

my:health Hospital Cash Benefit Add On

Key features of the policy:

- Multiple Hospital Cash Options ranging from Rs 500 to Rs 10000 available under this policy.
- Any age entry option with lifetime renewal
- Unique plan with coverage for Hospital Cash Benefit anywhere in the world
- Wellness features like Fitness discount@ renewal etc for maintenance of health
- Various discount options to like family discount, online policy discount, long term policy discount, loyalty discount
- Long term policy options up to 3 years with attractive premium rate
- Option to pay yearly premium in 3,6 and 12 equal installments

Covers Under the policy:

Section A: Coverage

- Hospital Cash benefit**
We will pay Sum Insured on **Medically Necessary Hospitalization** (including In-patient Care AYUSH Treatment taken in an AYUSH Hospital) of an **Insured Person** due to **Illness or Injury** sustained or contracted during the **Policy Period**. The payment is subject to per day benefit **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule for up to maximum of 30 days.
- Companion Benefit:**
We will pay additional amount up to the limit specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person to take care of the Insured Person during Hospitalization

Section B: Optional Cover

Insuring Clause

In consideration of payment of additional Premium, it is hereby declared and agreed that We will pay under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy. These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

- Hospital Cash benefit - Global:**
If You avail this option, We will pay Sum Insured in accordance with Table A, under Section A1 on **Medically Necessary Hospitalization** of an Insured Person outside India due to Illness or Injury sustained or contracted during the Policy Period
This benefit will only be applicable if worldwide cover is opted by the Insured

Benefit Chart

Type of Room		Companion Benefit	Benefit under Global Cover
Normal	ICU		
500	1,000	500	2,500
1,000	2,000	1,000	5,000
1,500	3,000	1,500	7,500
2,000	4,000	2,000	10,000
2,500	5,000	2,500	12,500
3,000	6,000	3,000	15,000
5,000	10,000	5,000	25,000
7,500	15,000	7,500	37,500
10,000	20,000	10,000	50,000

- Waiting period Modification Option:**
On availing this option, **Waiting Periods** listed under **Section E: Waiting Periods** will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.
All other terms and Conditions of the respective Section and Policy shall remain unaltered.

Waiting period modification options

Option	Conditions	Waiting period
Option 1	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Pre existing conditions	36 Months
Options 2	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Pre existing conditions	24 Months
Options 3	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	12 Months
	Waiting Period for Pre existing conditions	12 Months
Options 4	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	No waiting Period
	Waiting Period for Preexisting conditions	No waiting Period

Section C: Renewal Benefits

- my: Health Active**
 - 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 Our HDFC ERGO Mobile App from wearable device linked to Your Policy number**OR**
 - burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked through Our **HDFC ERGO Mobile App** from wearable device linked to Your Policy number
 - Fitness discount @ **Renewal** is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discount

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 HDFC ERGO Mobile 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 will be applied on the Renewal Premium for expiring Policy Sum Insured.
- Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till the end of Policy End date.
 - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year.

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- 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 for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to terms corresponding to expiring Policy.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ **Renewal** will be applied only on **Renewal of Policy with Us**.

Illustration

	Number of fitness weeks accumulated at the end of policy year			Discount on renewal premium
	Year 1	Year 2	Year 3	
Annual Policy 1 Insured Person	15	NA	NA	3%
Multi Year Policy 1 Insured Person (3 year tenure)	15	20	10	3+6+2=11%
2 Insured Persons on floater basis (3 year tenure)	Insured 1-15 Insured 2-10	Insured 1-30 Insured 2-15	Insured 1-20 Insured 2-15	Insured1- (3+7.5+6) =16.5% Insured 2- (2+3+3) = 8%

B. Health Incentive

This Program encourages Insured Persons 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 from first inception of the Policy with Us provided that;

- Insured Person** shall undergo medical tests and/or BMI checkup as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- Medical test shall be done at Your own cost through our **Network Provider** on HDFC ERGO Mobile App.
- If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding **Pre-Existing Disease** or **Obesity** as applicable on **Renewal** of the Policy with **Us**.
- If the test parameters at subsequent renewal are 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
- The test reports received to avail the health incentive benefit shall not be utilised for re underwriting the policy

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
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.
- Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till Policy End date.
 - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year.
- 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 for both Individual and Floater Sum Insured basis Policies.

- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy not renewed with us.

C. Wellness services:

The services listed below are available to all Insured persons through Our Network Provider on Our mobile application only. Availing of services under this Section will not impact the Sum Insured or the eligibility for Cumulative Bonus.

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 mobile application as a chat service or as a call back facility.

ii. Online Wellness services

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

Disclaimer applicable to Wellness Services

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

Section E: Waiting Periods & Exclusions

1. Waiting Periods

All claims payable 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. Illness

Pancreatitis	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone, Urinary Bladder Stone

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All forms of Cirrhosis	Ulcer and erosion of stomach All forms of Cirrhosis and duodenum
Perineal Abscesses	Gastro Esophageal 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

a. Procedures

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

iii. **30-day waiting period – Code – Excl03**

- a. Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- b. This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.
 - i. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 - ii. **Rest Cure, rehabilitation and respite care** – Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
 - iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - iii. Obesity related cardiomyopathy
 - iv. coronary heart disease
 - v. severe sleep apnoea
 - vi. uncontrolled type2 diabetes

- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any 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 Sports** Code – 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").

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- 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 nonsurgical 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 and/or device used for diagnosis or treatment (except when used intraoperatively). 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.

General Conditions

1. Entry Age:

Base Cover

Proposer	Adult Dependent	Child/Children
Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
Maximum Entry Age – Lifetime Entry	Maximum Entry Age – Lifetime Entry	Maximum Entry Age - 25 years

Optional Cover

Proposer	Adult Dependent	Child/Children
Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
Maximum Entry Age – Lifetime Entry	Maximum Entry Age – Lifetime Entry	Maximum Entry Age - 25 years

Optional Cover

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Proposer	Adult Dependent	Child/Children
Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
Maximum Entry Age – Lifetime Entry	Maximum Entry Age – Lifetime Entry	Maximum Entry Age - 25 years

2. Type of Policy:

The policy has both the options of Individual & Floater Sum Insured

3. Coverage for Dependents

- **Individual Sum Insured Option:** Self, spouse, dependent children*, parents, parent in laws, siblings, uncle, aunt, nephew, niece, grandson, granddaughter, daughter in law, son in law can be covered under this option
 - **Floater Sum Insured Option:** Self, Spouse, dependent children* and dependent parents/parents in law can be covered under floater option
- *Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.

4. Policy period

This policy can be issued for 1 year/ 2 years/ 3 years.

5. Sum Insured Options (Per day benefit)

• Rs 500	• Rs 1,000
• Rs 1,500	• Rs 2,000
• Rs 2,500	• Rs 3,000
• Rs 5,000	• Rs 7,500
• Rs 10,000	

6. Free Look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/ migrating the Policy.

The Insured Person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

7. Grace Period

- i. A **Grace Period** of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, we shall not be liable for any treatment availed for an **Illness** or **Accident** during the **Grace Period**
- ii. For Renewals received after completion of 30 days **Grace Period**, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section E will start afresh. All the Renewal benefits earned on the previous Policy will lapse.
- iii. All eligible claims reported in the grace period would be payable if otherwise admissible as per terms and conditions of the policy
- iv. For Policies on instalment basis, Grace Period is available as given below.

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

8. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for **Renewal**. However, the Company is not under obligation to give any notice for **Renewal**.
- ii. **Renewal** shall not be denied on the ground that the **Insured Person** had made a claim or claims in the preceding policy years.
- iii. Request for **Renewal** along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the Policy shall terminate and can be

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renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

- v. No loading shall apply on renewals based on individual claims experience.

9. 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

10. Cancellation

- i. 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	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

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

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

Notwithstanding anything contained herein or 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.

- ii. 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.

11. Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

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

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

- ii. During such Grace Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.
- iii. The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii. 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 Instalment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by 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 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

12. Discounts:

Family Discount	A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company
Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online/ through website/ direct channels of the Company.
Long term policy discount	A discount of 7.5% and 12.5% shall be offered on premium, in case a policy is purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option
Employee Discount	10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company
Loyalty Discount	If insured has purchased policies for more than 1 product from us, discount equivalent to 10% on lower of the premium amongst all of the active policies held by customer is offered

Total maximum discount of all mentioned above, should not exceed 20% of the total premium per policy

13. 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.

