



HDFC ERGO General Insurance

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Please Note: Benefits opted and mentioned in the policy schedule/certificate of insurance will only be applicable.

Sr.no	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	HDFC ERGO Group Health Insurance	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), orFloater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule/Certificate of Insurance</p>	NA
5	Policy Coverage (What the policy covers?)	Base Indemnity Covers : Coverages in force for the Insured Persons shall be as per the benefits opted.	2.A
		Expenses in respect of:	
		1. Admission in Hospital for minimum 24 hours	2.A.1.a
		2. Pre-hospitalisation of 30 days (treatment prior to admission in hospital)	2.A.1.b
		3. Post-hospitalization (treatment after discharge from hospital) within 60 days from date of discharge	2.A.1.c
		4. Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be	2.A.1.d

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: HDFC ERGO Group Health Insurance - HDFHLGP24095V032425



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	removed/admitted to a Hospital)	
	5. Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)	2.A.1.e
	6. All Day Care procedures requiring less than 24 hours of hospitalization	2.A.1.f
	7. Road Ambulance (India Only) – Ambulance expenses will be covered if the insured is required to be transferred to nearest hospital or from one hospital to another or from hospital to home	2.A.1.g
	Optional Covers for base indemnity cover : Optional coverages for the Insured Persons shall be in force only if the same is opted & mentioned in the policy schedule/certificate of insurance	2.A.II
	1. Pre-Existing Disease Waiting period Modification Option- (Modification of waiting period for pre-existing disease as mentioned in the policy schedule/Certificate of insurance)	2.A.II.1
	2. Specified Disease / Procedure Waiting Period Modification Option- (Modification of waiting period for Specified diseases/Procedure as mentioned in the policy schedule/Certificate of insurance)	2.A.II.2
	3. Modification of General Waiting Period (By availing this option, General Waiting Period of 30 days will be waived off even in case of claims due to illnesses.	2.A.II.3
	4. Modification of Pre and Post Hospitalization Medical Expenses (On availing this option the pre & post hospitalization limit will get modified from existing 30/60 respectively to as mentioned in the policy schedule/certificate of insurance)	2.A.II.4
	5. Room Rent and ICU Modification Option: On availing this option the limits for Room Rent/Type of room and ICU will get modified as mentioned in the policy schedule/certificate of insurance.	2.A.II.5
	6. Road Ambulance Modification Option: On availing this option, the per hospitalization Road Ambulance limit will get modified to as mentioned in the policy schedule/certificate of insurance	2.A.II.6
	7. Co-Payment (On availing this option, Co-Payment as mentioned in the Policy Schedule / Certificate of Insurance will be applied on admissible claim)	2.A.II.7

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	<p>8. AYUSH Treatment: (Medical Expenses incurred for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy)</p> <p>Note : AYUSH Treatment shall be covered by default upto Sum Insured of Section 2.A.I. (Hospitalization Expenses).</p>	2.A II.8
	9. Deletion of Domiciliary Hospitalization (On availing this option, Domiciliary Hospitalization stands deleted.	2.A II.9
	10. Second Medical Opinion for Major Illness: (Expenses towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of any Major Medical Illness)	2.A II.10
	11. Restore Benefit (Restoration of Sum Insured in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year)	2.A II.11
	12. Double Restore Benefit: (Restoration of Sum Insured in the event of complete or partial utilization of the Restore Benefit Base Sum Insured due to any claim admitted during the Policy Year)	2.A II.12
	13. Cumulative Bonus: (% of Base Sum insured as mentioned in the policy scheduled/certificate of insurance will be granted each year)	2.A II.13
	14. Maternity Cover: (Maternity Expenses incurred by an insured will covered)	2.A II.14
	15. Pre and Post Natal Expenses: (Medical Expenses incurred during the Policy Year for Pre and Post Natal expenses)	2.A II.15
	16. Baby Cover from Day 1(Medical Expenses incurred on Hospitalization of the Insured Person's New Born Baby)	2.A II.16
	17. Infertility Cover (Medical Expenses for infertility treatment, assisted reproductive treatments)	2.A II.17
	18. Corporate Buffer (Buffer Sum insured as mentioned in the policy schedule will be available in the policy year)	2.A II.18
	19. Outpatient Treatment (OPD) Cover (Medical Expenses incurred on Out Patient Department (OPD) treatment)	2.A II.19
	20. Aggregate Deductible: (Aggregate Deductible is an amount as specified in the policy Schedule/certificate of Insurance that Insured	2.A II.20

