	Major	90 days
Creutzfeldt-Jakob Disease (CJD)	100%	Major	90 days
Encephalitis	100%	Major	90 days
End Stage Lung Failure	100%	Major	90 days
Fulminant Hepatitis	100%	Major	90 days
Eisenmenger's Syndrome	100%	Major	90 days
Major Head Trauma	100%	Major	90 days
Chronic Adrenal Insufficiency (Addison's Disease)	100%	Major	90 days
Progressive Scleroderma	100%	Major	90 days
Progressive Supranuclear Palsy	100%	Major	90 days
Blindness	100%	Major	90 days
Chronic Relapsing Pancreatitis	100%	Major	90 days
Elephantiasis	100%	Major	90 days
Brain Surgery	100%	Major	90 days
Pneumonectomy	100%	Major	90 days
Terminal Illness	100%	Major	90 days

Myelofibrosis	100%	Major	90 days
Pheochromocytoma	100%	Major	90 days
Crohn's Disease	100%	Major	90 days
Severe Rheumatoid Arthritis	100%	Major	90 days
Severe Ulcerative Colitis	100%	Major	90 days
Angioplasty	25% of Sum Insured subject to maximum of INR 1,000,000	Minor	180 days

ii. Optional Covers applicable under Section 1 -Critical Illness

In consideration of payment of additional Premium, We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance . These Covers are optional and applicable only if opted for.

i. Cardiac arrest

We will pay Sum Insured if Insured Person suffers from Cardiac arrest, which first commence/occurs after 90 days from the first commencement of Coverage under this Section.

For the purpose of benefit payable under this Cover, Cardiac arrest will be treated as Major stage Critical Illness.

ii. Molecular Gene Expression Profiling Test

We will pay the expenses incurred towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of Cancer of specified severity for which Claim is admissible under the Policy. The benefit under this cover can be availed only once during life time of Coverage under this Section.

iii. General Conditions applicable to Section 1 – Critical Illness and Optional covers

i. Waiting Period

Coverage under this Section is subject to following waiting periods.

1. Waiting period of 90 days for major Critical Illnesses/ Surgical Procedureand 180 days for minor Critical Illnesses/Surgical Procedureshall apply to all the claims under this Policy from the first commencement of Coverage under this Section.
2. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

ii. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Critical Illness/Surgical Procedure covered.

The Claim is admissible only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

iii. Number of Claims and Benefits payable

1. Only one Claim is payable under each Major and Minor stage Critical Illness during lifetime of the Coverage under thisSection subject to maximum 100% of Sum Insured mentioned on the Policy Schedule/Certificate of Insurance.
2. On the admissibility of Claim under Angioplasty, coverage for Angioplasty shall cease to exist. The Coverage shall continue for other Critical illness covered for Balance Sum Insured.
3. On the admissibility of Claim under any Major Stage condition
   a. Coverage for all other Critical Illness/Surgical Procedure opted under all the Cover in this Section shall cease to exist.
   b. Coverage for the Insured Person under all other sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

iv. General Exclusions applicable to Section 1 – Critical Illness and Optional covers

We will 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/Certificate of Insurance:

i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
ii. Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section.
iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen, unless prescribed by Medical Practitioner.
iv. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign

invasion, act of foreign enemies, hostilities, (whether war be declared or not or while perform ing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;

vii. Any claim caused by ionizing radiation or contam ination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;

ix. Congenital External Anomalies or any complica tions or conditions arising there from including any developmental conditions of the Insured;

x. Whilst engaging in Adventure Sports.

xi. Involvement in naval, military or air force operation;

xii. Participation by the Insured Person in any flying activity, except as a bona fidepassenger(fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

Section 2 : Women Suraksha

I. Coverage

If Insured Person suffers from Critical illness or under goes Surgical Procedure under any of the opted covers as specified below, whose diagnosis first commence/ occurs after the applicable Waiting Period from first commencement of the Coverage under this Policy, We will pay Sum Insured or percentage of Sum Insured in accordance with table applicable to each Cover under this Section.

i. Cancer Cover

Critical Illness Covered	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Malignant Cancer of specified Sites			
Breast	Major	100% of Sum Insured	90 days
Cervix			
Uterus			
Fallopian Tube			
Ovary			
Vagina/Vulva			
Other Major Cancers	Major	100% of Sum Insured	90 days
Carcinoma in-situ of the Cervix Uteri	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
Carcinoma in-situ of the Breast	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days

a. Optional Cover under Cancer Cover - Molecular Gene Expression Profiling Test

In consideration of payment of additional Premium, We will pay the expenses incurred, maximum upto Sum Insured mentioned on the Schedule of Coverage, towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of Cancer of specified severity for which Claim is admissible under the Policy. The benefit under this cover can be availed only once during life time of Coverage under this Section.

ii. Major Illnesses

Critical Illness Covered	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Systemic Lupus Erythematous with Lupus Nephritis	Major	100% of Sum Insured	90 days
Rheumatoid Arthritis			
Severe Osteoporosis	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days

iii. Surgical Procedures

Surgical Procedure covered	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Breast Lumpectomy	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
Mastectomy			
Breast Reconstructive Surgery			
Hysterectomy			
Wertheim's Operation			
Radical Vulvectomy			
Total Pelvic Exenteration			
Complicated Repair of Vaginal Fistula			

iv. Cardiac Ailment and Procedures

Critical Illness/ Surgical Procedure Covered	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Open Chest CABG	Major	100% of Sum Insured	90 days
Heart Valve Repair			
First Heart Attack of Specified Severity			
Coma of Specified Severity			
Stroke Resulting in Permanent Symptoms			
Balloon Valvotomy or Valvuloplasty	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
Insertion of Pacemaker			
Angioplasty			

a. Optional Cover under Cardiac Ailment and Procedures – Cardiac arrest

In consideration of payment of additional Premium, We will pay Sum Insured mentioned on the Schedule of Coverage, If Insured Person suffers from Cardiac arrest, which first commence/occurs after 90 days from the first commencement of Coverage under this Section.

For the purpose of benefit payable under this Cover, Cardiac arrest will be treated as Major stage Critical Illness.

v. Critical Illnesses

Critical Illness Covered	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Surgery of Aorta	Major	100%	90 days
Kidney failure requiring regular dialysis	Major	100%	90 days
Infective Endocarditis	Major	100%	90 days
Major Organ/ Bone Marrow Transplantation	Major	100%	90 days
Primary (Idiopathic) Pulmonary Hypertension	Major	100%	90 days
End Stage Liver Failure	Major	100%	90 days
Dissecting Aortic Aneurysm	Major	100%	90 days
Medullary Cystic Disease	Major	100%	90 days
Cardiomyopathy	Major	100%	90 days
Aplastic Anaemia	Major	100%	90 days
Other serious coronary artery disease	Major	100%	90 days
End Stage Lung Failure	Major	100%	90 days
Eisenmenger's Syndrome	Major	100%	90 days
Fulminant Hepatitis	Major	100%	90 days
Multiple Sclerosis with persisting symptoms	Major	100%	90 days
Chronic Adrenal Insufficiency (Addison's Disease)	Major	100%	90 days
Permanent Paralysis of Limbs	Major	100%	90 days

Progressive Scleroderma	Major	100%	90 days
Benign Brain Tumour	Major	100%	90 days
Chronic Relapsing Pancreatitis	Major	100%	90 days
Parkinson's Disease	Major	100%	90 days
Elephantiasis	Major	100%	90 days
Alzheimer's Disease	Major	100%	90 days
Pneumonectomy	Major	100%	90 days
Motor Neurone Disease with permanent symptoms	Major	100%	90 days
Terminal Illness	Major	100%	90 days
Muscular Dystrophy	Major	100%	90 days
Myelofibrosis	Major	100%	90 days
Apallic Syndrome	Major	100%	90 days
Pheochromocytoma	Major	100%	90 days
Bacterial Meningitis	Major	100%	90 days
Crohn's Disease	Major	100%	90 days
Creutzfeldt-Jakob Disease (CJD)	Major	100%	90 days
Severe Ulcerative Colitis	Major	100%	90 days
Encephalitis	Major	100%	90 days
Deafness	Major	100%	90 days
Major Head Trauma	Major	100%	90 days
Loss of Speech	Major	100%	90 days
Progressive Supranuclear Palsy	Major	100%	90 days
Blindness	Major	100%	90 days
Brain Surgery	Major	100%	90 days

II. Optional Cover applicable under Section 2 – Women Suraksha

In consideration of payment of additional Premium, We will provide coverage to the Insured Person(s)under below listed Cover, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for.

i. Pregnency and New Born Complication

a. Pregnency Complication
If Insured Person suffers from Pregnancy Complication as listed below, whose diagnosis first commence/ occurs after the applicable Waiting Period from first commencement of Coverage with Us, We will pay Sum Insured or percentage of Sum Insured in accordance with table given below:

Pregnancy Complication	Percentage of Sum Insured Payable	Waiting Period Applicable
Disseminated Intravascular Coagulation (DIC)	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Ectopic Pregnancy		
Molar Pregnancy		
Eclampsia		

b. New Born Complication
If baby born to Insured Person during the Coverage Period suffers from New Born Complication as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from first commencement of Coverage under this Section, We will pay Sum Insured or percentage of Sum Insured as specified below.

New Born Complications	Percentage of Sum Insured Payable	Waiting Period Applicable
Down's Syndrome	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Spina Bifida		
Tetralogy of Fallot		
Cleft Palate		
Ventricular Septal Defect		
Patent DuctusArteriosus		
Surgical Separation of Conjoined Twins		

Diagnosis Period and Survival Period

A Claim under New Born Complications is payable only if;

- The covered complication is diagnosed within two years from the date of delivery of the baby.
- The baby survives at least 30 days from the date of delivery with congenital condition.

Specific Condition applicable to Preganency and New Born complication

The coverage under this Section is effective for baby born to Insured Person upto age 50 years only

III. General Conditions applicable to Section 2 – Women Suraksha and Optional covers

i. Reduced Premium Benefit

If Insured Person is diagnosed with any Minor condition covered under this section and for which Claim is admissible, We will waive 50% of the applicable Annual Renewal Premium on subsequent Renewal of Cover age with Us subject to:

a. Premium will be waived for the Renewal of Insured Person for whom the claim has been made as per terms applicable to the Coverage on Renewal
b. Premium will be waived for continuous Renewal for 5 subsequent Policy Years only.
c. This benefit is only applicable on Annual policies

ii. Waiting Period

Coverage under this Section is subject to following waiting periods.

1. Waiting period of 90 days for major Critical Illnesses/Surgical Procedure and 180 days for minor Critical Illnesses/Surgical Procedure shall apply to all the claims under this Policy from the first commencement of Coverage under this Section.
2. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

iii. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Critical Illness/Surgical Procedure covered.