14. 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.

15. Additional Benefits:

Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.

16. Claims Procedure:

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
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Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization
Particulars to be provided to Us for Claim notification	a. Policy Number, b. Name of the Insured person(s) named in the Policy schedule availing treatment, c. Nature of disease/illness/injury, d. Name and address of the attending Medical Practitioner/Hospital e. Date of admission & probable date of discharge
Claims documents	Claim Form duly signed by the insured; Copy of Discharge Summary / Discharge Certificate; First consultation letter from treating Medical Practitioner certificate from treating Medical Practitioner's specifying the diagnosis, duration and etiology MLC/FIR copy/ certificate regarding abuse of Alcohol/ intoxicating agent if applicable NEFT details & cancelled cheque
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

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

Disclaimer

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

Insurance is the subject matter of solicitation

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. All claim payments shall be on reimbursement basis
- iv. All claims payment will be made by **Us** in Indian rupees and into Indian Bank accounts only
- v. 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. 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**.
- vi. 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.
- vii. 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.
- viii. 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.
- ix. 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 **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- x. **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

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

my:health Hospital Cash Benefit Add On

Annexure I - List of Non-Medical Expenses

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

S. No.	Item
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

IRDA REGULATION NO 12: This Policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulation 2017.

my:health Hospital Cash Benefit Add On

Premium Rates - Hospital Cash benefit

Amount in INR

Sum Insured 500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	240	360	432	492	360	432	492	600	768	60
18-35	259	389	467	531	389	467	531	648	830	65
36-45	344	516	619	705	516	619	705	860	1,101	86
46-50	421	631	757	862	631	757	862	1,051	1,346	105
51-55	546	819	983	1,120	819	983	1,120	1,366	1,748	105
56-60	798	1,196	1,436	1,635	1,196	1,436	1,635	1,994	2,552	105
61-65	1,253	1,879	2,255	2,569	1,879	2,255	2,569	3,132	4,009	105
66-70	1,956	2,934	3,521	4,010	2,934	3,521	4,010	4,891	6,260	105
71-75	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
76-80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
>80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105

Sum Insured 1,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	480	720	864	984	720	864	984	1,200	1,536	120
18-35	518	778	933	1,063	778	933	1,063	1,296	1,659	130
36-45	688	1,032	1,239	1,411	1,032	1,239	1,411	1,721	2,202	172
46-50	841	1,262	1,514	1,724	1,262	1,514	1,724	2,103	2,691	210
51-55	1,093	1,639	1,967	2,240	1,639	1,967	2,240	2,731	3,496	210
56-60	1,595	2,393	2,871	3,270	2,393	2,871	3,270	3,988	5,105	210
61-65	2,506	3,759	4,511	5,137	3,759	4,511	5,137	6,265	8,019	210
66-70	3,912	5,869	7,042	8,021	5,869	7,042	8,021	9,781	12,520	210
71-75	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
76-80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
>80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210

Sum Insured 1,500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	720	1,080	1,296	1,476	1,080	1,296	1,476	1,800	2,304	180
18-35	778	1,167	1,400	1,594	1,167	1,400	1,594	1,944	2,489	194
36-45	1,032	1,549	1,858	2,116	1,549	1,858	2,116	2,581	3,304	258
46-50	1,262	1,892	2,271	2,586	1,892	2,271	2,586	3,154	4,037	315
51-55	1,639	2,458	2,950	3,360	2,458	2,950	3,360	4,097	5,244	315
56-60	2,393	3,589	4,307	4,905	3,589	4,307	4,905	5,982	7,657	315
61-65	3,759	5,638	6,766	7,706	5,638	6,766	7,706	9,397	12,028	315
66-70	5,869	8,803	10,564	12,031	8,803	10,564	12,031	14,672	18,780	315
71-75	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
76-80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
>80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315