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	Person shall bear for all admissible claims)	
	21. Disease Capping (Capping will be applicable on listed illnesses as mentioned on policy schedule /certificate of insurance)	2.A II.21
	22. Double Sum Insured for Critical Illness: (Double sum insured, incase diagnosed with listed critical illnesses)	2.A II.22
	23. Preventive Health Check Up: (Cost of a Preventive Health Check-up upto the limit mentioned in policy schedule/certificate of insurance will be paid)	2.A II.23
	24. Air Ambulance (India only) (Cost incurred by the Insured Person towards Air Ambulance transportation for Emergency Care which requires immediate and rapid ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital)	2.A II.24
	25. Air Ambulance (outside India only) (Cost incurred by the Insured Person towards Air Ambulance transportation for Emergency Care which requires immediate and rapid ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital)	2.A II.25
	26. Home Healthcare (Medical Expenses incurred on availing treatment at Home during the Policy Year)	2.A II.26
	27. Convalescence Benefit (Lumpsum amount paid incase the insured get hospitalised for consecutive & continuous or more days in a policy year) as mentioned in the policy Schedule/Certificate of Insurance	2.A II.27
	28. Protect Benefit (Payment towards Non-Medical Expenses listed under under List I of Annexure I of Policy Document)	2.A II.28
	29. Inflation Protector (protects your Base Sum Insured against rising inflation)	2.A II.29
	30. Compassionate Visit (Reimbursement of cost of round trip tickets of immediate family member , incase the insured is hospitalised for 5 or more continuous days)	2.A II.30
	31. Global Emergency Hospitalization Cover (outside India only) Emergency Medical Expenses which are diagnosed and incurred outside India.	2.A II.31
	32. Global Hospitalization Cover (outside India only) (Emergency &	2.A II.32

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		Planned Treatments) Emergency & Planned Medical Expenses which are incurred & paid outside India	
		33. Secure Benefit (An additional amount will be available to the Insured Person as Sum Insured for all claims admissible)	2.A II.33
		34. Unlimited Restore Benefit: (partially or completely utilization your Restore Benefit Sum Insured the utilized portion of your Restored Benefit shall be reinstated	2.A II.34
		35. Road Ambulance Cover (outside India only) (Ambulance expenses will be covered if the insured is required to be transferred to nearest hospital or from one hospital to another or from hospital to home)	2.A II.35
		36. Preferred Provider Network (Co-payment for treatment taken in 'Non-Preferred Provider Network' or 'Pre-Authorization request not raised in Preferred Provider Network') >.	2.A.II.36
		Other Base Coverages	2.B
		1. Hospital Cash (Per day sum insured subject to maximum number of benefit days as mentioned in the policy schedule /certificate of insurance for each continuous and completed period of 24 hours of such Hospitalization.	2.B.1
		2. Personal Accident Cover i. Accidental Death (We will pay the Sum Insured, if insured died due to accidental injuries) ii. Permanent Disablement (We will pay the Sum Insured, if insured become permanently disable due to accidental injuries)	2.B.2
		3. Critical Illness (Benefit Based) (Lumpsum amount as mentioned in the policy schedule/certificate of insurance will be paid if the insured suffers from any of the listed critical illness in a policy year)	2.B.3
		4. Home Nursing Cover (Expenses of Home Nursing on a per day basis upto the per day amount as mentioned in the Policy Schedule/Certificate of insurance	2.B.4
		5. Loss of income due to temporary total disablement (injury only) (We will pay the Sum Insured, if insured become temporary total disable due to accidental injuries)	2.B.5
		6. Loss of income due to temporary total disablement (illness only) (We will pay the Sum Insured, if insured become temporary total disable due to illness only)	2.B.6



