

## Critical Advantage Rider - Prospectus

### Suitability:

- a) This rider covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years.
- b) Child between 91 days and 5 years can be insured provided either parent is getting insured under this rider.
- c) There is no maximum cover ceasing age on renewals in this rider.
- d) The rider will be issued for a period of 1 or 2 year(s) period, the sum insured & benefits will applicable on Policy Year basis.
- e) This rider can be issued to an individual and/or family only on individual Sum Insured basis.
- f) This rider will be offered if base policy Sum Insured is Rs. 10 lacs & above
- g) This rider covers planned treatment abroad for listed 8 major illness.
- h) The relationships allowed will be as defined in base policy.
- i) The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the primary insured member. Incase where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of Dependent Parents must be the same. Rider can be opted by adult dependent only if primary insured also opts for the same. Incase of dependent children, rider will be opted on all or none basis. Incase of dependent parent, rider will be opted on all or none basis. Dependent Child means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income

### Salient Features & Benefits:

#### Major Illnesses Covered

Following are the major illnesses covered under the rider.

a. Cancer Treatment:

The treatment of:

- i. Any malignant tumour including leukaemia, sarcoma and lymphoma (except cutaneous lymphoma), characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissues;
- ii. Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.
- iii. Any pre-cancerous change in the cells that are cytologically or histologically classified as high grade dysplasia or severe dysplasia

b. Coronary Artery by-pass surgery:

The undergoing of Surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

Special Exclusions under Coronary Artery by-pass surgery:

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- i) Any coronary disease treated using techniques other than the by-pass of the coronary arteries, like any kind of angioplasty Surgery.
- c. Heart Valve replacement or repair:  
The undergoing of Surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.
- d. Neurosurgery:  
Covers:
  - 1. Any Surgical intervention of the brain or any other intracranial structures;
  - 2. Treatment of benign tumours located in the spinal cord.
- e. Live-donor organ transplant:  
Meaning a Surgical transplant in which the Insured receives a kidney, a segment of liver, a pulmonary lobe or a section of pancreas from another living compatible donor.  
  
Special Exclusions for Live-donor organ:
  - i) Any transplant when the need for a transplant arises as a consequence of alcoholic liver disease.
  - ii) Any transplant when the transplant is conducted as a self-transplant.
  - iii) Any transplant when the Insured is a donor for a third-party.
  - iv) Any transplants from a dead donor.
  - v) Any organ transplant that involves Stem Cells treatment.
  - vi) The transplant made possible by the purchase of donor organs.
  - vii) Any disease which has been caused by an organ transplant save where the disease in question is qualified as a major illnesses covered under the rider.
- f. Bone Marrow Transplant:  
Meaning Bone Marrow Transplantation (BMT) or Peripheral Blood Stem Cell Transplantation (PBSCT) of bone marrow cells to the Insured originating from:
  - i. the Insured (Autologous bone marrow transplant); or
  - ii. from a living compatible donor (allogeneic bone marrow transplant).
- g. Aorta Graft Surgery means the actual undergoing of surgery of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.  
Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner (Cardiologist/Cardiac Surgeon).
- h. Pulmonary artery graft surgery -The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

#### Section II. Benefits

The following benefits are available to Insured Person who suffers above listed major illness during the Policy Period which requires Hospitalisation on an Inpatient basis up to the sum insured specified in Policy Schedule of the Base Plan.