my:health Hospital Cash Benefit Add On

Sum Insured 2,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	960	1,440	1,728	1,968	1,440	1,728	1,968	2,400	3,071	240
18-35	1,037	1,555	1,867	2,126	1,555	1,867	2,126	2,592	3,318	259
36-45	1,376	2,065	2,478	2,822	2,065	2,478	2,822	3,441	4,405	344
46-50	1,682	2,523	3,028	3,448	2,523	3,028	3,448	4,205	5,383	421
51-55	2,185	3,278	3,933	4,479	3,278	3,933	4,479	5,463	6,992	421
56-60	3,190	4,786	5,743	6,540	4,786	5,743	6,540	7,976	10,209	421
61-65	5,012	7,518	9,021	10,274	7,518	9,021	10,274	12,530	16,038	421
66-70	7,825	11,737	14,085	16,041	11,737	14,085	16,041	19,562	25,040	421
71-75	12,957	19,436	23,323	26,562	19,436	23,323	26,562	32,393	41,463	421
76-80	12,957	19,436	23,323	26,562	19,436	23,323	26,562	32,393	41,463	421
>80	12,957	19,436	23,323	26,562	19,436	23,323	26,562	32,393	41,463	421

Sum Insured 2,500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,200	1,800	2,160	2,460	1,800	2,160	2,460	2,999	3,839	300
18-35	1,296	1,944	2,333	2,657	1,944	2,333	2,657	3,241	4,148	324
36-45	1,721	2,581	3,097	3,527	2,581	3,097	3,527	4,302	5,506	430
46-50	2,103	3,154	3,785	4,311	3,154	3,785	4,311	5,257	6,729	526
51-55	2,731	4,097	4,916	5,599	4,097	4,916	5,599	6,828	8,740	526
56-60	3,988	5,982	7,179	8,176	5,982	7,179	8,176	9,970	12,762	526
61-65	6,265	9,397	11,277	12,843	9,397	11,277	12,843	15,662	20,047	526
66-70	9,781	14,672	17,606	20,051	14,672	17,606	20,051	24,453	31,300	526
71-75	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
76-80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
>80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526

Sum Insured 3,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,440	2,160	2,592	2,951	2,160	2,592	2,951	3,599	4,607	360
18-35	1,555	2,333	2,800	3,189	2,333	2,800	3,189	3,889	4,977	389
36-45	2,065	3,097	3,717	4,233	3,097	3,717	4,233	5,162	6,607	516
46-50	2,523	3,785	4,542	5,173	3,785	4,542	5,173	6,308	8,074	631
51-55	3,278	4,916	5,900	6,719	4,916	5,900	6,719	8,194	10,488	631
56-60	4,786	7,179	8,614	9,811	7,179	8,614	9,811	11,964	15,314	631
61-65	7,518	11,277	13,532	15,411	11,277	13,532	15,411	18,794	24,057	631
66-70	11,737	17,606	21,127	24,062	17,606	21,127	24,062	29,343	37,560	631
71-75	19,436	29,154	34,984	39,843	29,154	34,984	39,843	48,589	62,194	631
76-80	19,436	29,154	34,984	39,843	29,154	34,984	39,843	48,589	62,194	631
>80	19,436	29,154	34,984	39,843	29,154	34,984	39,843	48,589	62,194	631

my:health Hospital Cash Benefit Add On

Sum Insured 5,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	2,400	3,599	4,319	4,919	3,599	4,319	4,919	5,999	7,679	600
18-35	2,592	3,889	4,666	5,314	3,889	4,666	5,314	6,481	8,296	648
36-45	3,441	5,162	6,194	7,054	5,162	6,194	7,054	8,603	11,012	860
46-50	4,205	6,308	7,570	8,621	6,308	7,570	8,621	10,513	13,457	1,051
51-55	5,463	8,194	9,833	11,198	8,194	9,833	11,198	13,657	17,480	1,051
56-60	7,976	11,964	14,357	16,351	11,964	14,357	16,351	19,940	25,524	1,051
61-65	12,530	18,794	22,553	25,686	18,794	22,553	25,686	31,324	40,095	1,051
66-70	19,562	29,343	35,212	40,103	29,343	35,212	40,103	48,906	62,599	1,051
71-75	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
76-80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
>80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051