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	7. Loss of income due to temporary total disablement (illness and injury) (We will pay the Sum Insured, if insured become temporary total disable due to illness or accidental injury)	2.B.7
	8. Vector borne disease cover (indemnity) (We will indemnify insured in case of Medically Necessary Hospitalization for the disease plan as opted)	2.B.8
	Base Covers	
	a. In-Patient Hospitalization Expenses (Indemnification of Medical Expenses on hospitalization due to disease as opted and mentioned in the policy wordings/certificate of insurance)	2.B.8.I.a
	b. Health Care at Home ((Medical Expenses incurred on availing treatment at Home during the Policy Year)	2.B.8.I.b
	c. Pre and Post Hospitalization Cover (Medical expenses incurred 15 & 30 days immediately before and after hospitalization respectively)	2.B.8.I.c
	d. Reinstatement of Sum Insured (An amount equivalent to the Claim amount paid under this benefit will be added to the sum insured which can be used for subsequent claim)	2.B.8.I.d
	Optional covers	2.B.8.II
	a. Outpatient Treatment Expenses (Indemnification Medical Expenses incurred on Out Patient Department (OPD) treatment)	2.B.8.II.a
	b. Recovery Benefit: Lumpsum amount paid incase the insured get hospitalised for consecutive & continuous 10 or more days in a policy year)	2.B.8.II.b
	c. Co-Payment: On availing this option, Co-Payment as mentioned in the Policy Schedule / Certificate of Insurance will be applied on admissible claim.	2.B.8.II.c
	d. Waiting Period Options : On availing this option, Waiting Period for Vector Borne Disease Cover (Indemnity) Section will be modified	2.B.8.II.d
	9. Vector borne disease cover (fixed benefit) Base Covers	2.B.9
	a. In-Patient Hospitalization Expenses(Lumpsum amount will be paid if the insured undergoes hospitalization due to disease as opted and mentioned in the policy wordings/certificate of insurance)	
	b. Reinstatement of Sum Insured : In case of a claim, 100% of the sum insured will be reinstated which can be used for subsequent claim)	
	Optional covers for vector borne disease cover (fixed benefit)	2.B.9.I



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		a. Outpatient Treatment Expenses (Lumpsum payout of Medical Expenses incurred on Out Patient Department (OPD) treatment)	2.B.9.I.a
		b. Recovery Benefit: Lumpsum amount paid incase the insured get hospitalised for consecutive & continuous 10 or more days in a policy year).	2.B.9.I.b
		c. Waiting Period Options : On availing this option, Waiting Period for Vector Borne Disease Cover (Fixed Benefit) Section will be modified	2.B.9.I.c
		10. Vector borne disease cover (per day benefit) <i>Base Covers for Vector borne disease cover (per day benefit)</i>	2.B.10
		In-Patient Hospitalization Expenses(Per Day benefit amount will be paid if the insured undergoes hospitalization due to disease as opted and mentioned in the policy schedule/certificate of insurance)	
		<i>Optional Covers for Vector borne disease cover (per day benefit)</i>	
		a. Recovery Benefit (Lumpsum amount paid incase the insured get hospitalised for consecutive & continuous 10 or more days in a policy year).	2.B.10.I.a
		b. Waiting Period Options : On availing this option, Waiting Period for Vector Borne Disease Cover (per day benefit) Section will be modified	2.B.10.I.b
		c. ICU Multiplier: Incase of hospitalization in ICU , multiple of the opted per day benefit Sum Insured as mentioned on the Policy Schedule/Certificate of Insurance will be paid.	2.B.10.I.c
		11. Repatriation of Mortal Remains: If an Insured Person sustains Injury resulting in Accidental Death, we will pay the Sum Insured towards the return of Mortal Remains of the Insured Person from the place of Death to his home country or hometown or place of burial/cremation anywhere in the world.	2.B.11
		12. Funeral Expenses: We will pay an amount equal to the Sum Insured towards expenses incurred for last rites of the Insured Person if he sustains Injury due to Accident, which shall be the sole and direct cause of Death of Insured Person.	2.B.12
		13. Dependent Child Education Benefit: If Insured Person sustains Injury due to an accident, which results in either death or a defined permanent disability, we will pay the Sum Insured towards education of each Dependent Child aged less than 25 years	2.B.13
		14. Mobility Extension-Benefit We will pay the Sum Insured towards the cost of a self-powered, climbing wheelchair; and/or adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or a lift, necessary ramps, railings and holds to usual place of residence,	2.B.14