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### a. In-Patient Treatment

#### Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if fully inserted into the body or treatment of any medical disorder, and required for medical procedure arranged and paid for by this rider
- ix) Transfers and transportation by ground or air ambulances where their use is indicated and prescribed by medical practitioner and pre-approved by us
- x) For Medication applied by medical prescription while the Insured is Hospitalized for treatment of a Covered Illness or Medical Procedure. Medication prescribed for post-operative treatment are covered for 30 days from the date the Insured has completed the stage of the treatment received out of India and only when these are purchased prior to returning to India.
- xi) For services provided to a living donor during the process of removal of an organ to be transplanted to the Insured, arising from:
  - The investigation procedure for the location of potential donors;
  - Hospital services provided to the donor, including accommodation in a Hospital room, ward or section, meals, general nursing services, regular services provided by Hospital staff, laboratory tests and use of equipment and other Hospital facilities (excluding items for personal use which are not required during the process of removal of the organ or tissue to be transplanted);
  - For Surgery and medical services for the removal of a donor's organ or tissue to be transplanted to the Insured.
- xii) For services and materials supplied for bone marrow cultures in connection with a tissue transplant to be applied to the Insured. Cover will only be provided for expenses incurred from the date of issue of the Preliminary Medical Certificate.

Note: Pre hospitalisation expenses are not covered under this rider.

#### Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to In-patient care AYUSH treatment are also covered under 'In-patient treatment' cover if undertaken in an AYUSH Hospital. Any medical expense other than In-patient care AYUSH treatment expenses are not covered under this policy.

- b. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 30 days after discharge from Hospitalisation.

### c. Travel Expenses

We will arrange and pay for travelling expenses of the Insured, one travelling companion and the living donor in the case of transplant with the sole purpose of receiving treatment as approved by Us in the Preliminary Medical Certificate.

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In the event that the Insured changes the travel dates from those communicated by Us, the Insured will need to compensate Us for all the associated costs of organizing and providing new travel arrangements, unless the changes have been made necessary from a medical standpoint.

The travel expenses covered will include:

- i) Transportation from the Insured's permanent address to the designated airport or international rail station.
- ii) Economy class air ticket to the city of treatment destination and the transportation to the designated hotel.
- iii) Transportation from the designated Hotel or Hospital to the designated airport or international rail station.
- iv) Economy class rail or air ticket and subsequent transportation to the city of the Insured's permanent address.

#### d. Accommodation Expenses

We will arrange and pay for the accommodation, outside India, of the Insured, one travelling companion and the living donor in the case of transplant, with the sole purpose of receiving treatment as approved by Us in the Preliminary Medical Certificate.

We will be responsible for deciding the accommodation booking dates based on the approved treatment schedule. These dates will be communicated to the Insured to allow for sufficient time for the Insured to make all the necessary personal arrangements.

We will provide a return date based on the completion of the treatment and the agreement with the treating Medical practitioner that the Insured is fit to travel.

In the event that the Insured changes the dates of travel from those booked and communicated by Us, the Insured will need to compensate Us for all the associated costs of organizing and providing new accommodation arrangements, unless the changes have been made necessary from a medical standpoint.

The accommodation arrangements will include bookings for a double room or twin bed room in a three or four-star hotel. (The choice of hotel will be subject to availability and based on the proximity to the hospital or treating medical practitioner within a radius of 10 km.)

The accommodation arrangements exclude Breakfast, meals and incidental costs at the hotel, and any upgrades to the hotel room.

We will take due care in booking the reasonable accommodation, but We will not be responsible for quality of services or deficiency of services that may occur in the particular accommodation

#### e. Repatriation Expenses

In the event the Insured (and/or living donor in the case of transplant) dies outside India while receiving the treatment approved by Us in the Preliminary Medical Certificate, we will pay for the repatriation of the deceased's remains to India.

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This coverage is limited to only those services and supplies necessary to prepare the deceased's body and to transport to India, including:

- i) The services provided by the funeral company providing the international repatriation, including embalment and all administrative formalities.
  - ii) The minimum obligatory coffin.
  - iii) The transport of the deceased's remains from the airport to the designated place of burial in India.
- f. Second opinion in respect of major illness  
We shall arrange for a second opinion from Our panel of Medical Practitioners, if the Insured suffers any listed major illness detailed in Section I during the Policy Period.

**Rider Sum Insured options:** USD 250,000; USD 500,000; USD 1,000,000

Rider will be offered if base policy Sum Insured is Rs. 10 lacs & above

If this rider is opted, separate sum insured will be displayed on base policy schedule

**Policy Period**

- The rider will be issued for 1 year and 2 years period, the sum insured & benefits will be applicable on Policy Year basis.

