

### 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	my: health Hospital Cash Benefit Add on	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), or</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> <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><b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted Expenses in respect of:</p> <ol style="list-style-type: none"> <li>Hospital Cash benefit for hospitalization (Daily Cash for each day of hospitalization as opted)</li> <li>Companion Benefit (Additional 100% of the hospital Cash as opted for each day of Hospitalization in respect of an accompanying person)</li> <li>my: Health Active (Discounts &amp; Wellness services)</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>Hospital Cash benefit – Global (Extension of cover outside India)</li> <li>Waiting period Modification Option (Waiting Periods listed under the policy will be stand modified as per option opted for)</li> </ol>	<p>B.1.1</p> <p>B.1.2</p> <p>B.2.1</p> <p>B.2.2</p> <p>C.2.i</p>
6	Exclusions (what the policy does not cover)	<p><b>1. Investigation &amp; Evaluation: Code Excl04</b></p> <ol style="list-style-type: none"> <li>Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</li> <li>Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</li> </ol> <p><b>2. Rest Cure, rehabilitation and respite care: Code –</b></p>	

		<p><b>Excl05:</b> Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</li> </ol> <p><b>3. Obesity/Weight control: Code – Excl06:</b> Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ol style="list-style-type: none"> <li>Surgery to be conducted is upon the advice of the Doctor</li> <li>The surgery/Procedure conducted should be supported by clinical protocols</li> <li>The member has to be 18 years of age or older and</li> <li>Body Mass Index (BMI) <ol style="list-style-type: none"> <li>greater than or equal to 40 or</li> <li>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: <ol style="list-style-type: none"> <li>Obesity-related cardiomyopathy</li> <li>Coronary heart disease</li> <li>Severe sleep apnea</li> <li>Uncontrolled type2 diabetes</li> </ol> </li> </ol> </li> </ol> <p><b>4. Change-of-Gender treatments: Code – Excl07:</b> Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p><b>5. Cosmetic or plastic Surgery: Code – Excl08:</b> 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> <p><b>6. Hazardous or Adventure Sports: Code – Excl09: Expenses</b> 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.</p> <p><b>7. Breach of Law: Code – Excl10:</b> 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><b>8. Excluded Providers: Code – Excl11:</b></p>	
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## HDFC ERGO General Insurance

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>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> <li>Specific Waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> <li>24 months for listed diseases/procedure</li> </ul> </li> <li>Pre-existing diseases: Covered after 36 months</li> </ol> <p>Note: 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> <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>	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>TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</li> <li>TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</li> </ol> <p><u>For Reimbursement Process :</u></p> <p>TAT for Claim settlement – Within 15 days of claim intimation</p> <p>Provide the details /web link for following:</p> <ol style="list-style-type: none"> <li>Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></li> <li>Helpline number : <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a></li> <li>Call - : 022 6158 2020/ 022 6234 6234</li> <li>Hospitals which are excluded or from where no claims will be accepted by insurer <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a></li> </ol>	E

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: my:Health Hospital Cash Benefit (Add-on) – HDFHLIA21271V022021.

		<p>policy renewal date as per IRDAI guidelines related to Portability.</p> <p><b>Change in Sum Insured:</b> 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><b>Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</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.	D.6

## 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)