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6	Exclusions (what the policy does not cover)	1) 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.	3.B.I.1
		2) 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.	3.B.I.2
		3) Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: 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) 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: 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes	3.B.I.3
		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	3.B.I.4



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		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	3.B.I.5
		6) Hazardous or Adventure Sports: Code – Excl09: 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.	3.B.I.6
		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.	3.B.I.7
		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.	3.B.I.8
		9) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.	3.B.I.9
		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.	3.B.I.10
		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.	3.B.I.11
		12) Refractive Error: Code – Excl15: Expenses related to the treatment for	3.B.I.12



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		correction of eye sight due to refractive error less than 7.5 dioptries.	
		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.	3.B.I.13
		14) Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: <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 	3.B.I.14
		15) Maternity: Code – Excl18 <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. 	3.B.I.15
		Specific Permanent Exclusions: <ul style="list-style-type: none"> 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. 	3.B.II.1
		2. 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 PolicySchedule/ Certificate of Insurance.	3.B.II.2
		3. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.	3.B.II.3
		4. Any Insured Person's participation or involvement in naval,military or air force operation.	3.B.II.4
		5. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").	3.B.II.5

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	6. Congenital external diseases, defects or anomalies	3.B.II.6
	7. Stem cell harvesting.	3.B.II.7
	8. Investigative treatments for analysis and adjustments of spinal sub luxation, 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.	3.B.II.8
	9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	3.B.II.9
	10. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	3.B.II.10
	11. Vaccination including inoculation and immunisations (except post animal bite treatment).	3.B.II.11
	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 and other such items. Full list of Non-Medical Expenses is attached as Annexure B of policy document and also available at www.hdfcergo.com .	3.B.II.12
	13. OPD treatment, unless OPD Cover is opted under Section B.II.22 of Policy Wordings	3.B.II.13
	14. The provision or fitting of hearing aids, spectacles or contact lenses.	3.B.II.14
	15. 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.	3.B.II.15
	16. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.	3.B.II.16
	17. Expenses for Artificial limbs and/or device 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 is attached and also	3.B.II.17

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		available on www.hdfcergo.com	
		18. Any Medical treatment or hospitalization availed outside India	3.B.II.18
		19. Dental treatment and surgery of any kind, unless requiring Hospitalisation	3.B.II.19
		20. Any non allopathic treatment unless explicitly specified under a benefit/coverage in this Policy. Exclusion shall be superceeded on to the extent of coverage provided under such benefit/coverage.	3.B.II.20
		21. Prosthetic and other devices which are selfdetachable /removable without surgery involving anaesthesia.	3.B.II.21
		22. Treatment at a healthcare facility which is NOT a Hospital	3.B.II.22
		23. 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.	3.B.II.23
		24. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.	3.B.II.24
		25. Claims arising due to abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol.	3.B.II.25
		26. Whilst engaging in Adventure Sports (Adventurous Sports means any sport or activity, which is potentially dangerous to the Insured Person whether he/she is trained or not. Such sport or activity includes stunt activity of any kind, adventure racing, base jumping, biathlon, big game hunting, rafting, BMX stunt / obstacle riding, bobsleighbing / using skeletons, bouldering, boxing, canoeing, caving / pot holing, cave tubing, rock climbing / trekking / mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding / parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, seuba diving. river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping. weight lifting or wrestling of any type).	3.B.II.26