**Payment Facility:**

- Online
- Cheque/ Credit Card Payment
- Electronic Clearing System

**Discount:**

- Discount of 10% on published premiums, if customer buys Health Advantage Rider through Our Direct channels.
- Premium discount of 7.5% (on total premium of first and second year) if two year policy tenure is opted

**Special terms and conditions:**

The Critical Advantage Rider is subject to the terms and conditions stated below and the Policy terms, exclusions and conditions of the Base Plan

**A. Waiting Period**

All treatments shall be covered subject to the waiting periods specified below:

**a. 30-day Waiting Period: Code – Excl03**

- I. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

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- II. This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
- III. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

## b. Specified disease/procedure waiting period: Code – Excl02

- Expenses related to the treatment of the listed Conditions, surgeries/treatments as mentioned in the table below shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedure:

Sl No	Organ / Organ System	Illness	Surgeries
a.	ENT	<ul style="list-style-type: none"> <li>Sinusitis</li> <li>Rhinitis</li> <li>Tonsillitis</li> </ul>	<ul style="list-style-type: none"> <li>Adenoidectomy</li> <li>Mastoidectomy</li> <li>Tonsillectomy</li> <li>Tympanoplasty</li> <li>Surgery for nasal septum deviation</li> <li>Nasal concha resection</li> </ul>
b.	Gynaecological	<ul style="list-style-type: none"> <li>Cysts, polyps including breast lumps</li> <li>Polycystic ovarian disease</li> <li>Fibroids (fibromyoma)</li> </ul>	<ul style="list-style-type: none"> <li>Dilatation and curettage (D&amp;C)</li> <li>Myomectomy for fibroids</li> </ul>
c.	Orthopaedic	<ul style="list-style-type: none"> <li>Non infective arthritis</li> <li>Gout and Rheumatism</li> <li>Osteoarthritis and Osteoporosis</li> </ul>	<ul style="list-style-type: none"> <li>Surgery for prolapsed inter vertebral disk</li> <li>Joint replacement surgeries</li> </ul>
d.	Gastrointestinal	<ul style="list-style-type: none"> <li>Calculus diseases of gall bladder including Cholecystitis</li> <li>Pancreatitis</li> <li>Fissure/fistula in anus, hemorrhoids, pilonidal sinus</li> <li>Ulcer and erosion of stomach and duodenum</li> </ul>	<ul style="list-style-type: none"> <li>Cholecystectomy</li> <li>Surgery of hernia</li> </ul>

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		<ul style="list-style-type: none"> <li>Gastro Esophageal Reflux Disorder (GERD)</li> <li>All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded)</li> <li>Perineal Abscesses</li> <li>Perianal Abscesses</li> </ul>	
e.	Urogenital	<ul style="list-style-type: none"> <li>Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.</li> <li>Benign Hyperplasia of prostate</li> </ul>	<ul style="list-style-type: none"> <li>Surgery on prostate</li> <li>Surgery for Hydrocele/ Rectocele</li> </ul>
f.	Eye	<ul style="list-style-type: none"> <li>Cataract</li> </ul>	<ul style="list-style-type: none"> <li>NIL</li> </ul>
g.	Others	<ul style="list-style-type: none"> <li>NIL</li> </ul>	<ul style="list-style-type: none"> <li>Surgery of varicose veins and varicose ulcers</li> </ul>
h.	General (Applicable to all organ systems/ organs/ disciplines whether or not described above)	<ul style="list-style-type: none"> <li>Internal tumors, cysts, nodules, polyps, skin tumors</li> </ul>	<ul style="list-style-type: none"> <li>NIL</li> </ul>

## c. Pre- Existing Diseases: Code- Excl01

- Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

**B.** All other general exclusions as mentioned in Base Plan unless otherwise stated in Section 1 of Critical Advantage Rider policy wordings.

## Portability

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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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

**Free Look Period:**

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.

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.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges **or**
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

**Cancellation**

- The Policyholder may cancel this policy by giving 7days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period..

Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- i. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- ii. 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
- iii. 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.

**Claim Procedure:**

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- i. Insured must notify Us of the claim for any of the listed major illnesses and submit all relevant documents for that claim.
- ii. After assessing the documents, We will inform the Insured about eligibility of the claim. If the claim is eligible, We will provide our recommendation for treatment with a list of recommended Hospitals to the Insured.
- iii. On receipt of the Insured's confirmation of his/her decision to receive treatment abroad at a Hospital selected from the list of recommended Hospitals for treatment, We will organize the necessary logistical and medical arrangements for the correct admission of the Insured and will issue a Preliminary Medical Certificate valid only for that Hospital.

**Note:**

- i. We will provide coverage only in the indicated hospital in the Preliminary Medical Certificate. Any expense incurred in a different Hospital from the one mentioned in the Preliminary Medical Certificate will not be covered.
- ii. Any expense incurred before the issuance of the Preliminary Medical Certificate will not be covered.
- iii. The list of recommended Hospitals and the Preliminary Medical Certificate are issued on the basis of the medical condition of the Insured at the time of issue of Preliminary Medical Certificate. Since the health condition of the Insured may change over time, both documents will have a validity of three months. In the event that the Insured does not select a Hospital from the list of recommended Hospital or does not initiate treatment within 3 months of issuance of Preliminary Medical Certificate within 3 months of issue, we will reissue these documents based on the health condition of the Insured at that time.
- iv. Reimbursement of expenses is not allowed under Critical Advantage rider as this rider is meant to cover planned treatment outside India and does NOT cover emergencies occurring while the Insured is overseas.

**Other conditions**

The Object of this rider is to provide the Insured with cover for the services and medical expenses in respect of treatment for Major Illnesses Covered, when all the following conditions are met:

- i. The procedure is performed during the period of cover;
- ii. The diagnosis leading to the medical procedure is confirmed by Us;
- iii. The treatment is Medically Necessary;
- iv. The expenses are within the Sum Insured and limits stated in the Policy Schedule;
- v. The treatment is arranged by Us accordance with the Claims Procedure set out in Section IV b)
- vi. The medical expenses arise outside India.
- vii. The expenses for any diagnostic procedures, treatment, services, supplies or prescriptions are covered by this rider as stated in Section II.

**Renewal of Policy:**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies

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where the policy terminates following payment of the benefit covered under the policy like critical illness policies.

- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

All other general conditions as mentioned in Base Plan

**Tax Benefit:**

- The premium amount paid under this rider qualifies for deduction under Section 80D of the Income Tax Act subject to tax laws.

**Withdrawal of Policy**

- i In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

**Redressal of Grievance**

In case of any grievance the insured person may contact the Company through:

- Website: [www.hdfcergo.com](http://www.hdfcergo.com)
- Contact us: 022 6234 6234 / 0120 6234 6234
- E-mail: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)
- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : [seniorcitizen@hdfcergo.com](mailto:seniorcitizen@hdfcergo.com)

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at [cgo@hdfcergo.com](mailto:cgo@hdfcergo.com)

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

**Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

### Premium Rates:

Age_Band	USD 1,000,000	USD 500,000;	USD 250,000;
0-17	6,527	5,490	4,833
18-35	10,409	8,947	7,767
36-45	15,535	13,286	11,698
46-50	24,011	20,584	18,115
51-55	27,116	23,181	20,395
56-60	29,827	25,500	22,434
61-65	32,421	27,717	24,385
66-70	33,895	28,977	25,494
71-75	35,509	30,357	26,708
76-80	35,509	30,357	26,708
>80	35,509	30,357	26,708

- Premium rates are exclusive of service tax
- The premium will be charged on the completed age of the individual insured member.
- Premium rates are subject to change with prior approval from IRDA.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate

Note: Rider Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

### Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the rider, and will be subject to the rider terms, conditions and exclusions of Critical Advantage rider and base plan. Please seek the advice of your insurance advisor if you require any further information or clarification.