Sum Insured 7,500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	3,599	5,399	6,479	7,379	5,399	6,479	7,379	8,998	11,518	900
18-35	3,889	5,833	6,999	7,972	5,833	6,999	7,972	9,722	12,444	972
36-45	5,162	7,743	9,291	10,582	7,743	9,291	10,582	12,905	16,518	1,290
46-50	6,308	9,462	11,355	12,932	9,462	11,355	12,932	15,770	20,186	1,577
51-55	8,194	12,291	14,749	16,798	12,291	14,749	16,798	20,485	26,221	1,577
56-60	11,964	17,946	21,536	24,527	17,946	21,536	24,527	29,911	38,286	1,577
61-65	18,794	28,191	33,830	38,528	28,191	33,830	38,528	46,986	60,142	1,577
66-70	29,343	44,015	52,818	60,154	44,015	52,818	60,154	73,359	93,899	1,577
71-75	48,589	72,884	87,461	99,608	48,589	72,884	87,461	1,21,474	1,55,486	1,577
76-80	48,589	72,884	87,461	99,608	48,589	72,884	87,461	1,21,474	1,55,486	1,577
>80	48,589	72,884	87,461	99,608	48,589	72,884	87,461	1,21,474	1,55,486	1,577

Sum Insured 10,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	4,799	7,199	8,638	9,838	7,199	8,638	9,838	11,998	15,357	1,200
18-35	5,185	7,777	9,333	10,629	7,777	9,333	10,629	12,962	16,591	1,296
36-45	6,882	10,324	12,388	14,109	10,324	12,388	14,109	17,206	22,024	1,721
46-50	8,411	12,616	15,139	17,242	12,616	15,139	17,242	21,027	26,915	2,103
51-55	10,925	16,388	19,666	22,397	16,388	19,666	22,397	27,313	34,961	2,103
56-60	15,952	23,928	28,714	32,702	23,928	28,714	32,702	39,881	51,047	2,103
61-65	25,059	37,589	45,106	51,371	37,589	45,106	51,371	62,648	80,189	2,103
66-70	39,125	58,687	70,424	80,205	58,687	70,424	80,205	97,811	1,25,199	2,103
71-75	64,786	97,179	1,16,615	1,32,811	97,179	1,16,615	1,32,811	1,61,965	2,07,315	2,103
76-80	64,786	97,179	1,16,615	1,32,811	97,179	1,16,615	1,32,811	1,61,965	2,07,315	2,103
>80	64,786	97,179	1,16,615	1,32,811	97,179	1,16,615	1,32,811	1,61,965	2,07,315	2,103

my:health Hospital Cash Benefit Add On

Incremental Premium Rates - Hospital Cash benefit - Global

Amount in INR

Sum Insured 500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	120	180	216	246	180	216	246	300	384	30
18-35	130	194	233	266	194	233	266	324	415	32
36-45	172	258	310	353	258	310	353	430	551	43
46-50	210	315	378	431	315	378	431	526	673	53
51-55	273	410	492	560	410	492	560	683	874	53
56-60	399	598	718	818	598	718	818	997	1,276	53
61-65	626	940	1,128	1,284	940	1,128	1,284	1,566	2,005	53
66-70	978	1,467	1,761	2,005	1,467	1,761	2,005	2,445	3,130	53
71-75	1,620	2,429	2,915	3,320	2,429	2,915	3,320	4,049	5,183	53
76-80	1,620	2,429	2,915	3,320	2,429	2,915	3,320	4,049	5,183	53
>80	1,620	2,429	2,915	3,320	2,429	2,915	3,320	4,049	5,183	53

Sum Insured 1,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	240	360	432	492	360	432	492	600	768	60
18-35	259	389	467	531	389	467	531	648	830	65
36-45	344	516	619	705	516	619	705	860	1,101	86
46-50	421	631	757	862	631	757	862	1,051	1,346	105
51-55	546	819	983	1,120	819	983	1,120	1,366	1,748	105
56-60	798	1,196	1,436	1,635	1,196	1,436	1,635	1,994	2,552	105
61-65	1,253	1,879	2,255	2,569	1,879	2,255	2,569	3,132	4,009	105
66-70	1,956	2,934	3,521	4,010	2,934	3,521	4,010	4,891	6,260	105
71-75	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
76-80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
>80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105