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		27. Any pre-existing injury or disability {This exclusion is applicable only to 'Personal Accident Cover', 'Loss Of Income Due To TTD (Injury Only)', 'Loss Of Income Due To TTD (Injury and Illness)', 'Repatriation of Mortal Remains', 'Funeral Expenses', 'Dependent Child Education Benefit', 'Mobility Extension – Benefit'}	3.B.II.27
		28. Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour	3.B.II.28
7.	Waiting period	Waiting periods in force for the Insured Persons shall be as opted & mentioned in the Policy Schedule / Certificate of Insurance	
	<ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered. 	1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) Option 1: 30 Days to 0 Days Option 2: 30 Days to 7 Days Option 3: 30 Days to 15 Days	3.A.III
	<ul style="list-style-type: none"> It is counted from the beginning of the policy coverage. 	2. Specific Waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> 12 months for listed diseases/procedure Option 1: 1 Year to 2 Years Option 2: 1 Year to 0 Years	3.A.II
		3. Pre-existing diseases: Covered after 36 months Option 1: 3 Years to 2 Years Option 2: 3 Years to 1 Years Option 3: 3 Years to 0 Year	3.A.I
		4. Maternity Cover waiting period : 48 months Options: 0 / 9 Months / 1 Year / 2 Years / 3 Years / 4 Years	2.A.II.14.d
		5. Outpatient Treatment: 0 / 1 Year / 2 Years / 3 Years / 4 Years	2.A.II.19
		6. Critical Illness (Benefit Based)- 90 Days	2.B.3.a
		7. Home Nursing 30-Day Waiting Period (days) - Options : 0/7/15/30 days	2.B.4.e
		8. Vector Borne Disease cover (Indemnity) Optional Cover : Waiting Period Modification Option Option 1: 30 days to 15 days Option 2: 30 days to 7 days	2.B.8



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		9. Vector Borne Disease cover (Lumpsum Benefit) Optional Cover: Waiting Period Modification Option Option 1: 30 days to 15 days Option 2: 30 days to 7 days	2.B.9												
		10. Vector Borne Disease cover (Per Day Benefit)	2.B.10												
		Optional Cover: Waiting Period Modification Option Option 1: 30 days to 15 days Option 2: 30 days to 7 days Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected													
8.	Financial limits coverage of	Financial limits in force for the Insured Persons shall be as opted & mentioned in the Policy Schedule / Certificate of Insurance.													
	Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	Base Cover: 1. Expenses incurred on Road Ambulance of up-to INR 2,000 per hospitalization event 2. Room Rent Restriction <table><tr><th>Option</th><th>Room Rent & ICU Limit</th></tr><tr><td>1.</td><td>1% of SI upto 3,000/day for Normal & 2% of SI upto 6,000/day for ICU</td></tr><tr><td>2.</td><td>1% of SI upto 5,000/day for Normal & 2% of SI upto 10,000/day for ICU</td></tr><tr><td>3.</td><td>1% of SI for Normal & 2% of SI for ICU</td></tr><tr><td>4.</td><td>1.5% of SI upto 3,000/day for Normal & 3% of SI upto 6,000/day for ICU</td></tr><tr><td>5.</td><td>1.5% of SI upto 5,000/day for Normal & 3% of SI upto 10,000/day for ICU</td></tr></table>	Option	Room Rent & ICU Limit	1.	1% of SI upto 3,000/day for Normal & 2% of SI upto 6,000/day for ICU	2.	1% of SI upto 5,000/day for Normal & 2% of SI upto 10,000/day for ICU	3.	1% of SI for Normal & 2% of SI for ICU	4.	1.5% of SI upto 3,000/day for Normal & 3% of SI upto 6,000/day for ICU	5.	1.5% of SI upto 5,000/day for Normal & 3% of SI upto 10,000/day for ICU	2.A.1.g
Option	Room Rent & ICU Limit														
1.	1% of SI upto 3,000/day for Normal & 2% of SI upto 6,000/day for ICU														
2.	1% of SI upto 5,000/day for Normal & 2% of SI upto 10,000/day for ICU														
3.	1% of SI for Normal & 2% of SI for ICU														
4.	1.5% of SI upto 3,000/day for Normal & 3% of SI upto 6,000/day for ICU														
5.	1.5% of SI upto 5,000/day for Normal & 3% of SI upto 10,000/day for ICU														

