

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Health Suraksha Top-Up	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Indemnity	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p> <p>Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours 2. Pre-hospitalisation of 60 days (treatment prior to admission in hospital) 3. Post-hospitalisation (treatment after discharge from hospital) within 90 days from date of discharge 4. All Day Care procedures requiring less 	<p>B.I.1</p> <p>B.I.2</p> <p>B.I.3</p> <p>B.I.4</p>

		<p>than 24 hours of hospitalization</p> <p>5. Domiciliary Treatment (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital)</p> <p>6. Organ Donor (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)</p> <p>7. Emergency Ambulance (Ambulance Expense incurred to transfer the Insured Person to the nearest Hospital)</p> <p>8. Cumulative Bonus (5% of the Basic Sum Insured maximum upto 50% post completion of each policy year irrespective of claims)</p>	<p>B.I.5</p> <p>B.I.6</p> <p>B.I.7</p> <p>B.II.1</p>
6	Exclusions (what the policy does not cover)	<p>Permanent Exclusions:</p> <p>1. Investigation & Evaluation: Code Excl04</p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. 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.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p>	<p>C.2.i</p> <p>C.2.ii</p>

	<p>3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) <ul style="list-style-type: none"> A. greater than or equal to 40 or B. 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: <ul style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes 	C.2.iii
	<p>4. 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</p>	C.2.iv
	<p>5. 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</p>	C.2.v
	<p>6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated</p>	C.2.vi

	<p>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.</p> <p>7. 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.</p> <p>8. 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.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>10. 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.</p> <p>11. 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.</p>	<p>C.2.vii</p> <p>C.2.viii</p> <p>C.2.ix</p> <p>C.2.x</p> <p>C.2.xi</p>
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		<p>13. Unproven Treatments: Code – Excl16: 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.</p>	C.2.xiii
		<p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization 	C.2.xiv
		<p>15. Maternity: Code – Excl18</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. <p>Specific Exclusions: In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p> <ul style="list-style-type: none"> i. We are not liable for any payment unless 	C.2.xv
		<ul style="list-style-type: none"> i. We are not liable for any payment unless 	C.3.i

		the Medical Expenses exceed the Deductible (as opted on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy). Deductible shall be applicable per Policy Year basis	
	ii.	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.	C.3.ii
	iii.	Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.	C.3.iii
	iv.	Any Insured Person's participation or involvement in naval, military or air force operation.	C.3.iv
	v.	Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").	C.3.v
	vi.	Congenital external diseases, defects or anomalies,	C.3.vi
	vii.	Stem cell harvesting	C.3.vii
	viii.	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).	C.3.viii
	ix.	Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	C.3.ix
	x.	Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	C.3.x
	xi.	Preventive care, and other nutritional and	C.3.xi

		electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.	
	xii.	Vaccination including inoculation and immunisations (Except post Animal bite treatment),	C.3.xii
	xiii.	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 .	C.3.xiii
	xiv.	Treatment taken on Outpatient basis	C.3.xiv
	xv.	The provision or fitting of hearing aids, spectacles or contact lenses.	C.3.xv
	xvi.	Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement methods, Optometric therapy.	C.3.xvi
	xvii.	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.	C.3.xvii
	xviii.	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	C.3.xviii
	xix.	Any Claim arising due to Non-disclosure	C.3.xix

		of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.	
7	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage. 	<p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> 24 months for listed diseases/procedure <p>Pre-existing diseases: Covered after 36months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>C.III</p> <p>C.II</p> <p>C.I</p>
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii.Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the 	<p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Base Cover:</p> <ul style="list-style-type: none"> Emergency Ambulance – up to Rs. 2K per hospitalisation <p>Aggregate Deductible options :</p> <ul style="list-style-type: none"> 1/2/3/4/5L 	<p>B.I.7</p> <p>C.3.i</p>

	specified amount)		
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: : Decision on cashless authorization to be provided within 1 hour from the time of receipt of request ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> i. TAT for Claim settlement – Within 15 days of claim intimation. <p>Provide the details /web link for following:</p> <ul style="list-style-type: none"> ii. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks iii. Helpline number : https://www.hdfcergo.com/customercare/grievances <p>Call (Within India) - : 022 6158 2020/ 022 6234 6234</p> <p>Outside India :</p> <p>GlobalContact No: +800 08250825 (accessible from locations outside India</p>	D

		<p>only)</p> <p>iv. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>v. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p> <p>Claim Intimation(Outside India):</p> <p>vi.</p> <p>vii. Global contactNo: +800 08250825 (accessible from locations outside India only)</p> <p>viii. Landline no (Chargeable) : 0120-4507250</p> <p>ix. Email: travelclaims@hdfcergo.com</p>	
10	Policy Servicing	<p>Contact us - 022 6158 2020/ 022 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	D.VII
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us - 022 6158 2020/ 022 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link:</p>	D.VII

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117.
Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East),
Mumbai – 400 059. UIN: Health Suraksha Top -Up - HDFHLIP21467V022021.

		<p>family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of 5 continuous years under the policy no look back to be applied. This period of 5 years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	D.IX
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: <<<https://www.hdfcergo.com/download>>>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

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I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)
