HDFC ERGO General Insurance Company Limited

Customer Information Sheet

HDFC ERGO Hospital Cash 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.

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 Hospital Cash Insurance**	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	• Individual Sum Insured -Where each member has a separate sum insured under the policy), or 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?)	**Base Covers:** Coverages in force for the Insured Persons shall be as per the plan opted Expenses in respect of: 1. For hospitalization in a ward, Per day Sum Insured amount for each continuous and completed period of 24 hours hospitalization 2. For hospitalization in an ICU, We will pay twice the per day Sum Insured amount for each continuous and completed period of 24 hours that the Insured Person spends in an ICU, subject to a maximum of 7 for each hospitalization	B.a B.b
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. **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.	C.2.i C.2.ii

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		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	C.2.iii
		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	C.2.iv
		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	C.2.v
		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.	C.2.vi
		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.	C.2.vii
		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.	C.2.viii

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12.**	C.2.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. **Code – Excl13.**	C.2.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. **Code – Excl14.**	C.2.xi
		12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.	C.2.xii
		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.	C.2.xiii
		14. Sterility and Infertility: Code – Excl17: 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	C.2.xiv
		15. Maternity: Code – Excl18: i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. **Specific Exclusions:** 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:	C.2.xv
		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.	C.3.i
		ii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.	C.3.ii

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		iii. Any Insured Person's participation or involvement in naval, military or air force operation.	C.3.iii
		iv. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").	C.3.iv
		v. Congenital external diseases, defects or anomalies,	C.3.v
		vi. Stem cell harvesting	C.3.vi
		vii. 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).	C.3.vii
		viii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	C.3.viii
		ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	C.3.ix
		x. Nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.	C.3.x
		xi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),	C.3.xi
		xii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.	C.3.xii
		xiii. Treatment taken on Outpatient basis	C.3.xiii
		xiv. The provision or fitting of hearing aids, spectacles or contact lenses.	C.3.xiv
		xv. 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.	C.3.xv
		xvi. 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.	C.3.xvi
		xvii.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 attached and also available on www.hdfcergo.com	C.3.xvii
		xviii.Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.	C.3.xviii

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
7	Waiting period • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage.	1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) 2. Specific Waiting periods (Not applicable for claims arising due to an accident): • 24 months for listed diseases/procedure 3. Pre-existing diseases: Covered after 48 months Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	C.1.iii C.1.ii C.1.i
8	Financial limits coverage of i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified here under for the following diseases/ procedures: Base Cover (limits basis plan/sum insured chosen): 1. Daily Cash, if hospitalization is in Ward: Rs. 500/1/1.5/2/2.5K per day, Maximum upto 30/60 days 2. Daily Cash, if hospitalization is in ICU: Rs. 1/2/3/4/5K per day, Maximum upto 7 days	B.a B.b
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: <u>For Cashless Process</u> : i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (**Note:** In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us) <u>For Reimbursement Process</u> : i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (**Note:** In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us) Provide the details /web link for following: i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234	E

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/blacklisted-hospital-list-v22.pdf iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form Outside India: Toll Free No: 800 08250825 Global Toll Free No: +800 08250825 Landline no (Chargeable): 0120-4507250 Email: healthclaims@hdfcergo.com	
10	Policy Servicing	Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.	E
11	Grievances/ Complaints	In case of any grievance the insured person may contact the Company through: - Website: www.hdfcergo.com - Toll free: 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 Insured Person may contact the Grievance officer at: cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link: Ombudsman: https://bimabharosa.irdai.gov.in/.	O
12	Things remember to	**Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. Process for free look cancellation: 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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.	D.g
		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.	D.d

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		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. Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. Process for portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. **Change in Sum Insured:** Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	D.k
		Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. 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.	D.j
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)