



HDFC ERGO Group OPD Care (Add-on) – POLICY WORDINGS

SECTION 1 – PREFACE

A. PREAMBLE

We will provide insurance cover to the Insured Person(s) under this add-on upto Sum Insured or limits mentioned in the Policy Schedule/Certificate of Insurance. This add-on is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this add-on and Policy on which this add-on is attached. The term Insured Person(s) in this document refers to the individual group members who will be treated as Insured Person(s) to whom Certificate of Insurance is issued/to be issued and the term Proposer / Policy Holder in this document refers to Person/ Organization who has signed the proposal form and in whose name the Group Policy is issued.

B. OPERATIVE CLAUSE

- a. HDFC ERGO Group OPD Care is an add-on that can only be opted and shall only function along with an active HDFC ERGO group Base Product. This add-on cannot be opted in isolation or as a separate product.
- b. This Add-on can be opted only at inception or at the time renewal of Base Product. Once opted, Insured persons may opt out only at the time of renewal of this add-on
- c. All other general terms & conditions, exclusions, clauses and definitions applicable to the Base Product will apply to this add-on unless specifically stated otherwise in this document or the Policy Schedule/Certificate of Insurance of this add-on.

C. DEFINITIONS

The terms defined below have the meanings as described to them wherever they appear in this Policy and, where appropriate. References to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

I. STANDARD DEFINITIONS

All DEFINITIONS as defined in the respective opted Base product are applicable to this Add-on. The words used in these Add-on but not defined herein shall bear the same definition/meaning as defined in the opted Base product.

II. SPECIFIC DEFINITIONS

- 1) Base Product means an active group Insurance policy issued by HDFC ERGO General Insurance Company Limited and currently held by the Insured Person.
- 2) COI means Certificate of Insurance that needs to be read in conjunction with the Policy Wordings for in depth clarity on coverages provided under this Add-on.
- 3) General Practitioner(s) [GPs] - A General practitioner is a Doctor / Medical Practitioner / Physician who has not specialized in any field of medicine after successful completion of graduation from a government authorized medical school and treats all common medical conditions, refer patients to hospitals and provides other medical assistance for urgent and specialized treatments.
- 4) Specialist / Super Specialist is a doctor /medical practitioner has completed advanced education and training in a specific field of medicine from a government authorized medical school & have .additional expertise in one or more types of medicine, like cardiology, diabetology, endocrinology, ENT, gastroenterology, general surgery, gynaecology /obstetrics, internal medicine, nephrology, neurology, ophthalmology, orthopaedics, paediatrics, psychiatry, urology, dermatology and pulmonology.
- 5) Pathology means laboratory testing of blood, other bodily fluids, tissues, and microscopic evaluation of individual cells.
- 6) Radiology is a branch of medicine that deals with diagnostic images of anatomic structures through the use of electromagnetic radiation or sound waves and that treats disease through the use of radioactive compounds. Radiologic imaging techniques include x-rays, CAT scans, PET scans, MRIs, and ultra-sonograms
- 7) Service Provider/s means any person, organization, institution that has been empanelled with Us to provide health related services specified under the benefits of this add-on to the Insured Person.

SECTION 2 – BENEFITS

Clauses mentioned below shall apply to all benefits under this add-on:

1. All benefits provided under this Add-on are subject to
 - a. Terms and conditions stated under each benefit;
 - b. Exclusions stated under the benefit;
 - c. Availability of the Sum Insured/limits; and
 - d. Availability of appointment (for availing cashless services)
2. Any unutilized benefit(s) availed during the Add-on Policy Year shall not be carried forward.
3. All the benefits under this add-on are non-transferable in nature, therefore the benefit(s) must necessarily be availed only by and pertain only to persons Insured under this add-on
4. An Initial waiting period of 30 days shall be applicable to all benefits under this add-on. This waiting period shall apply only for illnesses and only during the first Policy Year of this add-on.
5. The benefits mentioned below can be opted in any combinations.
6. Benefits applicable and in force shall be as per the plan opted by you and details of such benefits shall be mentioned in your Certificate of Insurance.
7. The services provided under the various benefits in the add-on are assisted by our Service Provider(s) and we are not responsible for any kind of liability arising out of them. Thus, benefits availed under this Add-on shall not be valid for any medico-legal cases.
8. We do not represent correctness of consultations, laboratory & radiology tests and shall not assume or deem to assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner whether from or outside our service provider's network.
9. Geographical coverage of availing any benefit under this policy is restricted to India only
10. Exclusions pertaining to OPD treatments in Base Product shall be superseded to the extent of coverage provided under this add-on
11. Benefits applicable and in force shall be as per the plan opted by you and details of such benefits shall be mentioned in your Certificate of Insurance.
12. Benefits in force can be applicable on Individual basis or Family Floater basis as mentioned in your Certificate of Insurance. For Family Floater policies, the benefits shall be applicable to all Insured Persons covered under this add-on on a floater basis and at policy level. For Individual policies, the benefits shall be applicable to all individuals covered under this add-on on an Individual basis.
13. Payout basis for each benefit will be mentioned in Policy Schedule/Certificate of insurance
14. Expenses pertaining to any type of consultations, Investigations and/or health check-ups concerned with Maternity, Surrogacy and/or Infertility are excluded from the purview of this add-on unless explicitly specified otherwise on the Certificate of Insurance.
15. We will pay for customary & reasonable Medical Expenses incurred under any of the benefits of this Add-on.

1. TELE-CONSULTATIONS

If an Insured Person is suffering from an illness or injury, he can consult a Medical Practitioner / Physician / Doctor listed only on our Digital platform or the Digital platform of our service provider for treatment advice.

A. Specific conditions applicable to TELECONSULTATIONS benefit

- a. This benefit can be availed upto the limit mentioned in the Certificate of Insurance but only on a cashless basis. Reimbursement of expenses is not allowed
- b. This benefit is available via digital platforms through one of the below modes available at the time of consultation
 - i. Video
 - ii. Audio
 - iii. Chat

B. Specific exclusions to TELECONSULTATIONS benefit

- a. In-clinic consultations and physical consultations
- b. Expenses pertaining to investigations, medicines, procedures and any medical / non-medical items

2. DOCTOR CONSULTATIONS COVER (In Person)

If an Insured Person is suffering from any illness or injury, he can consult a Medical Practitioner / Physician / Doctor in person for treatment advice. We shall indemnify such consultation expenses upto the coverage amount stated against this benefit in the Certificate of Insurance.

A. Specific exclusions to Doctor Consultation Cover

- a. Tele / Video / Digital consultations
- b. Expenses pertaining to investigations, medicines, procedures and any medical / non-medical items

3. INVESTIGATION COVER

If an Insured Person is suffering from any illness or injury, he can avail investigation services pertaining only to pathology and/or radiology. We shall indemnify such investigation expenses upto the coverage amount stated against this benefit in the Certificate of Insurance.

A. Specific conditions applicable to INVESTIGATION Cover benefit

- a. The Pathology and/or Radiology tests must necessarily be prescribed by the treating Medical Practitioner or by our Service Provider's empanelled Doctor for a claim to be admissible under this benefit.

4. PREVENTIVE HEALTH CHECK-UP

Insured Person(s) can avail Preventive health check-up annually, comprising only the below listed tests

- a. Hemogram & ESR
- b. Liver function test
- c. Urine routine
- d. Blood sugar - Fasting
- e. HbA1C
- f. Lipid profile
- g. Blood urea
- h. Serum creatinine
- i. T3/T4/TSH
- j. ECG

A. Specific conditions applicable to PREVENTIVE HEALTH CHECK-UP benefit

- a. This benefit can be availed only on a cashless basis through our service provider. Reimbursement of expenses is not allowed.
- b. The list of tests listed above must be completed in a single appointment.

5. PHARMACY

We shall indemnify the Insured Person(s) medical expenses incurred on purchase of medicines and drugs, as prescribed by a Medical Practitioner upto the coverage amount stated against this benefit in the Certificate of Insurance.

A. Specific exclusions to Pharmacy Cover

Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products.

SECTION 3 - GENERAL TERMS AND CLAUSES**A. Cancellation**

- a. All the Terms and Conditions as to Cancellation of Base COI and Base Product shall apply to the Cancellation of this Add-on.
- b. Notwithstanding anything contained herein or in the Base Product or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Base Product or this Add-on.
- c. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- d. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- e. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

B. Claims Procedure

- a. All claims will be adjudicated only via mobile application or web portal of HDFC ERGO or Service Provider and are subject to the terms, conditions, waiting periods and exclusions of this Add-on and the availability of the Annual sum insured.
- b. The request shall be considered after having obtained accurate and complete information for the Illness or Injury, where applicable, for which Cashless Facility /Reimbursement is sought and We shall confirm the request digitally



- c. In case the services availed exceed the eligibility of the Add-on, the difference shall have to be paid directly to the Service Provider by the Insured person.

B.1 Claims Procedure for Cashless Facility & Reimbursement Claims

Download the mobile application or visit web portal of HDFC ERGO or Service Provider & follow the steps mentioned there in to avail various benefits.

B.2 Documents for Reimbursement of claims

- a. Prescription of the treating doctor
- b. Original Receipts and/or Reports of the benefits to be reimbursed