Sum Insured 1,500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	360	540	648	738	540	648	738	900	1,152	90
18-35	389	583	700	797	583	700	797	972	1,244	97
36-45	516	774	929	1,058	774	929	1,058	1,290	1,652	129
46-50	631	946	1,135	1,293	946	1,135	1,293	1,577	2,019	158
51-55	819	1,229	1,475	1,680	1,229	1,475	1,680	2,048	2,622	158
56-60	1,196	1,795	2,154	2,453	1,795	2,154	2,453	2,991	3,829	158
61-65	1,879	2,819	3,383	3,853	2,819	3,383	3,853	4,699	6,014	158
66-70	2,934	4,402	5,282	6,015	4,402	5,282	6,015	7,336	9,390	158
71-75	4,859	7,288	8,746	9,961	7,288	8,746	9,961	12,147	15,549	158
76-80	4,859	7,288	8,746	9,961	7,288	8,746	9,961	12,147	15,549	158
>80	4,859	7,288	8,746	9,961	7,288	8,746	9,961	12,147	15,549	158

my:health Hospital Cash Benefit Add On

Sum Insured 2,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	480	720	864	984	720	864	984	1,200	1,536	120
18-35	518	778	933	1,063	778	933	1,063	1,296	1,659	130
36-45	688	1,032	1,239	1,411	1,032	1,239	1,411	1,721	2,202	172
46-50	841	1,262	1,514	1,724	1,262	1,514	1,724	2,103	2,691	210
51-55	1,093	1,639	1,967	2,240	1,639	1,967	2,240	2,731	3,496	210
56-60	1,595	2,393	2,871	3,270	2,393	2,871	3,270	3,988	5,105	210
61-65	2,506	3,759	4,511	5,137	3,759	4,511	5,137	6,265	8,019	210
66-70	3,912	5,869	7,042	8,021	5,869	7,042	8,021	9,781	12,520	210
71-75	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
76-80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
>80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210

Sum Insured 2,500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	600	900	1,080	1,230	900	1,080	1,230	1,500	1,920	150
18-35	648	972	1,167	1,329	972	1,167	1,329	1,620	2,074	162
36-45	860	1,290	1,549	1,764	1,290	1,549	1,764	2,151	2,753	215
46-50	1,051	1,577	1,892	2,155	1,577	1,892	2,155	2,628	3,364	263
51-55	1,366	2,048	2,458	2,800	2,048	2,458	2,800	3,414	4,370	263
56-60	1,994	2,991	3,589	4,088	2,991	3,589	4,088	4,985	6,381	263
61-65	3,132	4,699	5,638	6,421	4,699	5,638	6,421	7,831	10,024	263
66-70	4,891	7,336	8,803	10,026	7,336	8,803	10,026	12,226	15,650	263
71-75	8,098	12,147	14,577	16,601	12,147	14,577	16,601	20,246	25,914	263
76-80	8,098	12,147	14,577	16,601	12,147	14,577	16,601	20,246	25,914	263
>80	8,098	12,147	14,577	16,601	12,147	14,577	16,601	20,246	25,914	263

Sum Insured 3,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	720	1,080	1,296	1,476	1,080	1,296	1,476	1,800	2,304	180
18-35	778	1,167	1,400	1,594	1,167	1,400	1,594	1,944	2,489	194
36-45	1,032	1,549	1,858	2,116	1,549	1,858	2,116	2,581	3,304	258
46-50	1,262	1,892	2,271	2,586	1,892	2,271	2,586	3,154	4,037	315
51-55	1,639	2,458	2,950	3,360	2,458	2,950	3,360	4,097	5,244	315
56-60	2,393	3,589	4,307	4,905	3,589	4,307	4,905	5,982	7,657	315
61-65	3,759	5,638	6,766	7,706	5,638	6,766	7,706	9,397	12,028	315
66-70	5,869	8,803	10,564	12,031	8,803	10,564	12,031	14,672	18,780	315
71-75	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
76-80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
>80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315

