

Hospital Cash Insurance

Suitability

- This policy covers persons in the age group 91 days onwards. The maximum entry age is 65 years. There is no cover ceasing age in this policy.
- The policy will be issued for a 1 year period
- This policy can be issued to an individual and/or family
- The family includes spouse and dependent children
- The policy offers coverage on individual sum insured basis only.

Salient Features & Benefits

If any Insured Person suffers an Illness or Accident during the Policy Period that requires Hospitalization as an inpatient, then

- a) For hospitalization in Ward, We will pay to the Insured Person per day sum insured amount for each continuous and completed period of 24 hours hospitalisation.
- b) For hospitalization in an intensive care unit, 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 intensive care unit, subject to a maximum of seven days for each hospitalization.

In the event of a transfer from Ward to intensive care unit and vice versa, the hospitalization would be regarded as continuous and the daily benefit payable would be as per the limits stated above.

It is further clarified that on the day of such shift, We would pay the benefit as stated in clause a.

Provided that Our maximum liability shall be restricted to the amount and period mentioned in the Schedule.

Sum Insured

- Rs. 500, Rs. 1000, Rs. 1500, Rs. 2000, Rs. 2500 per day
- Benefit payable for a maximum 30 days / 60 days per policy year for each continuous period of 24 hours of hospitalization

A. Waiting Periods

All claims payable will be subject to the waiting periods specified below:

- i) Pre-existing Diseases – Code – Excl01
 - a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
 - c) 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.
 - d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- ii) Specified Disease/Procedure waiting period- Code – Excl02
 - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments 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.
 - b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) 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.
 - d) The waiting period for listed conditions shall apply even if

contracted after the Policy or declared and accepted without a specific exclusion.

- e) 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.

- a) **Illnesses:** arthritis if non infective; calculus diseases of gall bladder including cholecystitis and urogenital system e.g. Kidney stone, Urinary Bladder Stone; Pancreatitis, Ulcer and erosion of stomach and duodenum; Gastro Esophageal Reflux Disorder (GERD); All forms of Cirrhosis (Pls note: all forms of cirrhosis due to alcohol will be excluded); Perineal Abscesses; Perianal Abscesses; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis; polycystic ovarian diseases; sinusitis; Rhinitis; Tonsillitis and skin tumors unless malignant; Benign Hyperplasia of Prostate.

- b) **Treatments:** adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty; dilatation and curettage (D&C); joint replacement; myomectomy for fibroids; surgery of genito urinary system unless necessitated by malignancy; Surgery on prostate; cholecystectomy; surgery of hernia; surgery of hydrocele/Rectocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers.

- iii) 30-day waiting period – Code – Excl03

- a) 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.
- b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently..

B. General Exclusions

We will not make any payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this Policy:

- i) **Investigation & Evaluation: Code Excl04**
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded..
- ii) **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:
 - a. 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.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii) **Obesity/Weight control: Code – Excl06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and

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- d. Body Mass Index (BMI)
- i. Greater than or equal to 40 or,
- ii. 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 apnoea
 - 4. uncontrolled type2 diabetes
- iv) 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.
- v) 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.
- vi) Hazardous or Adventure SportsCode – 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.
- vii. 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.
- viii. 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.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12x
- x. 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
- xi. 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
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.Code – Excl15
- xiii. **Unproven Treatments –** 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.Code – Excl16
- xiv. Sterility and Infertility –Code – Excl17 -**Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xv. Maternity:Code – Excl18**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.Free Look Period:
- xvi. 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.
- xvii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any Insured Person's participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting,
- xxii. 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).
- xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- xxiv. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Preventive care,and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. 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.
- xxviii. Treatment taken on Outpatient basis
- xxix. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxx. 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.
- xxxi. 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.
- xxxii. 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
- xxxiii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Free Look Period:

The Free Look Period shall be applicable on new individual health

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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 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.

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

- 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
- 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
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

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. 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.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987ClaimProcedure

Claim Procedure

Intimation & Assistance - Please contact Us atleast 7 days prior to an event which might give rise to a claim.

Procedure

- Please register your claim with Us within 7 days of discharge
 - Please send the duly signed claim form and all the information/documents mentioned therein to Us within 15 days of the occurrence of the Incident.
- *Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents.
 - On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
 - The payment will be sent in the name of the proposer.
- Note: Payment will only be made for items covered under your policy and upto the limits therein.

Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

v. No loading shall apply on renewals based on individual claims experience.

Requirement

- Completed proposal form

Rating Schedule

- The premium varies depending of several factors including the age of the persons proposed to be covered, and the Sum insured.

Premium Rates

HOSPITAL DAILY CASH - PREMIUM TABLE					
PREMIUM / SUM INSURED (RS)					
Premium Exclusive of Service Tax					
for 30 days	500	1,000	1,500	2,000	2,500
Age bands					
0-17	244	326	490	736	1,076
18-35	374	500	748	1,124	1,642
36-45	582	774	1,162	1,742	2,548
46-50	664	886	1,328	1,992	2,914
51-55	984	1,314	1,968	2,956	4,320
56-60	1,364	1,820	2,730	4,096	5,988
61-65	1,887	2,518	3,777	5,667	8,284
66-70	2,538	3,386	5,079	7,620	11,140
71-75	3,343	4,461	6,692	10,040	14,677
76-80	4,012	5,353	8,030	12,047	17,612
>80	4,749	6,337	9,506	14,262	20,849

PREMIUM / SUM INSURED (RS)					
Premium exclusive of Service Tax					
for 60 days	500	1,000	1,500	2,000	2,500
Age bands					
0-17	320	510	642	966	1,352
18-35	416	660	832	1,248	1,746
36-45	824	1,302	1,644	2,462	3,448
46-50	1,042	1,656	2,086	3,128	4,382
51-55	1,490	2,366	2,982	4,476	6,266
56-60	1,584	2,516	3,170	4,756	6,658
61-65	2,192	3,481	4,386	6,580	9,212
66-70	2,946	4,680	5,897	8,847	12,385
71-75	3,882	6,166	7,769	11,656	16,317
76-80	4,658	7,399	9,322	13,986	19,580
>80	5,514	8,759	11,036	16,557	23,179

- 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.
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate

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Discounts

- A family discount of 5%, if 2 or more members of a family are covered under the same policy.

Termination

The Policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

1 Year Policy Period	
Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

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 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

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 subsequently completion of 8 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 claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

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. 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.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

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.

Withdrawal of Policy

- 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.
- 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.

Nomination:

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to 10 Lakhs rupees.

IRDA REGULATION NO 5 - This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Disclaimer

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

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

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Annexure I - List of Non-Medical Expenses

S.No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES

S.No	Item
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY