

Customer Information Sheet

iCan – Enhance

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	iCan – Enhance	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	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>	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> <p>A. Second Opinion (Second opinion by a Medical Practitioner from Our panel, for Cancer diagnosed during the policy period)</p> <p>B. MyCare –</p> <p>i. Standard Plan Conventional treatments</p> <p>Following treatments are covered –</p> <ul style="list-style-type: none"> Chemotherapy Radiotherapy Organ transplantation, as part of Cancer treatment Surgeries for excision of cancerous tissue or removal of organs/ tissues (Onco-surgery) <p>ii. Advanced Plan (in addition to Standard)</p> <ul style="list-style-type: none"> Proton Treatment Immunotherapy including immunology agents Personalised & Targeted therapy Hormonal Therapy or Endocrine manipulation Stem cell transplantation <p>1. Admission in Hospital for minimum 24 hours</p>	<p>B.A.</p> <p>B.B.</p> <p>B.B.2</p>

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		2. Pre-hospitalization: 30 days 3. Post hospitalization: 60 days. 4. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization. 5. Follow up care post treatment B. CritiCare Benefit (On first diagnosis of Cancer of specified severity during the policy period, We will pay the Insured person lumpsum amount equivalent to 60% of the Sum Insured) C. FamilyCare Benefit (Lumpsum payment equivalent to 100% of the Sum Insured on occurrence of either Advanced metastatic Cancer or Recurrence of Cancer during the policy period)	B.B.3 B.B.4 B.B.5 B.C B.D
6	Exclusions(what the policy does not cover)	1. 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 2. 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. 3. Investigation & Evaluation: Code Excl04 i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 4. 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: 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. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 5. Preventive care 6. Any external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).	C.II.iii C.II.iv C.II.v C.II.vi C.II.vii C.II.viii

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		<p>7. 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.</p> <p>8. 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>Specific Exclusions:</p> <p>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> <p>i. Non Allopathic treatment except for inpatient care AYUSH treatment</p> <p>ii. Prosthetic and devices which are self-detachable / removable without surgery involving anaesthesia. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com. Treatment availed outside India or at a healthcare facility which is NOT a Hospital</p> <p>iii. Congenital external diseases, defects or anomalies</p> <p>iv. Specified healthcare providers (Hospitals /Medical Practitioners)</p> <ul style="list-style-type: none"> • Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. • Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. • Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by treating doctors prescription. <p>v. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12</p> <p>vi. Treatment arising from or consequent upon 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 weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>vii. Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature</p>	<p>C.II.ix</p> <p>C.II.x</p> <p>C.III.i</p> <p>C.III.ii</p> <p>C.III.iii</p> <p>C.III.iv</p> <p>C.III.v</p> <p>C.III.vi</p> <p>C.III.vii</p>

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7	Waiting period <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. 	1. Specific Waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> • 120 days for listed diseases/ procedure 2. Pre-existing diseases: Covered after 48 months Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	C.I C.II.i
8	Financial limits coverage of <ol style="list-style-type: none"> i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) 	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures: Base Cover : <ol style="list-style-type: none"> a) Emergency Ambulance: INR 2K per hospitalization & Upto INR 3K twice a year b) CRITICARE Benefit: Lumpsum payment equivalent to 60% of sum insured c) FAMILYCARE Benefit: Lumpsum payment equivalent to 100% of sum insured 	B-B.4 B.C
9	Claims/Claims Procedure	A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India. Turn Around Time (TAT) for claims settlement: <u>For Cashless Process :</u> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us) B. Procedure for Cashless Claims Outside India: You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website. Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 <u>Email: travelclaims@hdfcergo.com</u>	E
		<u>For Reimbursement Process :</u> <ol style="list-style-type: none"> i. TAT for Claim settlement: 30 days from the time the last necessary document is received. 	

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		<p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details / web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. 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>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234</p> <p>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
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 6234 6234 / 0120 6234 6234 - Email: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6242 6226 - Email 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: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	D-I-n
12	Things remember to	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. 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. 	D.I.k
		<ol style="list-style-type: none"> 2. 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. 	

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p>Process for 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.</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 eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight 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>	<p>D-I.g</p> <p><u>D.I.m & E-I</u></p> <p>D.I.I</p>
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:

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

Place: _____

Date: _____

(Signature of the Policyholder)