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Sum Insured 5,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,200	1,800	2,160	2,460	1,800	2,160	2,460	2,999	3,839	300
18-35	1,296	1,944	2,333	2,657	1,944	2,333	2,657	3,241	4,148	324
36-45	1,721	2,581	3,097	3,527	2,581	3,097	3,527	4,302	5,506	430
46-50	2,103	3,154	3,785	4,311	3,154	3,785	4,311	5,257	6,729	526
51-55	2,731	4,097	4,916	5,599	4,097	4,916	5,599	6,828	8,740	526
56-60	3,988	5,982	7,179	8,176	5,982	7,179	8,176	9,970	12,762	526
61-65	6,265	9,397	11,277	12,843	9,397	11,277	12,843	15,662	20,047	526
66-70	9,781	14,672	17,606	20,051	14,672	17,606	20,051	24,453	31,300	526
71-75	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
76-80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
>80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526

Sum Insured 7,500 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,800	2,700	3,239	3,689	2,700	3,239	3,689	4,499	5,759	450
18-35	1,944	2,916	3,500	3,986	2,916	3,500	3,986	4,861	6,222	486
36-45	2,581	3,871	4,646	5,291	3,871	4,646	5,291	6,452	8,259	645
46-50	3,154	4,731	5,677	6,466	4,731	5,677	6,466	7,885	10,093	789
51-55	4,097	6,145	7,375	8,399	6,145	7,375	8,399	10,242	13,110	789
56-60	5,982	8,973	10,768	12,263	8,973	10,768	12,263	14,955	19,143	789
61-65	9,397	14,096	16,915	19,264	14,096	16,915	19,264	23,493	30,071	789
66-70	14,672	22,008	26,409	30,077	22,008	26,409	30,077	36,679	46,949	789
71-75	24,295	36,442	43,730	49,804	36,442	43,730	49,804	60,737	77,743	789
76-80	24,295	36,442	43,730	49,804	36,442	43,730	49,804	60,737	77,743	789
>80	24,295	36,442	43,730	49,804	36,442	43,730	49,804	60,737	77,743	789

Sum Insured 10,000 (Premiums rates are excluding taxes)										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	2,400	3,599	4,319	4,919	3,599	4,319	4,919	5,999	7,679	600
18-35	2,592	3,889	4,666	5,314	3,889	4,666	5,314	6,481	8,296	648
36-45	3,441	5,162	6,194	7,054	5,162	6,194	7,054	8,603	11,012	860
46-50	4,205	6,308	7,570	8,621	6,308	7,570	8,621	10,513	13,457	1,051
51-55	5,463	8,194	9,833	11,198	8,194	9,833	11,198	13,657	17,480	1,051
56-60	7,976	11,964	14,357	16,351	11,964	14,357	16,351	19,940	25,524	1,051
61-65	12,530	18,794	22,553	25,686	18,794	22,553	25,686	31,324	40,095	1,051
66-70	19,562	29,343	35,212	40,103	29,343	35,212	40,103	48,906	62,599	1,051
71-75	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
76-80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
>80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051

my:health Hospital Cash Benefit Add On

Premium / Benefit Illustration

- Product Name – my health Hospital Cash Benefit Add on
- Sum Insured - Rs. 5000 per day for maximum upto 30 days
- Tenure – 1 Year
- Geography - Domestic

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured per Day (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Day (Rs.)
7	2,400	5000	2,400	240	2,160	5000	7,054	NA	7,054	5000
10	2,400	5000	2,400	240	2,160	5000		NA		
35	2,592	5000	2,592	259	2,333	5000		NA		
40	3,441	5000	3,441	344	3,097	5000		NA		
	10,833				9,749				7,054	
	Total premium for all members of the family is Rs. 10,833 when each member is covered separately.		Total premium for all members of the family is Rs. 9,749 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 7,054			
	Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days		Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days				Sum Insured of Rs. 5000 per day for maximum upto 30 days is available for the entire family.			
Premium as mentioned above are exclusive of taxes. Above premium examples are for Illustration purpose only, terms and conditions apply.										

