

Health Suraksha FAQ



Har pal aapke saath

Why do I need Health Insurance?

It will protect you and your family against any financial contingency arising due to a medical emergency.

What are the benefits under this policy?

Health Suraksha offers optimum health coverage at an affordable price. The plan not only covers hospitalisation expenses due to accidents or illness but extends to cover pre and post hospitalisation expenses, day care procedures, domiciliary treatment, organ donor expenses, emergency ambulance and ayush benefit.

What are the plans available under this policy?

You can choose from four plans as mentioned below with sum insured ranging from Rs. 2 lakh, 3 lakh and 4 lakh:

- 1 Adult
- 2 Adults
- 2 Adults 1 Child
- 2 Adults 2 Children

The policy offers option for covering on individual sum insured basis and on family floater basis.

Is there any eligibility criterion for purchasing this policy?

Health Suraksha is open to individuals from the age of 03 months to 65 years.

Is there any tax exemption under the policy?

Yes, you can avail upto Rs. 15,000 as tax benefit under 'Section 80D'. In case of senior citizens, you can avail upto Rs. 20,000 as tax benefit under 'Section 80D'.

Are there any medical tests that I need to undergo to enroll myself?

No pre policy medical check up is required for individuals upto 45 years.

What is Family Floater and what are its advantages?

Family Floater is a policy wherein the entire family of the insured comprising of insured and his dependents are covered under single sum insured. The advantages of such a policy are:

1. All members of the family (as defined above) can be covered under one policy.
2. Single Premium is payable for the entire family.
3. The amount of sum insured floats over the entire family i.e. the limit can be used by any member of the family and for any number of times.
4. One does not have to keep a track of renewals for different members; a single renewal date is to be remembered.

Are there any special discounts available under the policy?

The policy provides a Family discount of 10%, if 3 or more family members are covered under a single policy on individual sum insured basis.

What are Pre and Post Hospitalisation expenses?

Pre hospitalisation expenses means the medical expenses incurred for specified number of days prior to hospitalisation for any disease / illness / injury sustained which is covered under the Policy. And post hospitalization expenses means the medical expenses incurred for a specified number of days after discharge from the Hospital. In 'Health Suraksha' the pre-hospitalisation period is 60 days while the post-hospitalisation period is 90 days.

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What is meant by Day Care Procedures?

Day care procedures are the medical procedures/surgeries wherein the person does not need to get hospitalised for more than 24 hours due to technological advancement.

What are Domiciliary Hospitalisation expenses?

Domiciliary Hospitalisation means medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home but are actually taken whilst confined at home in India but only under the following circumstances:

- a) The condition of the patient is such that he/she cannot be removed to the hospital/nursing home or
- b) The patient cannot be removed to the hospital/nursing home for lack of accommodation therein

What is meant by Organ Donor Expenses?

Organ donor expenses all hospitalisation expenses incurred by the donor for donating an organ (excluding the cost of the organ) to the insured during the course of an organ transplant.

What is covered under the Ayush Benefit?

Reimburses the expenses for inpatient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.

What is a Hospital/Nursing Home?

Hospital/Nursing Home means an establishment which:

- a) is registered as such with a local authority and is under the supervision of a registered and qualified Medical Practitioner; and operates for the reception, care and treatment of sick, ailing or injured persons as in-patients; and
- b) provides organized facilities for diagnosis and medical / surgical treatment at all times; and is not primarily a day clinic, rest or convalescent home or similar establishment and is not, other than incidentally, a place for the treatment of alcoholics or drug addicts or a rehabilitation center; OR
- a) has a fully equipped operation theatre of its own wherever surgical operations are carried out; and
- b) provides nursing care and has a Physician or a staff of Physicians actually on the premises at all times; and
- c) has at least 10 in-patient beds at all times.

What do you mean by Pre-Existing Diseases?

Any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms and/or was diagnosed and/or received medical advice/treatment within 48 months prior to your first policy with the company.

What is an injury or injuries?

INJURY or INJURIES means any physical, external, ACCIDENTAL bodily INJURY occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the period of insurance.

What is Cumulative Bonus?

Cumulative Bonus is an increase in sum insured by a specified percentage for every claim free year subject to a certain maximum; provided that the policy should be renewed without any break. Under Health Suraksha, you can avail of 5% cumulative bonus for every claim free year.

What is meant by disease?

Disease means a pathological condition of a part, organ, or system resulting from various causes, such as infection, pathological process, or environmental stress, and characterized by an identifiable group of signs or symptoms.

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What are the benefits of a Health Card?

A health card mentions the contact details and the contact numbers of the TPA. In case of a medical emergency, you can call on these numbers for queries, clarifications and for seeking any kind of assistance. Moreover, you need to display your health card at the time of admission into the hospital.

Are all policyholders eligible for a Health Card?

Yes, all the policyholders are eligible for the Health Card as it is an important component of the policy.

Do I need to pay for Hospitalisation?

If you are admitted in any of our network hospitals, you can avail cashless facility. We would directly reimburse all the admissible expenses to the hospital. However, in case of non-network hospitals, you will have to settle hospital bills at the time of discharge, and consequently, the same will be reimbursed to you by us.

What is a TPA? Who is the TPA for HDFC ERGO?

TPA stands for Third Party Administrator. Family Health Plan Limited (FHPL) is our TPA. FHPL is a Third Party Administrator in the field of Health Insurance duly licensed by Insurance Regulatory Development Authority of India. FHPL provides high quality, value added services with emphasis on quality consistency along with timely, customized service.

What is meant by Network Hospitals?

These are the hospitals that form part of the company's network (part of the company's tie-up list). For a complete list of network hospitals, log on to our website www.hdfcergo.com.

What is meant by Non-Network Hospitals?

These hospitals do not form part of the company's tie-up list. The bills are settled by the Insured and the relevant documents and bills are subsequently submitted to the TPA. The amount, consequently, is reimbursed to the Insured.

Whom to contact in case of hospitalisation?

In case of a claim you need to contact our TPA (FHPL) for intimation, request for authorization and claiming of benefits. In case of hospitalisation, the charges would be directly paid to the hospital, for which you would need to call on the TPA's help line number and they will arrange for cash less facility. If it is a case of emergency, the TPA would help you provide the cashless facility in the nearest hospital, or else they will inform you about the hospital where you can avail the treatment.