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		6.	1.5% of SI for Normal & 3% of SI for ICU	
		7.	2% of SI upto 3,000/day for Normal & 4% of SI upto 6,000/day for ICU	
		8.	2% of SI upto 5,000/day for Normal & 4% of SI upto 10,000/day for ICU	
		9.	2% of SI for Normal & 4% of SI for ICU	
		10.	Restriction in Absolute ₹ amount: 3,000/day for Normal & 6,000/day for ICU	
		11.	Restriction in Absolute amount: 5,000/day for Normal & 10,000/day for ICU	
		12.	Restriction in Absolute amount for Option 1) Normal room to INR 5,000/day ICU covered At Actuals Option 2) Normal Room: General Ward ICU: up to INR 5,000/day	
ii. Deductible (It is a specified amount: 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 specified amount))	3.	Road Ambulance Cover Modification Option : Option 1: From INR 2,000 to Nil Option 2: From INR 2,000 to INR 5,000 Option 3: From INR 2,000 to INR 10,000 Option 4: From INR 2,000 to At Actuals		2.A II.6
	4.	Hospital Cash : Per day sum insured options ranging from INR 500 to INR 5,000 (in multiples of 50) maximum upto: 5/7/10/15 / 30 / 60 / 90 / 180 Days		2.B.1
	5.	Preventive Health Check-Up: Benefit Limit: Option 1: Upto 1% of SI subject to max ₹10,000 Option 2: ₹500 to ₹10,000 (in multiples of 500) (Per member basis for individual & Per policy basis for Family Floater Policies)		2.A II.23
	6.	AYUSH Treatment i. Covered upto 100 % of sum insured		2.A II.8
	7.	Maternity Expenses a. Normal b. Caesarean		2.A II.14