my:health Hospital Cash Benefit Add On

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured per Day (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Day (Rs.)
10	2,400	5000	2,400	240	2,160	5000	8,621	NA	8,621	5000
15	2,400	5000	2,400	240	2,160	5000		NA		
45	3,441	5000	3,441	344	3,097	5000		NA		
48	4,205	5000	4,205	421	3,787	5000		NA		
	12,446				11,201				8,621	
	Total premium for all members of the family is Rs. 12,446 when each member is covered separately.		Total premium for all members of the family is Rs. 11,201 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 8,621			
	Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days		Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days				Sum Insured of Rs. 5000 per day for maximum upto 30 days is available for the entire family.			
Premium as mentioned above are exclusive of taxes. Above premium examples are for illustration purpose only, terms and conditions apply.										

my:health Hospital Cash Benefit Add On

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured per Day (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Day (Rs.)
10	2,400	5000	2,400	240	2,160	5000	6,194	NA	6,194	5000
15	2,592	5000	2,592	259	2,333	5000		NA		
45	3,441	5000	3,441	344	3,097	5000		NA		
	8,433				7,590				6,194	
	Total premium for all members of the family is Rs. 8,433 when each member is covered separately.		Total premium for all members of the family is Rs. 7,590 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 6,194			
	Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days		Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days				Sum Insured of Rs. 5000 per day for maximum upto 30 days is available for the entire family.			
Premium as mentioned above are exclusive of taxes. Above premium examples are for Illustration purpose only, terms and conditions apply.										

my:health Hospital Cash Benefit Add On

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured per Day (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured Per Day (Rs.)
15	2,400	5000	2,400	240	2,160	5000	7,570	NA	7,570	5000
45	3,441	5000	3,441	344	3,097	5000		NA		
48	4,205	5000	4,205	421	3,785	5000		NA		
	10,046				9,042				7,570	
	Total premium for all members of the family is Rs. 10,046 when each member is covered separately.		Total premium for all members of the family is Rs. 9,042 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 7,570			
	Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days		Sum Insured available for each individual is Rs. 5000 per day for maximum upto 30 days				Sum Insured of Rs. 5000 per day for maximum upto 30 days is available for the entire family.			
Premium as mentioned above are exclusive of taxes. Above premium examples are for Illustration purpose only, terms and conditions apply.										

my:health Hospital Cash Benefit Add On

CLAIMS PROCEDURE

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
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				
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	i. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/ Surgery required vii. Name and address of the attending Medical Practitioner viii. Hospital where treatment/ Surgery is proposed to be taken or / Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission			Following particulars in addition to those listed under Hospitalization Claim: i. Treatment details ii. Preferred date and time for initial assessment	
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/ Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required			Not Applicable	
Process for obtaining Pre-Authorization	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form the Network Provider along with other sufficient details to assess the request, We may; <ul style="list-style-type: none"> Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection. 	i. We shall send Release Of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices.		On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process: <ul style="list-style-type: none"> Meet the treating medical practitioner and verify the requirement along with the prescription/ discharge summary (if applicable) and the condition of the patient 	

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Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
			iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation iii. On receipt of the complete documents We may: <ul style="list-style-type: none"> • issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization specifying reasons for the rejection 		ii. Verify the past medical history of the patient iii. Complete physical examination of the patient iv. Check if the patient requires any equipment, devices etc v. Share the care plan and treatment cost estimation with Us . v. On receipt of the complete documents We may; <ul style="list-style-type: none"> • issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or <ul style="list-style-type: none"> • reject the request for pre-authorization under Home Healthcare specifying reasons for the rejection. On rejection of Pre-Authorization under Home Healthcare, Claim procedure under Cashless treatment or Reimbursement may be followed.
List of Claim documents	Not Applicable			As enlisted below	Not Applicable

List of Documents for Reimbursement Claims:

- i. Duly signed, stamped and completed Claim Form
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the **Network Provider's** Registration Certificate / **Hospital** registration no in case of **Hospitalization**
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final Hospital Bill with all original deposit and final payment receipt
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness**
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic center

- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiii. Pre and Post-Operative Imaging reports
- xiv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
- xv. Original invoice for Vaccination and payment receipt
- xvi. KYC documents

Conditions for obtaining Cashless facility:

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be

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duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.

- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization**/treatment, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate,

except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

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

Insurance is the subject matter of solicitation

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