The Claim is admissible only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

iv. Number of Claims and Benefits payable

Only one Claim is payable under each of the stages given below during lifetime of the Policy under Covers specified above, subject to maximum 100% of Sum Insured mentioned on the Policy Schedule/Certificate of Insurance.

a. **Minor Stage** - On the admissibility of Claim under Minor Stage condition under this Section, coverage for all other Minor stage Conditions shall cease to exist. The Coverage under the Policy shall continue for Major Stage conditions for Balance Sum Insured.
b. **Major Stage** – On the admissibility of Claim under any Major Stage condition
   i. coverage for all other Critical Illness/Surgical Procedure opted under the Cover shall cease to exist and;
   ii. coverage for the Insured Person under all other sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

IV. General Exclusions applicable to Section 2 – Women Surakshaand Optional covers

We will 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/Certificate of Insurance:

i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
ii. Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section
iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
iv. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
vii. Any claim caused by ionizing radiation or contam ination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
ix. Congenital External Anomalies or any complica

tions or conditions arising there from including any developmental conditions of the Insured. This exclusion is not applicable on New Born Complications - Cleft palate, Surgical Separation of Conjoined Twins, Down's Syndrome, Tetralogy of Fallot, Ventricular Septal Defect, Patent Ductus Arteriosus and Spina Bifida to the extent of Coverage provided.

x. Whilst engaging in Adventure Sports.

xi. Involvement in naval, military or air force operation.

xii. Participation by the Insured Person in any flying activity, except as a bona fidepassenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

Section 3. Sachet Critical Illness

I. Coverage

If Insured Person suffers from Critical illness or under goes Surgical Procedure under any of the opted covers as specified below, whose diagnosis first commence/ occurs after the applicable Waiting Period from first commencement of the Coverage under this Policy, We will pay Sum Insured or percentage of Sum Insured in accordance with table applicable to each Cover un der this Section.

i. Cancer Cover

Critical Illness / Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Malignant Cancer of specified Sites			
Specified Sites- Female			
Breast	Major	100% of Sum Insured	90 days
Cervix			
Uterus			
Fallopian Tube			
Ovary			
Vagina/Vulva			
Specified Sites- Male			
Head and Neck	Major	100% of Sum Insured	90 days
Lung			
Stomach			
Colorectum			
Prostate			
Cancer of specified severity	Major	100% of Sum Insured	90 days
Aplastic Anemia	Major	100% of Sum Insured	90 days
Major Organ Transplant – Bone Marrow	Major	100% of Sum Insured	90 days
Early Stage Cancer	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
Carcinoma in situ	Minor		

a. Optional Cover applicable under Cancer Cover - Molecular Gene Expression Profiling Test

In consideration of payment of additional Premium, We will pay the expenses incurred, maximum upto Sum Insured mentioned on the Schedule of Coverage, towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of Cancer of specified severity for which Claim is admissible under this Section. The benefit under this cover can be availed only once during life time of Coverage under this Section.

ii. Heart Cover

Critical Illness / Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Open Chest CABG	Major	100% of Sum Insured	90 days
Myocardial Infarction (First Heart Attack of specified severity)	Major	100% of Sum Insured	90 days
Open Heart Replacement or Repair of Heart Valves	Major	100% of Sum Insured	90 days
Major Organ Transplant – Heart	Major	100% of Sum Insured	90 days
Surgery of Aorta	Major	100% of Sum Insured	90 days
Primary (Idiopathic) Pulmonary Hypertension	Major	100% of Sum Insured	90 days
Other serious coronary artery disease	Major	100% of Sum Insured	90 days

Dissecting Aortic Aneurysm	Major	100% of Sum Insured	90 days
Cardiomyopathy	Major	100% of Sum Insured	90 days
Eisenmenger's Syndrome	Major	100% of Sum Insured	90 days
Infective Endocarditis	Major	100% of Sum Insured	90 days
Angioplasty	Minor	25% subject to maximum of INR 1,000,000	180 days
Balloon Valvotomy or Valvuloplasty	Minor		180 days
Insertion of Pacemaker	Minor		180 days

a. Optional Cover applicable under Heart Cover – Cardiac arrest
In consideration of payment of additional Premium, We will pay Sum Insured mentioned on the Schedule of Coverage, If Insured Person suffers from Cardiac arrest, which first commence/occurs after 90 days from the first commencement of Coverage under this Section.
For the purpose of benefit payable under this Cover, Cardiac arrest will be treated as Major stage Critical Illness.

iii. Nervous System Cover

Critical Illness / Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
Permanent Paralysis of Limbs	Major	100% of Sum Insured	90 days
Stroke resulting in permanent symptoms	Major	100% of Sum Insured	90 days
Benign Brain Tumor	Major	100% of Sum Insured	90 days
Coma of specified severity	Major	100% of Sum Insured	90 days
Parkinson's Disease	Major	100% of Sum Insured	90 days
Alzheimer's Disease	Major	100% of Sum Insured	90 days
Motor Neurone Disease with permanent symptoms	Major	100% of Sum Insured	90 days
Muscular Dystrophy	Major	100% of Sum Insured	90 days
Apallic Syndrome	Major	100% of Sum Insured	90 days
Bacterial Meningitis	Major	100% of Sum Insured	90 days
Creutzfeldt-Jakob Disease (CJD)	Major	100% of Sum Insured	90 days
Encephalitis	Major	100% of Sum Insured	90 days
Major Head Trauma	Major	100% of Sum Insured	90 days
Progressive Supranuclear Palsy	Major	100% of Sum Insured	90 days
Brain Surgery	Major	100% of Sum Insured	90 days
Loss of Speech	Major	100% of Sum Insured	90 days

iv. Other Major Organ Cover

Critical Illness / Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major	100% of Sum Insured	90 days
End Stage Liver Failure	Major	100% of Sum Insured	90 days
Medullary Cystic Disease	Major	100% of Sum Insured	90 days

Systemic Lupus Erythematous with Lupus Nephritis	Major	100% of Sum Insured	90 days
End Stage Lung Failure	Major	100% of Sum Insured	90 days
Fulminant Hepatitis	Major	100% of Sum Insured	90 days
Chronic Adrenal Insufficiency (Addison's Disease)	Major	100% of Sum Insured	90 days
Progressive Scleroderma	Major	100% of Sum Insured	90 days
Chronic Relapsing Pancreatitis	Major	100% of Sum Insured	90 days
Elephantiasis	Major	100% of Sum Insured	90 days
Pneumonectomy	Major	100% of Sum Insured	90 days
Terminal Illness	Major	100% of Sum Insured	90 days
Myelofibrosis	Major	100% of Sum Insured	90 days
Pheochromocytoma	Major	100% of Sum Insured	90 days
Crohn's Disease	Major	100% of Sum Insured	90 days
Severe Rheumatoid Arthritis	Major	100% of Sum Insured	90 days
Severe Ulcerative Colitis	Major	100% of Sum Insured	90 days
Deafness	Major	100% of Sum Insured	90 days
Blindness	Major	100% of Sum Insured	90 days
Third Degree Burns	Major	100% of Sum Insured	90 days
Severe Osteoporosis	Minor	25% subject to maximum payout of INR 1,000,000	180 days

II. General Conditions applicable to Section 3 – Sachet Critical Illness and Optional covers

i. Reduced Premium Benefit

If Insured Person is diagnosed with any Minor condition covered under this section and for which Claim is admissible, We will waive 50% of the applicable Annual Renewal Premium on subsequent Renewal of Coverage with Us subject to:

a. Premium will be waived for the Renewal of Insured Person for whom the claim has been made as per terms applicable to the Coverage on Renewal
b. Premium will be waived for continuous Renewal for 5 subsequent Policy Years only.
c. This benefit is only applicable on Annual policies

ii. Waiting Period

Coverage under this Section is subject to following waiting periods.

1. Waiting period of 90 days for major Critical Illnesses/Surgical Procedure and 180 days for minor Critical Illnesses/Surgical Procedure shall apply to all the claims under this Policy from the first commencement of Coverage under this Section.
2. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

iii. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Critical Illness/Surgical Procedure covered.

The Claim is admissible only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

iv. Number of Claims and Benefits payable

Only one Claim is payable under each of the stages given below during lifetime of the Policy under Covers specified above, subject to maximum 100% of Sum Insured mentioned on the Policy Schedule/Certificate of Insurance.

a. **Minor Stage** - On the admissibility of Claim under Minor Stage condition under this Section, coverage for all other Minor stage Conditions shall cease to exist. The Coverage under the Policy shall continue for Major Stage conditions for Balance Sum Insured.
b. **Major Stage** – On the admissibility of Claim

under any Major Stage condition

i. coverage for all other Critical Illness/Surgical Procedure opted under the Cover shall cease to exist and;

ii. coverage for the Insured Person under all other sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

III. General Exclusions applicable to Section 3 – Sachet Critical Illness and Optional covers

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attrib utable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country, invasion, act of foreign enemy), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

ii. Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section.

iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen

iv. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner

v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.

vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;

vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;

ix. Congenital External Anomalies or any complica tions or conditions arising there from including any developmental conditions of the Insured;

x. Whilst engaging in Adventure Sports.

xi. Involvement in naval, military or air force operation.

xii. Participation by the Insured Person in any flying activity, except as a bona fidepassenger(fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

Section 4 – Optional Covers applicable under Section 1 to 3

In consideration of payment of additional Premium, We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for.

I. Preventive Health Check up

Insured Person will be entitled for Preventive Health Check-up after completion of each Policy Year at our Network Diagnostic centers or hospitals in accordance to list of tests, eligibility criteria and waiting period as specified below

Age / Expiring Policy Sum Insured	1Lac to 10Lacs	11Lacs to 50 Lacs	Above 50 Lacs
18 to 40 Years	Set 1	Set 1, Thyroid, USG abdomen and pelvis	Set 1, Thyroid, USG abdomen and pelvis, Lipid Profile, Renal Profile
41 Yrs and Above	Set 1, SrCreat	Set 1,SrCreat, Thyroid, USG abdomen and pelvis	Set 1, Thyroid, USG abdomen and pelvis, Lipid Profile, Renal profile, ECG

Set 1 -Comprises of, Complete Blood Count, Urine R, FBS, Sr Cholesterol

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- Eligibility to avail Health Check-up will be in accor dance to Sum Insured under expiring Policy Year.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of Insured Person

Procedure for availing this benefit

i. You will be intimated to undergo the health check-up at our Network Provider, through HDFC ERGO Mobile App Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile App

ii. You have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication available time to time.

II. Post Diagnosis Assistance

We will pay per sessionSum Insured upto maximum number of sessions specified on Schedule of Cover age towards out patient counseling required upon

diagnosis of Critical Illnesses or undergoing Surgical Procedures for which Claim is admissible under the Policy.

III. Second Medical Opinion

a. Second Medical Opinion – India
We will pay Medical consultationexpenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in Indiain respect ofCritical Illnesses and Surgical Procedures for which is Claim is admissible under the Policy.

b. Second Medical Opinion – Global
We will pay Medical consultationexpenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in the world in respect of Critical Illnesses and Surgical Procedures for which is Claim is admissible under the Policy.

IV. Loss of Job

We will pay Sum Insured if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of any of the Major stage Critical Illnesses or undergoing any of the Major stage Surgical Proce dures for which Claim is admissible under the Policy.

Exclusions applicable to this Cover;

i. Loss of job due to retirement whether voluntary or otherwise
ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation

V. Pre Diagnosis Cover

We will pay the expenses incurred towards diagnostic tests/procedures incurred up to 30 days prior to the diagnosis of Critical Illness or Undergoing Surgical Procedure for which Claim is admissible under the Coverage.

Indicative list of Procedures covered

Sr No	List of Diagnostic tests/ Procedures
1	Renal/Cardiac Angiogram.
2	Intravenous Pyelogram.
3	Ultrasonagraphy.
4	Ultrasound Guided FNAC.
5	Colour Doppler.
6	Mammography.
7	CT Scan.
8	MRI Scan.
9	Treadmill Test ECHO.
10	Cardiogram.
11	Electrophysiology.
12	Endoscopic Procedures.
13	Special Radiological Procedures such as barium meal investigations
14	Arthrogram, ERCP, Intravenous Urogram, Cystourethrogram,
15	Nephrostogram.
16	Special Blood Investigations such as Assay of Various Blood Factors.
17	Virology Markers, Complete Coagulation Work up

Section 5 - Recovery Benefit

I. Coverage

We will pay Sum Insured upon Medically Necessary;

i. Hospitalization
ii. Domicilliary Hospitalization
iii. Hospitalization for Alternative Treatments of an Insured Person exceeding10 consecutive and continuous days in India due to Illness or Injury sustained or contracted during Period of Insurance.

II. Optional Cover Applicable under Section 5 – Recovery Benefit

In consideration of payment of additional Premium, We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance . These Covers are optional and applicable only if opted for.

i. Preventive Health Check up

Insured Person will be entitled for Preventive Health Check-up after completion of each Policy Year at our Network Diagnostic centers or hospitals in accordance to list of tests, eligibility criteria and waiting period as specified below

Age	**18 to 40 Years**	**41 Yrs and Above**
Test	Set 1	Set 1,SrCreat

Set 1 - Comprises of, Complete Blood Count, Urine R, FBS, Sr Cholesterol

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- Eligibility to avail Health Check-up will be in accordance to Sum Insured under expiring Policy Year.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of Insured Person

Procedure for availing this benefit

i. You will be intimated to undergo the health check-up at our Network Provider, through Our HDFC ERGO Mobile App Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile App
ii. You have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication available time to time.

ii. Recovery Benefit – Global
On opting this Cover, We will pay Sum Insured on Hospitalization of Insured Person in accorance with Cover I.i of this Section, anywhere in World.

iii. Maternity Benefit
On opting this Cover, General exclusion ix) under 5 of this Section shall stand deletedfor the claim admissible under Cover I.i of this Section.

iv. Reinstatement of Sum Insured
On opting this Cover,We will add to the Sum Insured, an amount equivalent to the Sum Insured under Cover I.i of this section, on subsequent Hospitalization of the Insured Person during Policy Year subject to;
i. Maximum Reinstatement of Sum Insured will be equivalent to Sum Insured under Cover I.i of this Section
ii. Reinstatment of Sum Insured is not applicable to claim in respect ofAny one Illness
iii. In case of treatment for Chemotherapy and Dialysis, Reinstatement of Sum Insured will be applicable only once in lifetime of Coverage.
iv. Any unutilized number of benefit days cannot be carried over to Renewal of Coverage

v. Waiting Period modification option
On opting this Cover, Waiting Periods under 5 of this Section shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule/Certificate of Insurance.
All other terms and Conditions of the respective Section and Policy shall remain unaltered.

III. General Conditions application to Section 5

i. Mental Health Care
If an Insured Person is hospitalized for any MentalIllness contracted during the Policy period We will pay Sum Insuredunder Section 5 I in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that the Hospitalization is done in Mental Health Establishment

IV. Waiting Period and General Exclusions applicable to Section 5 – Recovery Benefit and Optional covers

i. Waiting Period
All claims payable under this Section will be subject to the waiting periods specified below:

i) Pre-existing Diseases – Code – Excl01
a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
c) 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.
d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period-Code – Excl02
a) 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.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
c) 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.
d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
e) 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.

a. Illnesses

Diseases of gall bladder including cholecystitis	Non infective Arthritis
Pancreatitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
All forms of Cirrhosis	Ulcer and erosion of stomach and duodenum
Perineal Abscesses	Gastro Oesophageal Reflux Disorder (GERD)
Cataract	Perianal Abscesses

Pilonidal sinus	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteo-porosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillec-tomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement sur-geries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii. 30-day waiting period – Code – Excl03

a) Expenses related to the treatment of any illness within 30 days from the first Policy commence ment date shall be excluded except claims arising due to an Accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

ii. General Exclusions

We will 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/Certificate of Insurance:

i. Investigation & Evaluation: Code Excl04

a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

ii. 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:

a. 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.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the doctor

b. The surgery/procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. Greater than or equal to 40 or,

ii. 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:

iii. Obesity related cardiomyopathy

iv. coronary heart disease

v. severe sleep apnoea

vi. uncontrolled type2 diabetes

vi. Change-of-Gender treatments - Code – Excl07: Expenses related to any reatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v. 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.

vi. Hazardous or Adventure SportsCode – 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.

vii. 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.

viii. 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.

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

x. 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

xi. 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

xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code – Excl15

xiii. Unproven Treatments– 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. Code – Excl16

xiv. Sterility and Infertility –Code – Excl17 -Expenses related to sterility and infertility. This includes:
   a. Any type of contraception, sterilization
   b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
   c. Gestational Surrogacy
   d. Reversal of sterilization

xv. Maternity:Code – Excl18
   a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
   b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.

xvi. 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.

xvii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xviii. Any Insured Person's participation or involvement in naval, military or air force operation.

xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

xx. Congenital external diseases, defects or anomalies,

xxi. Stem cell harvesting

xxii. Investigative treatments for analysis and adjustments of spinal subluxation, 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).

xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

xxiv. Any Convalescence, , sanatorium treatment, private duty nursing or long-term nursing care.

xxv. Preventive care, 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.

xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xxvii. 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 and also available at www.hdfcergo.com.

xxviii. Treatment taken on Outpatient basis

xxix. The provision or fitting of hearing aids, spectacles or contact lenses.

xxx. 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.

xxxi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxii. Expenses for Artificial limbs or 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. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xxxiii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Section 6 - Hospital Cash

I. Coverage

i. Hospital Cash
We will paySum Insured for each continuous and completed period of 24 hours on Medically Necessary;
   i. Hospitalization
   ii. Domicilliary Hospitalization
   iii. Hospitalization for Alternative Treatments of an Insured Person in India due to Illness or Injury sustained or contracted during Period of Insurance.
   The payment is subject to Time Deductible and per day benefit Sum Insured for up to maximum number of benefit days as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

II. Optional Covers applicable under Section 6 – Hospital Cash
In consideration of payment of additional Premium, We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance . These Covers are optional and applicable only if opted for.
   i. Hospital Cash – Global
   On opting this Cover, We will pay Sum Insured on Hospitalization of Insured Person in accorance with Cover I of this Section, anywhere in World.
   ii. Companion Benefit
   In the event of admissible Claim under Cover I, We will pay additional Sum Insured towards expenses of an accompanying person during Hospitalization of the Insured Person.
   iii. ICU Hospitalization
   In the event of hospitalization of Insured Person under Cover I for which admission is required in an Intensive Care Unit, We will pay Sum Insured for each continuous and completed period of 24 hours of Hospitalization in Intensive Care Unit.
   iv. Maternity Benefit
   On opting this cover, General exclusion ix) under IV of this Section shall stand deleted for the Claim under I.i Hospital Cash.
   v. Waiting Period modification option
   On opting this Cover, Waiting Periods under IV of this Section shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule/ Certificate of Insurance.
   All other terms and Conditions of the respective Section and Policy shall remain unaltered
   vi. Time deductible modification option
   On availing this option, Time Deductible as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the Policy.
   vii. Reinstatement of Sum Insured
   In an event of a claim admissible under this section, the Sum Insured would be fully restored by the Number of benefit days utilised in respect of any subsequent admissible claim of the Insured Person under this Section during the Policy Year subject to;
      i. Maximum number of Reinstatement days will be equivalent to Benefit days opted under this Section.
      ii. Reinstatement of Sum Insured is not applicable to claim in respect of Any one Illness
      iii. In case of treatment for Chemotherapy and Dialysis, Reinstatement of cover will be applicable only once in lifetime of Coverage.
      iv. Any unutilized number of benefit days cannot be carried over to Renewal of Coverage
   viii. Preventive Health Check up
   Insured Person will be entitled for Preventive Health Check-up after completion of each Policy Year at our Network Diagnostic centers or hospitals in accordance to list of tests, eligibility criteria and waiting period as specified below

Age	18 to 40 Years	41 Yrs and Above
Test	Set 1	Set 1,SrCreat

Set 1 - Comprises of, Complete Blood Count, Urine R, FBS, Sr Cholesterol

Other terms and Conditions applicable to this Benefit
- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- Eligibility to avail Health Check-up will be in accordance to Sum Insured under expiring Policy Year.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of Insured Person

Procedure for availing this benefit
   iii. You will be intimated to undergo the health check-up at our Network Provider, through Our HDFC ERGO Mobile App Test reports from our Network Provider will be made available to You on Our HDFC ERGO Mobile AppYou have the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication available time to time.

III. General Conditions applicable to Section 6Hospital Cash
   i. Mental Health Care
   If an Insured Person is hospitalized for any Mental Illness contracted during the Policy period We will pay Sum Insuredunder Section 7 I in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that; the Hospitalization is done in Mental Health Establishment

IV. Waiting Periods and General Exclusions applicable to Section 6 and Optional covers

i. Waiting Periods
All claims payable under this Section will be subject to

the waiting periods specified below:

i) Pre-existing Diseases – Code – Excl01

a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.

c) 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.

d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period- Code – Excl02

a) Expenses related to the treatment of the listed Conditions, surgeries/treatmentsshall 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.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) 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.

d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e) 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.

a. Illnesses

Diseases of gall bladder including cholecystitis	Non infective Arthritis
Pancreatitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
All forms of Cirrhosis	Ulcer and erosion of stomach and duodenum
Perineal Abscesses	Gastro Oesophageal Reflux Disorder (GERD)
Cataract	Perianal Abscesses
Pilonidal sinus	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii. 30-day waiting period – Code – Excl03

a) 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.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

ii. General Exclusions

We will 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/Certificate of Insurance:

i. Investigation & Evaluation: Code Excl04

a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

ii. 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:
   a. 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.
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   a. Surgery to be conducted is upon the advice of the doctor
   b. The surgery/procedure conducted should be supported by clinical protocols
   c. The member has to be 18 years of age or older and
   d. Body Mass Index (BMI)
      i. Greater than or equal to 40 or,
      ii. 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:
      iii. Obesity related cardiomyopathy
      iv. coronary heart disease
      v. severe sleep apnoea
      vi. uncontrolled type2 diabetes

iv. Change-of-Gender treatments - Code – Excl07: Expenses related to any reatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v. Cosmetic or plastic surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for re construction 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 consid ered a medical necessity, it must be certified by the attending Medical Practitioner.

vi. Hazardous or Adventure SportsCode – 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.

vii. 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.

viii. 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.

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

x. 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

xi. 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

xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code – Excl15

xiii. Unproven Treatments– 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.Code – Excl16

xiv. Sterility and Infertility –Code – Excl17 -Expenses related to sterility and infertility. This includes:
   a. Any type of contraception, sterilization
   b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
   c. Gestational Surrogacy
   d. Reversal of sterilization

xv. Maternity:Code – Excl18
   a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
   b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.

xvi. 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.

xvii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xviii. Any Insured Person's participation or involvement in naval, military or air force operation.

xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

xx. Congenital external diseases, defects or

anomalies,

xxi. Stem cell harvesting

xxii. Investigative treatments for analysis and adjustments of spinal subluxation, 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).

xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xxv. Preventive care, 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.

xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xxvii. 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 and also available at www.hdfcergo.com.

xxviii. Treatment taken on Outpatient basis

xxix. The provision or fitting of hearing aids, spectacles or contact lenses.

xxx. 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.

xxxi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxii. Expenses for Artificial limbs or 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. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xxxiii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Section 7 - Permanent Total Disablement – Illness

I. Coverage

i Permanent Total Disablement – Illness

We will pay Sum Insuredas specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance, if Insured Person suffers from Permanent Total Disablement due to Illness which is contracted during Period of Insurance and whose diagnosis first commence/occurs after the applicable waiting period from first commencement of coverage under this Section.

II. Optional Covers applicable under Section 7 – Permanent Total Disablement

i. Loss of Job

We will pay Sum Insured if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of suffering Permanent Total Disabelement for which Claim is admissible under this Section.

Exclusions applicable to this Cover;

i. Loss of job due to retirement whether voluntary or otherwise

ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation

III. General Conditions applicable to Section 7 - Permanent Total Disablement – Illness and Optional cover

i. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Permanent Total Disablement covered.

The Claim is admissible only with confirmatory diagnosis of Permanent Total Disabelementwhile the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. Number of Claims and Benefits payable

On admissibility of Claim under this Section, coverage for Insured Person under all Sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

IV. Waiting Periods and General Exclusions applicable to Section 7 and Optional covers

i. Waiting Periods

Coverage under this Section is subject to following waiting periods.

a. Waiting period of 90 days shall apply to all the claims from the first commencement of Coverage under this Section.

b. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of sum insured the exclusion shall apply afresh to the

extent of Sum Insured increase.

ii. General Exclusions
We will 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/Certificate of Insurance:

i. War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, 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 or suicide.
iii. Any Insured Person's participation or involvement in Adventure Sports.
iv. Involvement in naval, military or air force operation.
v. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
vi. Treatment of Obesity and any weight control program.
vii. Investigative treatment for sleep-apnoea, General debility or exhaustion ("run-down condition").
viii. Congenital external diseases, defects or anomalies,
ix. Stem cell harvesting.
x. 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.
xi. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
xii. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
xiii. Investigative treatment for analysis and adjustments of spinal subluxation, 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).
xiv. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations.
xv. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of Medically Necessary Treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
xvi. Experimental, investigational or Unproven treatments, devices and pharmacological regimens.
xvii. Investigation & Evaluation;
   a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
xviii. Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
xix. Preventive care, 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.
xx. vaccination including inoculation and immunisations (Except post bite treatment),
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 is a member of an Insured Person's family, or stays with him
xxii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal/Enrolment form.

Section A. My:Health Active

The services listed below are available to all Insured Person through Our Network Provider on Our HDFC ERGO Mobile App only.

i. Health Coach:
An Insured Person will have access to Health Coaching and counselling services in the areas given below:

- Disease management
- Activity and fitness
- Nutrition
- Weight management

These services will be available through Our HDFC ERGO Mobile App as a chat service or as a call back facility.

ii. Wellness services

- Discounts: on OPD, Pharmaceuticals, pharmacy and diagnostic centers.
- Customer Engagement: Monthly newsletters, Diet consultation, health tips
- Specialized programs: stress management, Pregnancy Care, Work life balance management and Healthcare management.

These services will be available through Our HDFC ERGO Mobile App

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our HDFC ERGO Mobile App and Wellness services are not providing and shall not be deemed to be providing any Medical Advice, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section B. Claims Procedure

On the occurrence of any event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.
Claim Intimation Timelines	Within 15 days of the diagnosis of Critical Illness or Hospitalization
Particulars to be provided to Us for Claim notification	✓ Policy Number, ✓ Name of the Insured Person(s) named in the Policy schedule/ Certificate availing treatment, ✓ Nature of disease/ illness/injury, ✓ Name and address of the attending Medical Practitioner/Hospital ✓ Date of admission & probable date of discharge
Claims Documents for Critical Illness/Surgical Procedure and Permanent Total Disablement due to Illness.	✓ Duly filled Claim Form with signature of claimant. ✓ Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insured expired); ✓ First consultation letter from treating Medical Practitioner ✓ Medical certificate confirming diagnosis, and the treatment from Medical Practitioner ✓ certificate from treating Medical Practitioner, specifying the duration and etiology ✓ OT Notes in case of Surgery ✓ Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery ✓ MLC/FIR copy/ certificate regarding abuse of Alcohol/ intoxicating agent if applicable ✓ All pathological/ Histopathological and radiological Investigation Reports ✓ NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor. Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving License Voter ID, etc)

	We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.
Claims documents for Hospital Cash and Recovery Benefit	✓ Claim Form duly signed by the Insured Person ✓ Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for hospital cash benefit ✓ First consultation letter from treating Medical Practitioner ✓ certificate from treating Medical Practitioner, specifying the duration and etiology ✓ MLC/FIR copy/ certificate regarding abuse of Alcohol/ intoxicating agent if applicable ✓ NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.

Claims documents and procedure for Second Opinion	✓ Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) ✓ Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). ✓ On receipt of the complete set of documents, We will forward the same to the concerned doctor. ✓ The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.
Claims documents for loss of Job	✓ Duly Completed Claim Form signed by Insured Person; ✓ Form 16A ✓ Termination letter/ Resignation Letter/ Resignation Acceptance letter ✓ NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims documents for Post Diagnosis Counselling	✓ Claim Form duly signed by the Insured Person ✓ Consultation papers
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

Section C. General Conditions

I. Standard General Conditions

1. 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 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:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) 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 misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

2. 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.

3. Renewal

The Company shall be under no obligation to renew the Policy/Coverage on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at re newal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any Renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the Policy Period/ Coverage Period.

4. 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

5. 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.

6. 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.

7. Cancellation

The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Refund table applicable to Fixed Sum Insured Basis

Loan Period	1	2	3	4	5+
Policy Period	1	2	3	4	5
Year Of Cancellations	% Return Premium				
1		50%	67%	75%	80%
2			33%	50%	60%
3				25%	40%
4					20%

Refund table applicable to Reducing Balance Sum Insured

% Return Premium														
Policy Period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%

% Return Premium														
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	21	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%	20%

i. In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable
- For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

Notwithstanding anything contained herein or other wise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure giving 15 days' writtennotice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an installment 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)

i. Grace Period as mentioned in the table below would be given to pay the installment premium due for the Policy.

Options	Installment Premium Option	Grace Period
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

ii. During such Grace Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.
iii. 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.
iii. No interest will be charged If the installment premium is not paid on due date.
iv. In case of installment premium due not received within the Grace Period, the Policy will get cancelled.
v. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
vi. The Company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

i. If Option of Premium payment by Payment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Policy Holder/ Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
ii. 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
iii. The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

9. Withdrawal of Policy
i. 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.
ii. 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 ac crued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

10. 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.

11. 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. Nomination:
The Policyholder is required at the inception of the Policy to make a nomination for the purpose of pay ment 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.

13. **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
- Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@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
Contacts 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 - 400 078.	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.

i. 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.

ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in

II. Specific General Terms & Clauses

1. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

2. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

3. Right to inspect

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Policy Holder/Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under the Policy.

4. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

5. Geography

The policy provides worldwide coverage unless specified in the Coverage otherwise

6. Grace Period

i. A grace period of 30 days for Renewal of Coverage is applicable under the Policy. However, Hospitalization or diagnosis of an Illness/Surgical Procedure contracted during the grace period will not be admissible under the Policy.

ii. For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits

iii. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

7. Endorsements

The following endorsements are permissible during the Coverage Period:

I.1. Non-Financial Endorsements – which do not affect the premium

i. Minor rectification/correction in name of the Insured Person (and not the complete name change)

ii. Rectification in gender of the Insured Person (if this does not impact the premium)

iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)

iv. Change in the correspondence address of the Proposer (if this does not impact the premium)

v. Change in Nominee Details

vi. Change in bank details

vii. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

i. Cancellation of Policy

ii. Any other financial endorsement

8. Payment of Claim

i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which We will send a closure letter or make a part-payment if We have not received the deficiency documents after 45 days from the date of the initial request for such documents

ii. 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.

iii. 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.

iv. 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.

v. 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.

vi. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.

vii. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.

viii. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

9. Assignment: Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

Section D. Other Terms & Conditions

Contact Us

	Within India	Outside India
Claim Intimation:	Customer Service No. 022-62346234 / 0120- 62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: healthclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301,Uttar Pradesh

Ombudsman Details

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	**Jurisdiction of Office Union Territory, District**
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 | Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 | Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 | Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 | Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonepat and Bahudurgarh
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	**Jurisdiction of Office Union Territory, District**
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 | Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.

PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure I – List of Non-Medical Expenses

S. No.	Item	S. No	Item
1	BABY FOOD	26	BIRTH CERTIFICATE
2	BABY UTILITIES CHARGES	27	CERTIFICATE CHARGES
3	BEAUTY SERVICES	28	COURIER CHARGES
4	BELTS/ BRACES	29	CONVEYANCE CHARGES
5	BUDS	30	MEDICAL CERTIFICATE
6	COLD PACK/HOT PACK	31	MEDICAL RECORDS
7	CARRY BAGS	32	PHOTOCOPIES CHARGES
8	EMAIL / INTERNET CHARGES	33	MORTUARY CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	34	WALKING AIDS CHARGES
10	LEGGINGS	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
11	LAUNDRY CHARGES	36	SPACER
12	MINERAL WATER	37	SPIROMETRE
13	SANITARY PAD	38	NEBULIZER KIT
14	TELEPHONE CHARGES	39	STEAM INHALER
15	GUEST SERVICES	40	ARMSLING
16	CREPE BANDAGE	41	THERMOMETER
17	DIAPER OF ANY TYPE	42	CERVICAL COLLAR
18	EYELET COLLAR	43	SPLINT
19	SLINGS	44	DIABETIC FOOT WEAR
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
22	TELEVISION CHARGES	47	LUMBO SACRAL BELT
23	SURCHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
24	ATTENDANT CHARGES	49	AMBULANCE COLLAR
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER	60	MASK
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	61	OUNCE GLASS

53	SUGAR FREE TABLETS	62	OXYGEN MASK
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	63	PELVIC TRACTION BELT
55	ECG ELECTRODES	64	PAN CAN
56	GLOVES	65	TROLLY COVER
57	NEBULISATION KIT	66	UROMETER, URINE JUG
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	67	AMBULANCE
59	KIDNEY TRAY	68	VASOFIX SAFETY

List II–Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET

27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III–Items that are to be subsumed into Procedure Charges

Sl No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE

21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV–Items that are to be subsumed into costs of treatment

Sl No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG