

### 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 Koti Suraksha	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"> <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</p> <p><b><u>Section 1: Health</u></b></p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> <li>Admission in Hospital for minimum 24 hours <ul style="list-style-type: none"> <li>Procedure Sub Limits</li> </ul> </li> <li>Home Health Care (Medical Expenses incurred on availing treatment at Home)</li> </ol>	<p>1.A I 1</p> <p>1.A I 2</p>

		3. Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital)	1.A I 3
		4. Pre-hospitalisation of 60 days (treatment prior to admission in hospital)	1.A I 4
		5. Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge	1.A I 5
		6. All Day Care procedures requiring less than 24 hours of hospitalization	1.A I 6
		7. Road Ambulance cover expenses incurred on Road Ambulance Services	1.A I 7
		8. Alternative Treatment (Medical Expenses incurred for Inpatient Care under Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy upto Sum Insured) Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)	1.A I 9 1.A I 8
		Section A II - Value added services	
		1. Health Coach (Access to Health Coaching Services in listed areas via HDFC ERGO Mobile App)	1.A II 1
		2. Wellness Services ( Discounts, Consultations & Specialized programs)	1.A II 2
		Section A III - my:health Active	
		1. Preventive Health Check up (Cost of a Preventive Health Check-up for the Insured Person will be paid)	1.A III 1
		2. Fitness discount @ renewal (Discount on Renewal Premium by accumulating Healthy Weeks as defined)	1.A III 2
		3. Health Incentive (This Program encourages Insured Persons to maintain good health and avail incentives)	1.A III 3
		4. Cumulative Bonus (10% of the Basic Sum	1.A III 4

		<p>Insured maximum upto 100% post completion of each policy year irrespective of claims)</p> <p><b>Section A IV - 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>	
		1. Non-Medical Expenses cover (Payment for Non-Medical Expenses up to the limit mentioned in Schedule of Coverage)	1.A IV 1
		2. Aggregate Deductible (Insured Person shall bear an amount equal to the Aggregate Deductible specified in the Schedule of Coverage on Policy Schedule for all admissible claim)	1.A IV 2
		3. Emergency Worldwide Coverage(Payment for Medically Necessary Hospitalization of an Insured Person outside India due to life threatening situation)	1.A IV 3
		4. Overseas Treatment (We will pay the Medical Expenses incurred outside India for listed major illnesses)	1.A IV 4
		5. Waiver of disease capping (Procedure Sub-Limits listed under Section 1.A.I.1.a – Medical Expenses, shall stand deleted under the Policy)	1.A IV 5
		6. Waiver of room rent cap (On availing this option, the limits specified with respect to Room Rent/Boarding charges under Section 1.A.I.1.a.i – Medical Expenses shall stand deleted)	1.A IV 6
		7. Waiting period modification option (On availing this option, Waiting Periods listed under Section 1.A.V.I.i shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule)	1.A IV 7
		8. Medical Evacuation (Air Ambulance transportation in an airplane or helicopter	1.A IV 8

		for Emergency Care)	
		9. Sum Insured Rebound (Amount equivalent to the Claim amount paid under Basic Sum Insured)	1.A IV 9
		10. Waiver of Co-Payment (On availing this option, applicable Co-Payment stands waived under the Policy)	1.A IV 10
		11. Cumulative Bonus – Booster (On availing this cover, Cumulative Bonus percentage stands modified)	1.A IV 11
		<b><u>Section 2: Personal Accident Cover</u></b>	
		1. Accidental Death (We will pay the Sum Insured, if insured died due to accidental injuries)	2.A I 1
		Optional Cover under Accidental Death	
		a) Burns (If Insured Person sustains Injury during Policy Period, which solely and directly results into burns)	2.A I 2
		2. Permanent Disablement (We will pay the Sum Insured, if insured become permanently disable due to accidental injuries)	2.A I 3
		3. Temporary Total Disability (We will pay the Sum Insured, if insured become temporary total disable due to accidental injuries)	2.A I 4
		4. Broken Bones (We will pay the Sum Insured, If Injury, solely and directly results into Fracture)	2.A I 5
		5. Emergency Medical Expenses (Medical Expenses for an Emergency Care of an Insured Person due to an Injury)	
		6. Hospital Cash – Accident Only (Daily cash benefit, if Insured Person sustains Injury which result in hospitalization)	2.A I 6
		7. Chauffeur Benefit (Daily cost of hire of a transportation or driver to maintain the mobility of Insured Person)	2.A I 7
		Section 2.A II – Value added services	

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. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. UIN: my:health Koti Suraksha - HDFHLP21131V012021.