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		Sum Insured Options for Normal and Caesarean: ₹ 10000 / 15000 / 20000 / 25000 / 30000 / 35000 / 40000 / 50000 / 60000 / 75000 / 100000 Different sum insured limits can be opted for both of the categories							
		8. Outpatient Treatment Sum insured ranging from INR 500 to INR 5,000 (in multiples of 500)	2.A II.19						
		9. Disease Sub-Limit	2.A II.21						
		<table><tr><td>Disease Sub-Limit</td><td>This optional cover allows to restrict the coverage up-to the following limits in respect of the listed conditions:</td></tr><tr><td>a. Disease Category I 1. Heart 2. Cataract 3. Cholecystectomy 4. Hysterectomy 5. Joint Replacement 6. Genito Urinary 7. Cancer (All types) 8. Appendicitis 9. Chronic Renal Failure 10. Intervertebral Disc</td><td>Disease Category I – i. INR 25,000 ii. INR 50,000 iii. INR 1,00,000 iv. INR 1,50,000 v. INR 2,50,000 vi. INR 3,00,000 vii. INR 5,00,000</td></tr><tr><td>b. Disease Category II 1. Hernia 2. Amputation 3. Long Bone Fractures 4. Fissure and Fistula 5. Accident 6. Coma 7. Deviated Nasal Septum</td><td>Disease Category II – i. INR 25,000 ii. INR 50,000 iii. INR 75,000 iv. INR 1,00,000</td></tr></table>	Disease Sub-Limit	This optional cover allows to restrict the coverage up-to the following limits in respect of the listed conditions:	a. Disease Category I 1. Heart 2. Cataract 3. Cholecystectomy 4. Hysterectomy 5. Joint Replacement 6. Genito Urinary 7. Cancer (All types) 8. Appendicitis 9. Chronic Renal Failure 10. Intervertebral Disc	Disease Category I – i. INR 25,000 ii. INR 50,000 iii. INR 1,00,000 iv. INR 1,50,000 v. INR 2,50,000 vi. INR 3,00,000 vii. INR 5,00,000	b. Disease Category II 1. Hernia 2. Amputation 3. Long Bone Fractures 4. Fissure and Fistula 5. Accident 6. Coma 7. Deviated Nasal Septum	Disease Category II – i. INR 25,000 ii. INR 50,000 iii. INR 75,000 iv. INR 1,00,000	
		Disease Sub-Limit	This optional cover allows to restrict the coverage up-to the following limits in respect of the listed conditions:						
		a. Disease Category I 1. Heart 2. Cataract 3. Cholecystectomy 4. Hysterectomy 5. Joint Replacement 6. Genito Urinary 7. Cancer (All types) 8. Appendicitis 9. Chronic Renal Failure 10. Intervertebral Disc	Disease Category I – i. INR 25,000 ii. INR 50,000 iii. INR 1,00,000 iv. INR 1,50,000 v. INR 2,50,000 vi. INR 3,00,000 vii. INR 5,00,000						
b. Disease Category II 1. Hernia 2. Amputation 3. Long Bone Fractures 4. Fissure and Fistula 5. Accident 6. Coma 7. Deviated Nasal Septum	Disease Category II – i. INR 25,000 ii. INR 50,000 iii. INR 75,000 iv. INR 1,00,000								
10. Convalescence benefit : Benefit options ranging from INR 500 to INR 1,00,000. For minimum Hospitalisation of more than 5/7/10 days.	2.A II.27								
11. Home Nursing benefit : Sum insured options ranging from Up-to INR 1,000 to INR 20,000 per day for upto 7/15/30 days	2.B.4								



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		<p>12. Compassionate Visit: Sum insured options per policy year Up-to:</p> <ul style="list-style-type: none"> i. INR 5,000 ii. INR 10,000 iii. INR 20,000 iv. INR 40,000 v. INR 50,000 vi. INR 1,00,000 	2.A II.30
		<p>13. Road Ambulance cover (Outside India Only): Covered on “At actuals” basis or up-to INR 35,000</p>	2.A II.35
		<p>14. Vector Borne Disease cover (Indemnity) Optional Covers:</p> <ul style="list-style-type: none"> a) Outpatient Treatment Expenses Sum Insured Limit will be 50% of the Base Vector Borne sum insured subject to maximum of INR 5,000 b) Recovery Benefit : Lump Sum of INR 20,000 if an Insured Person is hospitalized for a period of more than 10 consecutive and continuous days 	2.B.8
		<p>15. Vector Borne Disease cover (Lumpsum Benefit) Optional Covers:</p> <ul style="list-style-type: none"> a. Outpatient Treatment Expenses Sum Insured Limit will be 50% of the Base Vector Borne sum insured subject to maximum of INR 5,000 b. Recovery Benefit : Lump Sum of INR 20,000 if an Insured Person is hospitalized for a period of more than 10 consecutive and continuous days 	2.B.9
		<p>16. Vector Borne Disease cover (Per Day Benefit)</p> <p>Optional Covers</p> <ul style="list-style-type: none"> a. Recovery Benefit : Lump Sum of INR 20,000 if an Insured Person is hospitalized for a period of more than 10 consecutive and continuous days b. ICU Multiplier : 1X / 2X / 3X / 4X / 5X the per day limit under the base coverage of Vector Borne Disease (Per Day Cover) 	2.B.10
		<p>17. Loss of Income - TTD (Injury only)</p> <p>Co-Payment :</p>	2.B.5
		<p>1. Co-Payment : 5% / 10% / 15% / 20% / 25% / 30%</p> <p>Applicability:</p>	



