

Customer Information Sheet

my:health Critical Suraksha Plus

**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	my:health Critical Suraksha Plus	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> <li>Individual Sum Insured - Where each member has a separate sum insured under the policy)</li> </ul> Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<p><b>Base Covers:</b> 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"> <li>Critical Illness Cover (This policy will pay the Insured Person the Sum Insured, on diagnosis of listed critical illness)</li> <li>Multi Pay Critical Illness Cover (If Insured Person suffers from Critical illness or undergoes Surgical Procedure as listed, SI mentioned will be paid)</li> <li>my: Health Active (Discounts &amp; Wellness services)</li> <li>Preventive Health Check Up (Insured Person will be entitled for Preventive Health Check-up on renewal of the Policy)</li> </ol> <p><b>Optional Covers:</b> Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <ol style="list-style-type: none"> <li>Pre Diagnosis Cover (Expenses incurred towards diagnostic tests/ procedures incurred up to 30 days prior to the diagnosis of such Critical Illness)</li> <li>Post Diagnosis Support (We will pay expenses incurred towards second Medical Opinion, Molecular Gene Expression Profiling Test, Post Diagnosis Assistance)</li> <li>Loss of Job (Sum Insured will be paid if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination)</li> </ol>	B.1.I B.1.II B.2.I B.3 B.4.I B.4.II B.4.III

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
6	Exclusions (what the policy does not cover?)	<p>All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Benefits section under my:health Critical Illness policy wordings.</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Policy;</li> <li>3. Any claim with respect to any Critical Illness diagnosed prior to Policy Inception Date</li> <li>4. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen unless prescribed by Medical Practitioner;</li> <li>5. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,</li> <li>6. Any Claim caused due to intentional self-injury, suicide or attempted suicide.</li> <li>7. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution,insurrection, military or usurped power;</li> <li>8. Any claim caused by ionizing radiation or contamination by radioactivity fromany nuclear fuel (explosive or hazardous form) or from any nuclear waste from thecombustion of nuclear fuel, nuclear, chemical or biological attack.</li> <li>9. Working in underground mines, tunneling or involving electrical installations with hightension supply, or as jockeys or circus personnel;</li> <li>10. Congenital External Anomalies or any complications or conditions arising therefromincluding any developmental conditions of the Insured;</li> <li>11. Whilst engaging in Adventure Sports.</li> <li>12. Involvement in naval, military or air force operation.</li> <li>13. Participation by the Insured Person in any flying activity, except as a bonafide passenger (fare paying and otherwise) of a recognized airline on regular routes and on a scheduled timetable.</li> </ol> <p>Specific General Exclusions applicable to Loss of Job:</p> <ol style="list-style-type: none"> <li>i. Loss of job due to retirement whether voluntary or otherwise</li> </ol>	<p>C</p> <p>C.2.1.i</p> <p>C.2.1.ii</p> <p>C.2.1.iii</p> <p>C.2.1.iv</p> <p>C.2.1.v</p> <p>C.2.1.vi</p> <p>C.2.1.vii</p> <p>C.2.1.viii</p> <p>C.2.1.ix</p> <p>C.2.1.x</p> <p>C.2.1.xi</p> <p>C.2.1.xii</p> <p>C.2.1.xiii</p> <p>C.2.2.i</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation	C.2.2.ii
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<ol style="list-style-type: none"> <li>1. Initial waiting Period: 90 days</li> <li>2. Pre-existing diseases: Covered after 48 months</li> <li>3. 180 days waiting period applicable on all claims under all minor conditions listed under Section A- Critical Illness and Angioplasty Under Section A II, Heart Cover</li> <li>4. 7 Days survival period applicable for all the Covers under Section AI and All</li> </ol> <p><b>Note:</b> Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	C
8	<p>Financial limits coverage of</p> <ol style="list-style-type: none"> <li>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</li> </ol>	NA	NA
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> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility: 2 hours from the time the last necessary document is received.</li> <li>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</li> </ol> <p><b>(Note:</b> 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)</p> <p><u>For Reimbursement Process :</u></p> <ol style="list-style-type: none"> <li>i. TAT for Claim settlement : 30 days from the time the last necessary document is received.</li> </ol> <p><b>(Note:</b> 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> <ol style="list-style-type: none"> <li>i. Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></li> </ol>	E