		<ul style="list-style-type: none"> <li>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.</li> <li>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</li> </ul>	
		<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> <ul style="list-style-type: none"> <li>i. Surgery to be conducted is upon the advice of the Doctor</li> <li>ii. The surgery/Procedure conducted should be supported by clinical protocols</li> <li>iii. The member has to be 18 years of age or older and</li> <li>iv. Body Mass Index (BMI) <ul style="list-style-type: none"> <li>A. greater than or equal to 40 or</li> <li>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"> <li>1) Obesity-related cardiomyopathy</li> <li>2) Coronary heart disease</li> <li>3) Severe sleep apnea</li> <li>4) Uncontrolled type2 diabetes</li> </ul> </li> </ul> </li> </ul>	1.B.III.iii
		<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>	1.B.III.iv
		<p><b>5) Cosmetic or plastic Surgery: Code – Excl08:</b> Expenses for cosmetic or plastic surgery or any</p>	1.B.III.v

	<p>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:</b> Expenses 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> 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><b>9) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</b></p> <p><b>10) Treatments received in health hydros, nature cure clinics, spas or similar establishments or</b></p>	<p>1.B.III.vi</p> <p>1.B.III.vii</p> <p>1.B.III.vii i</p> <p>1.B.III.ix</p> <p>1.B.III.x</p>
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		private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. <b>Code – Excl13.</b>	
		<b>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.</b>	1.B.III.xi
		<b>12) Refractive Error: Code – Excl15:</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	1.B.III.xii
		<b>13) Unproven Treatments: Code – Excl16:</b> 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.	1.B.III.xii i
		<b>14) Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes: 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	1.B.III.xi v
		<b>15) Maternity: Code – Excl18</b> a) Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during	1.B.III.xv

		<p>hospitalization) except ectopic pregnancy;  b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.</p> <p><b>Specific Permanent Exclusions:</b></p> <p>i. 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.</p> <p>ii. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule.</p> <p>iii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p> <p>iv. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>v. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").</p> <p>vi. Congenital external diseases, defects or anomalies,</p> <p>vii. Stem cell harvesting.</p> <p>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</p>	<p>1.B.IV.i</p> <p>1.B.IV.ii</p> <p>1.B.IV.iii</p> <p>1.B.IV.iv</p> <p>1.B.IV.v</p> <p>1.B.IV.vi</p> <p>1.B.IV.vii</p> <p>1.B.IV.viii</p>
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		fractures) and dislocations of the mandible and extremities).	
	ix.	Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	1.B.IV.ix
	x.	Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	1.B.IV.x
	xi.	Preventive care,; and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim	1.B.IV.xi
	xii.	Vaccination including inoculation and immunisations (Except post Animal bite treatment),	1.B.IV.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 <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> .	1.B.IV.xii i
	xiv.	Treatment taken on Outpatient basis	1.B.IV.xi v
	xv.	The provision or fitting of hearing aids, spectacles or contact lenses.	1.B.IV.xv
	xvi.	Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.	1.B.IV.xv i
	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.	1.B.IV.xv ii
	xviii.	Expenses for Artificial limbs and/or device	

		<p>used for diagnosis or treatment (except when used intra-operatively).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 <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>xix. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p>	<p>1.B.IV.xv iii</p>
		<p><b><u>Section 2 – Personal Accident</u></b></p> <p><b>Specific General Exclusions :</b></p> <p>1) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner</p> <p>2) War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical, Biological attack or weapons/ materials or radiation of any kind</p> <p>3) Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.</p> <p>4) Death or Disability suffered by the Insured Person on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives)using a motorized vehicle or bicycle.</p>	<p>1.B.IV.xi x</p> <p>2.B.A.I.i</p> <p>2.B.A.I.ii</p> <p>2.B.A.I.iii</p> <p>2.B.A.I.iv</p>

		<p>5) Death or Disability caused by or arising from or in consequence of or contributed to Nuclear, Chemical or Biological attack/ weapons, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self sustaining process of nuclear fission).</p> <p>6) Any Insured Person committing or attempting to commit intentional self-Injury(except in an attempt to save human life) or suicide while mentally sound or suffering from Mental illness</p> <p>7) From engaging in or participation in naval, military or air force operation.</p> <p>8) Injury sustained whilst or as a result of participation as a professional in Hazardous or Adventure sports</p> <p>9) Breach of Law: 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>10) Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.</p> <p>11) Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Injury occurred whilst the Insured Person was on leave or not in uniform.</p>	<p>2.B.A.I.v</p> <p>2.B.A.I.vi</p> <p>2.B.A.I.vi i</p> <p>2.B.A.I.vi ii</p> <p>2.B.A.I.ix</p> <p>2.B.A.I.x</p> <p>2.B.A.I.xi</p>
		<p><b>Standard Permanent Exclusions:</b></p> <p><b>1. Investigation &amp; Evaluation: Code Excl04</b></p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p>	<p>2.B.B.I.i</p>

		<p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p><b>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</b>  Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</li> </ul> <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> <ul style="list-style-type: none"> <li>i. Surgery to be conducted is upon the advice of the Doctor</li> <li>ii. The surgery/Procedure conducted should be supported by clinical protocols</li> <li>iii. The member has to be 18 years of age or older and</li> <li>iv. Body Mass Index (BMI) <ul style="list-style-type: none"> <li>C. greater than or equal to 40 or</li> <li>D. 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"> <li>5) Obesity-related cardiomyopathy</li> <li>6) Coronary heart disease</li> <li>7) Severe sleep apnea</li> <li>8) Uncontrolled type2 diabetes</li> </ul> </li> </ul> </li> </ul>	<p>2.B.B.I.ii</p> <p>2.B.B.I.iii</p>
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	<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>	2.B.B.I.iv
	<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>	2.B.B.I.v
	<p><b>6. Hazardous or Adventure Sports: Code – Excl09:</b> Expenses 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>	2.B.B.I.vi
	<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>	2.B.B.I.vi i
	<p><b>8. Excluded Providers: Code – Excl11:</b> 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</p>	2.B.B.I.vi ii

		of stabilization are payable but not the complete claim.	
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. <b>Code – Excl12.</b>	2.B.B.I.ix
		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. <b>Code – Excl13.</b>	2.B.B.I.x
		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. <b>Code – Excl14.</b>	2.B.B.I.xi
		12. <b>Refractive Error: Code – Excl15:</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	2.B.B.I.xi i
		13. <b>Unproven Treatments: Code – Excl16:</b> 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.	2.B.B.I.xi ii
		14. <b>Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes: v. Any type of contraception, sterilization vi. Assisted Reproduction services including artificial insemination and	2.B.B.I.xi v

		<p>advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p> <p>vii. Gestational Surrogacy</p> <p>viii. Reversal of sterilization</p> <p><b>15. Maternity: Code – Excl18</b></p> <p>a) Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>b) Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</p> <p><b>Specific Exclusions:</b> 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>1) 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.</p> <p>2) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p> <p>3) Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>4) Investigative treatment for Sleep-apnoea,general debility or exhaustion ("run-down condition").</p> <p>5) Congenital external diseases, defects or anomalies,</p> <p>6) Stem cell harvesting.</p>	<p>2.B.B.I.x v</p> <p>2.B.B.III. i</p> <p>2.B.B.III. ii</p> <p>2.B.B.III. iii</p> <p>2.B.B.III. iv</p> <p>2.B.B.III. v</p> <p>2.B.B.III.</p>
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		7) Investigative treatment 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).	2.B.B.III. vii
		8) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	2.B.B.III. viii
		9) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	2.B.B.III. ix
		10) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.	2.B.B.III. x
		11) Vaccination including inoculation and immunisations (Except post bite treatment),	2.B.B.III. xi
		12) 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 etc. Full list of Non-Medical expenses is attached and also available at <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> .	2.B.B.III. xii
		13) The provision or fitting of hearing aids, spectacles or contact lenses.	2.B.B.III. xiii
		14) Any treatment and associated expenses for alopecia, baldness, including corticosteroids and topical immunotherapy, wigs, toupees, hair pieces, any non-surgical hair replacement methods. Optometric therapy	2.B.B.III. xiv
		15) 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.	2.B.B.III. xv
		16) Expenses for Artificial limbs and/or device	2.B.B.III.

		<p>used for diagnosis or treatment (except when used intra-operatively).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 <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>17)Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p>	<p>xvi</p> <p>2.B.B.III. xvii</p>
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>	<p><b>The below waiting period are applicable to Section A : Health &amp; Temporary Total Disablement due to Illness under Section 2 A</b></p> <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"> <li>24 months for listed diseases/procedure</li> </ul> <p>Pre-existing diseases: Covered after 36 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>1.B.I.i</p> <p>1.B.I.ii</p> <p>1.B.I.iii</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>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p><b>Section A : Health</b></p> <p>Base Cover (limits basis plan/ sum insured chosen):</p> <p>a. Room Rent : Single Standard AC Room</p> <p>b. Capping on Disease/Procedure : INR 75K</p> <p>c. Road Ambulance: Up to 2/10K</p> <p>d. Organ Donor Expenses : 5% of Sum Insured</p>	<p>1.A I 2</p> <p>1.A I 2</p> <p>1.A I 7</p> <p>1.A I 9</p>

		(Platinum Plan)	
		<b>Section 2 A : Personal Accident</b>	
		a. Comatose Benefit : 50% of Sum Insured, max 25 L	2.A I 1
		b. Temporary Total Disability: INR (500 - 1L) Upto 104 weeks	2.A I 3
		c. Broken Bones: INR (1L to 25L)	2.A I 6
		d. Emergency Medical Expenses: INR (50K to 10L)	2.A I 4
		e. Hospital Cash - Accident Only : INR (500 - 20,000) per day for 7/10/15/20/30/60 days	2.A I 6
		f. Chauffeur Benefit : INR 250/750/1000 for 7/15/30 days	2.A I 7
		Optional Covers(limits basis plan / sum insured chosen) :	
		<b>Section A : Health</b>	
		a. Non-Medical Expenses Cover : Upto 5% of claim amount	1.A IV1
		b. Emergency Worldwide Coverage: Covered 25% of Base SI,max upto 25 L	1.A IV3
		c. Medical Evacuation: Upto 5 L	1.A IV9
		d. Cumulative Bonus – Booster : Covered 50% of Sum Insured, maximum of 100%	1.A IV12
		<b>Section 2 A : Personal Accident</b>	
		a. Burns : Up to INR 10 L	2.A I 1
		b. Emergency Medical Expenses – Global : 7.5L to 75L	2.A I 4
		c. Companion Benefit : .5/1 times per day of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)	2.A I 6
		d. Hospital Cash – ICU : 2/3/4/5/10 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)	2.A I 6
		e. Time Deductible modification Option: 3 / 5 days	2.A I 6

		<p>f. Hospital Cash – Global : 2/3/5 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</p> <p>g. Last Rites : Upto INR 50K</p> <p>h. Dependent Child Education Benefit : 10% of Base Sum Insured</p> <p>i. Renewal Premium Benefit : Upto INR 2.5L</p> <p>j. Parental Care Benefit: Upto 25% of Base Sum Insured</p> <p>k. Medical Evacuation : Upto 5L</p>	<p>2.A III 2</p> <p>2.A III 3</p> <p>2.A III 4</p> <p>2.A III 5</p> <p>2.A III 6</p>
	<p>ii.Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	<p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <p>a. Premium Tier Co-payment: 20%</p> <p>b. High Age Co-Payment or PED: 20%</p> <p>c. 'Co-Payment' Options : 10%/15%/20%</p>	<p>C.II.6</p> <p>1.B.II</p> <p>2.A 5.II.ii</p>
	<p>iii.Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than the specified</li> </ul>	<p>Deductibles :</p> <p>a. Aggregate deductible (Optional Cover) : 5/10/25L</p>	<p>1.A IV2</p>

	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"> <li>i. 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>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</li> </ul> <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> <ul 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> <li>ii. Helpline number : <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a></li> </ul> <p>Call (Within India) - : 022 6158 2020/ 022 6234 6234</p> <p>Outside India :</p> <p>Global Contact No: +800 08250825 (accessible from locations outside India only)</p>	1.C & 2.C

		<p>i. 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></p> <p>ii. Downloading/getting claim form  <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></p> <p>Claim Intimation(Outside India):</p> <ul style="list-style-type: none"> <li>• Global contactNo: +800 08250825 (accessible from locations outside India only)</li> <li>• Landline no (Chargeable) : 0120-4507250</li> <li>• Email: <a href="mailto:travelclaims@hdfcergo.com">travelclaims@hdfcergo.com</a></li> </ul>	
10	Policy Servicing	<p>Contact us - 022 6158 2020/ 022 6234 6234  Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials:  Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	C.I.18
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> <li>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>- Contact us - 022 6158 2020/ 022 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 – 6242 – 6226</li> <li>- E-mail specific for Senior citizens : <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> </ul> <p>Insured Person may contact the Grievance officer at <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></p> <p>For updated details of grievance officer, kindly refer the link:</p>	C.I.18

		<a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a>  Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> .	
12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. The insured person shall be allowed free look period of 30 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.</li> </ol> <p><b>Policy renewal:</b> 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><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> 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><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the</p>	<p>C.I.1</p> <p>C.I.8</p> <p>C.I.9 &amp; C.I.10</p>

		<p>entire policy along with all the members of the 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><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 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>	C.I.6
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)

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