

Prospectus

my: health Comprehensive Suraksha - Group

Introduction

This policy has been designed to provide comprehensive coverage to Groups (as defined in Health Insurance regulations 2016) against all health related needs. The Product offers coverage against all types of Critical illnesses, Cancers, Heart ailments, illnesses related to Nervous System and other major illnesses. This product offers women specific covers like Pregnancy and new born complication, Women specific cancers etc

Various optional covers are offered under the policy like pre diagnosis cover, post diagnosis assistance, loss of job, provides financial assistance upon diagnosis of major illnesses.

Product also intends to ensure overall wellbeing of all and hence includes Wellness services under my: health active.

Multiple sum insured options ranging from Rs.1 Lac to Rs 5 Crores available for section (1,2,3,7.) ,

Rs.10,000 to Rs. 5,00,000 for section (5) and Rs. 500 to Rs. 20,000 for section (6) under this policy. The Company will pay the Sum Insured as opted under the applicable section, to the Insured person.

Covers under the Policy

A. Coverage

Section 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	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 requiring 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 Plus Cover

Critical Illness	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 DEquiring 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
Benign Brain Tumour	100%	Major	90 days
Coma of specified severity	100%	Major	90 days
Parkinson's Disease	100%	Major	90 days

iii. Silver Cover

Critical Illness	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 requiring 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
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 Plus Cover

Critical Illness	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 requiring 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

Prospectus

my: health Comprehensive Suraksha - Group

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
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 Cover

Critical Illness	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 requiring 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
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 Erythematosus 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

vi. Gold Plus Cover

Critical Illness	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 requiring 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
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 Erythematosus 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

Prospectus

my: health Comprehensive Suraksha - Group

vii. Platinum Cover

Critical Illness	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 requiring 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
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 Erythematosus with Lupus Nephritis	100%	Major	90 days
Apallie 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 Pan-creatitis	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 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.

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 this Section 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 Coverage for all other Critical Illness/Surgical Procedure opted under all the Cover in this

Prospectus

my: health Comprehensive Suraksha - Group

Section shall cease to exist.

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:

- 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.
- Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section.
- Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- 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;
- 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.
- Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- Whilst engaging in Adventure Sports.
- Involvement in naval, military or air force operation;
- Participation by the Insured Person in any flying activity, except as a bona fide passenger (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 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 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 Erythematosus with Lupus Nephritis	Major	100% of Sum Insured	90 days
Rheumatoid Arthritis	Major		
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	Minor	25% of Sum Insured subject to Maximum of Rs. 1,000,000 Rs. 1,000,000	180 days
Balloon Valvotomy or Valvuloplasty			
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/ Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period
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Prospectus

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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. Pregnancy and New Born Complication

a. Pregnancy 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 Ductus Arteriosus		
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 Coverage with Us subject to:

- 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
- Premium will be waived for continuous Renewal for 5 subsequent Policy Years only.

ii. Waiting Period

Coverage under this Section is subject to following waiting periods.

Prospectus

my: health Comprehensive Suraksha - Group

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:

- 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.
- Major Stage** - On the admissibility of Claim under any Major Stage condition coverage for all other Critical Illness/Surgical Procedure opted under the all the Covers in this Section shall cease to exist.

IV. General Exclusions applicable to Section 2 – Women Suraksha 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:

- 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.
- Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section
- Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- 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;
- 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.
- Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- Congenital External Anomalies or any complications 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 and Spina Bifida to the extent of Coverage provided.;
- Whilst engaging in Adventure Sports.
- Involvement in naval, military or air force operation.
- Participation by the Insured Person in any flying activity, except as a bona fide passenger (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 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 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 /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
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. Cardiac Ailments and Procedures

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

Prospectus

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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

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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:

- 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
- Premium will be waived for continuous Renewal for 5 subsequent Policy Years only.

ii. Waiting Period

Coverage under this Section is subject to following waiting periods.

- 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.
- 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.