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		<p>Option 1: All Claims</p> <p>Option 2: Employee Only</p> <p>Option 3: Dependent Only</p> <p>Option 4: Employee, Spouse and Children Only</p> <p>Option 5: Parents Only</p>	
		<p>2. Global Emergency Hospitalization cover (outside India Only) 10% Co-Payment for each and every claim</p>	2.B.31
		<p>3. Global Hospitalization cover (outside India Only) : 10% Co-Payment for each and every claim</p>	2.B.32
		<p>4. Vector Borne Disease cover (Indemnity) Optional Covers: Copay : 5% / 10% / 15% / 20% / 25% for each and every claim</p>	2.B.8
		<p>5. Preferred Provider Network < Co-payment for NPPN (Non Preferred Provider Network) or 'Pre-Authorization request not raised in PPN (Preferred Provider Network) > Copay: 10%/20%/30%</p>	2.A.II.36
		Deductibles :	
		<p>1. Aggregate Deductible Options: INR 25,000 to INR 50,00,000 Base Sum Insured Options: INR 1,00,000 to INR 5 Cr.</p>	2.A II.20
		<p>2. Hospital Cash: Time deductible of 24 / 48 hours</p>	2.B.1
		<p>3. Vector Borne Disease cover (Per Day Benefit)</p> <p>i. Option 1: Nil to 1 Day</p> <p>ii. Option 2: Nil to 2 Days</p>	2.B.10
		<p>4. Loss of Income - TTD (Injury only) Time deductible options of 0/1/2/3/4 weeks</p>	2.B.5
		<p>5. Loss of Income - TTD (Illness only) Time deductible options of 0/1/2/3/4 weeks</p>	2.B.6
		<p>6. Loss of Income - TTD (Illness OR Injury) Time deductible options of 0/1/2/3/4 weeks</p>	2.B.7
9	Claims/Claims Procedure	<p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in</p>	C.I.1

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	India.	
	<p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital</p>	
	<p>B. Procedure for Cashless Claims Outside India:</p> <p>You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.</p> <p>Landline no (Chargeable) : 0120-4507250</p> <p>Emailtravelclaims@hdfcergo.com</p>	
	<u>For Reimbursement Process :</u>	3. C.I.2
	TAT for Claim settlement – 15 days from the date of receipt of intimation .	
	Provide the details /web link for following:	
	<p>i. Network Hospital details :</p> <p>https://www.hdfcergo.com/locators/cashless-hospitals-networks</p>	
	<p>ii. Helpline number :</p> <p>https://www.hdfcergo.com/customercare/grievances</p> <p>Call - : 022 6234 6234 / 0120 6234 6234</p>	
	<p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer</p> <p>http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p>	
	<p>iv. Downloading/getting claim form</p> <p>https://www.hdfcergo.com/download/claim-form</p>	



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10	Policy Servicing	<p>Call center number :</p> <p>022 6234 6234 / 0120 6234 6234</p> <p>Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials:</p> <p>Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	3.C.II
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 - 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: https://www.hdfcergo.com/customer-voice/grievances</p>	3.A.18
		<p>Ombudsman:</p> <p>https://bimabharosa.irdai.gov.in/</p>	
12	Things to remember	<p>Free Look cancellation: 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"> 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. 2. The insured person shall be allowed free look period of thirty 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. 	3.A.7
		<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>	3.A.17



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		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.	3.A.8 3.A.9
		<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.	
		<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 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.	
		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, 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	
		Moratorium Period: : 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	3.A.5
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 >>](https://www.hdfcergo.com/download) >>
2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policyholder:

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

Place:

Date:

(Signature of the Policy Holder)

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