- 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.
- Major Stage** – On the admissibility of Claim under any Major Stage condition coverage for all other Critical Illness/Surgical Procedure opted under all the Covers in this Section shall cease to exist

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 attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- 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.
- Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section.
- Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- Any Claim caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane

- 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;
- 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.
- Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- Whilst engaging in Adventure Sports.
- Involvement in naval, military or air force operation.
- Participation by the Insured Person in any flying activity, except as a bona fide passenger (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, Sr-Creat	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 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

- 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
- 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 session Sum Insured upto maximum number of sessions specified on Schedule of Coverage 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 consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in India in respect of Critical Illnesses and Surgical Procedures for which is Claim is admissible under the Policy.

b. Second Medical Opinion – Global

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We will pay Medical consultation expenses 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 Procedures for which Claim is admissible under the Policy.

Exclusions applicable to this Cover;

- Loss of job due to retirement whether voluntary or otherwise
- 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	Ultrasonography.
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

i. Recovery Benefit

We will pay Sum Insured upon Medically Necessary;

- Hospitalization
- Domiciliary Hospitalization
- Hospitalization for Alternative Treatments

ofan Insured Person exceeding 10 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

- 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
- 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 accordance with Cover I.i of this Section, anywhere in World.

iii. Recovery Benefit – Maternity

On opting this Cover, General exclusion ix) under IV of this Section shall stand deleted for 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;

- Maximum Reinstatement of Sum Insured will be equivalent to Sum Insured under Cover I.i of this Section
- Reinstatement of Sum Insured is not applicable to claim in respect of Any one Illness
- In case of treatment for Chemotherapy and Dialysis, Reinstatement of Sum Insured will be applicable only once in lifetime of Coverage.
- 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 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. Second Medical Opinion

a. Second Medical Opinion – India

On opting this Cover, We will pay Medical consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in Indian respect of Hospitalization for which is Claim is admissible under I.i of this Section.

b. Second Medical Opinion – Global

On opting this Cover, We will pay Medical consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in the world in respect of Hospitalization for which is Claim is admissible under I.i of this Section.

III. General Conditions application to Section 5

i. Mental Health Care

If an Insured Person is hospitalized for any Mental Illness contracted during the Policy period We will pay Sum Insured under Section 5 I.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

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

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

- 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.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- 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

Pancreatitis	Non infective Arthritis
Diseases of gall bladder including cholecystitis	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

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

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

- 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.
- 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:

- Surgery to be conducted is upon the advice of the doctor
- The surgery/procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI)
 - Greater than or equal to 40 or,
 - 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:
- Obesity related cardiomyopathy
- coronary heart disease
- severe sleep apnoea
- uncontrolled type2 diabetes

iv. Change-of-Gender treatments - Code – Excl07: Expenses related to any treatment, 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

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- 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 pay Sum Insured for each continuous and completed period of 24 hours on Medically Necessary;

ii. Hospitalization

iii. Domiciliary Hospitalization

iv. 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 accordance 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. Hospital Cash – ICU

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. Hospital Cash – Maternity

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

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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;

- Maximum number of Reinstatement days will be equivalent to Benefit days opted under this Section
- Reinstatement of Sum Insured is not applicable to claim in respect of Any one Illness
- In case of treatment for Chemotherapy and Dialysis, Reinstatement of cover will be applicable only once in lifetime of Coverage.
- 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, Sr Creat

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

- 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
- You 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 6 Hospital Cash

i. Mental Health Care

If an Insured Person is hospitalized for any Mental Illness contracted during the Policy period We will pay Sum Insured under 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

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

- 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.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- 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

Pancreatitis	Non infective Arthritis
Diseases of gall bladder including cholecystitis	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

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

- Investigation & Evaluation: Code Excl04
 - Expenses related to any admission primarily for diagnostic and evaluation

Prospectus

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- 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 treatment, 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 dioptries.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 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

Prospectus

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I. Coverage

i. Permanent Total Disablement – Illness

We will pay Sum Insured as 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 Disablement 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

ii. 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, Sr-Creat	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 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.

iii. Second Medical Opinion

a. Second Medical Opinion – India

We will pay Medical consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in India in respect of Permanent Total Disablement suffered by Insured Person arising out of Illness for which is Claim is admissible under I.i of this Section.

b. Second Medical Opinion – Global

We will pay Medical consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner any where in the World in respect of Permanent Total Disablement suffered by Insured Person arising out of illness for which is Claim is admissible under I.i of this Section.

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

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 Disablement while 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 this Section shall terminate.

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 treatments 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,

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- cancer or burns.
- xvi. Experimental, investigational or Unproven treatments, devices and pharmacological regimens.
- xvii. Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii. 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.
- xix. vaccination including inoculation and immunisations (Except post bite treatment),
- xx. 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
- xxi. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal/Enrolment form.

with Us.

2. Health Incentive

This Program encourages Insured Person to maintain good health and avail incentives as listed below.

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied at first inception of the Policy with Us provided that;

- i. Insured Person shall undergo medical tests and/or BMI check-up below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- ii. Medical test shall be done at Your own cost through our Network Provider on Our HDFC ERGO Mobile app.
- iii. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesity as applicable on Renewal of the Policy with Us.
- iv. If the test parameters at subsequent renewal is not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- Annual Policy: Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium for expiring Policy Sum Insured.
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual Renewal Premium.
- Medical Underwriting loading will be discounted only on Renewal of Policy with Us
- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy is not renewed with Us.

3. Wellness services:

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

i. Health Coach:

An Insured Person will have access to Health Coaching services in 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 HDFC ERGO Mobile app

Disclaimer applicable to HDFC ERGO Mobile app and associated services

B. My:Health Active

1. Fitness discount @ Renewal

Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to Our HDFC ERGO Mobile app and Your Policy number
- OR
- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked Your wearable device linked to Our HDFC ERGO Mobile app and Your Policy number

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The HDFC ERGO Mobile app must be downloaded on the mobile.

Step 2 - You can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to my: Health App

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- Annual Policy: Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring Policy year will be applied on the Renewal Premium for expiring Policy Sum Insured.
- For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accumulated. Such discount will be applicable on individual Renewal Premium. Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount percentage will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ Renewal will be applied only on Renewal of Policy

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It is agreed and understood that Our HDFC ERGO Mobile appand 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.

Product Details

Policy Type	Benefit and Indemnity both
Age Limit (Age last Birthday as at Policy Inception date)	Minimum Entry Age – 18 Years Maximum Entry Age – 65 Years
Basis of Sum Insured	Individual and Floater Sum Insured Basis
Sum Insured	• Section 1 Critical Illness Cover (Rs 1 Lac to 5 Cr)
	Section 2 Women Suraksha (Rs 1 Lac to 5 Cr)
	Section 3 Sachet Critical Illness (Rs 1 Lac to 5 Cr)
	Section 5 Recovery Benefit (Rs 10,000 Lac to 5 Lakh)
	Section 6 Hospital Cash (Per day benefit) Rs 500 to Rs 20,000/-
Basis of Payment	Section 7 Permanent Total Disablement – Illness (Rs 1 Lac to 5 Cr)
	The claim payment will be on benefit Basis for all sections except
	o Second Medical Opinion
	o Molecular Gene Expression profiling test
Policy Duration	o Pre Diagnosis Cover
	Where the payment will be on reimbursement Basis
Policy Duration	1 year

Pre policy check ups

For Employer Employee Groups :

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 60Yrs	Age above 60 years	Financial underwriting
3 Lacs to 1 Cr	NA	NA	Not Applicable
Above 1 crore to 5 crores	NA	Set 1	Applicable

Set 1: ME, RUA, CBC with ESR, SrCreatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG,HBsAg ,TMT/2D Echo ,USG Abdomen & Pelvis, Chest X Ray,CEA,PSA (Males),Pap Smear(Females),,Sonomamography

For Non Employer Employee Groups:

1. Pre Policy Underwriting Matrix for Sections 1,2,3,7

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

We recommend the following PPC grid for sections 1,2,3,7

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Set 1	Not Applicable
11 to 24 Lacs	NA	Set1+TMT/2D Echo	Not Applicable

25 lacs to 50 lacs	Set 2	Set 2	Applicable Above 25 Lacs
51 lacs to 1 Crore	Set 2	Set 2	Applicable Above 25Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

Set 1: ME, RUA, CBC with ESR, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2: Set 1 + HBsAg + TMT/2D Echo, USG Abdomen & Pelvis, Chest X Ray, CEA, PSA (Males), Pap Smear (Females)

Set 3: Set 2+Sonomamography

2. Pre Policy Underwriting Matrix for Cancer Cover under Section 2,3

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Set 1	Not Applicable
11 to 24Lacs	NA	Set 2	Applicable Above 25 Lacs
25 lacs to 1 Crore	Set 2	Set 2	Applicable Above 25 Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

Set 1: ME, RUA, CBC with ESR, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2 :Set 1 + USG Abdomen & Pelvis, Sonomamography, Pap Smear, CEA, PSA, HBsAg

Set 3 :Set 2 +, TMT/2D Echo , Chest X ray

3. Pre Policy Underwriting Matrix for Section 5, 6:

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Per Day Benefit in INR	Upto 18 Yrs	18 yrs to 45 Yrs	Age above 45 years	Financial Underwriting
500 to 10,000	NA	NA	NA	NA
Above Rs.10,000	NA	NA	Set 1	Applicable

Set 1: ME, RUA, CBC, SrCreatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG ,HBsAg, TMT/2D Echo,USG Abdomen &Pelvis,Chest X ray

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	SrCreatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test
RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBsAg = Hepatitis B Surface Antigen
GGT = Gamma-GlutamylTranspeptidase	2D ECHO-2D Echocardiogram, CEA=Carcinoembryogenic Antigen

Wherever Section 1, 2, 3 and 6 are opted for, the pre policy tests conducted would be a combination of the tests as mentioned above.

Guidelines for Pre Policy Check up

- Pre Policy Check-up will be conducted at our Network provider
- Where ever Pre Policy Check-up is conducted at our Network provider, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Check-up outside our Network

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provider, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.

- If Proposal is declined post Pre Policy Check-up, 50% of the Medical test charges incurred will be reimbursed
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests
- In case of any additional tests advised besides the ones mentioned above, 50% of the cost incurred on such test will be borne by Us

Claim Process

On the occurrence of any Insured 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	<ul style="list-style-type: none"> ✓ 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.	<ul style="list-style-type: none"> ✓ Duly filled Claim Form with signature of claimant. ✓ 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. <p>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)</p> <p>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.</p>

Claims documents for Hospital Cash and Recovery Benefit	<ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> ✓ 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	<ul style="list-style-type: none"> ✓ 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.

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

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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. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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

9. 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.

10. Geography

The policy provides worldwide coverage unless specified in the Coverage otherwise

11. 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 renewal 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.

12. Grace Period

- 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.
- For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits
- For Policies on instalment basis, Grace Period is available as given below.

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

13. Cancellation

i. Cancellation by Insurer

- 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:

Month	% Retention
Up to 1 Month	85.0%
Up to 3 Month	70.0%
Up to 6 Month	45.0%
Up to 12 Month	0.0%

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

- 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 otherwise, 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.

- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

14. 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)

- 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	Half Yearly	30 days
Option 2	Quarterly	30 days
Option 3	Monthly	15 days

- 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.
- The Insured Person will get the accrued continuity benefit in respect of the

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“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

15. Endorsements

The following endorsements are permissible during the Coverage Period:

1.1. 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

16. 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 accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

17. 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.

18. 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

19. Claim Settlement (Provision for Penal Interest).

- 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. Upon acceptance of an offer of settlement by the Insured person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person. 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. However, where the circumstances of a claim warrant an investigation, We will 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, We will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- vii. 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.
- viii. 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.
- ix. 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

20. Assignment:

anyBenefit/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.

21. Nomination:

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment 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.

5) Contact Us

Claim Intimation:	Claim document submission at address
Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

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Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh Rupees.

IRDAI Regulation no 5- This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests)

Regulation

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

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

Premium Table

As Attached

Annexure I - List of Non-Medical Expenses

Sr. No.	Item	Sr. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY