



HDFC ERGO Secure 4in1

Prospectus

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my: Optima Secure is a unique health insurance product which covers expenses incurred on hospitalization due to Illness or Accident. Some of the innovative benefits offered are:

- Secure Benefit offers additional coverage amount equivalent to 100%/200% of the Base Sum Insured.
- Plus Benefit offers additional coverage equivalent to 100% of the Base Sum Insured in 2 years irrespective of a claim.
- Automatic Restore Benefits restores 100% of Base Sum Insured automatically on partial or complete utilization of Sum Insured (i.e. Base Sum Insured, Secure Benefit and Plus Benefit / Cumulative Bonus).
- Protect Benefit pays towards the Non-Medical expenses like gloves, food charges and other consumables during hospitalization.
- Global cover provides coverage for hospitalization expenses incurred outside India.

1. Eligibility

- This Policy covers Insured Persons in the age group of 91 days and above.
- The minimum entry age for an adult is 18 years and there is no limit on maximum entry age.
- The minimum entry age for a dependent child (i.e. natural or legally adopted) is 91 days and maximum entry age is 25 years.
- Dependent Child between 91 days and 5 years can be insured provided either of the parent is getting insured under this Policy.
- Dependent Child between 5 to 25 years can be insured on Individual basis wherein proposer may not be an insured.
- When the child attains the age of 25 years, he or she shall be ineligible for coverage in the subsequent renewals and will be migrated to a new Policy, with continuity benefits.
- There is no maximum cover ceasing age on renewals.
- The family includes following relationships: spouse, dependent children, parents and parents-in-law.
- In a family floater Policy, a maximum of 4 adults and a maximum of 6 dependent children can be included in a single Policy. The 4 adults can be a combination of self, spouse, parents and parents-in-law.
- In an individual Policy, a maximum of 6 adults and a maximum of 6 dependent children can be included in a single Policy. List of relationships which can be included is mentioned below:

i. Spouse	xi. Grandmother
ii. Son	xii. Grandson
iii. Daughter	xiii. Granddaughter
iv. Father	xiv. Brother
v. Mother	xv. Sister
vi. Father-in-law	xvi. Sister-in-law
vii. Mother in-law	xvii. Brother-in-law
viii. Daughter-in-law	xviii. Nephew
ix. Son-in-Law	xix. Niece
x. Grandfather	

2. Plans & Sum Insured (Rs.)

- my: Optima Secure offers seven plans with following Sum Insured options depending on the Plan opted.

500,000	750,000	10,00,000	15,00,000	20,00,000
25,00,000	50,00,000	75,00,000	100,00,000	200,00,000

- All Insured Persons in a Policy will have the same Sum Insured.
- The Policy will be issued for a period of 1, 2 or 3 year(s), the Sum

Insured and benefits will be applicable per Policy Year basis.

2.1. Illustration for maximum amount payable in a Hospitalization Claim (Rs.)

Year 1

Plan	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus	Optima Select	Optima Lite
Base Sum Insured	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	7,50,000	7,50,000
Secure Benefit	NIL	10,00,000	20,00,000	1,00,00,000	1,00,00,000	NIL	NIL
Cumulative Bonus / Plus Benefit	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Automatic Restore Benefit	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	7,50,000 (Unlimited times)	7,50,000 (Unlimited times)
Maximum permissible amount for a single Hospitalization claim in a Policy Year	10,00,000	20,00,000	30,00,000	2,00,00,000	2,00,00,000	7,50,000	7,50,000
Maximum permissible amount for all Hospitalization claims in a Policy Year	20,00,000	30,00,000	40,00,000	3,00,00,000 ^a	3,00,00,000 ^a	Unlimited	Unlimited

Year 2

Plan	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus	Optima Select	Optima Lite
Base Sum Insured	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	7,50,000	7,50,000
Secure Benefit	NIL	10,00,000	20,00,000	1,00,00,000	1,00,00,000	NIL	NIL
Cumulative Bonus / Plus Benefit	100,000	500,000	500,000	50,00,000	50,00,000	1,87,500	75,000
Automatic Restore Benefit	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	7,50,000 (Unlimited times)	7,50,000 (Unlimited times)
Maximum permissible amount for a single Hospitalization claim in a Policy Year	11,00,000	25,00,000	35,00,000	2,50,00,000	2,50,00,000	9,37,500	8,25,000
Maximum permissible amount for all Hospitalization claims in a Policy Year	21,00,000	35,00,000	45,00,000	3,50,00,000 ^a	3,50,00,000 ^a	Unlimited	Unlimited

^aAssuming No Claim in year 1

Year 3

Plan	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus	Optima Select	Optima Lite
Base Sum Insured	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	7,50,000	7,50,000
Secure Benefit	NIL	10,00,000	20,00,000	1,00,00,000	1,00,00,000	NIL	NIL
Cumulative Bonus / Plus Benefit	200,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	3,75,000	1,50,000

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Automatic Restore Benefit	10,00,000	10,00,000	10,00,000	1,00,00,000	1,00,00,000	7,50,000 (Unlimited times)	7,50,000 (Unlimited times)
Maximum permissible amount for a single Hospitalization claim in a Policy Year	12,00,000	30,00,000	40,00,000	3,00,00,000	3,00,00,000	11,25,000	9,00,000
Maximum permissible amount for all Hospitalization claims in a Policy Year	22,00,000	40,00,000	50,00,000	4,00,00,000 ^a	4,00,00,000 ^a	Unlimited	Unlimited

^aNote: Maximum hospitalisation claim amount in Optima Secure Global & Optima Secure Global Plus is calculated basis claims made in India.

Note: Secure and Restore benefit are available only for claims within India

3. Base Coverage

The Covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy and up to the Sub-limits mentioned in the Policy Schedule. Cumulative Bonus shall be available only if the Cover is specified to be applicable in the Policy Schedule.

Claims made in respect of any of these Covers will affect the eligibility for the additional Covers set out in Section 4 and Section 5 below.

3.1. Hospitalization Expenses

The Company shall indemnify Medical Expenses necessarily incurred by the Insured Person for Hospitalization of the Insured Person during the Policy Year due to Illness or Injury, up to the Sum Insured specified in the Policy Schedule for:

- Room Rent, boarding, nursing expenses as provided by the Hospital / Nursing Home. Room rent limit shall be 'At Actuals' unless otherwise specified in the Policy Schedule. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses. ICU limit (including ICCU) for bed charges shall be 'At Actuals' unless otherwise specified in the Policy Schedule.
- Surgeon, anaesthetist, Medical Practitioner, consultants, specialist Fees during Hospitalization forming part of Hospital bill.
- Investigative treatments and diagnostic procedures directly related to Hospitalization.
- Medicines and drugs prescribed in writing by Medical Practitioner.
- Intravenous fluids, blood transfusion, surgical appliances, allowable consumables and/or enteral feedings. Operation theatre charges.
- The cost of prosthetics and other devices or equipment, if implanted internally during Surgery.

3.1.1. Other Expenses

- Expenses incurred on road Ambulance if the Insured Person is required to be transferred to the nearest Hospital for Emergency Care or from one Hospital to another Hospital or from Hospital to Home (within same city) following Hospitalization.
- In patient Care Dental Treatment, necessitated due to disease or Injury
- Plastic surgery, necessitated due to Injury
- All Day Care Treatments.

Note:

- Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
- The Hospitalization must be for Medically Necessary Treatment, and

prescribed in writing by Medical Practitioner.

- Proportionate deduction on Room Rent: In case the Insured Person is admitted in a room that exceeds the category/limit stipulated in the Policy Schedule, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable in respect of Hospitals where differential billing for Associated Medical Expenses is not followed based on Room Rent. In case the Insured Person is admitted in an ICU / ICCU room that exceeds the category/limit stipulated in the Policy Schedule then Proportionate deduction as stated above shall only apply on ICU / ICCU room charges for the days Insured Person was admitted in ICU / ICCU. Proportionate deduction will not apply for Associated Medical expenses incurred during the days Insured Person was admitted in ICU / ICCU.

3.2. Home Health Care

The Company shall indemnify the Medical Expenses incurred by the Insured Person on availing treatment at Home during the Policy Year, if prescribed in writing by the treating Medical Practitioner, provided that:

- The treatment in normal course would require In-patient Care at a Hospital, and be admissible under Section 3.1 (Hospitalization Expenses).
- The treatment is pre-authorized by the Company as per procedure given under Claims Procedure - Section 6.
- Records of the treatment administered, duly signed by the treating Medical Practitioner, are maintained for each day of the Home treatment.

This Cover is not available on reimbursement basis.

3.3. Domiciliary Hospitalization

The Company shall indemnify the Medical Expenses incurred during the Policy Year on Domiciliary Hospitalization of the Insured Person prescribed in writing by treating Medical Practitioner, provided that:

- the condition of the Insured Person is such that he/she could not be removed/admitted to a Hospital.
- the Medically Necessary Treatment is taken at Home on account of non-availability of room in a Hospital.

3.4. AYUSH Treatment

The Company shall indemnify the Medical Expenses incurred by the Insured Person only for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the Sub-limit specified against this Cover in the Policy Schedule, in any AYUSH Hospital.

3.5. Pre-Hospitalization Expenses

The Company shall indemnify the Pre-Hospitalization Medical Expenses incurred by the Insured Person only if the same is related to an admissible Hospitalization under Section 3.1 (Hospitalization Expenses). Such expenses shall be indemnified if the same were incurred upto 60 days unless otherwise specified in the Policy Schedule, immediately prior to the date of admission.

3.6. Post-Hospitalization Expenses

The Company shall indemnify the Post-Hospitalization Medical Expenses incurred by the Insured Person only if the same is related to an admissible Hospitalization under Section 3.1 (Hospitalization Expenses). Such expenses shall be indemnified if the same were incurred upto 180 days unless otherwise specified in the Policy Schedule, immediately post the date of discharge from the Hospital.

3.7. Organ Donor Expenses

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The Company shall indemnify the Medical Expenses covered under Section 3.1(Hospitalization Expenses) which are incurred by the Insured Person during the Policy Year towards the organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, subject to the following conditions:

- a. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and/or regulations.
- b. Recipient Insured Person's claim under Section 3.1 (Hospitalization Expenses) is admissible under the Policy.
- c. Expenses listed below are excluded from this Cover:
 - i. The organ donor's Pre-Hospitalization Expenses and Post-Hospitalization Expenses.
 - ii. Expenses related to organ transportation or preservation.
 - iii. Any other Medical Expenses or Hospitalization consequent to the organ harvesting.

3.8. Cumulative Bonus (CB) [Applicable to 'Optima Suraksha', 'Optima Lite' and 'Optima Select' plans]

On Renewal of this Policy with the Company without a break, a sum equal to 10% (unless otherwise specified in the policy schedule) of the Base Sum Insured of the expiring Policy shall be provided as CB irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

Notes:

- a. In case where the Policy is on individual basis as specified in the Policy Schedule, the CB shall be added and available individually to the Insured Person.
- b. In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis.
- c. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- d. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.
- e. In case of floater policies where the Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- f. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- g. If the Sum Insured under the Policy has been increased at the time of Renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- h. If the Policy Period is of two/three years, any CB that has accrued for the first/second Policy Year shall be credited post completion of each Policy Year.
- i. New Insured Person added to the Policy during subsequent Renewals will be eligible for CB as per their Renewal terms.
- j. CB shall be available only if the Cover is specified to be applicable in the Policy Schedule.
- k. CB percentage and maximum accrual limit applicable shall be as

specified in the Policy Schedule.

4. Optional Covers

The Covers listed below are optional covers. An optional cover is applicable to an Insured Person only if it is specified in the Policy Schedule to be in force for that Insured Person, and such optional cover will be available in accordance with the procedures set out in this Policy and up to the Sub-limits mentioned in the Policy Schedule.

Note: Please refer to 'Annexure C' for details pertaining to optional covers available with your plan opted.

Key to read 'Annexure C'

- a. **'Covered'** means that particular benefit is an inbuilt feature in that particular plan and the premium of such benefits are included in the premium of the respective Plan.
- b. **'Not Covered'** means that particular benefit is NOT available either as an inbuilt feature or as an optional feature in that particular plan
- c. **'Optional'** means that particular benefit is NOT an inbuilt feature BUT can be opted by the Proposer/Policyholder either at inception or at renewal.

4.1. Emergency Air Ambulance

The Company shall indemnify expenses incurred by the Insured Person during the Policy Year towards Ambulance transportation in an airplane or helicopter 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. The claim is subject to a maximum of Sum Insured as specified in the Policy Schedule against this Cover, and subject to the following conditions:

- a. The air Ambulance transportation is advised in writing by a Medical Practitioner.
- b. Medically Necessary Treatment is not available at the location where the Insured Person is situated at the time of emergency.
- c. The air Ambulance provider is a registered entity in India (except Section 4.9 (Global Health Cover (Emergency Treatments Only)) and Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only))
- d. The Insured Person is in India and the treatment is taken in India only. (except Section 4.9 (Global Health Cover (Emergency Treatments Only)) and Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)).
- e. No return transportation to the Insured Person's Home or elsewhere by the air Ambulance will be covered under this Cover.
- f. A claim for the same Hospitalization is admissible under Section 3.1 (Hospitalization Expenses) OR Section 4.9 (Global Health Cover (Emergency Treatments Only)) OR Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)).
- g. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

4.2. Daily Cash for Shared Room

The Company shall pay a daily cash amount as specified in Policy Schedule for each continuous and completed 24 hours of Hospitalization during the Policy Year if the Insured Person is Hospitalised in shared accommodation in a Network Provider Hospital and such Hospitalization exceeds 48 consecutive hours.

Specific Conditions:

- a. The Cover is not available for the time spent by the Insured Person in an Intensive Care Unit (ICU).
- b. We shall NOT pay any claim under this benefit until the hospitalization claim is admissible under section B-1.1 (Hospitalization Expenses).

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- c. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.

4.3. Protect Benefit

The Company shall indemnify the Insured Person for the Non-Medical Expenses listed under Annexure B to this Policy incurred in relation to a claim admissible under Section 3 (Base Coverage) during the Policy Year.

Exclusion (k) of Section 10.2 – Specific Exclusions shall not apply to this Cover.

In plans where in Protect Benefit is available as an optional cover, this benefit can be opted only at inception or at renewals and once opted the same can be opted out at renewals only.

4.4. Plus Benefit

On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured under the expiring Policy will be added to the Sum Insured available under the Renewed Policy subject to the following conditions:

- The applicable Plus Benefit under this Cover can only be accumulated up to 100% of Base Sum Insured, and will be applicable only to the Insured Person covered under the expiring Policy and who continues to remain insured on Renewal.
- The applicable Plus Benefit shall be applied annually only on completion of each Policy Year, and once added, the accumulated amount will be carried forward to the subsequent Policy Year, subject to there being no Break in Policy
- This Cover will be applied irrespective of number of claims made under the expiring Policy.
- This applicable Plus Benefit under this Cover can be utilized only for claims admissible under Section 3 (Base Coverage) and Section 4.3 (Protect Benefit) of the Policy.

Notes:

- In case where the Policy is issued on an individual basis, the Plus Benefit shall be added and available individually to the Insured Person. In case where the Policy is on floater basis, the Plus Benefit shall be added and available to all Family Members on a floater basis.
- Plus Benefit shall be available only if the Policy is renewed and due premium is received within the Grace Period.
- If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated Plus Benefit for such Insured Persons under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the Plus Benefit to be carried forward for credit in such Renewed Policy shall be the lowest one that is applicable among all the Insured Persons.
- In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/ individual policies or in cases where the Policy is split due to the child attaining the Age of 25 years, the Plus Benefit of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- If the Sum Insured has been reduced at the time of Renewal, the applicable Plus Benefit shall be reduced in the same proportion to the Sum Insured in current Policy.
- If the Sum Insured under the Policy has been increased at the time of Renewal, the Plus Benefit shall be calculated on the Sum Insured of the last completed Policy Year.
- If the Policy Period is of two or three years, the Plus Benefit shall be credited post completion of each Policy Year, and will be available for any claims made in the subsequent Policy Year.
- New Insured Person added to the Policy during subsequent Renewals

will be eligible for the Plus Benefit as per their Renewal terms.

- ix. In plans where in Plus Benefit is available as an optional cover, this benefit can be opted only at inception or at renewals and once opted the same can be opted out only at renewals. Upon opting for this benefit, any accrued CB amount shall be carried forward to the renewed Policy and thereafter CB benefit shall cease to exist.

4.5. Secure Benefit

An additional amount as specified in the Policy Schedule will be available to the Insured Person as Sum Insured for all claims admissible under Section 3 (Base Coverage) and Section 4.3 (Protect Benefit) during the Policy Year, subject to the following conditions:

- This Secure Benefit shall be applied only once during each Policy Year and any unutilized amount, in whole or in part will not be carried forward to the subsequent Policy Year.
- The Secure Benefit can be utilized for any number of claims admissible under the Policy during the Policy Year.
- The Secure Benefit will be applicable only after exhaustion of Base Sum Insured.
- In case of family floater policy, the Secure Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

4.6. Automatic Restore Benefit

The company shall instantly add 100% of the Base Sum Insured under this benefit in the event of an admissible claim during the Policy Year due to which Sum Insured was partially or completely exhausted.

Specific Conditions applicable to Automatic Restore Benefit

- Automatic Restore Benefit shall be applied only once during the Policy Year unless specified otherwise in the Policy Schedule. In case 'Unlimited Times' is specified against this benefit in the Policy Schedule it shall mean that this benefit shall trigger every time an admissible claim is paid during the Policy Year.
- The amount restored under this benefit can only be used to pay subsequent claims that arise during the remainder of the Policy Year.
- The amount restored under this benefit can only be used to pay claims that are admissible under Base Coverage (Section 3.) and Protect Benefit (Section 4.3) only.
- A single claim in the Policy Year shall never exceed the cumulative addition of
 - Base Sum Insured,
 - Cumulative Bonus (if applicable and remaining during the Policy Year),
 - Plus Benefit (if applicable and remaining during the Policy Year) AND
 - Secure Benefit (if applicable and remaining during the Policy Year).
- The restored Sum Insured can be used by the Insured Person who has already claimed during the Policy Year and also by any other Insured person under the Policy.
- The restored Sum Insured can be used even for the same illness for which an admissible claim has been paid during the Policy Year and also for any other Illness covered under the Policy.
- The restored Sum Insured if not utilized shall not be carried forward to subsequent Policy Years.
- In case of a family floater policy, the Automatic Restore Benefit will be available on floater basis for all Insured Persons covered under the Policy and will operate in accordance with the above conditions.

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4.7. Aggregate Deductible

The Insured Person shall bear an amount equal to the Aggregate Deductible specified on Policy Schedule once in a Policy Year post which coverage shall commence under this policy for that Policy Year.

The Aggregate deductible limit can be exhausted by providing any invoices and relevant proof of one or more hospitalizations of the Insured person undertaken during the Policy Year. However, such treatments must be admissible as per terms and conditions of this policy. Coverage under the policy shall be provided post assessment of the above.

This Cover shall be subject to the following conditions:

- This Cover is applicable on annual aggregate basis and can be opted only at inception of the Policy or at subsequent Renewals. Aggregate Deductible can be increased at the time of Renewal.
- In case of Individual Policy, the entire amount of Aggregate Deductible must first be exhausted on per Insured Person basis, once in a Policy Year, before the Company pays for claims of that Insured Person in that Policy Year.
- In case of family floater Policy, the entire amount of Aggregate Deductible must first be exhausted by any one or more of the Insured Persons once in a Policy Year before the Company pays for claims of any Family Member covered under the Policy in that Policy Year.
- Preventive Health Check-up benefit will not be available under the policy if Aggregate Deductible of INR 5 Lakhs is in force.
- Preventive Health Check-up benefit, Secure Benefit, Cumulative Bonus / Plus Benefit, Automatic Restore Benefit, Daily Cash for Shared Room and Unlimited Restore (Add-on) benefits will not be available under the policy if Aggregate Deductible of INR 10 Lakhs or more is in force.
- The Aggregate Deductible is not applicable to Sections 4.8 (E-Opinion for Critical Illness), Section 5 (Preventive Health Check Up), Sections 4.9 (Global Health Cover (Emergency Treatments Only)), Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)) and Section 4.11 (Overseas Travel Secure). Hence, coverage under Section 4.8 (E-opinion for Critical Illness), Section 5 (Preventive Health Check Up), Section 4.9 (Global Health Cover (Emergency Treatments Only)), Section 4.10 (Global Health Cover (Emergency and Planned Treatments Only)) and Section 4.11 (Overseas Travel Secure) can be availed irrespective of whether the chosen Aggregate Deductible limit is breached or not, during the Policy Year.

4.7.1. Waiver of Aggregate Deductible

The Insured Person will have the option to either reduce or waive the applicable aggregate deductible only once in the lifetime of the Policy and at Renewal, subject to underwriting and only if all the below mentioned conditions are fulfilled:

- Age of eldest Insured Person should be less than 50 years at the time of purchasing this Policy (with aggregate deductible)
- Only after completion of 5 continuous Policy Years with Us (with aggregate deductible) in this Policy and the age of eldest Insured Person covered in the Policy should be less than 61 years at the time of availing this option.
- Continuity benefits of waiting period accrued as per expiring Policy Year (with aggregate deductible) shall be offered even after availing this option.
- This option shall apply to all Insured Person(s) once selected, without any individual selection.
- Post availing 'Waiver of Aggregate Deductible' option, premium will be charged as per the modification made.
- In the event that an Aggregate Deductible is reduced OR is completely waived, at renewal, the Insured Persons shall be

eligible for the benefits applicable as per the plan / Aggregate Deductible / Sum Insured applicable in the forthcoming Policy Years post renewal.

4.8. E-Opinion for Critical Illness

The company shall provide E-opinion facility to the Insured Person for a Critical Illness listed below. The E-opinion shall be from a Medical Practitioner within our network:

Specific Conditions applicable to E-Opinion for Critical Illness:

- Benefit under this cover shall be subject to the eligible geography of the Network Provider. The Insured Person may contact the Company or refer to its website for details on eligible Network Provider(s).
- In case of Individual policies, this benefit can be availed by the Insured Person only once in a Policy Year.
- In case of Family Floater and Multi-individual policies, This benefit shall be available for once in the Policy year for each Insured Person under the policy.
- The Insured Person is free to choose whether or not to obtain the E-Opinion for Critical Illness, and if obtained, it is the Insured Person's sole and absolute discretion to follow the suggestion for any advice related to his/her health. It is understood and agreed that any information and documentation provided to the Company for the purpose of seeking the E-Opinion for Critical Illness shall be shared with the Network Providers.
- Availing this benefit shall not have any impact on the Sum Insured.

Disclaimer – E-Opinion for Critical Illness Services are being offered by Network Providers through its portal/mail/App or any other electronic form to the Policyholders/Insured Person. In no event shall the Company be liable for any direct, indirect, punitive, incidental, special, or consequential damages or any other damages whatsoever caused to the Policyholders/Insured Person while receiving the services from Network Providers or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Network Provider or treating Medical Practitioner.

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Major Medical Illness

1	Cancer of specified severity	27	Aplastic Anaemia
2	Open Chest CABG	28	Bacterial Meningitis
3	Kidney failure requiring regular dialysis	29	Cardiomyopathy
4	Myocardial Infarction (First Heart Attack of specified severity)	30	Other serious coronary artery disease
5	Open Heart Replacement or Repair of Heart Valves	31	Creutzfeldt-Jakob Disease (CJD)
6	Major Organ/Bone Marrow Transplantation	32	Encephalitis
7	Multiple Sclerosis with persisting symptoms	33	End Stage Lung Failure
8	Permanent Paralysis of Limbs	34	Fulminant Hepatitis
9	Stroke resulting in permanent symptoms	35	Eisenmenger's Syndrome
10	Benign Brain Tumour	36	Major Head Trauma
11	Coma of specified severity	37	Chronic Adrenal Insufficiency (Addison's Disease)
12	Parkinson's Disease	38	Progressive Scleroderma
13	Alzheimer's Disease	39	Progressive Supranuclear Palsy
14	Surgery of Aorta	40	Blindness
15	End Stage Liver Failure	41	Chronic Relapsing Pancreatitis
16	Deafness	42	Elephantiasis
17	Loss of Speech	43	Brain Surgery
18	Third Degree Burns	44	HIV due to blood transfusion and occupationally acquired HIV
19	Medullary Cystic Disease	45	Terminal Illness
20	Motor Neurone Disease with permanent symptoms	46	Myelofibrosis
21	Muscular Dystrophy	47	Pheochromocytoma
22	Infective Endocarditis	48	Crohn's Disease
23	Primary (Idiopathic) Pulmonary Hypertension	49	Severe Rheumatoid Arthritis
24	Dissecting Aortic Aneurysm	50	Severe Ulcerative Colitis
25	Systemic Lupus Erythematosus with Lupus Nephritis	51	Angioplasty
26	Apallic Syndrome		

4.9. Global Health Cover (Emergency Treatments Only)

On availing this cover, the below mentioned benefits shall be extended for Emergency Medical Expenses which are diagnosed and incurred outside India:

B 3.1	Hospitalization Expenses
B 3.4	AYUSH Treatment
B 3.7	Organ Donor Expenses
B 4.1	Emergency Air Ambulance
B 4.3	Protect Benefit
B 4.4	Plus Benefit
B 4.8	E Opinion for Critical Illness

A. Global Health Cover (Emergency Treatments Only) is applicable subject to following terms and conditions

- Our maximum liability in a Policy Year for claims under this cover shall not exceed the Base Sum Insured and Plus Benefit (if available).
- Section 4.7 (Aggregate Deductible) will not be applicable for any claim under this cover. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim (except Section 4.8 'E Opinion for Critical Illness') under this cover.
- Claims shall normally be payable on Reimbursement basis only.

Cashless facility may be arranged on case to case basis.

- The treatment should be taken in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.
 - The payment of any Claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Discharge, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
 - We would not be liable to pay any claim wherein the medical treatment taken outside India has not commenced within the first 45 days of a trip.
- Note:** Each trip shall be deemed to start within the Policy Period and from the date Insured Person finally boards the flight (scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket) to leave from India.
- There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.

B. Specific Exclusions applicable to Global Health Cover (Emergency Treatments Only)

- Any Planned treatments

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- ii. In case we have paid a Hospitalization claim under this benefit, Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses related to the claim whether incurred overseas or within India are not payable under this Policy.
- iii. Treatment or part of treatment for any condition which is not Life threatening in nature and can be safely postponed till the Insured Person returns to India.
- iv. Medical treatment taken outside India if that is the sole reason or one of the reasons for the journey.
- v. Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.
- vi. Oncological (Cancer) diseases
- vii. The Company may not be liable to make any payment under this Policy, wherein the Government of India has laid down territorial restriction.

4.10. Global Health Cover (Emergency & Planned Treatments)

On availing this cover, the below mentioned benefits shall be extended for both planned and Emergency Medical Expenses incurred outside India:

B 3.1	Hospitalization Expenses
B 3.4	AYUSH Treatment
B 3.5	Pre-Hospitalization cover
B 3.6	Post-Hospitalization cover
B 3.7	Organ Donor Expenses
B 4.1	Emergency Air Ambulance
B 4.3	Protect Benefit
B 4.4	Plus Benefit
B 4.8	E Opinion for Critical Illness

Global Health Cover (Emergency & Planned Treatments) is applicable subject to following terms and conditions

- i. Our maximum liability in a Policy Year for claims under this cover shall not exceed the Base Sum Insured and Plus Benefit (if available).
- ii. Section 4.7 (Aggregate Deductible) will not be applicable for any claim under this cover. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim (except Section 4.8 'E Opinion for Critical Illness') under this cover.
- iii. Claims shall normally be payable on Reimbursement basis only. Cashless facility may be arranged on case to case basis.
- iv. The treatment should be taken in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.
- v. The payment of any Claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Discharge, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
- vi. The Company may not be liable to make any payment under this Policy, wherein the Government of India has laid down territorial restriction.
- vii. There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.
- viii. PPre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses incurred and paid overseas shall be indemnified only if the concerned hospitalization was

undertaken overseas and claim for such hospitalization was admissible under 'Global Health Cover (Emergency & Planned Treatments)'.

- ix. In case we have accepted an overseas hospitalization claim under 'Global Health Cover (Emergency & Planned Treatments)' then
 - a. Pre-hospitalization Medical Expenses and/or Post-hospitalization Medical Expenses concerning such hospitalization shall be paid only if the same have been incurred and paid overseas (as per details in invoice/ supporting documents).
 - b. Any Pre-hospitalization Medical Expense emanating from an overseas hospitalization claim but incurred in India shall not be payable under the policy.
- x. In case customer has initiated Migration or Portability, all waiting periods shall apply afresh only for planned hospitalization claims admissible under 'Global Health Cover (Emergency & Planned Treatments)'. Such waiting periods shall commence from the date 'Global Health Cover (Emergency & Planned Treatments)' has come into force. In case of forced migration initiated by the company, this clause shall not apply.

4.11. Overseas Travel Secure

- i) This optional cover can only be opted along with Optima Secure Global Plan or Optima Secure Global Plus Plan on payment of additional premium.
- ii) Claim under this benefit shall be payable upto Sum Insured and is admissible only if both the below conditions are fulfilled:
 - a. The overseas treating Medical Practitioner has advised a minimum hospitalization of 5 consecutive days and has also advised the requirement of an accompanying person during treatment.
 - b. We have accepted a claim under
 - Section 4.9 Global Health Cover (Emergency Treatments Only) OR
 - Section 4.10 Global Health Cover (Emergency & Planned Treatments)
- iii) There is no separate Sum Insured for this optional cover and any claim triggered under this benefit shall reduce the Sum Insured of the opted plan.
- iv) We will indemnify the following expenses incurred overseas:

1. Travel Expenses

- a. We will indemnify actual expenses incurred on air tickets (most basic economy class airfare in a common carrier) for the Hospitalized Insured Person and any one accompanying person to attend to the Insured Person's medical treatment overseas.
 - i) For Emergency hospitalization cases, we shall indemnify for the following travel expenses
 - For the accompanying person, two way expense incurred on air tickets from his City of Residence OR India to the airport nearest to the site of hospitalization shall be provided.
 - For the Hospitalized Insured Person, we shall only indemnify air expenses incurred to transport him from the airport nearest to the site of Hospitalization to India.
 - ii) For planned hospitalization cases, we shall indemnify for the following travel expenses
 - For the accompanying person, two way expense incurred on air tickets from his City of Residence OR India to the airport nearest to the site of hospitalization shall be provided.
 - For the Hospitalized Insured Person, we shall indemnify

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two way expense incurred on air tickets from India to the airport nearest to the site of hospitalization shall be provided.

- iii) In case the accompanying person was already present in that city at the time of such hospitalization, we shall only indemnify air expenses incurred to transport him from the airport nearest to the site of Hospitalization to his City of Residence OR India.

- b. Any kind of other transportation expenses except the expense on airfare is not payable under this optional cover

Note – For Insured Person, City of Residence shall be considered as declared in the Proposal Form and mentioned in the Policy Schedule. Whereas, for accompanying person, City of Residence shall be considered as mentioned in the legal document issued by the Government of that particular country.

2. Accommodation Expenses

- a. We will also indemnify the cost of accommodation, at a place near to the site of Hospitalization, for the accompanying person, to attend to the Insured Person's medical treatment overseas.
- b. Cost of accommodation overseas shall be indemnified upto Rs. 15,000 per day, only for the days wherein the Insured person was hospitalized overseas; maximum upto 30 days in a Policy Year.
- c. Any other kind of supplementary expenses such as meals, laundry, transport are not payable under this cover.

4.12 PED wait period modification

On availing this option, Pre-existing Disease Waiting Period shall stand modified and will be as stipulated in the Policy Schedule. All other terms and Conditions of the Policy shall remain unaltered. This optional cover is allowed to be opted at channel level only and only at the time of policy inception. Policyholders will therefore not be able to opt for the same. This option once selected cannot be opted out in the lifetime of the Policy.

Below mentioned are the options available under this cover

- 1. Modification of PED waiting period from 36 months (as specified under Section 10.1.a – Pre-Existing Diseases) to 24 months (2 years)
- 2. Modification of PED waiting period from 36 months (as specified under Section 10.1.a – Pre-Existing Diseases) to 12 months (1 year)

4.13 Modification of Room Rent

On availing this option, Room Rent category shall stand modified and will be as stipulated in the Policy Schedule. Policyholders may re-configure their selection only at the time of renewals subject to Underwriting. All other terms and conditions pertaining to coverage of Room Rent and ICU / ICCU expenses specified in Section 3.1. – Hospitalization Expenses and Section 3.1.1. – Other Expenses shall remain unaltered.

Below mentioned are the options available under this cover

- 1. Modification of Room category coverage from At Actuals (as specified under Section 3.1. – Hospitalization Expenses) to upto 1% of base sum insured per day AND Modification of ICU / ICCU expenses coverage from At Actuals (as specified under Section 3.1. – Hospitalization Expenses) to upto 2% of base sum insured per day).
 - i. This option is inbuilt in Optima Lite plan where in Room rent expenses shall be covered upto 1% of base sum insured per day and ICU / ICCU expenses shall be covered 2% of base sum insured per day. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.
 - ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Lite plan.
- 2. Modification of Room category coverage from At Actuals (as specified under Section 3.1. – Hospitalization Expenses) to upto Single Private room.

- i. This option is inbuilt in Optima Select plan where in Room rent expenses shall be covered upto Single Private room and ICU / ICCU expenses shall be covered at Actuals. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.

- ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

- 3. Modification of Room category coverage from Single Private room (default in Optima Select plan) to At Actuals

- i. This option can be selected only by customers of Optima Select plan. By selecting this Room rent expenses shall be covered at Actuals and ICU / ICCU expenses shall also be covered at Actuals. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.

- ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

- 4. Modification of Room category coverage from Single Private room (default in Optima Select plan) to Shared room

- i. This option can be selected only by customers of Optima Select plan. By selecting this Room rent expenses shall be covered upto Shared room category. However, ICU / ICCU expenses shall be covered at Actuals. The same shall also be clearly specified in Policy Schedule against Room Rent and ICU covers under Hospitalization Expenses section.

- ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

4.14 Modification of Pre-Hospitalization expenses - Days

On availing this option, the days upto which Pre-hospitalization medical expenses shall stand modified and will be as stipulated against Pre-Hospitalization section in the Policy Schedule. All other terms and conditions pertaining to coverage of Pre-Hospitalization expenses (Section 3.5. – Pre-Hospitalization Expenses) shall remain unaltered.

Below mentioned is the option available under this cover

- 1. Modification of Pre-Hospitalization expenses days from 60 days (as specified under Section 3.5. – Pre-Hospitalization Expenses) to 30 days
 - i. This option is inbuilt in Optima Lite plan where in Pre-hospitalization medical expenses shall be indemnified only if the same were incurred upto 30 days immediately prior to the date of admission. The same shall also be clearly specified in Policy Schedule against Pre-Hospitalization expenses cover.
 - ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Lite plan.

4.15 Modification of Post-Hospitalization expenses - Days

- On availing this option, the days upto which Post-hospitalization expenses shall stand modified and will be as stipulated against Post Hospitalization section in the Policy Schedule. All other terms and conditions pertaining to coverage of Post-Hospitalization expenses (Section 3.6. – Post-Hospitalization Expenses) shall remain unaltered.

Below mentioned is the option available under this cover

- 1. Modification of Post-Hospitalization expenses days from 180 days (as specified under Section 3.6. – Post-Hospitalization Expenses) to 60 days
 - i. This option is inbuilt in Optima Lite plan where in Post-hospitalization medical expenses shall be indemnified only if the same were incurred upto 180 days immediately prior to the date of discharge from the Hospital. The same shall

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also be clearly specified in Policy Schedule against Post-Hospitalization expenses cover.

- ii. This option shall not be available with any other plan of my:Optima Secure product except Optima Lite plan.

4.16 Modification of Cumulative Bonus

On availing this option, the percentage of cumulative bonus provided shall stand modified and will be as stipulated against Cumulative Bonus section in the Policy Schedule. All other terms and conditions pertaining to Cumulative Bonus (Section 3.8. – Cumulative Bonus) shall remain unaltered.

Below mentioned is the option available under this cover

1. Modification of Cumulative bonus from 10% of Base Sum Insured upto 100% (as specified under Section 3.8. – Cumulative Bonus) to 25% of Base Sum Insured upto 100%
 - i. This option is inbuilt in Optima Select plan where in a Cumulative Bonus of 25% of Base Sum Insured upto 100% shall be provided under the plan. The same shall also be clearly specified in Policy Schedule against Cumulative Bonus section.

This option shall not be available with any other plan of my:Optima Secure product except Optima Select plan.

5. Renewal Benefit - Preventive Health Check-up

On completion of each Policy Year where-in this benefit was in force, the Company will indemnify the cost of a Preventive Health Check-up for the Insured Persons who were insured during the previous Policy Year, up to the amounts specified in this Cover below.

- i. This benefit is available every Policy Year post completion of the first Policy Year irrespective of the policy tenure opted. The tests must be taken only in the Policy Year where-in the Insured Person is eligible for this benefit.
- ii. This benefit does NOT carry forward if it is not claimed during the applicable Policy Year and shall not be provided if the Policy is not Renewed further.
- iii. The amount specified in the Policy schedule against this benefit denotes the Company's maximum liability in respect to the benefit and shall not reduce the Sum Insured of the policy.
- iv. This cover shall be applicable only if the same is stipulated on the Policy Schedule to be in force
- v. In plans where in Preventive Health Check-Up benefit is available as an optional cover, this benefit can be opted only at inception or at renewals and once opted the same can be opted out at renewals only.
- vi. Preventive Health Check-Up amount that Insured Person is eligible for shall be as per Base Sum insured of expiring Policy Year

For Individual Policies, the below mentioned limits are applicable for each Insured Person per Policy Year.

Base Sum Insured under the Policy	5 & 7.5 Lakhs	10 Lakhs	15 Lakhs	20, 25, 50 & 75 Lakhs	100 & 200 Lakhs
Limit of Cover	Rs. 1,500	Rs. 2,000	Rs. 4,000	Rs. 5,000	Rs. 8,000

For Family Floater Policies, the below mentioned limits are applicable cumulatively for all Insured Persons per Policy Year.

Base Sum Insured under the Policy	5 & 7.5 Lakhs	10 Lakhs	15 Lakhs	20, 25, 50 & 75 Lakhs	100 & 200 Lakhs
Limit of Cover	Rs. 2,500	Rs. 5,000	Rs. 8,000	Rs. 10,000	Rs. 15,000

6. Add on – Cover

my:Optima Secure offers following Add on Covers:

- My: health Critical Illness Add On with Sum Insured options of Rs. 100,000 to Rs. 500,00,000 in multiples of Rs. 100,000
- My: health Hospital Cash Benefit Add On with Sum Insured options of Rs. 500/ Rs. 1000/ Rs. 1500 / Rs. 2000/ Rs. 2500 / Rs. 3000 / Rs. 5000/ Rs. 7500/ Rs. 10,000
- Individual Personal Accident Rider with Sum Insured 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs 1 Crore
- Unlimited Restore (Add on): Provides unlimited restoration in a Policy Year.
- Optima Wellbeing (Add on) : Covers expenses for various outpatient benefits.

(For in depth details on terms and conditions applicable to add-ons, Kindly refer to the Prospectus & Policy wording documents of the respective add-on available under downloads section on our website).

7. Pre Policy Check up

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured.

- We will reimburse 100% of the expenses incurred per Insured Person on the acceptance of the proposal.
- If Proposal is declined post PPC,
 - a. 100% of Medical test charges will be borne by the customer if Base Sum Insured option of INR 5,00,000 or 7,50,000 is selected
 - b. 50% of Medical test charges will be borne by the customer if Base Sum Insured option of INR 10,00,000 is selected
 - c. 0% of Medical test charges will be borne by the customer if any Base Sum Insured option other than the above is selected
- In case of any adverse medical declaration on the proposal form, we may request for additional medical tests.

8. Discounts

- Online Discount: The Insured Person is eligible for 5% discount on premium in case he / she purchase the Policy online from the Company's website or the Company's mobile app or across technology platforms wherein they undertake digital marketing for the Company or assist with technology systems reducing IT costs for the Company. The subsequent Renewal of the same Policy will continue to enjoy the 5% discount, provided the Policy remains without the involvement of any other insurance agent or insurance intermediary.
- Employee Discount: A discount of 5 % on the Premium is applicable if any Insured Person is a HDFC Group employee (full time employee) / Munich Re Group employee (full time employee) at the time of enrolment, or subsequent renewal; provided that such Policy is purchased through the Company's website or the Company's mobile app and without the involvement of any insurance agent or insurance intermediary.
- Loyalty Discount: If any Insured Person has an active retail insurance Policy with premium above Rs.2,000 with the Company, a discount of 2.5% on the Policy premium will be applicable at the time of enrolment as well as subsequent renewals.
- Family Discount: The Insured Person will be entitled to receive 10% discount on the premium if two or more family members are covered under the same Policy under the individual Policy option.
- **The above mentioned discounts are cumulative in nature and the total discount offered under Employee discount, Online discount, Loyalty discount and Family discount shall not exceed 20%.** Long Term Policy Discount: If the Policy Period is more than one year, the Insured Person will be entitled to receive a discount of 7.5% and 10% will be offered in case a Policy is purchased for 2-year and 3-year tenure respectively, provided he has paid the premium in advance as a single premium.

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- NRI Discount - Insured Person residing overseas with declaration that they are based abroad in entirety for the Policy Year will be offered a discount of 40%, subject to the following conditions:
 - a. This is applicable in case the Insured's status is NRI for the whole year and he wishes to continue earning his PED coverage until upon his return. However, while in India if the Insured wishes to make a claim, he may do so by making the differential payment applicable on the policy.
 - b. For Insured who have been offered NRI discount in a particular policy year and at policy renewal makes further declaration of his stay abroad for the forthcoming year the applicable NRI discount would be offered on the renewal premium. If the Insured would be based in India then no discount would be applicable upon renewal.
 - c. For Insured who have been offered NRI discount in a

particular policy year and he returns to India anytime during the year, the Insured can notify the Company about the change and make payment for the additional premium (equivalent to the applicable NRI discount). If the additional premium payment hasn't been made during the year, the same would be added to the renewal premium at the policy anniversary. The policy would be renewed subject to the full premium being received by the Company. In case of long term policies, the additional premium will be recovered only for the corresponding year and not from retrospective date.

- Discount in lieu of Commission – Maximum upto 15% of the policy premium in lieu of lower commission.
- Aggregate Deductible Discount: If Aggregate Deductible is opted for all Insured Person, following discount will be applicable on the Policy premium.

Plan Name	Optima Suraksha, Optima Secure, Optima Super Secure, Optima Select & Optima Lite			Optima Secure Global	Optima Secure Global Plus	
Base SI / Deductible Amount (INR)	Base SI <25 Lakhs	Base SI = 25 Lakhs	Base SI = 50 / 100 / 200 Lakhs	Base SI = 100 / 200 Lakhs	Base SI = 25 Lakhs	Base SI = 50 / 75 / 100 / 200 Lakhs
10,000	7%	5%	5%	6%	2%	2%
25,000	25%	15%	15%	14%	4%	4%
50,000	40%	30%	30%	27%	8%	8%
1,00,000	50%	40%	40%	36%	10%	10%
2,00,000	55%	45%	45%	41%	11%	11%
3,00,000	65%	55%	55%	50%	14%	14%
5,00,000	NA	62%	62%	56%	16%	16%
10,00,000	NA	80.45%	80.45%	73%	20%	20%
20,00,000	NA	NA	88%	80%	NA	22%
25,00,000	NA	NA	90%	82%	NA	23%

Note: Wherever NA is mentioned in the table above, that particular Deductible & Sum Insured combination is not available and cannot be opted under the product.

9. Tax Benefit

Premium amount paid under this Policy qualifies for deduction under Section 80D of the Income Tax Act

10. Exclusions

The Company shall not make 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 the Policy:

10.1. Standard Exclusions

All the Waiting Periods and exclusions listed below shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

a. Pre-Existing Diseases – Code – Excl01

- i. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months (unless specified otherwise in the Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. 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.
- iv. 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. Specified Disease/Procedure waiting period- Code – Excl02

- i. 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.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. 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.
- iv. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- v. 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.
- vi. List of specific diseases/procedures is provided below:

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Illnesses

	Non infective Arthritis	Pilonidal sinus
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g. Kidneystone, Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract and other disorders of lens and Retina	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system unless necessitated by Malignancy	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/ Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy		

c. 30-day waiting period – Code – Excl03

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

d. Investigation & Evaluation: Code Excl04

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

e. 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:

- 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.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

f. Obesity/Weight control: Code – Excl06:

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI)
 - greater than or equal to 40 or
 - 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:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe sleep apnoea
 - Uncontrolled type2 diabetes

g. 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.

h. 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.

i. 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.

j. 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.

k. 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.

l. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.

m. 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.

n. 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.

o. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

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- p. **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..
- q. **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.
- r. **Maternity: Code – Excl18**
 - 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.

10.2. 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:

- a. 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.
- b. Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule.
- c. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- d. Any Insured Person's participation or involvement in naval, military or air force operation.
- e. Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition").
- f. Congenital external diseases, defects or anomalies.
- g. Stem cell harvesting.
- h. 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.
- i. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- j. Vaccination including inoculation and immunisations (except post animal bite treatment).
- k. 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 and also available at www.hdfcergo.com.
- l. Treatment taken on outpatient basis.
- m. The provision or fitting of hearing aids, spectacles or contact lenses.
- n. 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.

- o. 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.
- p. 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.
- q. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.

11. Claims Procedure

11.1. Notification of a Claim

Notice with full particulars shall be sent to the Company as under:

- a. Within 24 hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization or decision to avail treatment under Section 3.2 (Home Health Care).

11.2. Procedure for Cashless Claims In India

- a. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company.
- b. Cashless request form is available with the Network Provider.
- c. The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.
- d. The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue pre-authorization letter to the Network Provider after verification.
- e. At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.
- f. The Company reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.
- g. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

11.3. Procedure for Cashless Claims Outside India

- a. You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website
- b. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company. Process for obtaining Pre-Authorization is mentioned below:
 - i. **We** shall send Release of Information form to the Insured Person for signature and consent.
 - ii. After receiving the signed Release of Information form, **We** will retrieve hospitalization documents along with invoices
 - iii. If these details are not provided in full or are insufficient for **Us** to consider the request, **We** will request additional

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information or documentation

- iv. On receipt of the complete documents **We** may
 - issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable
 - or
 - reject the request for pre-authorization specifying reasons for the rejection

11.4. Procedure for Cashless Claims in case of Home Health Care (Section 3.2)

On receipt of duly filled pre authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Healthcare service provider or Network Provider, who will share the care plan and treatment cost estimation with the Company. On receipt of the complete documents the Company may:

- a. issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or
- b. reject the request for pre-authorization specifying reasons for the rejection.

11.5. Conditions for obtaining Cashless Facility within India

- a. Cashless facility can be availed only at Company's Network Provider. The complete list of Network Providers and empanelled service providers is available on Company's website and can also be obtained by contacting the Company.
- b. The Company reserves the right to modify, add or restrict any Network Provider for Cashless facility at its sole discretion. The same shall be duly updated on the Company's website. The Insured Person shall check the updated list of Network Providers before applying for cashless claim.
- c. Pre-authorization issued by the Company shall be valid for 15 days from the date of issuance (or expiry of the Policy, whichever is earlier).
- d. The Company shall make payment for the Cashless facility to the authorized amount, directly to the Network Provider.

11.6. Procedure for Reimbursement Claims

For reimbursement of claims, the Insured Person shall submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

Type of Claim	Prescribed Time limit
Reimbursement of Hospitalization, Day Care Treatment or Pre-Hospitalization Expenses	Within 30 days of date of discharge from Hospital.
Reimbursement of Post-Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.

11.7. List of documents required for a Claim

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- a. Duly Completed claim form,
- b. Photo ID and Age Proof,
- c. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of Hospitalization in any non-Network Provider of the Company or certificate from Hospital authorities providing facilities available including number of beds,
- d. Discharge Card / Day Care Summary / Transfer Summary,
- e. Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded,
- f. Invoice with payment receipt and implant stickers for all implants used during Surgeries e.g. lens sticker and invoice in cataract

Surgery, stent invoice and sticker in Angioplasty Surgery,

- g. All previous consultation papers indicating history and treatment details for current Illness and advice for current Hospitalization,
- h. All diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre,
- i. All medicine / pharmacy bills along with prescription by Medical Practitioner,
- j. MLC / FIR Copy – in Accident cases only,
- k. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases,
- l. Copy of Death Summary and copy of Death Certificate (in death claims only),
- m. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details, and patient's progress (to be submitted wherever required by the Company).
- n. Invoice for vaccination and payment receipt,
- o. Original invoices for the expenses incurred towards ambulance facility along with details of loss in our prescribed format,
- p. KYC documents (in all claims above Rs 1 lakh) of the Policyholder as per AML guidelines,
- q. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf),
- r. Legal heir/succession certificate, wherever applicable,
- s. Additional documents for claims outside India of Insured Person and Accompanying Person (as applicable) –
 - i. Passport copy with entry and exit stamps
 - ii. Flight Tickets and Boarding Pass, if applicable
 - iii. Accommodation Invoices, if applicable
 - iv. Written advice from the overseas treating Medical Practitioner for requirement of an accompanying person during treatment.
- t. Any other relevant document required by Company for assessment of the claim.

Note:

- i. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- ii. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
- iii. If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.
- iv. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

12. Standard General Terms and Clauses

12.1. 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.

12.2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured

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person for the Company to make any payment for claim(s) arising under the policy..

12.3.Claim Settlement (provision for Penal Interest)

- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate..

12.4.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.

12.5. Multiple Policies

- In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

12.6.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.

12.7. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/ Policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- any other act fitted to deceive; and
- any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Insurer.

12.8. 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 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.

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.

12.9.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..

- 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 where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- 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..
- No loading shall apply on renewals based on individual claims experience
- 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.
- Renewal premium due can be paid prior to the due date as per norms set out by the Company.

12.10. 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 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.

For Detailed Guidelines on Portability, kindly refer the link

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https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

12.11. 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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

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

12.12. Cancellation

- The Policyholder may cancel this Policy by giving 7 days' 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

- 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.
- 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.
- 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.

12.13. Premium Payment in Instalments

If the Insured Person has opted for payment of Premium on an instalment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- Grace Period as mentioned in the table below would be given to pay the instalment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

- If premium is paid in instalments then coverage will be available during the grace period also (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period
- No interest will be charged If the instalment premium is not paid on due date
- In case of instalment premium due not received within the Grace

Period, the Policy will get cancelled

- In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

12.14. Instalment Premium payment through Auto Debit/ECS Facility

- If premium payment is opted for by instalments through auto debit/ECS facility, a separate authorization form shall be submitted by Insured Person specifying the frequency chosen for premium to be debited.
- Where there is a change either in the terms and conditions of the coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh.
- The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable.
- No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode..

12.15. 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.

12.16. 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.

12.17. 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.

12.18. Redressal of Grievance

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

- Website: www.hdfcergo.com
- Contact us - 022 6158 2020/ 022 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 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

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

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Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6158 2020/ 022 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

13. Specific General Terms and Clauses

13.1. Non-Disclosure or Misrepresentation of Pre-Existing Disease

The Company may, notwithstanding and without prejudice to its rights under the standard general terms and clauses above, also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of non-disclosure or misrepresentation of Pre-Existing Diseases, subject to prior consent from Policyholder:

- Permanently exclude the disease/condition and continue with the Policy.
- Incorporate additional Waiting Period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy
- Levy underwriting loading from the first Policy Year of issuance of Policy or Renewal, whichever is later.

13.2. Utilization of Sum Insured

The sequence of utilization of Sum Insured in this Policy will be as follows, subject to the covers being in force and amount utilized under each of the below sections during the Policy Year;

- Aggregate Deductible.
- Base Sum Insured.
- Cumulative Bonus/Plus Benefit.
- Secure Benefit.
- Automatic Restore Benefit

A single claim in the Policy Year shall never exceed the cumulative addition of

- Base Sum Insured,
- Cumulative Bonus (if applicable and remaining during the Policy Year),
- Plus Benefit (if applicable and remaining during the Policy Year) AND
- Secure Benefit (if applicable and remaining during the Policy Year).

Illustration for Utilization of Sum Insured

Illustration 1: Sum Insured Utilization [Applicable to Optima Secure plan]

Insured has an Optima Secure plan with Base SI of INR 5Lac. Insured has already spent 1 year with us & renewed the Policy.

Insured lodges 3 claims in the second policy year

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Number of Claim	Available Benefit Limit				claim amount	claim amount payable	Utilisation of Sum Insured
	Base Sum Insured	Plus Benefit (on 1 st renewal)	Secure Benefit	Automatic Restore Benefit			
1 st claim	5L	2.5L	5L	0	3L	3L	3L paid from Base SI
2 nd claim	(5-3) 2L	2.5L	5L	5L	14L	12.5L*	2L paid from Base SI + 2.5L paid from Plus + 5L paid from Secure + 3L paid from Automatic Restore
3 rd claim	(2-2) 0	(2.5-2.5) 0	(5-5) 0	(5-3) 2L	3L	2L	Automatic Restore (balance)

*A single claim in the Policy Year shall never exceed the cumulative addition of

- Base Sum Insured (in monetary terms at the start of the year),
- Plus Benefit (if applicable and remaining during the Policy Year),
- Secure benefit (if remaining during the Policy Year).

Illustration 2: Sum Insured Utilization [Applicable to Optima Lite plan]

Insured has an Optima Lite plan with Base SI of INR 7.5Lac. Insured has already spent 1 year with us & renewed the Policy.

Insured lodges 4 claims in the second policy year.

Number of Claim	Available Benefit Limit			claim amount	Admissible claim amount	Utilisation of Sum Insured
	Base Sum Insured	Cumulative Bonus	Automatic Restore Benefit (unlimited times)			
1 st claim	7.5L	0.75L	0	3.5L	3.5L	3.5L paid from Base SI
2 nd claim	(7.5-3.5) 4L	0.75L	7.5L	10L	8.25L*	4L paid from Base SI + 0.75L paid from CB + 3.5L paid from Automatic restore
3 rd claim	(4-4) 0	(0.75-0.75) 0	(7.5 - 3.5 + 7.5) 11.5L	3L	3L	3L paid from Automatic Restore
4 th claim	0	0	(11.5 - 3 + 7.5) 16L	12L	7.5L*	7.5L paid from Automatic Restore benefit.

*A single claim in the Policy Year shall never exceed the cumulative addition of

- Base Sum Insured (in monetary terms at the start of the year),
- Cumulative Bonus (if applicable and remaining during the Policy Year),

13.3. Geography

This Policy provides coverage throughout the territory of India, except under Section 4.8 (EOpinion for Critical Illness). Section 4.9 Global Health Cover (Emergency Treatments Only), Section 4.10 Global Health Cover (Emergency & Planned Treatments)), Section 4.11 Overseas Travel Secure and as may be specified in the Schedule of Coverage in the Policy Schedule..

13.4. Loadings

- The Company may apply loading on the premium, specific Waiting Period or permanent exclusions, based on the declarations made in the Proposal Form and the health status, habits and lifestyle, past medical records, and the results of the pre-Policy medical examination of the persons proposed to be insured under the Policy.
- The maximum medical underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person.
- Loadings shall be applied from Commencement Date including subsequent Renewal(s), and on increased Sum Insured.
- Proposer shall be informed about the proposed loading with premium, specific Waiting Period or permanent exclusion (if any) through a counter offer letter and Policy will be issued only on specific acceptance within 15 days of the receipt of such counter offer letter. In case the Company does not receive any response to the counter offer letter from the proposer within 15 days, the application shall be cancelled and any premium received shall be refunded within 7 days.

13.5. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change or modification that the Company makes will be evidenced by a written endorsement signed and stamped by the Company.

13.6. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

- The Policyholder's, at the address/ e-mail address specified in the Policy Schedule.

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- b. To the Company, at the address specified in the Policy Schedule.
- c. Insurance agents, brokers, other person or entity is/are not authorised to receive any notice on the behalf of the Company, unless stated in writing by the Company.

14. Premium Tier

The premium payable under the Policy will be computed basis the city of residence provided by the Insured Person in the Proposal Form. Classification of cities would be as under:

- a. Tier 1: Delhi, National Capital Region (NCR), Mumbai, Mumbai Suburban, Thane and Navi Mumbai, Surat, Ahmedabad and Vadodara..
- b. Tier 2: Rest of India.

No co-payment shall apply if Insured Person from Tier 2 avails a treatment in Tier 1.

Refer Annexure C – Premium Table: Exclusive of Goods and Services Tax (GST)

15. Calculation of premium for Family Floater Policy:

In the Family floater policies, the eldest member of the particular family composition will pay full premium as per the individual premium based on his/her respective age. Thereafter, a floater discount of flat 55% will be applied on the individual premiums of every additional member excluding the eldest member in the Policy.

16. Premium Computation Illustration

Illustration 1

- Plan Name – Optima Secure
- Tenure – 1 Year
- Location – Delhi - Tier 1

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10% (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
5	8,850	10	8,850	850	7,650	10	8,850	4,675	3,825	10
25	12,500	10	12,500	1,250	11,250	10	12,500	6,875	5,625	10
35	14,500	10	14,500	1,450	13,050	10	14,500	7,975	6,525	10
45	16,500	10	16,500	1,650	14,850	10	16,500	9,075	7,425	10
55	32,500	10	32,500	3,250	29,250	10	32,500	17,875	14,625	10
65	58,000	10	58,000	5,800	52,200	10	58,000	0	58,000	10
	1,42,500				1,28,250				96,025	
	Total premium for all members of the family is Rs. 1,42,500, when each member is covered separately. Sum Insured available for each individual is Rs. 10 Lakhs.		Total premium for all members of the family is Rs. 1,28,250 when they are covered under a single policy. Sum Insured available for each individual is Rs. 10 Lakhs.				Total premium when policy is opted on floater basis is Rs. 96,025.. Sum Insured of Rs. 10 Lakhs is available for the entire family.			

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Illustration 2

- Plan Name – Optima Secure
- Tenure – 1 Year
- Location – Delhi - Tier 1

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10% (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount of 55% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	9,500	10	9,500	950	8,550	10	9,500	5,225	4,275	10
24	12,300	10	12,300	1,230	11,070	10	12,300	6,765	5,535	10
45	16,500	10	16,500	1,650	14,850	10	16,500	9,075	7,425	10
55	32,500	10	32,500	3,250	29,250	10	32,500	17,875	14,625	10
65	58,000	10	58,000	5,800	52,200	10	58,000	31,900	26,100	10
75	93,000	10	93,000	9,300	83,700	10	93,000	0	93,000	10
	2,21,800				1,99,620				1,50,960	
	Total premium for all members of the family is Rs. 2,21,800, when each member is covered separately. Sum Insured available for each individual is Rs. 10 Lakhs.		Total premium for all members of the family is Rs. 1,99,620, when they are covered under a single policy. Sum Insured available for each individual is Rs. 10 Lakhs.				Total premium when policy is opted on floater basis is Rs. 1,50,960. Sum Insured of Rs. 10 Lakhs is available for the entire family.			

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

1. 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..
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

Disclaimer: the above is descriptive only. The actual terms and conditions can be found in the policy document. Insured's are advised to read the policy document completely for a full description of the terms and conditions of coverage and the exclusions relating thereto.

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

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Annexure A – Schedule of Benefits

Section	Plans	Optima Suraksha	Optima Secure	Optima Super Secure	Optima Secure Global	Optima Secure Global Plus	Optima Select	Optima Lite
All figures in ₹	Base Sum Insured per Insured Person per Policy Year(in Lakh)	5/10/15/20/25/50 Lakhs	5/10/15/20/25/50/100/200 Lakhs	10/15/20/25/50/100/200 Lakhs	100/200Lakhs	25/50/75/100/200 Lakhs	5/7.5/10/15/20/25 Lakhs	5/7.5 Lakhs
	^Geography	India only	India only	India only	Worldwide including India	Worldwide including India	India only	India only
1	Hospitalization Expenses	Covered	Covered	Covered	Covered	Covered	Covered	Covered
1.1.a	Room Rent	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	Upto Single Private room	Upto 1% of base sum insured per day
1.1.b	ICU	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	Upto 2% of base sum insured per day
1.1. i.	Road Ambulance	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.1. ii.	Dental Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.1. iii.	Plastic surgery	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.1. iv.	Day Care Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.2	Home Healthcare	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured (India only)	Covered upto sum insured (India only)	Covered upto sum insured	Covered upto sum insured
1.3	Domiciliary Hospitalization	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured (India only)	Covered upto sum insured (India only)	Covered upto sum insured	Covered upto sum insured
1.4	AYUSH Treatment	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.5	Pre-Hospitalization	60 days	60 days	60 days	60 days (India only)	60 days	60 days	30 days
1.6	Post-Hospitalization	180 days	180 days	180 days	180 days (India only)	180 days	180 days	60 days
1.7	Organ Donor Expenses	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured
1.8	Cumulative Bonus	10% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims.	10% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims.	Not Covered	Not Covered	Not Covered	25% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	10% of the Base Sum Insured maximum upto 100% post completion of each policy year irrespective of claims
2.1	Emergency Air Ambulance	Covered Up to 500,000	Covered Up to 500,000	Covered Up to 500,000	Covered Up to 500,000	Covered Up to 500,000	Not Covered	Covered Up to 500,000
2.2	Daily Cash for choosing Shared Accommodation	800 per day max up to 4800	800 per day max up to 4800	1000 per day max up to 6000	800 per day max upto 4800 (India only)	800 per day max upto 4800 (India only)	Not Covered	800 per day max upto 4800 (India only)

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2.3	Protect Benefit	Not Covered	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Covered upto sum insured	Optional	Optional
2.4	Plus Benefit	Not Covered	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Bonus of 50% of the Base Sum Insured, maximum upto 100%.	Optional (Bonus of 50% of the Base Sum Insured, maximum upto 100%)	Optional (Bonus of 50% of the Base Sum Insured, maximum upto 100%)
2.5	Secure Benefit	Not Covered	Equal to 100% of Base sum insured	Equal to 200% of Base sum insured	Equal to 100% of Base sum insured	Equal to 100% of Base sum insured (India only)	Not Covered	Not Covered
2.6	Automatic Restore Benefit	Not Covered	Equal to 100% of Base sum insured	Equal to 200% of Base sum insured	Equal to 100% of Base sum insured	Equal to 100% of Base sum insured (India only)	Unlimited times	Unlimited times
2.7	**Aggregate Deductible	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L	10K/25K/ 50K /1L /2L /3L /5L /10L /20L /25L (India only)	10K/25K/ 50K /1L /2L /3L /5L /10L	10K/ 25K/ 50K
2.8	E Opinion for Critical Illness	In India	In India	Global	Global	Global	Not Covered	In India
2.9	Global Health Cover (Emergency Treatments Only)	Not Covered	Not Covered	Not Covered	Covered (Outside India only)	Not Covered	Not Covered	Not Covered
2.10	Global Health Cover (Emergency & Planned Treatments)	Not Covered	Not Covered	Not Covered	Not Covered	Covered (Outside India only)	Not Covered	Not Covered
2.11	Overseas Travel Secure (Optional)	Not Covered	Not Covered	Not Covered	Covered upto sum insured (Outside India only)	Covered upto sum insured (Outside India only)	Not Covered	Not Covered
2.12	PED wait period modification (Optional)	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year	1 year / 2 year
2.13	Modification of Room Rent (Optional)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	At Actuals OR Shared room	Not Covered
3	Preventive Health Check-up (India only) [This is an optional cover under Optima Select plan and an inbuilt cover in all other plans]							
	Sum Insured	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 & 25 Lakhs	50 & 75 Lakhs	100 & 200 Lakhs
	Individual Policy**	1,500	1,500	2,000	4,000	5,000	5,000	8,000
	Floater Policy**	2,500	2,500	5,000	8,000	10,000	10,000	15,000

Key to read above table

- 'Covered'** means that particular benefit is an inbuilt feature in that particular plan- and the premium of such benefits are included in the premium of the respective Plan.
- 'Not Covered'** means that particular benefit is NOT available either as an inbuilt feature or as an optional feature in that particular plan
- 'Optional'** means that particular benefit is NOT an inbuilt feature BUT can be opted by the Proposer/Policyholder either at inception or at renewal. However, 'PED wait period modification' optional cover is allowed to be opted at channel level only. Individual customer will not be able to opt for the same.

Note:

- Preventive Health Check-up benefit will not be available under the policy if Aggregate Deductible of INR 5 Lakhs is in force.
- Preventive Health Check-up, Secure Benefit, Cumulative Bonus / Plus Benefit, Automatic Restore Benefit, Daily Cash for Shared Room and Unlimited Restore (Add-on) benefits will not be available under the policy if Aggregate Deductible of INR 10 Lakhs or more is in force.
- **For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis
- ^Claims shall be payable as per geography mentioned in the above table unless explicitly stated otherwise in a specific cover.
- # Aggregate Deductible if opted, shall apply only for claims arising in India. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim arising out of India in Global plans.
- 5L / 10L Deductible can only be opted with Sum Insured >= 25 L.
- 20L / 25L Deductible can only be opted with Sum Insured >= 50 L

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- Kindly read this document in conjunction with your Policy Schedule for in-depth clarity.

Add on – Covers:

'my: Optima Secure' offers following Add on Covers::

- my: health Critical Illness Add On: Provides comprehensive coverage by offering a Lumpsum payout on diagnosis of any of the listed 51 critical illnesses. Sum Insured options range from Rs. 100,000 to Rs. 500,00,000 in multiples of Rs. 100,000
- my: health Hospital Cash Benefit Add On: Per day hospital cash benefit for each continuous and completed 24 hours of hospitalization. Per day Sum Insured options of Rs. 500/ 1000/ 1500 / 2000/ 2500 / 3000 / 5000/ 7500/ 10,000 are available..
- Individual Personal Accident Rider: Provides Lumpsum pay out in case of Accidental Death, Permanent Total Disablement and Permanent Partial Disablement. Sum Insured shall be 5 (five) times the Sum Insured of Base Plan up to a maximum of Rs. 1 Crore
- Unlimited Restore (Add on): Provides unlimited restoration in a Policy Year.
- Optima Wellbeing (Add on) : Covers expenses for various outpatient benefits.

Notes:

For in depth details on terms and conditions applicable to add-ons, Kindly refer to the Prospectus & Policy wording documents of the respective add-on available under downloads section on our website.

Coverage and Sum Insured offered under the add-on's are subject to declaration in proposal forms and internal underwriting guidelines.

Annexure B – List I - Items for which Coverage is not available in the Policy (Non-Medical Expenses)

S. No.	Item	S. No.	Item
1	Baby Food	35	Oxygen Cylinder (For Usage Outside The Hospital)
2	Baby Utilities Charges	36	Spacer
3	Beauty Services	37	Spirometre
4	Belts/ Braces	38	Nebulizer Kit
5	Buds	39	Steam Inhaler
6	Cold Pack/Hot Pack	40	Armsling
7	Carry Bags	41	Thermometer
8	Email / Internet Charges	42	Cervical Collar
9	Food Charges (Other Than Patient's Diet Provided By Hospital)	43	Splint
10	Leggings	44	Diabetic Foot Wear
11	Laundry Charges	45	Knee Braces (Long/ Short/ Hinged)
12	Mineral Water	46	Knee Immobilizer/Shoulder Immobilizer
13	Sanitary Pad	47	Lumbo Sacral Belt
14	Telephone Charges	48	Nimbus Bed Or Water Or Air Bed Charges
15	Guest Services	49	Ambulance Collar
16	Crepe Bandage	50	Ambulance Equipment
17	Diaper of any Type	51	Abdominal Binder
18	Eyelet Collar	52	Private Nurses Charges- Special Nursing Charges
19	Slings	53	Sugar Free Tablets
20	Blood Grouping and Cross Matching Of Donors Samples	54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
21	Service Charges Where Nursing Charge Also Charged	55	ECG Electrodes
22	Television Charges	56	Gloves
23	Surcharges	57	Nebulisation Kit
24	Attendant Charges	58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc.]
25	Extra Diet of Patient (Other Than That Which Forms Part of Bed Charge)	59	Kidney Tray
26	Birth Certificate	60	Mask
27	Certificate Charges	61	Ounce Glass
28	Courier Charges	62	Oxygen Mask
29	Conveyance Charges	63	Pelvic Traction Belt
30	Medical Certificate	64	Pan Can
31	Medical Records	65	Trolley Cover
32	Photocopies Charges	66	Urometer, Urine Jug
33	Mortuary Charges	67	Ambulance
34	Walking Aids Charges	68	Vasofix Safety

Rate Chart

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my: Optima Secure - Optima Secure Plan Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)								
Age	Sum Insured							
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	2,00,00,000
0	6,900	7,850	8,750	9,600	10,400	13,450	17,000	20,000
1	7,050	8,050	8,950	9,800	10,600	13,650	17,200	20,300
2	7,200	8,250	9,150	10,000	10,800	13,850	17,400	20,600
3	7,350	8,450	9,350	10,200	11,000	14,050	17,600	20,900
4	7,500	8,650	9,550	10,400	11,200	14,250	17,800	21,200
5	7,650	8,850	9,750	10,600	11,400	14,450	18,000	21,500
6	7,800	9,050	9,950	10,800	11,600	14,650	18,200	21,800
7	7,950	9,250	10,150	11,000	11,800	14,850	18,400	22,100
8	8,100	9,450	10,350	11,200	12,000	15,050	18,600	22,400
9	8,250	9,650	10,550	11,400	12,200	15,250	18,800	22,700
10	8,400	9,850	10,750	11,600	12,400	15,450	19,000	23,000
11	8,550	10,050	10,950	11,800	12,600	15,650	19,200	23,300
12	8,700	10,250	11,150	12,000	12,800	15,850	19,400	23,600
13	8,850	10,450	11,350	12,200	13,000	16,050	19,600	23,900
14	9,000	10,650	11,550	12,400	13,200	16,250	19,800	24,200
15	9,150	10,850	11,750	12,600	13,400	16,450	20,000	24,500
16	9,300	11,050	11,950	12,800	13,600	16,650	20,200	24,800
17	9,450	11,250	12,150	13,000	13,800	16,850	20,400	25,100
18	11,300	12,600	13,400	14,100	14,750	17,500	20,600	25,400
19	11,450	12,800	13,600	14,300	14,950	17,700	20,800	25,700
20	11,600	13,000	13,800	14,500	15,150	17,900	21,000	26,000
21	11,750	13,200	14,000	14,700	15,350	18,100	21,200	26,300
22	11,900	13,400	14,200	14,900	15,550	18,300	21,400	26,600
23	12,050	13,600	14,400	15,100	15,750	18,500	21,600	26,900
24	12,200	13,800	14,600	15,300	15,950	18,700	21,800	27,200
25	12,350	14,000	14,800	15,500	16,150	18,900	22,000	27,500
26	12,500	14,150	14,950	15,650	16,350	19,100	22,200	27,800
27	12,650	14,350	15,150	15,850	16,550	19,300	22,400	28,100
28	12,800	14,550	15,350	16,050	16,750	19,500	22,600	28,400
29	12,950	14,750	15,550	16,250	16,950	19,700	22,800	28,700
30	13,100	14,950	15,750	16,450	17,150	19,900	23,000	29,000
31	13,250	15,150	15,950	16,650	17,350	20,100	23,200	29,300
32	13,400	15,350	16,150	16,850	17,550	20,300	23,400	29,600
33	13,550	15,500	16,300	17,000	17,700	20,500	23,600	29,900
34	13,700	15,700	16,500	17,200	17,900	20,700	23,800	30,200
35	13,850	15,900	16,700	17,400	18,100	20,900	24,000	30,500
36	14,000	16,100	16,900	17,600	18,300	21,100	24,200	30,800
37	14,150	16,300	17,100	17,800	18,500	21,300	24,400	31,100
38	14,300	16,500	17,300	18,000	18,700	21,500	24,600	31,400
39	14,450	16,700	17,500	18,200	18,900	21,700	24,800	31,700
40	14,600	16,900	17,700	18,400	19,100	21,900	25,000	32,000

41	14,750	17,800	18,600	19,300	20,000	22,100	25,200	32,300
42	14,900	18,000	18,800	19,500	20,200	22,300	25,400	32,600
43	15,050	18,200	19,000	19,700	20,400	22,500	25,600	32,900
44	15,200	18,400	19,200	19,900	20,600	22,700	25,800	33,200
45	15,350	18,600	19,400	20,100	20,800	22,900	26,000	33,500
46	18,650	21,100	21,900	22,600	23,300	26,400	30,500	38,500
47	19,850	22,700	23,900	24,900	25,900	29,900	35,000	43,500
48	21,050	24,300	25,900	27,200	28,400	33,400	39,500	48,500
49	22,250	25,900	27,600	28,900	30,150	36,900	44,000	53,500
50	23,450	27,500	29,600	31,150	32,650	40,400	48,500	58,500
51	24,950	29,100	31,600	33,450	35,150	43,900	53,000	63,500
52	26,150	30,700	33,600	35,750	37,650	47,400	57,500	68,500
53	27,650	32,300	35,600	38,050	40,150	50,900	62,000	73,500
54	28,850	33,900	37,600	40,350	42,650	54,400	66,500	78,500
55	30,050	35,500	39,600	42,400	45,150	57,900	71,000	83,500
56	31,050	37,100	41,600	44,700	47,650	61,400	75,500	88,500
57	32,250	38,700	43,600	47,000	50,150	64,900	80,000	93,500
58	33,350	39,700	44,600	49,100	52,550	68,400	84,500	98,500
59	34,450	41,100	46,400	51,400	55,050	71,900	89,000	1,03,500
60	35,450	42,700	48,400	53,700	57,550	75,400	93,500	1,08,500
61	36,350	44,950	52,350	58,150	62,400	81,300	1,00,500	1,16,500
62	37,950	48,450	56,350	62,650	67,400	87,300	1,07,500	1,24,500
63	40,450	51,950	60,350	67,150	72,400	93,300	1,14,500	1,32,500
64	42,950	55,450	64,350	71,650	77,400	99,300	1,21,500	1,40,500
65	45,450	58,950	68,350	76,150	82,400	1,05,300	1,28,500	1,48,500
66	47,450	62,250	72,150	80,450	87,300	1,11,300	1,35,500	1,56,500
67	49,950	65,750	76,150	84,950	92,300	1,17,300	1,42,500	1,64,500
68	52,450	69,250	80,150	89,450	97,300	1,23,300	1,49,500	1,72,500
69	54,950	72,750	84,150	93,950	1,02,300	1,29,300	1,56,500	1,80,500
70	57,450	76,250	88,150	98,450	1,07,300	1,35,300	1,63,500	1,88,500
71	58,750	79,000	91,400	1,02,200	1,11,450	1,40,500	1,70,500	1,96,500
72	61,250	82,500	95,400	1,06,700	1,16,450	1,46,500	1,77,500	2,04,500
73	63,750	86,000	99,400	1,11,200	1,21,450	1,52,500	1,84,500	2,12,500
74	66,250	89,500	1,03,400	1,15,700	1,26,450	1,58,500	1,91,500	2,20,500
75	68,750	93,000	1,07,400	1,20,200	1,31,450	1,64,500	1,98,500	2,28,500
76	71,250	96,500	1,11,400	1,24,700	1,36,450	1,70,500	2,05,500	2,36,500
77	73,750	1,00,000	1,15,400	1,29,200	1,41,450	1,76,500	2,12,500	2,44,500
78	76,250	1,03,500	1,19,400	1,33,700	1,46,450	1,82,500	2,19,500	2,52,500
79	78,750	1,07,000	1,23,400	1,38,200	1,51,450	1,88,500	2,26,500	2,60,500
80	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
81	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
82	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
83	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
84	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
85	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
86	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
87	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
88	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
89	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500
>=90	81,250	1,10,500	1,27,400	1,42,700	1,56,450	1,94,500	2,33,500	2,68,500

Age	Sum Insured							
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	2,00,00,000
0	6,500	7,500	8,350	9,000	9,600	12,500	15,000	18,000
1	6,600	7,650	8,550	9,200	9,800	12,700	15,200	18,250
2	6,700	7,800	8,750	9,400	10,000	12,900	15,400	18,500
3	6,800	7,950	8,950	9,600	10,200	13,100	15,600	18,750
4	6,900	8,100	9,150	9,800	10,400	13,300	15,800	19,000
5	7,000	8,250	9,350	10,000	10,600	13,500	16,000	19,250
6	7,100	8,400	9,550	10,200	10,800	13,700	16,200	19,500
7	7,200	8,550	9,750	10,400	11,000	13,900	16,400	19,750
8	7,300	8,700	9,950	10,600	11,200	14,100	16,600	20,000
9	7,400	8,850	10,150	10,800	11,400	14,300	16,800	20,250
10	7,500	9,000	10,350	11,000	11,600	14,500	17,000	20,500
11	7,600	9,150	10,550	11,200	11,800	14,700	17,200	20,750
12	7,700	9,300	10,750	11,400	12,000	14,900	17,400	21,000
13	7,800	9,450	10,950	11,600	12,200	15,100	17,600	21,250
14	7,900	9,600	11,150	11,800	12,400	15,300	17,800	21,500
15	8,000	9,750	11,350	12,000	12,600	15,500	18,000	21,750
16	8,100	9,900	11,550	12,200	12,800	15,700	18,200	22,000
17	8,200	10,050	11,750	12,400	13,000	15,900	18,400	22,250
18	8,950	10,750	12,400	13,050	13,650	16,600	18,600	22,500
19	9,050	10,900	12,600	13,250	13,850	16,800	18,800	22,750
20	9,150	11,050	12,800	13,450	14,050	17,000	19,000	23,000
21	9,250	11,200	13,000	13,650	14,250	17,200	19,200	23,250
22	9,350	11,350	13,200	13,850	14,450	17,400	19,400	23,500
23	9,450	11,500	13,400	14,050	14,650	17,600	19,600	23,750
24	9,550	11,650	13,600	14,250	14,850	17,800	19,800	24,000
25	9,650	11,800	13,800	14,450	15,050	18,000	20,000	24,250
26	9,750	11,950	14,000	14,650	15,250	18,200	20,200	24,500
27	9,850	12,100	14,200	14,850	15,450	18,400	20,400	24,750
28	9,950	12,250	14,400	15,050	15,650	18,600	20,600	25,000
29	10,050	12,400	14,600	15,250	15,850	18,800	20,800	25,250
30	10,150	12,550	14,800	15,450	16,050	19,000	21,000	25,500
31	10,250	12,700	15,000	15,650	16,250	19,200	21,200	25,750
32	10,350	12,850	15,200	15,850	16,450	19,400	21,400	26,000
33	10,450	13,000	15,400	16,050	16,650	19,600	21,600	26,250
34	10,550	13,150	15,600	16,250	16,850	19,800	21,800	26,500
35	10,650	13,300	15,800	16,450	17,050	20,000	22,000	26,750
36	11,000	13,800	16,000	16,650	17,250	20,200	22,200	27,000
37	11,100	13,950	16,200	16,850	17,450	20,400	22,400	27,250
38	11,200	14,100	16,400	17,050	17,650	20,600	22,600	27,500
39	11,300	14,450	17,000	17,650	18,250	20,800	22,800	27,750
40	11,400	14,600	17,200	17,850	18,450	21,000	23,000	28,000
41	11,500	14,750	17,400	18,050	18,650	21,200	23,200	28,250
42	11,600	14,900	17,600	18,250	18,850	21,400	23,400	28,500
43	11,700	15,050	17,800	18,450	19,050	21,600	23,600	28,750
44	11,800	15,200	18,000	18,650	19,250	21,800	23,800	29,000
45	11,900	15,350	18,200	18,850	19,450	22,000	24,000	29,250
46	13,900	17,500	20,250	21,050	21,800	25,500	28,000	33,750
47	14,900	18,900	21,950	23,050	24,050	29,000	32,000	38,250

48	15,900	20,300	23,650	25,150	26,550	32,500	36,000	42,750
49	16,900	21,700	25,350	27,250	29,050	36,000	40,000	47,250
50	17,900	23,100	27,050	29,350	31,550	39,500	44,000	51,750
51	18,800	24,500	28,700	31,450	34,050	43,000	48,000	56,250
52	19,800	25,900	30,400	33,550	36,550	46,500	52,000	60,750
53	20,800	27,300	32,100	35,650	39,050	50,000	56,000	65,250
54	21,800	28,700	33,800	37,750	41,550	53,500	60,000	69,750
55	22,800	30,100	35,500	39,850	44,050	57,000	64,000	74,250
56	23,350	31,500	38,100	42,450	46,550	60,400	68,000	78,750
57	24,350	32,900	39,800	44,550	49,050	63,900	72,000	83,250
58	25,350	34,300	41,500	46,650	51,550	67,400	76,000	87,750
59	26,350	35,700	43,200	48,750	54,050	70,900	80,000	92,250
60	27,350	37,100	44,900	50,850	56,550	74,400	84,000	96,750
61	28,900	39,050	46,900	53,750	60,050	78,400	90,000	1,03,750
62	31,100	42,250	50,300	57,250	63,550	82,400	96,000	1,10,750
63	33,300	45,450	53,700	60,750	67,050	86,400	1,02,000	1,17,750
64	35,500	48,650	57,100	64,250	70,550	90,400	1,08,000	1,24,750
65	37,700	51,850	60,500	67,750	74,050	94,400	1,14,000	1,31,750
66	39,850	55,100	63,900	71,250	77,550	98,400	1,20,000	1,38,750
67	42,050	58,300	67,300	74,750	81,050	1,02,400	1,26,000	1,45,750
68	44,250	61,500	70,700	78,250	84,550	1,06,400	1,32,000	1,52,750
69	46,450	64,700	74,100	81,750	88,050	1,10,400	1,38,000	1,59,750
70	48,650	67,900	77,500	85,250	91,550	1,14,400	1,44,000	1,66,750
71	50,000	70,250	79,900	87,650	94,250	1,17,650	1,50,000	1,73,750
72	52,200	73,450	83,300	91,150	97,750	1,21,650	1,56,000	1,80,750
73	54,400	76,650	86,700	94,650	1,01,250	1,25,650	1,62,000	1,87,750
74	56,600	79,850	90,100	98,150	1,04,750	1,29,650	1,68,000	1,94,750
75	58,800	83,050	93,500	1,01,650	1,08,250	1,33,650	1,74,000	2,01,750
76	61,000	86,250	96,900	1,05,150	1,11,750	1,37,650	1,80,000	2,08,750
77	63,200	89,450	1,00,300	1,08,650	1,15,250	1,41,650	1,86,000	2,15,750
78	65,400	92,650	1,03,700	1,12,150	1,18,750	1,45,650	1,92,000	2,22,750
79	67,600	95,850	1,07,100	1,15,650	1,22,250	1,49,650	1,98,000	2,29,750
80	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
81	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
82	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
83	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
84	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
85	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
86	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
87	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
88	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
89	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750
>=90	69,800	99,050	1,10,500	1,19,150	1,25,750	1,53,650	2,04,000	2,36,750

Rate Chart

my:Optima Secure - Optima Super Secure Plan

my: Optima Secure - Optima Super Secure Plan Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)								
Age	Sum Insured							
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	2,00,00,000
0	7,116	8,014	8,911	9,749	10,535	13,588	17,133	20,150
1	7,271	8,219	9,114	9,952	10,737	13,790	17,335	20,452
2	7,425	8,423	9,318	10,155	10,940	13,992	17,536	20,754
3	7,580	8,627	9,522	10,358	11,142	14,194	17,738	21,057
4	7,735	8,831	9,725	10,561	11,345	14,396	17,939	21,359
5	7,889	9,035	9,929	10,765	11,548	14,598	18,141	21,661
6	8,044	9,240	10,133	10,968	11,750	14,800	18,342	21,963
7	8,199	9,444	10,336	11,171	11,953	15,002	18,544	22,266
8	8,354	9,648	10,540	11,374	12,155	15,204	18,746	22,568
9	8,508	9,852	10,744	11,577	12,358	15,406	18,947	22,870
10	8,663	10,056	10,947	11,780	12,561	15,608	19,149	23,172
11	8,818	10,261	11,151	11,983	12,763	15,810	19,350	23,475
12	8,972	10,465	11,355	12,186	12,966	16,012	19,552	23,777
13	9,127	10,669	11,558	12,389	13,168	16,214	19,753	24,079
14	9,282	10,873	11,762	12,592	13,371	16,416	19,955	24,381
15	9,436	11,077	11,966	12,796	13,574	16,618	20,156	24,684
16	9,591	11,281	12,169	12,999	13,776	16,820	20,358	24,986
17	9,746	11,486	12,373	13,202	13,979	17,023	20,560	25,288
18	11,654	12,864	13,646	14,319	14,941	17,679	20,761	25,590
19	11,808	13,068	13,850	14,522	15,144	17,881	20,963	25,893
20	11,963	13,272	14,053	14,725	15,346	18,083	21,164	26,195
21	12,118	13,476	14,257	14,928	15,549	18,285	21,366	26,497
22	12,272	13,681	14,461	15,131	15,751	18,487	21,567	26,799
23	12,427	13,885	14,664	15,334	15,954	18,689	21,769	27,102
24	12,582	14,089	14,868	15,537	16,157	18,891	21,971	27,404
25	12,737	14,293	15,072	15,741	16,359	19,094	22,172	27,706
26	12,891	14,446	15,224	15,893	16,562	19,296	22,374	28,008
27	13,046	14,651	15,428	16,096	16,764	19,498	22,575	28,311
28	13,201	14,855	15,632	16,299	16,967	19,700	22,777	28,613
29	13,355	15,059	15,835	16,502	17,169	19,902	22,978	28,915
30	13,510	15,263	16,039	16,705	17,372	20,104	23,180	29,217
31	13,665	15,467	16,243	16,908	17,575	20,306	23,382	29,520
32	13,819	15,672	16,446	17,112	17,777	20,508	23,583	29,822
33	13,974	15,825	16,599	17,264	17,929	20,710	23,785	30,124
34	14,129	16,029	16,803	17,467	18,132	20,912	23,986	30,426
35	14,283	16,233	17,007	17,670	18,334	21,114	24,188	30,729
36	14,438	16,437	17,210	17,873	18,537	21,316	24,389	31,031
37	14,593	16,641	17,414	18,076	18,740	21,518	24,591	31,333
38	14,748	16,846	17,618	18,279	18,942	21,720	24,792	31,635
39	14,902	17,050	17,821	18,483	19,145	21,922	24,994	31,938
40	15,057	17,254	18,025	18,686	19,347	22,124	25,196	32,240

41	15,212	18,173	18,941	19,600	20,259	22,326	25,397	32,542
42	15,366	18,377	19,145	19,803	20,462	22,528	25,599	32,844
43	15,521	18,581	19,349	20,006	20,664	22,730	25,800	33,147
44	15,676	18,785	19,552	20,209	20,867	22,932	26,002	33,449
45	15,830	18,990	19,756	20,412	21,069	23,134	26,203	33,751
46	19,234	21,542	22,302	22,951	23,602	26,670	30,739	38,789
47	20,471	23,175	24,339	25,286	26,235	30,206	35,274	43,826
48	21,709	24,809	26,375	27,622	28,768	33,742	39,809	48,864
49	22,946	26,443	28,107	29,349	30,540	37,278	44,344	53,901
50	24,184	28,076	30,143	31,634	33,073	40,814	48,879	58,938
51	25,731	29,710	32,180	33,969	35,605	44,350	53,415	63,976
52	26,968	31,343	34,217	36,305	38,138	47,885	57,950	69,013
53	28,515	32,977	36,253	38,641	40,670	51,421	62,485	74,051
54	29,753	34,610	38,290	40,976	43,202	54,957	67,020	79,088
55	30,990	36,244	40,327	43,058	45,735	58,493	71,556	84,126
56	32,022	37,877	42,364	45,394	48,267	62,029	76,091	89,163
57	33,259	39,511	44,400	47,730	50,799	65,565	80,626	94,201
58	34,394	40,532	45,419	49,862	53,230	69,100	85,161	99,238
59	35,528	41,961	47,252	52,198	55,763	72,636	89,696	1,04,276
60	36,559	43,594	49,288	54,534	58,295	76,172	94,232	1,09,313
61	37,488	45,892	53,311	59,053	63,208	82,132	1,01,286	1,17,373
62	39,138	49,465	57,384	63,622	68,273	88,194	1,08,341	1,25,433
63	41,716	53,038	61,458	68,192	73,337	94,255	1,15,396	1,33,493
64	44,294	56,611	65,531	72,762	78,402	1,00,317	1,22,451	1,41,553
65	46,872	60,185	69,604	77,332	83,467	1,06,378	1,29,505	1,49,613
66	48,935	63,554	73,474	81,699	88,430	1,12,440	1,36,560	1,57,673
67	51,513	67,127	77,548	86,269	93,495	1,18,501	1,43,615	1,65,733
68	54,092	70,701	81,621	90,838	98,560	1,24,563	1,50,670	1,73,793
69	56,670	74,274	85,694	95,408	1,03,625	1,30,624	1,57,725	1,81,853
70	59,248	77,847	89,768	99,978	1,08,689	1,36,685	1,64,779	1,89,913
71	60,589	80,655	93,078	1,03,786	1,12,893	1,41,939	1,71,834	1,97,973
72	63,167	84,228	97,151	1,08,356	1,17,958	1,48,000	1,78,889	2,06,033
73	65,745	87,801	1,01,224	1,12,926	1,23,023	1,54,062	1,85,944	2,14,093
74	68,323	91,375	1,05,298	1,17,496	1,28,087	1,60,123	1,92,998	2,22,153
75	70,902	94,948	1,09,371	1,22,066	1,33,152	1,66,184	2,00,053	2,30,213
76	73,480	98,521	1,13,445	1,26,636	1,38,217	1,72,246	2,07,108	2,38,273
77	76,058	1,02,095	1,17,518	1,31,205	1,43,282	1,78,307	2,14,163	2,46,333
78	78,636	1,05,668	1,21,591	1,35,775	1,48,346	1,84,369	2,21,217	2,54,393
79	81,215	1,09,241	1,25,665	1,40,345	1,53,411	1,90,430	2,28,272	2,62,453
80	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
81	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
82	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
83	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
84	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
85	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
86	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
87	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
88	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
89	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513
>=90	83,793	1,12,815	1,29,738	1,44,915	1,58,476	1,96,492	2,35,327	2,70,513

my: Optima Secure - Optima Super Secure Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)								
Age	Sum Insured							
	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	1,00,00,000	2,00,00,000
0	6,703	7,657	8,503	9,140	9,724	12,628	15,117	18,135
1	6,807	7,810	8,707	9,343	9,927	12,830	15,319	18,387
2	6,910	7,963	8,911	9,546	10,129	13,032	15,520	18,639
3	7,013	8,117	9,114	9,749	10,332	13,234	15,722	18,891
4	7,116	8,270	9,318	9,952	10,535	13,436	15,924	19,142
5	7,219	8,423	9,522	10,155	10,737	13,638	16,125	19,394
6	7,322	8,576	9,725	10,358	10,940	13,840	16,327	19,646
7	7,425	8,729	9,929	10,561	11,142	14,042	16,528	19,898
8	7,528	8,882	10,133	10,765	11,345	14,244	16,730	20,150
9	7,632	9,035	10,336	10,968	11,548	14,446	16,931	20,402
10	7,735	9,189	10,540	11,171	11,750	14,648	17,133	20,654
11	7,838	9,342	10,744	11,374	11,953	14,851	17,335	20,906
12	7,941	9,495	10,947	11,577	12,155	15,053	17,536	21,157
13	8,044	9,648	11,151	11,780	12,358	15,255	17,738	21,409
14	8,147	9,801	11,355	11,983	12,561	15,457	17,939	21,661
15	8,250	9,954	11,558	12,186	12,763	15,659	18,141	21,913
16	8,354	10,107	11,762	12,389	12,966	15,861	18,342	22,165
17	8,457	10,261	11,966	12,592	13,168	16,063	18,544	22,417
18	9,230	10,975	12,628	13,253	13,827	16,770	18,746	22,669
19	9,333	11,128	12,831	13,456	14,029	16,972	18,947	22,921
20	9,436	11,281	13,035	13,659	14,232	17,174	19,149	23,172
21	9,539	11,435	13,239	13,862	14,435	17,376	19,350	23,424
22	9,643	11,588	13,442	14,065	14,637	17,578	19,552	23,676
23	9,746	11,741	13,646	14,268	14,840	17,780	19,753	23,928
24	9,849	11,894	13,850	14,471	15,042	17,982	19,955	24,180
25	9,952	12,047	14,053	14,674	15,245	18,184	20,156	24,432
26	10,055	12,200	14,257	14,877	15,447	18,386	20,358	24,684
27	10,158	12,353	14,461	15,081	15,650	18,588	20,560	24,936
28	10,261	12,507	14,664	15,284	15,853	18,790	20,761	25,187
29	10,365	12,660	14,868	15,487	16,055	18,993	20,963	25,439
30	10,468	12,813	15,072	15,690	16,258	19,195	21,164	25,691
31	10,571	12,966	15,275	15,893	16,460	19,397	21,366	25,943
32	10,674	13,119	15,479	16,096	16,663	19,599	21,567	26,195
33	10,777	13,272	15,683	16,299	16,866	19,801	21,769	26,447
34	10,880	13,425	15,886	16,502	17,068	20,003	21,971	26,699
35	10,983	13,579	16,090	16,705	17,271	20,205	22,172	26,951
36	11,344	14,089	16,294	16,908	17,473	20,407	22,374	27,202
37	11,447	14,242	16,497	17,112	17,676	20,609	22,575	27,454
38	11,551	14,395	16,701	17,315	17,879	20,811	22,777	27,706
39	11,654	14,753	17,312	17,924	18,486	21,013	22,978	27,958
40	11,757	14,906	17,516	18,127	18,689	21,215	23,180	28,210
41	11,860	15,059	17,719	18,330	18,891	21,417	23,382	28,462
42	11,963	15,212	17,923	18,533	19,094	21,619	23,583	28,714
43	12,066	15,365	18,127	18,736	19,297	21,821	23,785	28,966
44	12,169	15,518	18,330	18,939	19,499	22,023	23,986	29,217
45	12,272	15,672	18,534	19,143	19,702	22,225	24,188	29,469
46	14,335	17,867	20,622	21,377	22,082	25,761	28,219	34,003
47	15,366	19,296	22,353	23,408	24,361	29,297	32,250	38,537

48	16,398	20,725	24,084	25,540	26,894	32,833	36,282	43,070
49	17,429	22,155	25,815	27,673	29,426	36,369	40,313	47,604
50	18,460	23,584	27,546	29,806	31,959	39,904	44,344	52,138
51	19,388	25,013	29,227	31,938	34,491	43,440	48,376	56,672
52	20,420	26,443	30,958	34,071	37,023	46,976	52,407	61,205
53	21,451	27,872	32,689	36,203	39,556	50,512	56,438	65,739
54	22,482	29,301	34,420	38,336	42,088	54,048	60,469	70,273
55	23,514	30,730	36,152	40,469	44,620	57,584	64,501	74,807
56	24,081	32,160	38,799	43,109	47,153	61,018	68,532	79,340
57	25,112	33,589	40,530	45,242	49,685	64,554	72,563	83,874
58	26,143	35,018	42,262	47,374	52,217	68,090	76,595	88,408
59	27,175	36,448	43,993	49,507	54,750	71,626	80,626	92,941
60	28,206	37,877	45,724	51,639	57,282	75,162	84,657	97,475
61	29,804	39,868	47,761	54,584	60,828	79,203	90,704	1,04,528
62	32,073	43,135	51,223	58,139	64,373	83,244	96,751	1,11,580
63	34,342	46,402	54,686	61,693	67,918	87,285	1,02,798	1,18,633
64	36,611	49,669	58,148	65,247	71,464	91,326	1,08,845	1,25,685
65	38,880	52,936	61,610	68,802	75,009	95,367	1,14,892	1,32,738
66	41,097	56,254	65,073	72,356	78,554	99,408	1,20,939	1,39,790
67	43,366	59,521	68,535	75,910	82,099	1,03,449	1,26,986	1,46,842
68	45,635	62,788	71,998	79,465	85,645	1,07,490	1,33,033	1,53,895
69	47,904	66,055	75,460	83,019	89,190	1,11,530	1,39,080	1,60,947
70	50,173	69,322	78,922	86,573	92,735	1,15,571	1,45,127	1,68,000
71	51,565	71,721	81,366	89,011	95,470	1,18,855	1,51,174	1,75,052
72	53,834	74,988	84,829	92,565	99,016	1,22,896	1,57,221	1,82,105
73	56,103	78,256	88,291	96,119	1,02,561	1,26,937	1,63,268	1,89,157
74	58,371	81,523	91,754	99,673	1,06,106	1,30,978	1,69,314	1,96,210
75	60,640	84,790	95,216	1,03,228	1,09,652	1,35,019	1,75,361	2,03,262
76	62,909	88,057	98,678	1,06,782	1,13,197	1,39,060	1,81,408	2,10,315
77	65,178	91,324	1,02,141	1,10,336	1,16,742	1,43,100	1,87,455	2,17,367
78	67,447	94,591	1,05,603	1,13,891	1,20,288	1,47,141	1,93,502	2,24,420
79	69,716	97,858	1,09,066	1,17,445	1,23,833	1,51,182	1,99,549	2,31,472
80	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
81	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
82	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
83	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
84	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
85	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
86	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
87	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
88	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
89	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525
>=90	71,985	1,01,125	1,12,528	1,20,999	1,27,378	1,55,223	2,05,596	2,38,525

my Optima Secure - Global Plan

my: Optima Secure - Optima Secure Global Plan Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Age	Sum Insured	
	1,00,00,000	2,00,00,000
0	18,700	22,000
1	18,920	22,331
2	19,140	22,660
3	19,360	22,991
4	19,580	23,320
5	19,800	23,651
6	20,020	23,980
7	20,240	24,311
8	20,460	24,640
9	20,680	24,971
10	20,900	25,300
11	21,120	25,631
12	21,340	25,960
13	21,560	26,291
14	21,780	26,620
15	22,000	26,951
16	22,220	27,280
17	22,440	27,611
18	22,660	27,940
19	22,880	28,271
20	23,100	28,600
21	23,320	28,931
22	23,540	29,260
23	23,760	29,591
24	23,980	29,920
25	24,200	30,251
26	24,420	30,580
27	24,640	30,911
28	24,860	31,240
29	25,080	31,571
30	25,300	31,900
31	25,520	32,231
32	25,740	32,560
33	25,960	32,891
34	26,180	33,220
35	26,400	33,551
36	26,620	33,880
37	26,840	34,211
38	27,060	34,540
39	27,280	34,871

40	27,500	35,200
41	27,720	35,531
42	27,940	35,860
43	28,160	36,191
44	28,380	36,520
45	28,600	36,851
46	33,551	42,351
47	38,500	47,851
48	43,451	53,351
49	48,400	58,851
50	53,351	64,351
51	58,300	69,851
52	63,251	75,351
53	68,200	80,851
54	73,151	86,351
55	78,100	91,851
56	83,051	97,351
57	88,000	1,02,851
58	92,951	1,08,351
59	97,900	1,13,851
60	1,02,851	1,19,351
61	1,10,551	1,28,151
62	1,18,251	1,36,951
63	1,25,951	1,45,751
64	1,33,651	1,54,551
65	1,41,351	1,63,351
66	1,49,051	1,72,151
67	1,56,751	1,80,951
68	1,64,451	1,89,751
69	1,72,151	1,98,551
70	1,79,851	2,07,351
71	1,87,551	2,16,151
72	1,95,251	2,24,951
73	2,02,951	2,33,751
74	2,10,651	2,42,551
75	2,18,351	2,51,351
76	2,26,051	2,60,151
77	2,33,751	2,68,951
78	2,41,451	2,77,751
79	2,49,151	2,86,551
80	2,56,851	2,95,351
81	2,56,851	2,95,351
82	2,56,851	2,95,351
83	2,56,851	2,95,351
84	2,56,851	2,95,351
85	2,56,851	2,95,351
86	2,56,851	2,95,351
87	2,56,851	2,95,351
88	2,56,851	2,95,351
89	2,56,851	2,95,351
>=90	2,56,851	2,95,351

my: Optima Secure - Optima Secure Global Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)

Age	Sum Insured	
	1,00,00,000	2,00,00,000
0	16,500	19,800
1	16,720	20,075
2	16,940	20,351
3	17,160	20,626
4	17,380	20,900
5	17,600	21,175
6	17,820	21,451
7	18,040	21,726
8	18,260	22,000
9	18,480	22,275
10	18,700	22,551
11	18,920	22,826
12	19,140	23,100
13	19,360	23,375
14	19,580	23,651
15	19,800	23,926
16	20,020	24,200
17	20,240	24,475
18	20,460	24,751
19	20,680	25,026
20	20,900	25,300
21	21,120	25,575
22	21,340	25,851
23	21,560	26,126
24	21,780	26,400
25	22,000	26,675
26	22,220	26,951
27	22,440	27,226
28	22,660	27,500
29	22,880	27,775
30	23,100	28,051
31	23,320	28,326
32	23,540	28,600
33	23,760	28,875
34	23,980	29,151
35	24,200	29,426
36	24,420	29,700
37	24,640	29,975
38	24,860	30,251
39	25,080	30,526
40	25,300	30,800
41	25,520	31,075
42	25,740	31,351
43	25,960	31,626
44	26,180	31,900
45	26,400	32,175
46	30,800	37,126

47	35,200	42,075
48	39,600	47,026
49	44,000	51,975
50	48,400	56,926
51	52,800	61,875
52	57,200	66,826
53	61,600	71,775
54	66,000	76,726
55	70,400	81,675
56	74,800	86,626
57	79,200	91,575
58	83,600	96,526
59	88,000	1,01,475
60	92,400	1,06,426
61	99,000	1,14,126
62	1,05,600	1,21,826
63	1,12,200	1,29,526
64	1,18,800	1,37,226
65	1,25,400	1,44,926
66	1,32,000	1,52,626
67	1,38,600	1,60,326
68	1,45,200	1,68,026
69	1,51,800	1,75,726
70	1,58,400	1,83,426
71	1,65,000	1,91,126
72	1,71,600	1,98,826
73	1,78,200	2,06,526
74	1,84,800	2,14,226
75	1,91,400	2,21,926
76	1,98,000	2,29,626
77	2,04,600	2,37,326
78	2,11,200	2,45,026
79	2,17,800	2,52,726
80	2,24,400	2,60,426
81	2,24,400	2,60,426
82	2,24,400	2,60,426
83	2,24,400	2,60,426
84	2,24,400	2,60,426
85	2,24,400	2,60,426
86	2,24,400	2,60,426
87	2,24,400	2,60,426
88	2,24,400	2,60,426
89	2,24,400	2,60,426
>=90	2,24,400	2,60,426

my:Optima Secure - Optima Global + Plan

my: Optima Secure - Optima Secure Global + Plan Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)					
Age	Sum Insured				
	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
0	28,515	43,749	53,120	60,363	76,576
1	28,851	44,264	53,746	61,073	77,724
2	29,186	44,779	54,370	61,783	78,873
3	29,522	45,294	54,996	62,494	80,022
4	29,858	45,809	55,621	63,204	81,170
5	30,193	46,324	56,246	63,915	82,319
6	30,529	46,838	56,871	64,625	83,467
7	30,864	47,353	57,496	65,335	84,616
8	31,200	47,868	58,121	66,045	85,765
9	31,535	48,382	58,746	66,755	86,913
10	31,871	48,897	59,371	67,465	88,062
11	32,206	49,412	59,996	68,175	89,210
12	32,542	49,927	60,621	68,886	90,360
13	32,877	50,441	61,245	69,595	91,508
14	33,212	50,955	61,870	70,305	92,657
15	33,548	51,470	62,495	71,016	93,805
16	33,883	51,985	63,120	71,726	94,954
17	34,218	52,499	63,745	72,435	96,103
18	44,271	67,922	82,470	93,714	1,24,677
19	44,701	68,581	83,272	94,625	1,26,150
20	45,130	69,240	84,071	95,533	1,27,623
21	45,560	69,900	84,872	96,444	1,29,095
22	45,990	70,560	85,673	97,354	1,30,568
23	46,420	71,219	86,475	98,264	1,32,040
24	46,849	71,878	87,274	99,173	1,33,513
25	47,279	72,538	88,075	1,00,083	1,34,985
26	47,709	73,197	88,876	1,00,993	1,36,458
27	48,139	73,857	89,677	1,01,903	1,37,930
28	48,568	74,515	90,477	1,02,812	1,39,403
29	48,998	75,175	91,278	1,03,722	1,40,875
30	49,428	75,835	92,079	1,04,632	1,42,348
31	49,858	76,495	92,880	1,05,543	1,43,821
32	50,288	77,153	93,680	1,06,451	1,45,293
33	50,718	77,813	94,481	1,07,362	1,46,766
34	51,147	78,472	95,281	1,08,271	1,48,239
35	51,577	79,132	96,082	1,09,182	1,49,711
36	54,544	83,684	1,01,609	1,15,461	1,58,574
37	54,994	84,374	1,02,447	1,16,414	1,60,118
38	55,445	85,067	1,03,288	1,17,370	1,61,662
39	55,896	85,758	1,04,128	1,18,324	1,63,208
40	56,346	86,449	1,04,966	1,19,277	1,64,752

41	56,797	87,141	1,05,806	1,20,232	1,66,297
42	57,248	87,833	1,06,646	1,21,186	1,67,841
43	57,699	88,524	1,07,486	1,22,140	1,69,385
44	58,150	89,216	1,08,326	1,23,094	1,70,931
45	58,601	89,908	1,09,166	1,24,049	1,72,475
46	62,269	95,535	1,15,999	1,31,814	1,79,530
47	65,183	1,00,007	1,21,428	1,37,983	1,84,998
48	68,164	1,04,581	1,26,982	1,44,294	1,91,097
49	70,403	1,08,015	1,31,151	1,49,032	1,95,414
50	72,901	1,11,848	1,35,805	1,54,320	2,00,694
51	75,012	1,15,087	1,39,738	1,58,790	2,05,103
52	79,120	1,21,389	1,47,391	1,67,486	2,15,107
53	82,875	1,27,150	1,54,385	1,75,434	2,24,214
54	85,230	1,30,763	1,58,772	1,80,418	2,29,606
55	86,531	1,32,759	1,61,196	1,83,173	2,32,243
56	89,047	1,36,620	1,65,884	1,88,500	2,38,211
57	91,209	1,39,937	1,69,912	1,93,077	2,43,280
58	93,018	1,42,712	1,73,281	1,96,906	2,47,452
59	94,473	1,44,944	1,75,991	1,99,985	2,50,726
60	95,573	1,46,632	1,78,041	2,02,314	2,53,104
61	99,990	1,53,409	1,86,269	2,11,664	2,64,498
62	1,06,221	1,62,969	1,97,877	2,24,855	2,80,719
63	1,12,358	1,72,385	2,09,310	2,37,846	2,96,692
64	1,18,400	1,81,654	2,20,564	2,50,635	3,12,413
65	1,24,346	1,90,777	2,31,641	2,63,222	3,27,886
66	1,40,211	2,15,118	2,61,196	2,96,807	3,69,502
67	1,46,409	2,24,627	2,72,742	3,09,927	3,85,627
68	1,52,505	2,33,979	2,84,097	3,22,830	4,01,484
69	1,56,798	2,40,567	2,92,096	3,31,919	4,12,608
70	1,63,221	2,50,420	3,04,060	3,45,514	4,29,334
71	1,72,050	2,63,966	3,20,508	3,64,205	4,52,392
72	1,78,463	2,73,805	3,32,454	3,77,779	4,69,092
73	1,84,824	2,83,564	3,44,304	3,91,245	4,85,659
74	1,88,403	2,89,055	3,50,971	3,98,821	4,94,918
75	1,91,752	2,94,194	3,57,210	4,05,911	5,03,577
76	1,94,873	2,98,982	3,63,024	4,12,518	5,11,642
77	1,97,768	3,03,425	3,68,418	4,18,647	5,19,118
78	2,00,440	3,07,524	3,73,395	4,24,303	5,26,012
79	2,06,061	3,16,147	3,83,866	4,36,200	5,40,646
80	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
81	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
82	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
83	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
84	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
85	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
86	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
87	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
88	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
89	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156
>=90	2,11,634	3,24,697	3,94,247	4,47,997	5,55,156

my: Optima Secure - Optima Secure Global + Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)

Age	Sum Insured				
	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
0	26,641	40,874	49,629	56,396	73,867
1	26,996	41,419	50,291	57,147	74,895
2	27,351	41,964	50,952	57,899	75,920
3	27,707	42,509	51,614	58,651	76,946
4	28,062	43,054	52,276	59,403	77,972
5	28,417	43,598	52,937	60,154	78,999
6	28,772	44,144	53,599	60,907	80,023
7	29,127	44,688	54,260	61,658	81,050
8	29,483	45,234	54,923	62,411	82,076
9	29,838	45,778	55,584	63,162	83,102
10	30,193	46,323	56,245	63,914	84,127
11	30,548	46,868	56,907	64,666	85,154
12	30,903	47,413	57,569	65,417	86,180
13	31,259	47,958	58,231	66,170	87,206
14	31,614	48,504	58,893	66,922	88,231
15	31,969	49,049	59,555	67,675	89,257
16	32,324	49,593	60,216	68,426	90,283
17	32,680	50,139	60,879	69,179	91,310
18	42,324	64,935	78,844	89,593	1,18,374
19	42,779	65,633	79,691	90,556	1,19,690
20	43,234	66,331	80,540	91,520	1,21,006
21	43,689	67,029	81,386	92,482	1,22,322
22	44,144	67,727	82,235	93,446	1,23,636
23	44,599	68,426	83,083	94,410	1,24,952
24	45,055	69,125	83,931	95,374	1,26,267
25	45,509	69,822	84,778	96,336	1,27,582
26	45,964	70,520	85,626	97,300	1,28,897
27	46,420	71,219	86,474	98,264	1,30,213
28	46,875	71,917	87,322	99,227	1,31,527
29	47,330	72,616	88,170	1,00,191	1,32,843
30	47,785	73,313	89,017	1,01,153	1,34,159
31	48,240	74,012	89,865	1,02,117	1,35,475
32	48,695	74,710	90,713	1,03,081	1,36,789
33	49,151	75,409	91,561	1,04,045	1,38,104
34	49,605	76,106	92,408	1,05,007	1,39,419
35	50,060	76,805	93,256	1,05,971	1,40,735
36	52,980	81,283	98,694	1,12,150	1,48,994
37	53,456	82,015	99,582	1,13,159	1,50,374
38	53,934	82,747	1,00,472	1,14,170	1,51,753
39	54,411	83,480	1,01,361	1,15,180	1,53,133
40	54,888	84,212	1,02,250	1,16,190	1,54,512
41	55,366	84,944	1,03,139	1,17,201	1,55,893
42	55,843	85,677	1,04,029	1,18,211	1,57,271
43	56,320	86,408	1,04,917	1,19,221	1,58,651
44	56,797	87,141	1,05,807	1,20,232	1,60,031
45	57,275	87,874	1,06,696	1,21,243	1,61,411
46	60,527	92,864	1,12,755	1,28,128	1,68,684

47	63,101	96,812	1,17,550	1,33,576	1,74,355
48	65,779	1,00,921	1,22,539	1,39,245	1,80,539
49	67,768	1,03,972	1,26,242	1,43,454	1,84,982
50	70,027	1,07,439	1,30,452	1,48,237	1,90,289
51	71,932	1,10,360	1,34,000	1,52,269	1,94,736
52	74,462	1,14,243	1,38,714	1,57,626	2,00,968
53	76,461	1,17,309	1,42,437	1,61,856	2,05,814
54	78,925	1,21,090	1,47,027	1,67,072	2,11,959
55	80,990	1,24,258	1,50,874	1,71,443	2,17,066
56	83,787	1,28,549	1,56,084	1,77,364	2,24,162
57	86,318	1,32,432	1,60,799	1,82,722	2,30,566
58	87,950	1,34,936	1,63,840	1,86,177	2,34,592
59	89,248	1,36,928	1,66,258	1,88,925	2,37,750
60	90,214	1,38,410	1,68,058	1,90,970	2,40,044
61	94,081	1,44,342	1,75,261	1,99,155	2,50,528
62	99,666	1,52,912	1,85,665	2,10,978	2,65,593
63	1,05,165	1,61,348	1,95,909	2,22,618	2,80,427
64	1,10,578	1,69,653	2,05,993	2,34,077	2,95,028
65	1,15,905	1,77,826	2,15,917	2,45,354	3,09,398
66	1,31,476	2,01,717	2,44,924	2,78,316	3,51,123
67	1,37,072	2,10,301	2,55,347	2,90,160	3,66,213
68	1,42,573	2,18,742	2,65,596	3,01,807	3,81,051
69	1,46,397	2,24,608	2,72,719	3,09,900	3,91,403
70	1,52,210	2,33,527	2,83,548	3,22,206	4,07,074
71	1,60,267	2,45,889	2,98,558	3,39,263	4,28,746
72	1,66,072	2,54,795	3,09,372	3,51,551	4,44,393
73	1,71,830	2,63,629	3,20,099	3,63,740	4,59,913
74	1,75,005	2,68,500	3,26,013	3,70,461	4,68,517
75	1,77,972	2,73,053	3,31,541	3,76,742	4,76,559
76	1,80,732	2,77,287	3,36,682	3,82,584	4,84,044
77	1,83,288	2,81,208	3,41,443	3,87,994	4,90,977
78	1,85,642	2,84,819	3,45,827	3,92,976	4,97,366
79	1,90,729	2,92,624	3,55,304	4,03,745	5,11,074
80	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
81	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
82	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
83	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
84	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
85	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
86	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
87	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
88	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
89	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667
>=90	1,95,773	3,00,363	3,64,700	4,14,422	5,24,667

my Optima Secure - Rate Chart - Optima Lite Plan

my: Optima Secure - Optima Lite Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)		
Age	Sum Insured	
	5,00,000	7,50,000
0	5,433	6,125
1	5,518	6,226
2	5,600	6,326
3	5,685	6,426
4	5,769	6,526
5	5,852	6,626
6	5,936	6,727
7	6,019	6,827
8	6,103	6,927
9	6,186	7,027
10	6,270	7,128
11	6,353	7,228
12	6,437	7,328
13	6,520	7,428
14	6,604	7,528
15	6,688	7,629
16	6,771	7,729
17	6,856	7,829
18	7,482	8,458
19	7,566	8,569
20	7,649	8,681
21	7,733	8,792
22	7,816	8,904
23	7,900	9,015
24	7,983	9,126
25	8,067	9,238
26	8,151	9,349
27	8,234	9,460
28	8,318	9,572
29	8,401	9,683
30	8,485	9,794
31	8,568	9,906
32	8,653	10,017
33	8,735	10,128
34	8,820	10,240
35	8,902	10,351
36	9,196	10,685
37	9,279	10,802
38	9,363	10,919
39	9,447	11,036
40	9,530	11,153

41	9,614	11,270
42	9,697	11,387
43	9,781	11,504
44	9,864	11,620
45	9,948	11,737
46	11,621	13,519
47	12,456	14,523
48	13,293	15,528
49	14,128	16,532
50	14,963	17,537
51	15,716	18,541
52	16,553	19,545
53	17,388	20,550
54	18,225	21,554
55	19,060	22,558
56	19,521	23,449
57	20,356	24,340
58	21,193	25,231
59	22,028	26,122
60	22,863	27,012
61	24,159	28,349
62	25,998	30,576
63	27,837	32,803
64	29,677	35,030
65	31,516	37,257
66	33,313	39,484
67	35,152	41,711
68	36,991	43,938
69	38,830	46,165
70	40,669	48,392
71	41,798	50,062
72	43,637	52,289
73	45,477	54,516
74	47,316	56,743
75	49,155	58,970
76	50,994	61,197
77	52,833	63,424
78	54,672	65,651
79	56,512	67,878
80	58,351	70,105
81	58,351	70,105
82	58,351	70,105
83	58,351	70,105
84	58,351	70,105
85	58,351	70,105
86	58,351	70,105
87	58,351	70,105
88	58,351	70,105
89	58,351	70,105
>=90	58,351	70,105

my:Optima Secure - Optima Select Plan

my: Optima Secure - Optima Select Plan Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Age	Sum Insured					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
0	4,934	5,529	5,842	6,552	7,226	7,906
1	5,041	5,652	5,991	6,702	7,377	8,058
2	5,148	5,776	6,140	6,851	7,527	8,211
3	5,256	5,900	6,290	7,001	7,679	8,363
4	5,363	6,024	6,439	7,151	7,828	8,515
5	5,470	6,148	6,588	7,301	7,980	8,667
6	5,577	6,272	6,737	7,450	8,130	8,819
7	5,685	6,395	6,885	7,600	8,281	8,970
8	5,792	6,519	7,034	7,750	8,431	9,123
9	5,898	6,643	7,183	7,900	8,582	9,275
10	6,007	6,767	7,332	8,050	8,732	9,427
11	6,113	6,891	7,481	8,199	8,883	9,579
12	6,220	7,015	7,630	8,349	9,033	9,731
13	6,328	7,138	7,778	8,499	9,184	9,883
14	6,435	7,262	7,927	8,648	9,334	10,036
15	6,542	7,386	8,076	8,798	9,485	10,188
16	6,650	7,510	8,225	8,948	9,635	10,339
17	6,757	7,634	8,374	9,098	9,786	10,491
18	8,081	8,872	9,379	10,033	10,613	11,214
19	8,187	9,015	9,528	10,183	10,764	11,365
20	8,294	9,158	9,677	10,333	10,914	11,517
21	8,401	9,301	9,824	10,483	11,065	11,670
22	8,509	9,444	9,974	10,633	11,215	11,822
23	8,616	9,586	10,123	10,783	11,367	11,974
24	8,723	9,729	10,272	10,933	11,516	12,126
25	8,831	9,872	10,421	11,083	11,668	12,278
26	8,938	10,015	10,532	11,194	11,781	12,429
27	9,045	10,158	10,681	11,344	11,931	12,583
28	9,153	10,301	10,830	11,494	12,082	12,734
29	9,260	10,444	10,978	11,644	12,232	12,886
30	9,367	10,587	11,127	11,794	12,383	13,038
31	9,475	10,729	11,276	11,944	12,533	13,190
32	9,582	10,872	11,425	12,092	12,684	13,342
33	9,688	11,015	11,537	12,205	12,797	13,457
34	9,797	11,158	11,686	12,355	12,947	13,609
35	9,903	11,301	11,835	12,505	13,098	13,761
36	10,010	11,444	11,984	12,655	13,248	13,912
37	10,118	11,587	12,132	12,805	13,399	14,064
38	10,225	11,730	12,281	12,953	13,549	14,216
39	10,332	11,873	12,430	13,103	13,700	14,369
40	10,439	12,015	12,579	13,253	13,850	14,521

41	10,547	12,158	13,249	13,927	14,527	15,205
42	10,654	12,301	13,398	14,077	14,679	15,357
43	10,761	12,444	13,546	14,227	14,829	15,509
44	10,869	12,587	13,695	14,377	14,980	15,661
45	10,976	12,730	13,844	14,527	15,130	15,813
46	13,335	14,825	15,706	16,399	17,012	17,714
47	14,194	15,778	16,896	17,896	18,743	19,691
48	15,051	16,731	18,087	19,393	20,474	21,591
49	15,910	17,683	19,278	20,666	21,754	22,922
50	16,767	18,636	20,469	22,164	23,448	24,822
51	17,840	19,731	21,659	23,662	25,179	26,723
52	18,698	20,779	22,851	25,160	26,910	28,623
53	19,771	21,827	24,042	26,656	28,642	30,523
54	20,629	22,874	25,232	28,154	30,374	32,425
55	21,487	23,922	26,423	29,652	31,916	34,325
56	22,202	24,875	27,615	31,149	33,647	36,226
57	23,060	25,827	28,806	32,647	35,379	38,126
58	23,846	26,613	29,550	33,396	36,959	39,951
59	24,633	27,399	30,592	34,743	38,691	41,851
60	25,349	28,185	31,782	36,241	40,423	43,752
61	25,991	29,518	33,457	39,198	43,772	47,439
62	27,135	31,614	36,062	42,194	47,160	51,240
63	28,924	33,710	38,668	45,189	50,547	55,042
64	30,710	35,805	41,272	48,185	53,934	58,843
65	32,498	37,901	43,878	51,179	57,321	62,645
66	33,929	39,806	46,334	54,025	60,558	66,370
67	35,715	41,902	48,940	57,020	63,945	70,170
68	37,503	43,997	51,544	60,015	67,333	73,972
69	39,292	46,093	54,149	63,010	70,720	77,773
70	41,078	48,188	56,755	66,006	74,107	81,574
71	42,008	50,093	58,802	68,439	76,930	84,729
72	43,796	51,999	61,407	71,434	80,317	88,530
73	45,584	53,904	64,011	74,429	83,705	92,332
74	47,371	55,809	66,617	77,424	87,092	96,132
75	49,159	57,714	69,222	80,419	90,479	99,934
76	50,946	59,619	71,827	83,414	93,867	1,03,735
77	52,734	61,524	74,432	86,409	97,254	1,07,536
78	54,522	63,429	77,038	89,405	1,00,641	1,11,338
79	56,309	65,334	79,643	92,399	1,04,028	1,15,139
80	58,097	67,239	82,247	95,395	1,07,417	1,18,941
81	58,097	67,239	82,247	95,395	1,07,417	1,18,941
82	58,097	67,239	82,247	95,395	1,07,417	1,18,941
83	58,097	67,239	82,247	95,395	1,07,417	1,18,941
84	58,097	67,239	82,247	95,395	1,07,417	1,18,941
85	58,097	67,239	82,247	95,395	1,07,417	1,18,941
86	58,097	67,239	82,247	95,395	1,07,417	1,18,941
87	58,097	67,239	82,247	95,395	1,07,417	1,18,941
88	58,097	67,239	82,247	95,395	1,07,417	1,18,941
89	58,097	67,239	82,247	95,395	1,07,417	1,18,941
>=90	58,097	67,239	82,247	95,395	1,07,417	1,18,941

my: Optima Secure - Optima Select Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)

Age	Sum Insured					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
0	4,647	5,240	5,583	6,252	6,775	7,298
1	4,719	5,326	5,695	6,402	6,925	7,451
2	4,790	5,411	5,806	6,552	7,076	7,603
3	4,862	5,497	5,917	6,702	7,226	7,755
4	4,934	5,583	6,029	6,851	7,377	7,906
5	5,005	5,669	6,140	7,001	7,527	8,058
6	5,077	5,754	6,252	7,151	7,679	8,211
7	5,148	5,840	6,363	7,301	7,828	8,363
8	5,220	5,926	6,476	7,450	7,980	8,515
9	5,291	6,012	6,588	7,600	8,130	8,667
10	5,363	6,097	6,699	7,750	8,281	8,819
11	5,434	6,183	6,811	7,900	8,431	8,970
12	5,506	6,269	6,922	8,050	8,582	9,123
13	5,577	6,354	7,034	8,199	8,732	9,275
14	5,649	6,440	7,145	8,349	8,883	9,427
15	5,721	6,526	7,257	8,499	9,033	9,579
16	5,792	6,612	7,369	8,648	9,184	9,731
17	5,864	6,697	7,481	8,798	9,334	9,883
18	6,399	7,236	8,002	9,285	9,823	10,377
19	6,471	7,331	8,113	9,435	9,974	10,529
20	6,542	7,426	8,225	9,585	10,124	10,681
21	6,614	7,521	8,336	9,735	10,275	10,834
22	6,685	7,617	8,448	9,884	10,425	10,986
23	6,757	7,712	8,559	10,033	10,576	11,138
24	6,828	7,807	8,671	10,183	10,726	11,290
25	6,900	7,902	8,784	10,333	10,877	11,441
26	6,972	7,998	8,895	10,483	11,027	11,593
27	7,043	8,093	9,007	10,633	11,179	11,746
28	7,115	8,188	9,118	10,783	11,328	11,898
29	7,186	8,283	9,229	10,933	11,480	12,050
30	7,258	8,379	9,341	11,083	11,630	12,202
31	7,329	8,474	9,452	11,231	11,781	12,354
32	7,401	8,569	9,564	11,381	11,931	12,505
33	7,472	8,664	9,677	11,531	12,082	12,659
34	7,544	8,760	9,788	11,681	12,232	12,810
35	7,614	8,855	9,900	11,831	12,383	12,962
36	7,866	9,141	10,272	11,981	12,533	13,114
37	7,936	9,241	10,383	12,131	12,684	13,266
38	8,008	9,341	10,495	12,281	12,834	13,419
39	8,081	9,441	10,755	12,729	13,286	13,874
40	8,151	9,541	10,867	12,879	13,436	14,026
41	8,223	9,641	10,978	13,029	13,587	14,178
42	8,294	9,741	11,091	13,179	13,737	14,331
43	8,366	9,841	11,202	13,329	13,888	14,483
44	8,437	9,941	11,314	13,479	14,038	14,635
45	8,509	10,041	11,425	13,627	14,189	14,787
46	9,939	11,565	13,026	15,162	15,845	16,573

47	10,654	12,424	14,067	16,436	17,350	18,284
48	11,370	13,283	15,109	17,708	18,932	20,184
49	12,084	14,142	16,152	18,982	20,512	22,086
50	12,799	15,002	17,194	20,255	22,093	23,986
51	13,442	15,861	18,236	21,490	23,673	25,886
52	14,158	16,720	19,278	22,763	25,255	27,787
53	14,872	17,579	20,320	24,036	26,835	29,687
54	15,588	18,438	21,363	25,308	28,416	31,589
55	16,303	19,298	22,403	26,582	29,996	33,489
56	16,697	20,060	23,446	28,528	31,954	35,389
57	17,411	20,822	24,488	29,802	33,534	37,290
58	18,127	21,584	25,530	31,074	35,115	39,190
59	18,841	22,346	26,572	32,347	36,697	41,092
60	19,556	23,108	27,615	33,620	38,277	42,992
61	20,664	24,251	29,066	35,118	40,460	45,653
62	22,237	26,156	31,448	37,663	43,094	48,314
63	23,810	28,061	33,829	40,209	45,729	50,974
64	25,383	29,966	36,211	42,755	48,364	53,635
65	26,956	31,871	38,593	45,301	50,998	56,296
66	28,494	33,776	41,011	47,848	53,633	58,957
67	30,067	35,681	43,394	50,394	56,268	61,617
68	31,640	37,587	45,775	52,938	58,902	64,278
69	33,213	39,492	48,158	55,484	61,536	66,939
70	34,786	41,397	50,539	58,031	64,171	69,601
71	35,751	42,826	52,289	59,828	65,977	71,653
72	37,325	44,731	54,670	62,373	68,612	74,314
73	38,898	46,636	57,053	64,919	71,247	76,975
74	40,471	48,541	59,434	67,465	73,881	79,635
75	42,044	50,446	61,815	70,011	76,516	82,296
76	43,617	52,351	64,198	72,557	79,151	84,957
77	45,190	54,256	66,579	75,103	81,786	87,618
78	46,763	56,161	68,962	77,648	84,420	90,280
79	48,336	58,066	71,343	80,194	87,054	92,940
80	49,909	59,971	73,726	82,740	89,689	95,601
81	49,909	59,971	73,726	82,740	89,689	95,601
82	49,909	59,971	73,726	82,740	89,689	95,601
83	49,909	59,971	73,726	82,740	89,689	95,601
84	49,909	59,971	73,726	82,740	89,689	95,601
85	49,909	59,971	73,726	82,740	89,689	95,601
86	49,909	59,971	73,726	82,740	89,689	95,601
87	49,909	59,971	73,726	82,740	89,689	95,601
88	49,909	59,971	73,726	82,740	89,689	95,601
89	49,909	59,971	73,726	82,740	89,689	95,601
>=90	49,909	59,971	73,726	82,740	89,689	95,601

Rate Chart

my:Optima Secure - Optional Cover - Overseas Travel (Emergency Treatments Only)

my: Optima Secure - Optional Cover - Overseas Travel Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Age	Sum Insured	
	1,00,00,000	2,00,00,000
0	680	800
1	688	812
2	695	825
3	705	835
4	712	848
5	720	860
6	728	872
7	735	885
8	745	895
9	752	908
10	760	920
11	768	932
12	775	945
13	785	955
14	792	968
15	800	980
16	808	992
17	815	1,005
18	825	1,015
19	832	1,028
20	840	1,040
21	848	1,052
22	855	1,065
23	865	1,075
24	872	1,088
25	880	1,100
26	888	1,112
27	895	1,125
28	905	1,135
29	912	1,148
30	920	1,160
31	928	1,172
32	935	1,185
33	945	1,195
34	952	1,208
35	960	1,220
36	968	1,232
37	975	1,245
38	985	1,255
39	992	1,268

40	1,000	1,280
41	1,008	1,292
42	1,015	1,305
43	1,025	1,315
44	1,032	1,328
45	1,040	1,340
46	1,220	1,540
47	1,400	1,740
48	1,580	1,940
49	1,760	2,140
50	1,940	2,340
51	2,120	2,540
52	2,300	2,740
53	2,480	2,940
54	2,660	3,140
55	2,840	3,340
56	3,020	3,540
57	3,200	3,740
58	3,380	3,940
59	3,560	4,140
60	3,740	4,340
61	4,020	4,660
62	4,300	4,980
63	4,580	5,300
64	4,860	5,620
65	5,140	5,940
66	5,420	6,260
67	5,700	6,580
68	5,980	6,900
69	6,260	7,220
70	6,540	7,540
71	6,820	7,860
72	7,100	8,180
73	7,380	8,500
74	7,660	8,820
75	7,940	9,140
76	8,220	9,460
77	8,500	9,780
78	8,780	10,100
79	9,060	10,420
80	9,340	10,740
81	9,340	10,740
82	9,340	10,740
83	9,340	10,740
84	9,340	10,740
85	9,340	10,740
86	9,340	10,740
87	9,340	10,740
88	9,340	10,740
89	9,340	10,740
>=90	9,340	10,740

my: Optima Secure - Optional Cover - Overseas Travel Gross Premium (Excl. GST) - Tier 2 (Rest of India)

Age	Sum Insured	
	1,00,00,000	2,00,00,000
0	680	800
1	688	812
2	695	825
3	705	835
4	712	848
5	720	860
6	728	872
7	735	885
8	745	895
9	752	908
10	760	920
11	768	932
12	775	945
13	785	955
14	792	968
15	800	980
16	808	992
17	815	1,005
18	825	1,015
19	832	1,028
20	840	1,040
21	848	1,052
22	855	1,065
23	865	1,075
24	872	1,088
25	880	1,100
26	888	1,112
27	895	1,125
28	905	1,135
29	912	1,148
30	920	1,160
31	928	1,172
32	935	1,185
33	945	1,195
34	952	1,208
35	960	1,220
36	968	1,232
37	975	1,245
38	985	1,255
39	992	1,268
40	1,000	1,280
41	1,008	1,292
42	1,015	1,305
43	1,025	1,315
44	1,032	1,328
45	1,040	1,340
46	1,220	1,540

47	1,400	1,740
48	1,580	1,940
49	1,760	2,140
50	1,940	2,340
51	2,120	2,540
52	2,300	2,740
53	2,480	2,940
54	2,660	3,140
55	2,840	3,340
56	3,020	3,540
57	3,200	3,740
58	3,380	3,940
59	3,560	4,140
60	3,740	4,340
61	4,020	4,660
62	4,300	4,980
63	4,580	5,300
64	4,860	5,620
65	5,140	5,940
66	5,420	6,260
67	5,700	6,580
68	5,980	6,900
69	6,260	7,220
70	6,540	7,540
71	6,820	7,860
72	7,100	8,180
73	7,380	8,500
74	7,660	8,820
75	7,940	9,140
76	8,220	9,460
77	8,500	9,780
78	8,780	10,100
79	9,060	10,420
80	9,340	10,740
81	9,340	10,740
82	9,340	10,740
83	9,340	10,740
84	9,340	10,740
85	9,340	10,740
86	9,340	10,740
87	9,340	10,740
88	9,340	10,740
89	9,340	10,740
>=90	9,340	10,740

Rate Chart

my:Optima Secure - Optional Cover - Overseas Travel (Emergency & Planned Treatments)

my: Optima Secure - Optional Cover - Overseas Travel Gross Premium (Excl. GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Age	Sum Insured				
	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
0	18,887	19,826	20,348	20,870	22,821
1	19,322	20,282	20,816	21,350	23,347
2	19,757	20,739	21,285	21,831	23,873
3	20,190	21,194	21,752	22,309	24,398
4	20,625	21,651	22,221	22,791	24,924
5	21,061	22,108	22,690	23,272	25,450
6	21,495	22,564	23,158	23,752	25,974
7	21,929	23,020	23,626	24,231	26,500
8	22,364	23,476	24,093	24,711	27,025
9	22,799	23,933	24,563	25,192	27,551
10	23,233	24,389	25,030	25,672	28,076
11	23,668	24,844	25,498	26,152	28,601
12	24,103	25,301	25,967	26,633	29,127
13	24,537	25,757	26,435	27,113	29,653
14	24,971	26,213	26,903	27,593	30,179
15	25,406	26,669	27,371	28,073	30,703
16	25,841	27,126	27,840	28,554	31,229
17	26,275	27,582	28,308	29,034	31,755
18	35,909	37,694	38,686	39,678	43,390
19	36,493	38,307	39,315	40,323	44,097
20	37,077	38,921	39,945	40,970	44,803
21	37,662	39,535	40,575	41,616	45,509
22	38,247	40,149	41,205	42,262	46,216
23	38,832	40,763	41,835	42,908	46,923
24	39,415	41,375	42,464	43,553	47,630
25	40,000	41,989	43,094	44,199	48,337
26	40,585	42,603	43,724	44,845	49,042
27	41,170	43,217	44,354	45,492	49,750
28	41,755	43,831	44,984	46,138	50,456
29	42,338	44,444	45,613	46,783	51,163
30	42,923	45,057	46,243	47,429	51,870
31	43,508	45,671	46,873	48,075	52,575
32	44,093	46,285	47,503	48,721	53,283
33	44,677	46,899	48,133	49,367	53,989
34	45,262	47,513	48,763	50,014	54,697
35	45,846	48,126	49,392	50,658	55,402
36	49,074	51,515	52,870	54,226	59,302
37	49,693	52,164	53,536	54,909	60,049
38	50,311	52,813	54,203	55,593	60,797
39	50,930	53,462	54,869	56,276	61,544
40	51,547	54,110	55,534	56,958	62,290

41	52,165	54,759	56,200	57,641	63,037
42	52,782	55,407	56,865	58,323	63,784
43	53,401	56,056	57,531	59,006	64,530
44	54,018	56,704	58,196	59,688	65,278
45	54,636	57,353	58,862	60,372	66,025
46	56,387	59,191	60,749	62,306	68,140
47	54,825	57,551	59,066	60,580	66,253
48	55,295	58,045	59,572	61,100	66,823
49	54,433	57,139	58,643	60,147	65,781
50	53,784	56,458	57,944	59,430	64,999
51	54,875	57,604	59,119	60,635	66,315
52	58,105	60,994	62,599	64,204	70,217
53	61,333	64,383	66,077	67,772	74,117
54	64,563	67,773	69,557	71,340	78,018
55	67,792	71,162	73,035	74,908	81,920
56	71,021	74,553	76,515	78,476	85,820
57	74,250	77,942	79,993	82,044	89,720
58	77,479	81,332	83,472	85,613	93,622
59	80,709	84,722	86,952	89,181	97,522
60	83,938	88,111	90,430	92,749	1,01,422
61	87,650	92,009	94,430	96,851	1,05,908
62	93,334	97,975	1,00,553	1,03,131	1,12,776
63	98,907	1,03,825	1,06,558	1,09,290	1,19,510
64	1,04,369	1,09,558	1,12,441	1,15,324	1,26,109
65	1,09,720	1,15,176	1,18,206	1,21,237	1,32,573
66	1,14,960	1,20,676	1,23,852	1,27,027	1,38,905
67	1,20,089	1,26,060	1,29,377	1,32,695	1,45,102
68	1,25,106	1,31,327	1,34,783	1,38,239	1,51,164
69	1,30,610	1,37,105	1,40,713	1,44,321	1,57,814
70	1,36,058	1,42,823	1,46,582	1,50,340	1,64,396
71	1,41,451	1,48,484	1,52,392	1,56,299	1,70,912
72	1,46,788	1,54,087	1,58,142	1,62,197	1,77,361
73	1,52,070	1,59,631	1,63,832	1,68,033	1,83,742
74	1,57,296	1,65,117	1,69,462	1,73,808	1,90,057
75	1,62,465	1,70,544	1,75,032	1,79,520	1,96,304
76	1,67,580	1,75,913	1,80,542	1,85,171	2,02,484
77	1,72,640	1,81,224	1,85,993	1,90,762	2,08,597
78	1,77,643	1,86,476	1,91,384	1,96,291	2,14,643
79	1,82,592	1,91,671	1,96,715	2,01,759	2,20,621
80	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
81	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
82	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
83	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
84	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
85	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
86	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
87	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
88	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
89	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
>=90	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533

my: Optima Secure - Optima Secure Global + Plan Gross Premium (Excl. GST) - Tier 2 (Rest of India)

Age	Sum Insured				
	25,00,000	50,00,000	75,00,000	1,00,00,000	2,00,00,000
0	18,887	19,826	20,348	20,870	22,821
1	19,322	20,282	20,816	21,350	23,347
2	19,757	20,739	21,285	21,831	23,873
3	20,190	21,194	21,752	22,309	24,398
4	20,625	21,651	22,221	22,791	24,924
5	21,061	22,108	22,690	23,272	25,450
6	21,495	22,564	23,158	23,752	25,974
7	21,929	23,020	23,626	24,231	26,500
8	22,364	23,476	24,093	24,711	27,025
9	22,799	23,933	24,563	25,192	27,551
10	23,233	24,389	25,030	25,672	28,076
11	23,668	24,844	25,498	26,152	28,601
12	24,103	25,301	25,967	26,633	29,127
13	24,537	25,757	26,435	27,113	29,653
14	24,971	26,213	26,903	27,593	30,179
15	25,406	26,669	27,371	28,073	30,703
16	25,841	27,126	27,840	28,554	31,229
17	26,275	27,582	28,308	29,034	31,755
18	35,909	37,694	38,686	39,678	43,390
19	36,493	38,307	39,315	40,323	44,097
20	37,077	38,921	39,945	40,970	44,803
21	37,662	39,535	40,575	41,616	45,509
22	38,247	40,149	41,205	42,262	46,216
23	38,832	40,763	41,835	42,908	46,923
24	39,415	41,375	42,464	43,553	47,630
25	40,000	41,989	43,094	44,199	48,337
26	40,585	42,603	43,724	44,845	49,042
27	41,170	43,217	44,354	45,492	49,750
28	41,755	43,831	44,984	46,138	50,456
29	42,338	44,444	45,613	46,783	51,163
30	42,923	45,057	46,243	47,429	51,870
31	43,508	45,671	46,873	48,075	52,575
32	44,093	46,285	47,503	48,721	53,283
33	44,677	46,899	48,133	49,367	53,989
34	45,262	47,513	48,763	50,014	54,697
35	45,846	48,126	49,392	50,658	55,402
36	49,074	51,515	52,870	54,226	59,302
37	49,693	52,164	53,536	54,909	60,049
38	50,311	52,813	54,203	55,593	60,797
39	50,930	53,462	54,869	56,276	61,544
40	51,547	54,110	55,534	56,958	62,290
41	52,165	54,759	56,200	57,641	63,037
42	52,782	55,407	56,865	58,323	63,784
43	53,401	56,056	57,531	59,006	64,530
44	54,018	56,704	58,196	59,688	65,278
45	54,636	57,353	58,862	60,372	66,025
46	56,387	59,191	60,749	62,306	68,140

47	54,825	57,551	59,066	60,580	66,253
48	55,295	58,045	59,572	61,100	66,823
49	54,433	57,139	58,643	60,147	65,781
50	53,784	56,458	57,944	59,430	64,999
51	54,875	57,604	59,119	60,635	66,315
52	58,105	60,994	62,599	64,204	70,217
53	61,333	64,383	66,077	67,772	74,117
54	64,563	67,773	69,557	71,340	78,018
55	67,792	71,162	73,035	74,908	81,920
56	71,021	74,553	76,515	78,476	85,820
57	74,250	77,942	79,993	82,044	89,720
58	77,479	81,332	83,472	85,613	93,622
59	80,709	84,722	86,952	89,181	97,522
60	83,938	88,111	90,430	92,749	1,01,422
61	87,650	92,009	94,430	96,851	1,05,908
62	93,334	97,975	1,00,553	1,03,131	1,12,776
63	98,907	1,03,825	1,06,558	1,09,290	1,19,510
64	1,04,369	1,09,558	1,12,441	1,15,324	1,26,109
65	1,09,720	1,15,176	1,18,206	1,21,237	1,32,573
66	1,14,960	1,20,676	1,23,852	1,27,027	1,38,905
67	1,20,089	1,26,060	1,29,377	1,32,695	1,45,102
68	1,25,106	1,31,327	1,34,783	1,38,239	1,51,164
69	1,30,610	1,37,105	1,40,713	1,44,321	1,57,814
70	1,36,058	1,42,823	1,46,582	1,50,340	1,64,396
71	1,41,451	1,48,484	1,52,392	1,56,299	1,70,912
72	1,46,788	1,54,087	1,58,142	1,62,197	1,77,361
73	1,52,070	1,59,631	1,63,832	1,68,033	1,83,742
74	1,57,296	1,65,117	1,69,462	1,73,808	1,90,057
75	1,62,465	1,70,544	1,75,032	1,79,520	1,96,304
76	1,67,580	1,75,913	1,80,542	1,85,171	2,02,484
77	1,72,640	1,81,224	1,85,993	1,90,762	2,08,597
78	1,77,643	1,86,476	1,91,384	1,96,291	2,14,643
79	1,82,592	1,91,671	1,96,715	2,01,759	2,20,621
80	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
81	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
82	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
83	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
84	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
85	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
86	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
87	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
88	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
89	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533
>=90	1,87,484	1,96,807	2,01,986	2,07,165	2,26,533

HDFC ERGO General Insurance Company Limited

Rate Chart



my: Optima Secure - Optional Covers

Protect Benefit

When offered as an Optional Cover at the discretion of the customer

Age	Loading % by Base Sum Insured (Applicable on the Gross Premium of Base Covers)					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
All Ages	10.00%	7.50%	7.50%	7.50%	7.50%	7.50%

Modification of Cumulative Bonus

Age	Loading % by Base Sum Insured (Applicable on the Gross Premium of Base Covers)					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
All Ages	1.00%	1.00%	0.60%	0.45%	0.35%	0.30%

Plus Benefit

When offered as an Optional Cover (10% to 50% maximum upto Base Sum Insured) at the discretion of the customer

Age	Loading % by Base Sum Insured (Applicable on the Gross Premium of Base Covers)	
	5,00,000	7,50,000
All Ages	4.75%	4.75%

When offered as an optional cover (25% to 50% maximum upto 100% of Base Sum Insured) at the discretion of the customer

Age	Loading % by Base Sum Insured (Applicable on the Gross Premium of Base Covers)					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
All Ages	3.71%	3.71%	2.49%	2.02%	1.74%	1.50%

Modification of Room Rent

When offered as an Optional Cover at the discretion of the customer

Age	Loading/(Discount) % by Base Sum Insured (Applicable on the Gross Premium of Plan)					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
Shared Room	-4.20%	-3.60%	-3.60%	-3.40%	-3.10%	-3.10%
At Actuals	4.90%	4.20%	3.90%	3.60%	3.60%	3.30%

Modification of Pre-Hospitalization Expenses - days

Age	Discount % by Base Sum Insured (Applicable on the Gross Premium of Base Covers)					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
30 Days	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%

Modification of Post-Hospitalization Expenses - days

Age	Discount % by Base Sum Insured (Applicable on the Gross Premium of Base Covers)					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
60 Days	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%

my: Optima Secure - Wellbeing Section

Preventive Health Check-Up

When offered as an Optional Cover at the discretion of the customer in Optima Select Plan

Age	Gross Premium					
	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
Individual Plan	559	559	745	1,491	1,863	1,863
Floater Plan	1,087	1,087	2,174	3,478	4,348	4,348

my:health Koti Suraksha

Prospectus

my: health Koti Suraksha

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Section A – 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 Definition applicable to Policy

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Any one illness** means continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** where treatment was taken
- Def. 3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner(s)* comprising of any of the following:
- Central or State Government AYUSH Hospital; or
 - Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH *Medical Practitioner* in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner(s)* on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH *Medical Practitioner* (s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 7. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal **Congenital Anomaly**: **Congenital Anomaly** which is not in the visible and accessible parts of the body.
 - b) External **Congenital Anomaly**: **Congenital Anomaly** which is in the visible and accessible parts of the body
- Def. 8. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured
- Def. 9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.
- Def. 10. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set-up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-
 - i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 11. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is
 - i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required **Hospitalization** of more than 24 hours,
 Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of **Hospital** cash policies, which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the sum insured.
- Def. 13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 14. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 15. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:
 - i. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
 - ii. the patient takes treatment at home on account of non-availability of room in a **Hospital**
- Def. 16. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a **Medical Practitioner** to prevent death or serious long term impairment of the insured person's health.
- Def. 17. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

- Def. 18. **Hospital** means any institution established for In-patient Care and **Day Care Treatment** of **Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 19. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 20. **Illness/Ilnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
- (a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/**Illness/Injury** which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs on-going or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
- Def. 21. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 22. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 23. **ICU (Intensive Care Unit) Charges** means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges
- Def. 24. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.
- Def. 25. **Maternity Expenses** means
- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).
 - b. Expenses towards lawful medical termination of pregnancy during the policy Period.
- Def. 26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 27. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.
- Def. 28. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which
- Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.

- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 29. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

- Def. 30. **Newborn Baby** means baby born during the Policy Period and is Aged up to 90 days
- Def. 31. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.
- Def. 32. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network
- Def. 33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 34. **OPD Treatment** - OPD treatment means the one in which the Insured visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- Def. 35. **Pre-existing disease** means any condition, ailment, injury or disease:
- that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- Def. 36. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- Def. 37. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person, provided that:
- Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and
 - The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company
- Def. 38. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:
- Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
 - The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.
- Def. 39. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 40. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods
- Def. 41. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**
- Def. 42. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of **Illness/ Injury** involved.
- Def. 43. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Hospital** or **Day Care Centre** by a medical practitioner.
- Def. 44. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

II. Specific Definition

- Def. 1. **Adventurous/Hazardous Sports means** any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 2. **Age or Aged means** completed years as at the Policy Commencement Date.
- Def. 3. **Alternative treatment means** forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy in the Indian context.
- Def. 4. **Aggregate Deductible:** Aggregate deductible is a cost-sharing requirement under a health insurance policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. An Aggregate deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred which are admissible under this Policy (and not excluded) during the policy year by insured person (individual Sum Insured policy) or insured family (in case of floater sum insured policy).
- Def. 5. **Associated Medical Expenses means** consultation fees, charges on Operation theatre, surgical appliances & nursing, and expenses on Anaesthesia, blood, oxygen incurred during Hospitalization of the Insured Person
- Def. 6. **AYUSH Treatment** refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 7. **Base Sum Insured means** the sum shown in the Policy Schedule which represents **Our** maximum liability for respective Cover during the life time of the Policy.
- Def. 8. **Bank Rate means** the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 9. **Break in Policy means** the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- Def. 10. **Biological attack or weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- Def. 11. **Catastrophic Event means and includes** Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood, Inundation and Earthquake
- Def. 12. **Chemical attack or weapons means** the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Def. 13. **Commencement Date means** the commencement date of the Policy as specified in the Policy Schedule.
- Def. 14. **Coma/Comatose State means** a state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
- no response to external stimuli continuously for at least 96 hours;
 - life support measures are necessary to sustain life; and
 - permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
 - The condition has to be confirmed by a specialist medical practitioner.
 - Coma resulting directly from alcohol or drug abuse is excluded.
- Def. 15. **Common Carrier means** any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.
- Def. 16. **Dependent Child/Children means** living dependent child or children of **Insured Person** up to age of 25 years as on date of **Injury**, including legally adopted and step- children.
- Def. 17. **Dependents means** only the family members listed below:
- Your** legally married spouse as long as she continues to be married to You
 - Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
 - Your** natural parents or parents that have legally adopted You, and **Your** parent in laws
- Def. 18. **Dependent Parents means** **Your** natural parents, parents that have legally adopted you or **Your** parents in law.
- Def. 19. **Family Floater means** a Policy described as such in the Policy Schedule where under **You** and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date on floater Sum Insured basis.
- Def. 20. **Insured Person means** **You** and the persons named in the Policy Schedule who are insured under the Policy.
- Def. 21. **Immediate Family mean** an **Insured Person's** Spouse; children; children-in-law, siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward, step or adopted children; step-parents; aunts, uncles; nieces, and nephews.

- Def. 22. **Life threatening situation** shall mean a serious medical condition or symptom resulting from **Injury** or **Illness** which is not **pre-existing disease**, which arises suddenly and unexpectedly, and requires immediate care and treatment by a **Medical Practitioner**, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
- Def. 23. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Def. 24. **Medical Consultation** is a procedure where a **Medical Practitioner** reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.
- Def. 25. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;
- Def. 26. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;
- Def. 27. **Mental Health Nurse** means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State
- Def. 28. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- Def. 29. **HDFC ERGO Mobile Appis** proprietary App of HDFC ERGO General Insurance Company. With my: thisApp you can:
- Access **Your** Policy Details
 - Manage **Your** policy, download **Your** policy schedule and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.
 - Policy Endorsement made easy
 - By submitting a request to us through **HDFC ERGO Mobile App**, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.
 - Effortless Claims Management
 - Now you can submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.
 - Stay Active – Short Walks, Big Benefits
 - The App tracks **Your** steps, fitness session and lets you earn incentive on renewal discount on **Your** policy.
- Def. 30. **Non-Medical Expenses** – Are expenses other than those defined as Medical Expenses and which are listed on our website www.hdfcergo.com
- Def. 31. **Nuclear attack** means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any **Illness**, incapacitating disablement or death.
- Def. 32. **Permanent Total Disablement** means that the **Insured Person** is totally disabled from undertaking all the material duties of his/her usual occupation for which the **Insured Person** is reasonably fitted by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.
- Def. 33. **Preventive Health Check-up** -Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

- Def. 34. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).
- Def. 35. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule
- Def. 36. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued
- Def. 37. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexure and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 38. **Policy Year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule
- Def. 39. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recommendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history
- Def. 40. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of **Your** Dependents during the Policy Year
- Def. 41. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit
- Def. 42. **Time Deductible** means a cost sharing requirement under a health insurance **Policy** that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A **Time Deductible** does not reduce the **Sum Insured**
- Def. 43. **Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from engaging in or giving attention to the *Insured Person's* usual occupation for a continuous period mentioned in the Schedule of Coverage on the Policy Schedule.
- Def. 44. **Temporary Partial Disablement** means disablement which temporarily and partially prevents an **Insured Person** from engaging in or giving attention to the *Insured Person's* usual occupation.
- Def. 45. **We/Our/Us/Insurer/Company** means the HDFC ERGO General Insurance Company Limited
- Def. 46. **You/Your** means the Insured Person named in the Policy Schedule who is insured under the Policy

III. Definition: Major Illnesses – applicable to optional cover 4 under Section 1

i. Standard Definitions

1. Cancer of specified severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded:

- i. All tumors which are histological described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histological classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histological described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumor histological classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Kidney failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

3. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
- b. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

4. Multiple Sclerosis with persisting symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

5. Myocardial Infarction (First Heart Attack of specified severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
 - c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

6. Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:

Angioplasty and/or any other intra-arterial procedures

7. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

8. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Stroke resulting in permanent symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

Section B – Benefits, Exclusions & Claims Procedure

Section 1 – Health

Preamble

We will provide Insurance coverage to the **Insured Person(s)** under this **Policy** up to **Sum Insured** including **Cumulative Bonus** as applicable and subject to waiting periods, limits, Procedure sub-limits, **Co-payment, Deductible, Aggregate Deductible** as specified on the Schedule of Coverage in the Policy Schedule. The **Policy** is based on statements, disclosures, declarations made in the Proposal form and Medical reports.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, are mentioned in **Bold** to enable **You** to identify that the particular word has a specific meaning for which **You** need to refer Section – A, Definitions.

Section 1.A. Benefits

I. Hospitalization Expenses

We will pay under below listed Covers on **Medically Necessary Hospitalization** of an **Insured Person** due to **Illness** or **Injury** sustained or contracted during the **Policy Period** and subject to terms and conditions as listed below.

1. Medical Expenses

- i. **Room Rent** and boarding charges
- ii. **Intensive Care Unit** charges
- iii. Consultation fees & Nursing charges
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures conducted with in same hospital where Insured Person is admitted
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

a. Special Conditions;

The Claims under Cover 1. Medical Expenses are subject to terms and conditions given below.

- i. **Room Rent & Proportionate deduction: Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges. This condition is not applicable in respect of **Hospitals** where differential billing for **Associated Medical Expenses** is not followed based on **Room Rent**.

- ii. **Procedure Sub-limits:** The Claim under Cover 1. Medical Expenses is subject to Sub-limits for **Illnesses** as mentioned below. The maximum amount payable under the **Policy** for all coverage put together under Section 1.A - I. Hospitalization Expenses shall be subject to maximum amount as mentioned in the Table I below.

Table I

Procedure	Sub-Limits (Rs)
Cataract per eye	75,000
Surgeries for Benign - Tumors / Cysts / Nodule / Polyp	75,000
Stone in Urinary System	75,000
Hernia Related	75,000
Appendisectomy	75,000
Hysterectomy	75,000
Fissures / Piles / Fistulas	75,000
Cellulites / Abscess	75,000

iii. Mental Illness

The Coverage for Mental illness is applicable if done in **Mental Health Establishment** and is subject to the provisions contained in the Mental Health Care Act, 2017, as amended from time to time and other applicable laws and Regulations

2. Home Healthcare

Insured Person can avail **Hospitalization** at Home under Home Healthcare for **Medically Necessary Treatment of Illnesses**, if prescribed by treating **Medical Practitioner**. We will pay Medical Expenses incurred as admissible under A(I)(1) for treatment of such **Illness** where availed.

This Cover can be availed through **Cashless Facility** only as procedure given under Claims Procedure – Section 1.A - VI .

3. Domiciliary Hospitalization

We will pay the **Medical Expenses** incurred on **Domiciliary Hospitalization** of the **Insured Person** prescribed by treating **Medical Practitioner** provided that:

- the condition of the **Insured Person** is such that he/she could not be removed to a **Hospital** or
- the **Medical Necessary Treatment** is taken at Home on account of non-availability of room in **Hospital**

4. Pre-Hospitalization cover

We will pay for the **Pre- Hospitalization Medical Expenses** incurred during the 60 days immediately before **Hospitalization** of an **Insured Person**, provided that such **Medical Expenses** are incurred for the same **Illness/Injury** for which subsequent **Hospitalization** was required and Claim under Section 1.A1 , 1.A2, 1.A3 or 1.A6 is admissible under the **Policy**.

5. Post-Hospitalization cover

We will pay for the **Post Hospitalization Medical Expenses** incurred upto 180 days from the date Insured Person is discharged from Hospital provided that such costs are incurred in respect of the same **Illness/Injury** for which the earlier **Hospitalization** was required and Claim under Section 1.A.1, 1.A.2, 1.A.3 or 1.A.6 is admissible under the **Policy**

6. Day Care Procedures

We will pay for the **Medical Expenses** under Section 1.A.I.1 on **Hospitalization of Insured Person** in **Hospital** or **Day Care Centre** for **Day Care Treatment**.

7. Road Ambulance

For each admissible Claim under Section 1.A.I.1 and A.I.6, We will pay for expenses incurred on Road Ambulance Services if **Insured Person** is required;

- i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- ii. or from one **Hospital** to another **Hospital**
- iii. or from **Hospital** to Home (within same City) following **Hospitalization**

8. Organ Donor Expenses

We will pay **Medical Expenses** covered under Section 1.A.I.1 towards organ donor's **Hospitalization** for harvesting of the donated organ where an **Insured Person** is the recipient subject to condition that;

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable Laws and/or Regulations.
- ii. **Hospitalization** Claim under Section 1.A.1 is admissible under the **Policy** for the **Insured Person**
- iii. The Organ Donor's **Pre-Hospitalization** and **Post-Hospitalization** expenses are excluded under the Policy
- iv. Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

9. Alternative Treatments

We will indemnify the **Medical Expenses** covered under Section 1.A.I.1 only on In-patient care of **Insured Person** in an **AYUSH Hospital** upto the limits specified in the policy schedule only for the below mentioned **Alternative Treatments** prescribed by **Medical Practitioner**

- Ayurvedic
- Unani
- Siddha
- Homeopathy
- Yoga & Naturopathy

II. Value added Services under Section 1– Health

i. Health Coach:

Insured Person will have access to Health Coaching services in areas given below :

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological counselling
- Depression counselling

These services will be available through **Our HDFC ERGO Mobile App** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centres
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips

- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

III. my:health Active

1. Preventive Health Check-Up

Insured Person will be entitled for below list of tests after completion of each **Policy Year/Renewal** at our **Network Provider** ;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report
- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of end of Policy Year or Renewal.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of **Insured Person**

Procedure for availing this benefit

- You** will be intimated to undergo the health check-up at our **Network Provider**, through **Our HDFC ERGO Mobile App**.
- Test reports from our **Network Provider** will be made available to **You** on **Our HDFC ERGO Mobile App**
- You** have the option to avail this benefit at our **Network Provider** through Phone/Email or other modes of communication as available from time to time.

2. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below. One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Your** wearable device linked to **Our HDFC ERGO Mobile App** and **Your Policy** number
- OR
- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Our HDFC ERGO Mobile App** and **Your Policy** number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated during the Policy Year	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Maximum discount offered each Policy Year on account of Healthy Weeks will be 10% subject to Insured Person meeting the criteria as mentioned in above. **Steps to accumulate Healthy Weeks**

1. The **HDFC ERGO Mobile App** must be downloaded on the mobile.
2. **You** can start accumulating Healthy Weeks by tracking physical activity through the wearable device linked to **Our HDFC ERGO Mobile App** and **Your Policy** number

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities **Insured Person** engages in.

Application of Fitness discount @ Renewal

- **Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring **Policy Year** will be applied on the **Renewal** Premium for expiring **Policy Sum Insured** and for **Insured Person(s)** covered under expiring Policy
- **Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till Policy End date.
 - On **Renewal** of the Policy, total discount amount accrued each **Policy Year** will be applied on **Renewal** Premium of subsequent year and for **Insured Person(s)** covered under expiring Policy.
 - The maximum discount offered each Policy Year will be 10% subject to maximum 20% for two Year Policy and 30% for three Years Policy.
- For Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accrued. Such discount will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to coverage corresponding to expiring **Policy**.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the premium corresponding to the **Sum Insured of the expiring Policy**.
- Fitness discount @ Renewal will be applied only on **Renewal** of **Policy** with **Us** and only if accrued.

3. Health Incentives

This Program encourages **Insured Persons** to maintain good health and avail incentives as listed below.

Under this Program, **Insured Person** having **Pre-Existing Diseases** or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied on first inception of the Policy with Us provided that;

- Insured Person** shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- Medical test shall be done at **Your** own cost through our **Network Provider** on **Our HDFC ERGO Mobile App**.
- If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding **Pre-Existing Disease** or Obesity as applicable on **Renewal** of the Policy with **Us**.
- If the test parameters at subsequent **Renewal** are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the **Renewal** Premium corresponding to expiring Policy Sum Insured and for **Insured Person** covered under the expiring Policy
- **Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till Policy End date.
 - On Renewal of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year and for **Insured Person** covered under the expiring Policy
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading where ever applicable will be applied on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Medical Underwriting loading will be discounted only on **Renewal of Policy** with **Us** and only for **Insured Person** covered under such expiring Policy
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

4. Cumulative Bonus

On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured of the expiring Policy shall be provided as Cumulative Bonus irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

- Cumulative Bonus** can be accumulated upto 100% of Basic **Sum Insured**.
- Cumulative Bonus** applied will be applicable only to **Insured Person(s)** covered under the expiring Policy and who continue to remain insured on **Renewal**.

In policies with a 2/3 year Policy Period, the application of above guidelines of Cumulative Bonus shall be post completion of each policy year.

This benefit is not applicable if Optional Cover 2, **Aggregate Deductible** is opted under Section 1 of the **Policy**

IV. Optional Covers under Section 1

Insuring Clause

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses under below listed Covers subject to waiting periods, limits, Procedure sub-limits, **Co-payment Deductible** and **Aggregate Deductible** as specified on the Schedule of Coverage in the Policy Schedule.

Subject to otherwise all other terms, conditions, exclusions and waiting periods applicable to the **Policy**.

These Covers are optional and applicable only if opted for and upto the **Sum Insured** or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Non-Medical Expenses cover

We will pay for **Non-Medical Expenses** up to the limit mentioned in Schedule of Coverage in the Policy Schedule for claims admissible under Section 1.I

In view of this Cover, Exclusion (xxx) of V. What is not covered shall stand covered up to the extent mentioned above.

2. Aggregate deductible

On availing this option, the Insured Person shall bear an amount equal to the **Aggregate Deductible** specified in the **Schedule of Coverage** on **Policy Schedule** for all admissible claim amounts assessed by **Us** in respect of all claims made by **Insured Person** in a **Policy Year**. The liability of the Company to pay the admissible Claim under that Policy Year will commence only once Aggregate Deductible has been exhausted.

Special Conditions applicable to this Cover

- i. This Cover can be opted only at first inception of the **Policy** and is not available at **Renewal**
- ii. Once the **Aggregate Deductible** option is availed by the **Insured Person**, it cannot be opted out of at subsequent **Renewal**.

3. Emergency Medical Expenses

On availing this option, We will pay **Medical Expenses** under Section 1 on **Medically Necessary Hospitalization** of an **Insured Person** outside India due to **life threatening situation**, up to limits specified in the Schedule of Coverage on Policy Schedule, provided that :

- i. The treatment is **Medically Necessary** and has been certified as **life threatening Situation** by a **Medical Practitioner**, where such treatment cannot be postponed until the **Insured Person** has returned to India.
- ii. The Medical Expenses payable shall be limited to coverage under 1.I - 1, 5, 6 and 9 only.

and subject to waiting period and exclusions mentioned under V. What is not covered.

4. Overseas Treatment

On availing this Option, We will pay the **Medical Expenses** incurred outside India under Sections and covers mentioned below for **Major illnesses**, whose diagnosis first commence/occurs after the applicable waiting period from commencement of the first Policy with Us.

Coverage under Section:

I. Hospitalization Expenses		III. Optional Covers	
1	Medical Expenses	1	Non-Medical Expenses cover
4	Pre-Hospitalization cover	8	Medical Evacuation
5	Post-Hospitalization cover		
6	Day Care Procedures		
7	Road Ambulance		
8	Organ Donor Expenses		
9	Alternative Treatments		

5. Waiver of Disease Capping:

On availing this option, Procedure Sub-Limits listed under Section 1.A.I.1.a – Medical Expenses, shall stand deleted under the Policy.

6. Waiver of Room Rent Capping

On availing this option, the limits specified with respect to Room Rent/Boarding charges under Section 1.A.I.1.a.i – Medical Expenses shall stand deleted under the Policy.

7. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under Section 1.A.V.I.i shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

All other terms and Conditions of the Policy shall remain unaltered.

8. Medical Evacuation

We will pay for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by a **Medical Practitioner**, from the site of first occurrence of the **Illness/Accident** to the nearest **Hospital** that ground transportation cannot provide. Claim would be reimbursed up to the actual expenses subject to a maximum of **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule.

Specific Exclusion:

We will not pay for return transportation to the Insured Person's home by air ambulance

9. Sum Insured Rebound

We will add to the Sum Insured, an amount equivalent to the Claim amount paid under Basic Sum Insured, subject to maximum of Basic Sum Insured, on subsequent **Hospitalization** of the **Insured Person** during Policy Year subject to;

- Total Sum Insured added under this cover will not exceed the Basic Sum Insured in a Policy Year
- Total of Basic Sum Insured under Hospitalization Cover, Cumulative Bonus earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section 1 during the current Policy Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative Bonus earned.
- In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of **Policy**
- This cover will be applicable annually for policies with term more than one year.
- Any unutilized amount of Sum Insured Rebound cannot be carried over to next **Policy Year** or **Renewal Policy**
- Sum Insured Rebound can be utilized for Claims under Section 1.I only.
- This Cover is not applicable if Optional Cover 2, **Aggregate Deductible** is opted under Section 1 of the Policy

Illustration 1

Time	Claim no.	Sum Insured available	Cumulative Bonus available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
5 months		50,000	30,000	1,40,000	0	0	80,000
9 months	2	0	0	2,50,000	3,00,000	3,00,000	2,50,000
11 months	3	0	0	70,000	50,000	3,00,000	50,000

Illustration 2

Time	Claim no.	Sum Insured available	Cumulative Bonus Available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000

6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	=250,000- 60,000+50,000	3,00,000	2,40,000
					=240,000		
11 months	4	0	0	70,000	0	3,00,000	0

10. Waiver of Co-Payment

On availing this option, applicable **Co-Payment** stands waived under the Policy.

11. Cumulative Bonus – Booster

On availing this cover, **Cumulative Bonus** percentage mentioned under Section 1.A.III.4 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;

- Once the **Cumulative Bonus- Booster** benefit is availed by the Insured Person, it cannot be opted out at subsequent **Renewal**.
- All other terms and Conditions of Section 1.A.III.4. Cumulative Bonus shall remain unaltered.

Section 1.B. Exclusions & Waiting Period

We will not make 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 the Policy

I. Standard Waiting Periods

Claims under the Policy are covered subject to Co-payment & waiting Period as specified below:

i) 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.

ii) Specified Disease/Procedure waiting period- Code – Excl02

- Expenses related to the treatment of the listed Conditions, surgeries/treatment 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.

Illnesses

	Non infective Arthritis	Pilonidal sinus
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Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g. Kidney stone, Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear		
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

ii) 30-day waiting period – Code – Excl03

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

II. Specific- Co-payment

- Insured Person** shall bear specified percentage of admissible Claim amount under each and every Claim, where Co-payment is applicable and as specified in the Schedule of Coverage in the Policy Schedule.
- The **Co-payment** in respect of **Insured Person** with **Pre-existing diseases** will be applicable only during waiting period applicable to **Pre-existing diseases**.

III. Standard Permanent 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**:

- Investigation & Evaluation:** Code Excl04
 - Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 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
 - 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 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.
- 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 – Excl12
- 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.

IV. Specific Permanent Exclusions

- 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.
- ii. 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 Policy Schedule.
- iii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- iv. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- v. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- vi. Congenital external diseases, defects or anomalies,
- vii. Stem cell harvesting.
- viii.
- ix. Investigative treatments for analysis and adjustments of spinal subluxation, 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).
- x. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xi. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xii. 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.
- xiii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xiv. **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.
- xv. Treatment taken on Outpatient basis
- xvi. The provision or fitting of hearing aids, spectacles or contact lenses.
- xvii. 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.
- xviii. 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.
- xix. 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
- xx. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

Section 1.C. Claims Procedure – Section 1 – Health

1. Notification of a Claim

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website				
Claim Intimation Timelines	Within 24 hours of the Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is	Immediately on diagnosis of Illness

earlier

		guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or or • reject the request for pre-authorization specifying reasons for the rejection		on the claim and non-payable items, if applicable or • reject the request for pre-authorization under Home Healthcare specifying reasons for the rejection. On rejection of Pre-Authorization under Home Healthcare, Claim procedure under Cashless treatment or Reimbursement may be followed.
List of Claim documents	Not Applicable		As enlisted below	Not Applicable
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control			

2. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Original invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. ***
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy (-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

3. Conditions for obtaining Cashless facility

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization**/treatment, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

4. Payment of a Claim

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.
- iii. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
- iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

Section 2 – Personal Accident

Preamble

We will provide Insurance coverage to the **Insured Person(s)** under this **Policy** up to maximum of **BaseSum Insured** as applicable and subject to limits, sub-limits, **Co-payment**, **Time Deductible** and **Deductible** as specified on the Schedule of Coverage in the Policy Schedule.

The Coverage under this **Policy** is subject to Covers opted, statements and disclosures made in the Proposal form, declaration and/or medical reports, and the terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, are mentioned in **Bold** to enable **You** to identify that the particular word has a specific meaning for which **You** need to refer Section – A, Definitions.

Section 2.A. Benefits

I – Coverage

1 – Accidental Death

I. Accidental Death

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**, if **Insured Person** sustains **Injury** due to **Accident** during the **Policy Period**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

i. Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Policy Period** or;
- b. after and as a result of any **Catastrophic Event** during **Policy Period**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

ii. Comatose

If **Insured Person** sustains **Injury** during **Policy Period** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims. The Company's liability during the lifetime of the **Policy** will not exceed the Base **Sum Insured** in respect of the Cover

II. Specific Conditions applicable to Cover 1 – Accidental Death

The Coverage under this Section terminates on admissibility of Claim equal to the **Sum Insured**

III. Optional Cover applicable to Cover 1 – Accidental Death

i. Burns

If **Insured Person** sustains **Injury** during **Policy Period**, which solely and directly results into burns, **We** will pay in accordance with benefit table below subject to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**;

Description	% of Base Sum Insured payable
a. Head	
i. Third degree burns of 8% or more of the total head surface area	100%
ii. Second degree burns of 8% or more of the total head surface	50%
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
v. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi. Second degree burns of 2% or more, but less than 5% of the total head surface area	0%
b. Rest of the Body	
i. Third degree burns of 20% or more of the total body surface area	100%
ii. Second degree burns of 20% or more of the total body surface area	50%
iii. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific conditions applicable to Burns

- i. If the **Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest **Sum Insured** (as per defined Description) only.
- ii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iii. This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **BaseSum Insured** in respect of the Cover..

2 – Permanent Disablement

I. Permanent Disablement

If **Insured Person** sustains **Injury** during **Policy Period**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table below upto maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule** provided such disablement is certified by the **Medical Practitioner**

i. Benefit Table A

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance of Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

ii. Benefit Table B

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%

9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%
12	Permanent Total Loss of Sight of one eye	50%

iii. Benefit Table C

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%

22	Ankylosis of the elbow, hip or knee	20%
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iv. Benefit Table D

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

II. Terms and Conditions applicable to Cover 2 – Permanent Disablement

- Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **BaseSum Insured** subject to maximum of **Sum Insured** payable for the loss of the said members.
- Benefit under item 23 of Table D shall be determined by the independent **Medical Practitioner** who will certify the percentage of **BaseSum Insured** payable taking into consideration the nature of the **Injury** and disability in conjunction with the stated percentages **BaseSum Insured** for more specific injuries shown in the Table of Benefits.

- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.
- v. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

3 – Temporary Total Disablement

I. Temporary Total Disablement – Accident Only

If **Insured Person** sustains **Injury** during **Policy Period**, which solely and directly results in **Temporary Total Disablement**, We will pay the weekly benefit upto maximum of **Sum Insured** as specified in the **Schedule of Coverage** on the **Policy Schedule** for each continuous period of **Temporary Total Disablement**.

II. Temporary Total Disablement – Accident and Illness

If during Policy Period, **Insured Person**;

- a) Sustain **injury**
- b) Contract **Illness**

Which solely and directly results in **Temporary Total Disablement**, We will pay the weekly benefit up to maximum of **Sum Insured** as specified in the **Schedule of Coverage** on the **Policy Schedule** for each continuous period of **Temporary Total Disablement**.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under IV – What is not covered

III. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

- i. If **Injury** sustained or **Illness** (as applicable) suffered is in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.
- ii. In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by an independent Medical Practitioner who certifies:
 - a. the date upon which the **Insured Person** recovered; or
 - b. the date upon which the **Insured Person** recovered as far as he/she ever will; or
 - c. the date from which the **Insured Person** is declared to have suffered Permanent Total Disablement
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

4 – Broken Bones

I. Broken Bones

If **Insured Person** sustains **Injury** during **Policy Period**, which solely and directly results into Fracture, certified by **Medical Practitioner**, We will pay in accordance to the Benefit table below upto maximum **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**;

	Fracture	% of Base Sum Insured payable
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1)	Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	100 75 50
2)	Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	100 50 30 20
3)	Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	50 40 30 20
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	40 30 20 12
5)	Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	30 20 16 8
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures	20 10
7)	Colles type fracture to the Lower Arm: a) Compound b) Other	20 10
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx): a) All compression fractures b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures	20 20 10
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	16 12 8 4

II. Specific Conditions applicable to Broken Bones

The Claims under this Section are payable subject to:

- Extent and nature of fracture as certified by **Medical Practitioner**.
- The total amount payable under this Cover, in respect of more than one fracture due to the same **Injury**, will be calculated by adding the various benefits together, but shall not exceed the **Sum Insured** under this Cover.
- This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

5 – Emergency Medical Expenses

I. Emergency Medical Expenses

We will pay **Medical Expenses** listed below for an **Emergency Care** of an **Insured Person** due to an **Injury** sustained during the Policy Period up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule**, subject to **Co-Payment**, **Deductible** and **Sub-limit** as applicable and within India only.

Medical Expenses

1. **Room Rent** and boarding charges in the event of **Hospitalization of Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization of Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** in India only
10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
 - o to the nearest **Hospital**
 - o from one **Hospital** to another **Hospital**
 - o or from **Hospital** to Home (within same City)
11. **Room Rent** & Proportionate deduction: In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** (excluding Medicines and drugs) incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency In-patient care AYUSH treatment sustained due to an Injury is also covered under 'Emergency Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

II. Optional Covers under Emergency Medical Expenses

i. Emergency Medical Expenses - Global

On availing this option, We will pay **Medical Expenses** under I. Emergency Medical Expenses, incurred anywhere in world.

ii. Co-payment

On availing this option, **Co-Payment** will be applicable as mentioned in the **Schedule of Coverage** on the **Policy Schedule** on all Claims under Cover 6 – Emergency Medical Expenses

6– Hospital Cash – Accident only

I. Hospital Cash – Accident Only

If Insured Person sustains Injury, which within month of its occurrence, results in **Medically Necessary**;

i. Hospitalization

- ii. Domiciliary **Hospitalization**
- iii. **In-patient care Hospitalization** for Alternative Treatments

of an **Insured Person** within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such **Hospitalization**.

II. Specific Conditions applicable to Cover Hospital Cash – Accident only

For the purpose of application of **Time Deductible**, successive **Hospital** stays with less than sixty days between each one for a same cause, shall be deemed as one **Hospitalization** event.

III. Optional Covers applicable to Cover Hospital Cash – Accident only

i. Companion Benefit

In the event of admissible Claim under this Cover, **We** will pay additional **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** towards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. Hospital Cash – ICU

We will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of **Hospitalization** of **Insured Person** in the **Intensive Care Unit**.

iii. Time Deductible Modification Option

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy Schedule** will be applied on each and every admissible Claim under the **Policy**.

iv. Hospital Cash – Global

On availing this option, we will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** on **Medically Necessary Hospitalization** of an **Insured Person** outside India due to **Injury** sustained during **Policy Period**.

7- Chauffeur Benefit

I. Chauffeur Benefit

If **Insured Person** sustains **Injury** during the **Policy Period** which results in **Temporary Total Disablement** or **Temporary Partial Disablement**, **We** will indemnify the **Insured Person** towards daily cost of hire of a transportation or driver to maintain the mobility of **Insured Person**. The Coverage is applicable for period of disablement subject to maximum number of days and **Sum Insured** specified in the Schedule of Coverage on the **Policy Schedule**.

II. Specific Conditions applicable to Chauffeur Benefit

- i. This cover is applicable only on certification of Travel by **Medical Practitioner**.
- ii. In the event of Claim admissible under this Cover, no claim shall be payable under Cover 3 – Temporary Total Disablement
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover.

II. Value added Services under Section 2– Personal Accident

i. Health Coach:

Insured Person will have access to Health Coaching services in areas given below :

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological counselling
- Depression counselling

These services will be available through **Our HDFC ERGO Mobile App** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy and diagnostic centres
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

III. Optional Covers under Section 2 – Personal Accident

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the **Policy**.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. Preventive Health Check-up

Insured Person will be entitled for below list of tests after completion of each **Policy Year/Renewal** at our **Network Provider** ;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report
- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of **Insured Person**

Procedure for availing this benefit

- i. **You** will be intimated to undergo the health check-up at our **Network Provider**, through **Our HDFC ERGO Mobile App**.
- ii. Test reports from our **Network Provider** will be made available to **You** on **Our HDFC ERGO Mobile App**
- iii. **You** have the option to avail this benefit at our **Network Provider** through Phone/Email or other modes of communication as available from time to time.

ii. Last Rites

On availing this option, **We** will pay the **Sum Insured** towards Last Rites of **Insured Person** in the event of admissible Claim under Cover 1 – Accidental Death.

The Coverage for this Optional cover terminates on admissibility of Claim equal to the **Sum Insured**

iii. Dependent Children Education Benefit

We will pay the **Sum Insured** towards education of **Dependent Children**, in the event of Claim admissible under Cover 1 – Accidental Death.

Conditions applicable to Dependent Children Education Benefit

- 1) This Coverage is applicable only to living **Dependent Children**
- 2) The **Sum Insured** for this Cover is the total claim amount payable for all **Dependent Children** combined
- 3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the **Sum Insured**

iv. Renewal Premium Benefit

In the event, Claim for **Insured Policy Holder** becomes admissible under Cover 1 – Accidental Death, **We** will pay the amount equivalent to the Renewal premium of the Coverage for all other **Insured Person** covered in the same policy as mentioned in the Schedule of Coverage on the Policy Schedule.

Conditions applicable to Renewal Premium Benefit

- i. Renewal Premium benefit will only be in respect of Coverage under Section 2 – Personal Accident
- ii. The Benefit will be payable irrespective of whether Policy is renewed or not.

v. Parental Care Benefit

We will pay the **Sum Insured** towards parental care of **Dependent Parents**, in the event of Claim admissible under Cover 1 – Accidental Death.

Conditions applicable to Parental Care Benefit

- 1) This Coverage is applicable only to living **Dependent Parents**
- 2) The **Sum Insured** for this Cover is the total claim amount payable for both **Dependent Parents** combined
- 3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the **Sum Insured**

vi. Medical Evacuation

We will indemnify the **Insured Person** for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the **Accident** to the nearest **Hospital**, that ground transportation cannot provide provided Claim is admissible under any of the Cover 1 to 9 of this Section.

Conditions applicable to Medical Evacuation

The Claim under this cover is admissible only once in a **Policy Year** irrespective of number of Claims becoming admissible under any of the Cover 1 to 9 of this Section.

Section 2.B. Exclusions & Waiting Period

A. General Exclusions

I. Specific General Exclusions

We will not make 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 the **Policy**;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner

- ii. War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical, Biological attack** or weapons/materials or radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Death or Disability suffered by the **Insured Person** on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives) using a motorized vehicle or bicycle.
- v. Death or Disability caused by or arising from or in consequence of or contributed to **Nuclear, Chemical or Biological attack/weapons**, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit intentional **self-Injury** (except in an attempt to save human life) or suicide while mentally sound or suffering from **Mental illness**
- vii. From engaging in or participation in naval, military or air force operation.
- viii. **Injury** sustained whilst or as a result of participation as a professional in **Hazardous or Adventure sports**
- ix. Breach of Law: Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. **Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xi. **Injury** sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

B. Exclusions applicable to Cover 3, II – Temporary Total Disablement due to Illness and Cover 5, Emergency Medical Expenses

We will not make 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 the Policy

I. Standard Waiting Periods

Claims under the Policy are covered subject to waiting Period as 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 36 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 36 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.
- b. This exclusion shall not be applicable for claims arising due to an **Accident**.
- c. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- d. 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.
- e. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- f. 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.

	Non infective Arthritis	Pilonidal sinus
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g. Kidney stone, Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

i. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear		
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) 30-day waiting period – Code – Excl03

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

II. Standard Permanent 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**:

- Investigation & Evaluation:** Code Excl04
 - Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 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:
 - 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.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 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
- 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:
 - iii. Obesity related cardiomyopathy
 - iv. coronary heart disease
 - v. severe sleep apnoea
 - vi. 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 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.
- 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 Excl12
- 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.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.Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.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.Excl16
- xiv. **Sterility and Infertility** Code – Excl17 - Expenses related to sterility and infertility. This includes:
 - e. Any type of contraception, sterilization
 - f. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - g. Gestational Surrogacy
 - h. 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.
- III. **Specific Permanent Exclusions**
 - 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 weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
 - iii. Any **Insured Person's** participation or involvement in naval, military or air force operation.

- iv. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- v. Congenital external diseases, defects or anomalies,
- vi. Stem cell harvesting
- vii. Investigative treatments for analysis and adjustments of spinal subluxation, 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).
- viii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- x. 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.
- xi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- 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 etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xiii. The provision or fitting of hearing aids, spectacles or contact lenses.
- xiv. 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.
- xv. 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.
- xxi. 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
- xvi. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

Section 2.C. Claims Procedure Section 2– Personal Accident

1. Notification of a Claim

Procedure	Cashless Hospitalization	Cashless claims for Hospitalizations outside India	Reimbursement Claims
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website		
Claim Intimation Timelines	Within 24 hours of the Hospitalization.	Within 24 hours of the Emergency Hospitalization.	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier.
Particulars to be provided to us for claim notification	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. First Information Report and Final Police report, wherever is necessary 4. Any other supporting documents as may be required by the Company 5. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. 		
Accidental Death	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory) report – To check for drug abuse/intoxication 		
Permanent Disablement	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 		

	<ol style="list-style-type: none"> Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; Original Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement.
Temporary Total Disablement	<ol style="list-style-type: none"> Medical Practitioner's Report Medico Legal Certificate Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; Original Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. Leave certificate from the employer (If Employed) Fitness certificate from Medical practitioner Insured's own Indian bank cancelled cheque copy and bank details in attached format
Hospital Cash-Accident Only	<ol style="list-style-type: none"> Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit First consultation letter from treating Medical Practitioner Certificate from treating Medical Practitioner, specifying the duration and etiology MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Broken Bones	<ol style="list-style-type: none"> Medical Practitioner's Report Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; Original Discharge summary from the hospital Medical reports, case histories, investigation reports, treatment papers as applicable. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable Relevant treatment papers clearly mentioning the areas of fracture with their severity.
Burns	<ol style="list-style-type: none"> Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns Attested copy of FIR. (If any) All X-Ray / Investigation reports and films supporting to disability.
Medical Evacuation	<ol style="list-style-type: none"> Consultation note or Emergency Room's Medical Practitioner medical report Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. All relevant Original Invoices for the expenses incurred towards ambulance facility. A covering letter from claimant mentioning the details of loss.
Emergency Medical Expenses	<ol style="list-style-type: none"> Consultation note or Emergency Room's Medical Practitioner medical report. Relevant treatment papers or Discharge Summary. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All relevant Original Invoices for the expenses incurred.
Dependent Child Education Benefit	<ol style="list-style-type: none"> Consultation Note OR Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. . Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; Death certificate Final police investigation report Post-mortem Report or Coroner's Report

	8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
Chauffeur Benefit	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. Original invoices of transport
Particulars to be provided for pre-authorization	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 3. Nature of disease/Illness/Injury 4. Name and address of the attending Medical Practitioner/Hospital 5. Date of admission & probable date of discharge 6. Approximate Claim Expenses 7.
	Any other relevant information as required
Process for obtaining Pre-Authorization	<ol style="list-style-type: none"> i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection.
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

2. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Original invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer.

- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

3. Conditions for obtaining Cashless facility

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization**/treatment, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

4. Payment of a Claim

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.
- iii. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
- iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

Section C – General Conditions

1. Standard General Clauses

I. 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.

II. Condition Precedent to Admission of Liability

The terms and conditions of the **Policy** must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the **Policy**.

III. Multiple Policies (Applicable to Section 1 - Health)

- i. In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the **Insurer** chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen **Policy**.
- ii. **Insured Person** having multiple policies shall also have the right to prefer claims under this **Policy** for the amounts disallowed under any other policy / policies even if the **Sum Insured** is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this **Policy**.
- iii. If the amount to be claimed exceeds the **Sum Insured** under a single **Policy**, the **Insured Person** shall have the right to choose **Insurer** from whom he/she wants to claim the balance amount.
- iv. Where an **Insured Person** has policies from more than one **Insurer** to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen **Policy**.

IV. 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.

V. 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.

VI. 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.

VII. Fraud

If any claim made by the **Insured Person**, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the **Insured Person** or anyone acting on his/her behalf to obtain any benefit under this **Policy**, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this **Policy** but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the **Insurer**.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the **Insured Person**, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;

- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the **Insurer**.

VIII. 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 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.

IX. Portability (Applicable to Section 1 – Health)

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.

X. Migration(Applicable to Section 1 – Health)

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 at least 30 days before the policy renewal date as per IRDAI guidelines on **Migration**. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

1. Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days

Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- i. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- ii. The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated **Grace Period**.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- v. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vi. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

2. 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.

3. 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.

4. Claim Settlement (Provision for Penal Interest) – Applicable to Section 1 - Health

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.
- iii. If requested by Us, at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
- iv. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

5. Cancellation

- i. The Policyholder may cancel this policy by giving 7 days' 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.
- ii. 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
- iii. 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
- iv. 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.

6. 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**.

7. Grievance Redressal Procedure

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

- Website: www.hdfcergo.com
- Contact us: 022 6158 2020/ 022 6234 6234
- Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@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

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

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation-level 1 Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation-level 2 Call - : 022 6158 2020/ 022 6234 6234

Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com Grievance cell of any of our Branch office	grievance@hdfcergo.com The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri, Mumbai – 400059	cgo@hdfcergo.com The Compliance Officer, Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

- i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

II. Specific General Terms & Clauses

1. Geography

Section 1- Health

This Policy provides coverage in India, except under the policies with Emergency Worldwide Coverage and Overseas treatment as may be specified in the on the Schedule of Coverage in the Policy Schedule.

Section 2 – Personal Accident

This Policy provides coverage Worldwide, except under the covers specifically mentioning as covered in India only under the terms and conditions.

2. Loadings

- I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
- III. Loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with **Us** or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy. However, increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned under **Section 1.III. 3 – Health Incentives**
- IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the

counter offer nor revert to **Us** within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

3. Non-Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by Us at **Our** sole discretion, upon 15-day notice by sending an endorsement to **Your** address shown in the Schedule and
 - b) the claim under such Policy if any, shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under **clause 3 i** above.

4. Grace Period

- i. A **Grace Period** of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during **Grace Period** will not be covered and will be treated as **Pre-existing diseases**.
- ii. Policies for which Premium is received after the **Grace Period** shall be issued as a fresh policy.
- iii. For Policies on instalment basis, Grace Period is available as given below.
- iv. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

5. Endorsements

The following endorsements are permissible during the Policy Period:

Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person
- iii. Rectification in relationship of the Insured Person with the Proposer
- iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- v. Change in the correspondence address of the Proposer(if this does not impact the premium)
- vi. Change in Nominee Details
- vii. Change in Height, weight, marital status (if this does not impact the premium)
- viii. Change in bank details

- ix. Any other non-financial endorsement

Financial Endorsements – which result in alteration in premium

- x. Change in Age/date of birth
- xi. Change in Height, weight
- xii. Addition of Insured Person (New Born Baby or newly wedded spouse)
- xiii. Deletion of Insured Person on death or Marital separation
- xiv. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth certificate / marriage certificate as the case may be for addition of Insured person.

6. Premium Tier (Applicable to Section 1 only)

For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the **Insured Person** in the proposal form. Classification of cities would be as under:

- **Tier 1a:** Delhi and NCR region
- **Tier 1b:** Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Vadodara
- **Tier 2:** Rest of India

Conditions:

- i. On payment of Tier 1a premiums, **Insured Person** can avail treatment all over India without any **co-payment**.
- ii. On payment of Tier 1b premium, **Insured Person** can avail treatment at Tier 1b cities and Tier 2 cities without any **Co-Payment**. However, if Insured Person avails a treatment in Tier 1a cities, 20% **Co-Payment** shall be applicable on admissible claim amount.
- iii. On payment of Tier 2 premium, **Insured Person** can avail treatment at Tier 2 cities without any **Co-Payment**. However, if Insured Person avails a treatment in Tier 1a or Tier 1b cities, 20% **Co-Payment** shall be applicable on admissible claim amount.
- iv. **Co-Payment** under ii and iii above will not be applied if **Insured Person** opts for **Hospitalization** with **Room Rent** up to Rs. 5,000 per day or on **Hospitalization** for **Medically Necessary** treatment following an **Accident**

7. Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our **HDFC ERGO Mobile App** and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC ERGO General Insurance Company Limited do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations, any decision made or action taken or not taken in reliance upon the information.

- 8. Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

9. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the Insured as recorded in the Policy.

Section D – Other Terms & Conditions

Contact Us

	Within India	Outside India
Claim Intimation:	Service No. 022 6158 2020/ 022 6234 6234 Email: healthclaims@hdfcergo.com	Contact us: 800 08250825 Global contact No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

Ombudsman Details

S.No	Office Details	Jurisdiction of Office (Union Territory, District)
1	AHMEDABAD Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGALURU Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.

3	BHOPAL Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202: Email : bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
4	BHUBANESWAR Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
5	CHANDIGARH Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
7	DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8	GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

9	HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
11	KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
13	LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

14	MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
15	NOIDA Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
17	PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Annexure I - List of Non-Medical Expenses

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY

26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Platinum Plan

Tier 1a

Delhi/NCR

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	11,285	NA	NA	NA	NA	NA	NA	NA
18-35	14,456	21,684	25,298	28,912	17,347	19,516	21,684	3,615
36-45	17,110	25,665	29,942	34,219	20,532	23,098	25,665	4,278
46-50	22,172	33,258	38,801	44,344	26,607	29,932	33,258	5,544
51-55	28,634	42,951	50,109	57,268	34,361	38,656	42,951	5,544
56-60	33,035	49,552	57,811	66,070	39,642	44,597	49,552	5,544
61-65	45,151	67,727	79,014	90,302	54,182	60,954	67,727	5,544
66-70	57,268	85,901	1,00,217	1,14,534	68,721	77,311	85,901	5,544
71-75	73,422	1,10,133	1,28,488	1,46,844	NA*	99,120	1,10,133	5,544
76-80	73,422	1,10,133	1,28,488	1,46,844	NA*	99,120	1,10,133	5,544
>80	73,422	1,10,133	1,28,488	1,46,844	NA*	99,120	1,10,133	5,544

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	12,817	NA	NA	NA	NA	NA	NA	NA
18-35	16,434	24,650	28,758	32,866	19,720	22,185	24,650	4,109
36-45	19,460	29,189	34,054	38,918	23,351	26,270	29,189	4,866
46-50	25,232	37,848	44,156	50,463	30,278	34,063	37,848	6,309
51-55	32,601	48,901	57,051	65,201	39,121	44,011	48,901	6,309
56-60	37,568	56,352	65,744	75,136	45,082	50,717	56,352	6,309
61-65	51,384	77,076	89,922	1,02,768	61,661	69,369	77,076	6,309
66-70	65,201	97,800	1,14,100	1,30,400	78,240	88,020	97,800	6,309
71-75	83,622	1,25,432	1,46,338	1,67,243	NA*	1,12,889	1,25,432	6,309
76-80	83,622	1,25,432	1,46,338	1,67,243	NA*	1,12,889	1,25,432	6,309
>80	83,622	1,25,432	1,46,338	1,67,243	NA*	1,12,889	1,25,432	6,309

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	9,136	NA	NA	NA	NA	NA	NA	NA
18-35	11,683	17,525	20,445	23,366	14,020	15,772	17,525	2,922
36-45	13,815	20,722	24,175	27,629	16,578	18,650	20,722	3,454
46-50	17,881	26,821	31,291	35,761	21,457	24,139	26,821	4,471
51-55	23,072	34,607	40,375	46,142	27,686	31,146	34,607	4,471
56-60	26,678	40,017	46,686	53,355	32,013	36,015	40,017	4,471
61-65	36,410	54,615	63,717	72,819	43,692	49,153	54,615	4,471
66-70	46,142	69,213	80,748	92,284	55,371	62,292	69,213	4,471
71-75	59,118	88,677	1,03,457	1,18,236	NA*	79,810	88,677	4,471
76-80	59,118	88,677	1,03,457	1,18,236	NA*	79,810	88,677	4,471
>80	59,118	88,677	1,03,457	1,18,236	NA*	79,810	88,677	4,471

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Platinum Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	10,367	NA	NA	NA	NA	NA	NA	NA
18-35	13,272	19,907	23,225	26,542	15,926	17,916	19,907	3,319
36-45	15,702	23,553	27,478	31,403	18,842	21,198	23,553	3,926
46-50	20,339	30,508	35,592	40,677	24,407	27,457	30,508	5,085
51-55	26,258	39,386	45,950	52,514	31,509	35,448	39,386	5,085
56-60	30,319	45,478	53,058	60,637	36,383	40,931	45,478	5,085
61-65	41,417	62,125	72,479	82,833	49,700	55,912	62,125	5,085
66-70	52,514	78,771	91,899	1,05,028	63,017	70,894	78,771	5,085
71-75	67,311	1,00,966	1,17,794	1,34,621	NA*	90,870	1,00,966	5,085
76-80	67,311	1,00,966	1,17,794	1,34,621	NA*	90,870	1,00,966	5,085
>80	67,311	1,00,966	1,17,794	1,34,621	NA*	90,870	1,00,966	5,085

Tier 2

Rest of India

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	7,802	NA	NA	NA	NA	NA	NA	NA
18-35	9,962	14,942	17,433	19,923	11,954	13,448	14,942	2,491
36-45	11,769	17,653	20,596	23,538	14,123	15,888	17,653	2,943
46-50	15,217	22,825	26,629	30,433	18,260	20,543	22,825	3,805
51-55	19,618	29,427	34,331	39,236	23,542	26,484	29,427	3,805
56-60	22,731	34,097	39,779	45,462	27,278	30,687	34,097	3,805
61-65	30,984	46,475	54,221	61,966	37,180	41,828	46,475	3,805
66-70	39,236	58,853	68,662	78,471	47,083	52,968	58,853	3,805
71-75	50,239	75,358	87,917	1,00,476	NA*	67,822	75,358	3,805
76-80	50,239	75,358	87,917	1,00,476	NA*	67,822	75,358	3,805
>80	50,239	75,358	87,917	1,00,476	NA*	67,822	75,358	3,805

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	8,846	NA	NA	NA	NA	NA	NA	NA
18-35	11,309	16,962	19,789	22,616	13,570	15,266	16,962	2,828
36-45	13,370	20,054	23,396	26,738	16,043	18,049	20,054	3,343
46-50	17,301	25,951	30,276	34,602	20,761	23,356	25,951	4,326
51-55	22,320	33,479	39,059	44,639	26,784	30,132	33,479	4,326
56-60	25,819	38,728	45,182	51,637	30,982	34,855	38,728	4,326
61-65	35,229	52,843	61,650	70,457	42,274	47,559	52,843	4,326
66-70	44,639	66,958	78,117	89,277	53,566	60,262	66,958	4,326
71-75	57,185	85,778	1,00,074	1,14,370	NA*	77,200	85,778	4,326
76-80	57,185	85,778	1,00,074	1,14,370	NA*	77,200	85,778	4,326
>80	57,185	85,778	1,00,074	1,14,370	NA*	77,200	85,778	4,326

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Titanium Plan

Tier 1a
Delhi/NCR

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	34,464	NA	NA	NA	NA	NA	NA	NA
18-35	47,269	70,903	82,719	94,535	56,723	63,814	70,903	11,822
36-45	64,194	96,292	1,12,337	1,28,386	77,033	86,661	96,292	16,051
46-50	96,615	1,44,924	1,69,075	1,93,228	1,15,939	1,30,430	1,44,924	24,156
51-55	1,44,484	2,16,725	2,52,845	2,88,964	1,73,381	1,95,052	2,16,725	24,156
56-60	1,86,533	2,79,802	3,26,431	3,73,064	2,23,837	2,51,818	2,79,802	24,156
61-65	2,64,541	3,96,814	4,62,945	5,29,080	NA*	3,57,129	3,96,814	24,156
66-70	3,62,329	5,43,493	6,34,074	7,24,655	NA*	NA*	NA*	24,156
71-75	5,01,880	7,52,818	8,78,288	10,03,757	NA*	NA*	NA*	24,156
76-80	5,01,880	7,52,818	8,78,288	10,03,757	NA*	NA*	NA*	24,156
>80	5,01,880	7,52,818	8,78,288	10,03,757	NA*	NA*	NA*	24,156

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	41,461	NA	NA	NA	NA	NA	NA	NA
18-35	59,241	88,860	1,03,671	1,18,479	71,090	79,973	88,860	14,814
36-45	86,532	1,29,799	1,51,429	1,73,061	1,03,839	1,16,818	1,29,799	21,635
46-50	1,38,634	2,07,951	2,42,609	2,77,265	1,66,360	1,87,154	2,07,951	34,661
51-55	2,18,413	3,27,621	3,82,222	4,36,823	2,62,095	2,94,857	3,27,621	34,661
56-60	2,91,960	4,37,941	5,10,929	5,83,918	3,50,353	3,94,145	4,37,941	34,661
61-65	4,18,051	6,27,076	7,31,588	8,36,099	NA*	NA*	NA*	34,661
66-70	5,83,697	8,75,544	10,21,469	11,67,391	NA*	NA*	NA*	34,661
71-75	8,22,901	12,34,351	14,40,075	16,45,799	NA*	NA*	NA*	34,661
76-80	8,22,901	12,34,351	14,40,075	16,45,799	NA*	NA*	NA*	34,661
>80	8,22,901	12,34,351	14,40,075	16,45,799	NA*	NA*	NA*	34,661

Tier 1b
Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	26,353	NA	NA	NA	NA	NA	NA	NA
18-35	36,596	54,894	64,042	73,190	43,915	49,406	54,894	9,153
36-45	50,942	76,413	89,146	1,01,881	61,130	68,770	76,413	12,738
46-50	78,449	1,17,675	1,37,284	1,56,896	94,140	1,05,906	1,17,675	19,614
51-55	1,19,569	1,79,353	2,09,244	2,39,135	1,43,484	1,61,417	1,79,353	19,614
56-60	1,56,589	2,34,885	2,74,029	3,13,176	1,87,905	2,11,394	2,34,885	19,614
61-65	2,22,768	3,34,154	3,89,842	4,45,534	NA*	NA*	NA*	19,614
66-70	3,07,338	4,61,006	5,37,839	6,14,672	NA*	NA*	NA*	19,614
71-75	4,28,620	6,42,929	7,50,084	8,57,238	NA*	NA*	NA*	19,614
76-80	4,28,620	6,42,929	7,50,084	8,57,238	NA*	NA*	NA*	19,614
>80	4,28,620	6,42,929	7,50,084	8,57,238	NA*	NA*	NA*	19,614

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HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Titanium Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	32,055	NA	NA	NA	NA	NA	NA	NA
18-35	46,691	70,035	81,708	93,379	56,030	63,031	70,035	11,676
36-45	70,479	1,05,720	1,23,337	1,40,956	84,576	95,147	1,05,720	17,622
46-50	1,15,913	1,73,870	2,02,848	2,31,824	1,39,095	1,56,481	1,73,870	28,981
51-55	1,86,227	2,79,342	3,25,897	3,72,452	2,23,473	2,51,406	2,79,342	28,981
56-60	2,52,237	3,78,355	4,41,413	5,04,471	NA*	3,40,518	3,78,355	28,981
61-65	3,62,230	5,43,345	6,33,902	7,24,458	NA*	NA*	NA*	28,981
66-70	5,09,002	7,63,501	8,90,753	10,18,001	NA*	NA*	NA*	28,981
71-75	7,21,751	10,82,627	12,63,064	14,43,500	NA*	NA*	NA*	28,981
76-80	7,21,751	10,82,627	12,63,064	14,43,500	NA*	NA*	NA*	28,981
>80	7,21,751	10,82,627	12,63,064	14,43,500	NA*	NA*	NA*	28,981

Tier 2

Rest of India

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	22,369	NA	NA	NA	NA	NA	NA	NA
18-35	31,404	47,106	54,956	62,806	37,685	42,397	47,106	7,855
36-45	44,630	66,945	78,100	89,258	53,556	60,249	66,945	11,160
46-50	70,003	1,05,005	1,22,502	1,40,002	84,004	94,503	1,05,005	17,503
51-55	1,08,278	1,62,416	1,89,484	2,16,553	1,29,934	1,46,174	1,62,416	17,503
56-60	1,43,318	2,14,978	2,50,804	2,86,633	1,71,979	1,93,477	2,14,978	17,503
61-65	2,04,370	3,06,556	3,57,645	4,08,737	NA*	NA*	NA*	17,503
66-70	2,83,465	4,25,197	4,96,062	5,66,927	NA*	NA*	NA*	17,503
71-75	3,97,288	5,95,930	6,95,251	7,94,573	NA*	NA*	NA*	17,503
76-80	3,97,288	5,95,930	6,95,251	7,94,573	NA*	NA*	NA*	17,503
>80	3,97,288	5,95,930	6,95,251	7,94,573	NA*	NA*	NA*	17,503

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	27,474	NA	NA	NA	NA	NA	NA	NA
18-35	40,676	61,012	71,182	81,349	48,811	54,911	61,012	10,172
36-45	63,047	94,571	1,10,330	1,26,090	75,656	85,112	94,571	15,764
46-50	1,05,780	1,58,670	1,85,115	2,11,557	1,26,935	1,42,801	1,58,670	26,448
51-55	1,72,408	2,58,613	3,01,713	3,44,813	2,06,890	2,32,750	2,58,613	26,448
56-60	2,35,708	3,53,562	4,12,488	4,71,414	NA*	NA*	3,53,562	26,448
61-65	3,39,204	5,08,805	5,93,605	6,78,404	NA*	NA*	NA*	26,448
66-70	4,78,782	7,18,172	8,37,869	9,57,562	NA*	NA*	NA*	26,448
71-75	6,81,620	10,22,429	11,92,833	13,63,237	NA*	NA*	NA*	26,448
76-80	6,81,620	10,22,429	11,92,833	13,63,237	NA*	NA*	NA*	26,448
>80	6,81,620	10,22,429	11,92,833	13,63,237	NA*	NA*	NA*	26,448

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at **1800 2666 400**.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1a

Delhi/NCR

Sum Insured	45,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	9,448	NA	NA	NA	NA	NA	NA	NA
18-35	12,852	19,277	22,490	25,702	15,422	17,350	19,277	3,214
36-45	17,351	26,026	30,363	34,701	20,821	23,423	26,026	4,338
46-50	26,010	39,015	45,517	52,019	31,212	35,113	39,015	6,503
51-55	38,735	58,102	67,786	77,469	46,482	52,292	58,102	6,503
56-60	50,216	75,325	87,878	1,00,431	60,259	67,791	75,325	6,503
61-65	70,953	1,06,430	1,24,167	1,41,905	NA*	95,786	1,06,430	6,503
66-70	96,948	1,45,422	1,69,659	1,93,895	NA*	NA*	NA*	6,503
71-75	1,34,045	2,01,068	2,34,579	2,68,090	NA*	NA*	NA*	6,503
76-80	1,34,045	2,01,068	2,34,579	2,68,090	NA*	NA*	NA*	6,503
>80	1,34,045	2,01,068	2,34,579	2,68,090	NA*	NA*	NA*	6,503

Sum Insured	40,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,113	NA	NA	NA	NA	NA	NA	NA
18-35	6,893	10,340	12,063	13,786	8,272	9,306	10,340	1,724
36-45	9,246	13,869	16,180	18,491	11,095	12,481	13,869	2,312
46-50	13,774	20,661	24,103	27,547	16,528	18,594	20,661	3,444
51-55	20,427	30,641	35,748	40,855	24,513	27,577	30,641	3,444
56-60	26,604	39,906	46,557	53,207	31,924	35,915	39,906	3,444
61-65	37,447	56,171	65,533	74,894	NA*	50,554	56,171	3,444
66-70	51,040	76,560	89,320	1,02,080	NA*	NA*	NA*	3,444
71-75	70,439	1,05,658	1,23,267	1,40,877	NA*	NA*	NA*	3,444
76-80	70,439	1,05,658	1,23,267	1,40,877	NA*	NA*	NA*	3,444
>80	70,439	1,05,658	1,23,267	1,40,877	NA*	NA*	NA*	3,444

Sum Insured	25,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	1,862	NA	NA	NA	NA	NA	NA	NA
18-35	2,424	3,636	4,242	4,848	2,909	3,273	3,636	606
36-45	3,167	4,750	5,542	6,334	3,800	4,275	4,750	792
46-50	4,596	6,894	8,043	9,192	5,516	6,205	6,894	1,149
51-55	6,697	10,045	11,720	13,394	8,036	9,041	10,045	1,149
56-60	8,895	13,342	15,566	17,789	10,674	12,008	13,342	1,149
61-65	12,318	18,477	21,557	24,636	NA*	16,629	18,477	1,149
66-70	16,609	24,914	29,066	33,219	NA*	NA*	NA*	1,149
71-75	22,734	34,100	39,784	45,467	NA*	NA*	NA*	1,149
76-80	22,734	34,100	39,784	45,467	NA*	NA*	NA*	1,149
>80	22,734	34,100	39,784	45,467	NA*	NA*	NA*	1,149

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at **1800 2666 400**.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	45,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	6,963	NA	NA	NA	NA	NA	NA	NA
18-35	9,555	14,333	16,721	19,110	11,466	12,900	14,333	2,390
36-45	13,185	19,778	23,074	26,370	15,822	17,800	19,778	3,297
46-50	20,190	30,285	35,332	40,379	24,228	27,256	30,285	5,048
51-55	30,595	45,893	53,541	61,190	36,715	41,303	45,893	5,048
56-60	40,273	60,410	70,478	80,546	48,327	54,368	60,410	5,048
61-65	57,020	85,530	99,785	1,14,040	NA*	NA*	85,530	5,048
66-70	78,420	1,17,630	1,37,235	1,56,840	NA*	NA*	NA*	5,048
71-75	1,09,110	1,63,665	1,90,942	2,18,220	NA*	NA*	NA*	5,048
76-80	1,09,110	1,63,665	1,90,942	2,18,220	NA*	NA*	NA*	5,048
>80	1,09,110	1,63,665	1,90,942	2,18,220	NA*	NA*	NA*	5,048

Sum Insured	40,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	3,814	NA	NA	NA	NA	NA	NA	NA
18-35	5,169	7,754	9,046	10,338	6,203	6,979	7,754	1,293
36-45	7,068	10,601	12,368	14,135	8,481	9,541	10,601	1,767
46-50	10,730	16,096	18,778	21,460	12,876	14,486	16,096	2,683
51-55	16,171	24,257	28,299	32,342	19,406	21,831	24,257	2,683
56-60	21,405	32,107	37,458	42,809	25,685	28,896	32,107	2,683
61-65	30,162	45,243	52,783	60,323	NA*	NA*	45,243	2,683
66-70	41,352	62,028	72,366	82,703	NA*	NA*	NA*	2,683
71-75	57,400	86,100	1,00,450	1,14,799	NA*	NA*	NA*	2,683
76-80	57,400	86,100	1,00,450	1,14,799	NA*	NA*	NA*	2,683
>80	57,400	86,100	1,00,450	1,14,799	NA*	NA*	NA*	2,683

Sum Insured	25,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	1,452	NA	NA	NA	NA	NA	NA	NA
18-35	1,880	2,820	3,290	3,760	2,256	2,538	2,820	470
36-45	2,479	3,719	4,338	4,958	2,975	3,347	3,719	620
46-50	3,636	5,453	6,362	7,271	4,363	4,908	5,453	909
51-55	5,353	8,030	9,368	10,706	6,424	7,227	8,030	909
56-60	7,253	10,880	12,693	14,507	8,704	9,792	10,880	909
61-65	10,018	15,027	17,531	20,036	NA*	13,524	15,027	909
66-70	13,551	20,326	23,714	27,101	NA*	NA*	NA*	909
71-75	18,617	27,926	32,580	37,234	NA*	NA*	NA*	909
76-80	18,617	27,926	32,580	37,234	NA*	NA*	NA*	909
>80	18,617	27,926	32,580	37,234	NA*	NA*	NA*	909

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 2

Rest of India

Sum Insured	45,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,878	NA	NA	NA	NA	NA	NA	NA
18-35	8,133	12,200	14,233	16,266	9,760	10,980	12,200	2,034
36-45	11,434	17,151	20,009	22,867	13,720	15,435	17,151	2,859
46-50	17,810	26,715	31,167	35,619	21,372	24,043	26,715	4,453
51-55	27,361	41,042	47,882	54,722	32,834	36,937	41,042	4,453
56-60	36,417	54,626	63,730	72,834	43,700	49,163	54,626	4,453
61-65	51,653	77,479	90,392	1,03,305	NA	NA	NA	4,453
66-70	71,390	1,07,085	1,24,932	1,42,779	NA	NA	NA	4,453
71-75	99,793	1,49,689	1,74,637	1,99,586	NA	NA	NA	4,453
76-80	99,793	1,49,689	1,74,637	1,99,586	NA	NA	NA	4,453
>80	99,793	1,49,689	1,74,637	1,99,586	NA	NA	NA	4,453

Sum Insured	40,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	3,247	NA	NA	NA	NA	NA	NA	NA
18-35	4,426	6,639	7,745	8,851	5,311	5,975	6,639	1,107
36-45	6,152	9,227	10,765	12,303	7,382	8,305	9,227	1,538
46-50	9,486	14,229	16,600	18,971	11,383	12,806	14,229	2,372
51-55	14,480	21,720	25,340	28,960	17,376	19,548	21,720	2,372
56-60	19,388	29,083	33,930	38,777	23,266	26,174	29,083	2,372
61-65	27,355	41,033	47,871	54,710	NA*	NA*	NA*	2,372
66-70	37,676	56,514	65,933	75,351	NA*	NA*	NA*	2,372
71-75	52,528	78,792	91,924	1,05,056	NA*	NA*	NA*	2,372
76-80	52,528	78,792	91,924	1,05,056	NA*	NA*	NA*	2,372
>80	52,528	78,792	91,924	1,05,056	NA*	NA*	NA*	2,372

Sum Insured	25,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	1,273	NA	NA	NA	NA	NA	NA	NA
18-35	1,645	2,468	2,879	3,290	1,974	2,221	2,468	411
36-45	2,190	3,285	3,832	4,380	2,628	2,956	3,285	548
46-50	3,243	4,864	5,674	6,485	3,891	4,378	4,864	811
51-55	4,819	7,229	8,434	9,639	5,783	6,506	7,229	811
56-60	6,617	9,925	11,579	13,234	7,940	8,933	9,925	811
61-65	9,132	13,698	15,981	18,264	NA*	12,328	13,698	811
66-70	12,390	18,585	21,683	24,780	NA*	NA*	NA*	811
71-75	17,079	25,619	29,888	34,158	NA*	NA*	NA*	811
76-80	17,079	25,619	29,888	34,158	NA*	NA*	NA*	811
>80	17,079	25,619	29,888	34,158	NA*	NA*	NA*	811

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HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1a

Delhi/NCR

Sum Insured	95,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	13,396	NA	NA	NA	NA	NA	NA	NA
18-35	19,024	28,536	33,292	38,047	22,829	25,682	28,536	4,757
36-45	27,663	41,495	48,410	55,325	33,196	37,345	41,495	6,916
46-50	44,204	66,306	77,357	88,408	53,045	59,675	66,306	11,052
51-55	69,458	1,04,188	1,21,552	1,38,916	83,350	93,769	1,04,188	11,052
56-60	93,032	1,39,548	1,62,806	1,86,063	1,11,638	1,25,593	1,39,548	11,052
61-65	1,32,946	1,99,419	2,32,655	2,65,891	NA*	NA*	NA*	11,052
66-70	1,85,382	2,78,073	3,24,418	3,70,763	NA*	NA*	NA*	11,052
71-75	2,61,103	3,91,655	4,56,930	5,22,206	NA*	NA*	NA*	11,052
76-80	2,61,103	3,91,655	4,56,930	5,22,206	NA*	NA*	NA*	11,052
>80	2,61,103	3,91,655	4,56,930	5,22,206	NA*	NA*	NA*	11,052

Sum Insured	90,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	8,816	NA	NA	NA	NA	NA	NA	NA
18-35	12,467	18,700	21,817	24,933	14,961	16,830	18,700	3,117
36-45	18,071	27,106	31,623	36,141	21,685	24,395	27,106	4,518
46-50	28,800	43,200	50,400	57,599	34,560	38,880	43,200	7,201
51-55	45,181	67,771	79,066	90,361	54,217	60,994	67,771	7,201
56-60	60,599	90,898	1,06,048	1,21,197	72,719	81,808	90,898	7,201
61-65	86,489	1,29,733	1,51,355	1,72,977	NA*	NA*	NA*	7,201
66-70	1,20,501	1,80,751	2,10,876	2,41,001	NA*	NA*	NA*	7,201
71-75	1,69,616	2,54,424	2,96,828	3,39,232	NA*	NA*	NA*	7,201
76-80	1,69,616	2,54,424	2,96,828	3,39,232	NA*	NA*	NA*	7,201
>80	1,69,616	2,54,424	2,96,828	3,39,232	NA*	NA*	NA*	7,201

Sum Insured	75,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,382	NA	NA	NA	NA	NA	NA	NA
18-35	7,549	11,324	13,211	15,098	9,059	10,191	11,324	1,888
36-45	10,876	16,315	19,033	21,752	13,052	14,683	16,315	2,719
46-50	17,247	25,870	30,182	34,493	20,696	23,283	25,870	4,312
51-55	26,972	40,459	47,202	53,945	32,367	36,413	40,459	4,312
56-60	36,274	54,411	63,479	72,547	43,529	48,970	54,411	4,312
61-65	51,645	77,468	90,379	1,03,291	NA*	NA*	NA*	4,312
66-70	71,840	1,07,759	1,25,719	1,43,679	NA*	NA*	NA*	4,312
71-75	1,01,001	1,51,502	1,76,752	2,02,002	NA*	NA*	NA*	4,312
76-80	1,01,001	1,51,502	1,76,752	2,02,002	NA*	NA*	NA*	4,312
>80	1,01,001	1,51,502	1,76,752	2,02,002	NA*	NA*	NA*	4,312

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HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	95,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	9,940	NA	NA	NA	NA	NA	NA	NA
18-35	14,351	21,526	25,114	28,701	17,221	19,373	21,526	3,589
36-45	21,519	32,279	37,657	43,037	25,823	29,050	32,279	5,380
46-50	35,261	52,891	61,707	70,521	42,313	47,602	52,891	8,816
51-55	56,448	84,672	98,783	1,12,895	67,737	76,204	84,672	8,816
56-60	76,637	1,14,956	1,34,115	1,53,274	NA*	1,03,460	1,14,956	8,816
61-65	1,09,781	1,64,671	1,92,116	2,19,560	NA*	NA*	NA*	8,816
66-70	1,54,005	2,31,007	2,69,508	3,08,009	NA*	NA*	NA*	8,816
71-75	2,18,109	3,27,163	3,81,690	4,36,217	NA*	NA*	NA*	8,816
76-80	2,18,109	3,27,163	3,81,690	4,36,217	NA*	NA*	NA*	8,816
>80	2,18,109	3,27,163	3,81,690	4,36,217	NA*	NA*	NA*	8,816

Sum Insured	90,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	6,575	NA	NA	NA	NA	NA	NA	NA
18-35	9,436	14,154	16,513	18,871	11,323	12,738	14,154	2,360
36-45	14,085	21,128	24,649	28,170	16,902	19,015	21,128	3,522
46-50	22,999	34,498	40,248	45,997	27,599	31,048	34,498	5,750
51-55	36,741	55,112	64,297	73,482	44,090	49,601	55,112	5,750
56-60	49,965	74,947	87,438	99,929	NA*	67,452	74,947	5,750
61-65	71,463	1,07,194	1,25,059	1,42,925	NA*	NA*	NA*	5,750
66-70	1,00,148	1,50,222	1,75,259	2,00,296	NA*	NA*	NA*	5,750
71-75	1,41,729	2,12,593	2,48,025	2,83,457	NA*	NA*	NA*	5,750
76-80	1,41,729	2,12,593	2,48,025	2,83,457	NA*	NA*	NA*	5,750
>80	1,41,729	2,12,593	2,48,025	2,83,457	NA*	NA*	NA*	5,750

Sum Insured	75,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	4,051	NA	NA	NA	NA	NA	NA	NA
18-35	5,750	8,624	10,062	11,499	6,900	7,762	8,624	1,438
36-45	8,510	12,765	14,892	17,020	10,212	11,489	12,765	2,128
46-50	13,802	20,704	24,154	27,605	16,563	18,633	20,704	3,451
51-55	21,962	32,943	38,433	43,923	26,354	29,648	32,943	3,451
56-60	29,960	44,940	52,430	59,920	NA*	40,446	44,940	3,451
61-65	42,724	64,086	74,767	85,448	NA*	NA*	NA*	3,451
66-70	59,756	89,633	1,04,572	1,19,511	NA*	NA*	NA*	3,451
71-75	84,443	1,26,665	1,47,776	1,68,886	NA*	NA*	NA*	3,451
76-80	84,443	1,26,665	1,47,776	1,68,886	NA*	NA*	NA*	3,451
>80	84,443	1,26,665	1,47,776	1,68,886	NA*	NA*	NA*	3,451

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 2

Rest of India

Sum Insured	95,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	8,448	NA	NA	NA	NA	NA	NA	NA
18-35	12,371	18,556	21,649	24,741	14,845	16,700	18,556	3,094
36-45	19,018	28,528	33,281	38,036	22,822	25,675	28,528	4,755
46-50	31,769	47,654	55,596	63,538	38,123	42,888	47,654	7,943
51-55	51,567	77,351	90,242	1,03,133	61,880	69,615	77,351	7,943
56-60	70,678	1,06,017	1,23,686	1,41,355	NA*	95,415	1,06,017	7,943
61-65	1,01,431	1,52,146	1,77,503	2,02,861	NA*	NA*	NA*	7,943
66-70	1,42,904	2,14,356	2,50,082	2,85,808	NA*	NA*	NA*	7,943
71-75	2,03,174	3,04,761	3,55,554	4,06,347	NA*	NA*	NA*	7,943
76-80	2,03,174	3,04,761	3,55,554	4,06,347	NA*	NA*	NA*	7,943
>80	2,03,174	3,04,761	3,55,554	4,06,347	NA*	NA*	NA*	7,943

Sum Insured	90,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,607	NA	NA	NA	NA	NA	NA	NA
18-35	8,152	12,227	14,265	16,303	9,782	11,004	12,227	2,039
36-45	12,463	18,695	21,810	24,926	14,956	16,825	18,695	3,116
46-50	20,734	31,101	36,285	41,468	24,881	27,991	31,101	5,184
51-55	33,576	50,364	58,757	67,151	40,291	45,327	50,364	5,184
56-60	46,099	69,149	80,673	92,198	NA*	62,234	69,149	5,184
61-65	66,047	99,070	1,15,581	1,32,093	NA*	NA*	NA*	5,184
66-70	92,948	1,39,422	1,62,659	1,85,895	NA*	NA*	NA*	5,184
71-75	1,32,041	1,98,062	2,31,072	2,64,082	NA*	NA*	NA*	5,184
76-80	1,32,041	1,98,062	2,31,072	2,64,082	NA*	NA*	NA*	5,184
>80	1,32,041	1,98,062	2,31,072	2,64,082	NA*	NA*	NA*	5,184

Sum Insured	75,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	3,476	NA	NA	NA	NA	NA	NA	NA
18-35	4,987	7,480	8,727	9,974	5,985	6,732	7,480	1,247
36-45	7,547	11,321	13,207	15,094	9,057	10,189	11,321	1,887
46-50	12,458	18,687	21,801	24,915	14,949	16,818	18,687	3,115
51-55	20,082	30,123	35,144	40,164	24,099	27,111	30,123	3,115
56-60	27,665	41,497	48,413	55,330	NA*	37,347	41,497	3,115
61-65	39,508	59,263	69,140	79,016	NA*	NA*	NA*	3,115
66-70	55,481	83,221	97,091	1,10,961	NA*	NA*	NA*	3,115
71-75	78,691	1,18,037	1,37,710	1,57,383	NA*	NA*	NA*	3,115
76-80	78,691	1,18,037	1,37,710	1,57,383	NA*	NA*	NA*	3,115
>80	78,691	1,18,037	1,37,710	1,57,383	NA*	NA*	NA*	3,115

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart

my:health Koti Suraksha

**HDFC
ERGO**

my:health Koti Suraksha - Section B. Personal Accident

(Gross Rate before tax)

Base Covers

Accidental Death

Rate per mille

Accidental Death	0.57
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Optional Cover under Accidental Death

Rate per mille

Burns	0.51
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Emergency Medical Expenses (EME)

Amount in INR

Emergency Medical Expenses (EME)	1,023
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Emergency Medical Expenses (EME)	Amount in INR							
Sum Insured (INR)	10,000	50,000	3 lac	10 lac	15 lac	25 lac	50 lac	1 crore
Relativity	0.49	0.67	1.00	2.11	2.67	3.22	4.89	7.11

Note: Other Sum Insured options may be arrived at using standard interpolation method

Optional Covers under Emergency Medical Expenses

Amount in INR

Emergency Medical Expenses – Global	1,376
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Emergency Medical Expenses – Global	Amount in INR							
Sum Insured (INR) for EME	50,000	3 lac	10 lac	15 lac	25 lac	50 lac	1 crore	
Sum Insured (INR) for EME - Global	7.5 lac	7.5 lac	10 lac	15 lac	25 lac	50 lac	75 lac	
Relativity	0.79	1.00	1.83	2.43	2.96	4.57	6.35	

Note: Other Sum Insured options may be arrived at using standard interpolation method

Co-Payment/Deductible	Discount
10%	10%
15%	20%
20%	25%

Broken Bones

Rate per mille

Broken Bones	4.10
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Hospital Cash - Accident Only

Rate per mille of 10 days hospital cash benefit

Hospital Cash - Accident Only	40.92
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Hospital Cash - Accident Only	Rate per mille of 10 days hospital cash benefit					
Length of Stay (in days)	7	10	15	20	30	60
Relativity	0.78	1.00	1.20	1.38	1.53	1.65

Optional Covers under Hospital Cash - Accident Only

Companion Benefit	
Payout to normal room limit	Loading (%)
Half time	50%
1 time	100%

Hospital Cash - ICU	
Payout to normal room limit	Relativity
2 times	1.13
3 times	1.27
4 times	1.40
5 times	1.53
10 times	2.20

HDFC ERGO General Insurance Company Limited

Premium Chart

my:health Koti Suraksha



my:health Koti Suraksha - Section B. Personal Accident

(Gross Rate before tax)

Optional Covers under Hospital Cash - Accident Only

Time deductible modification option	
Number of Days	Discount (%)
3 days	5.0%
5 days	10.0%

Hospital Cash - Accident Global	
Payout to normal room limit	Loading (%)
2 times	60.0%
3 times	97.5%
5 times	172.5%

Chauffeur Benefit

Rate per INR 10 of Daily Benefit

Chauffeur Benefit	7.30
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Chauffeur Benefit

Rate per INR 10 of Daily Benefit

Number of Days	7	15	30
Relativity	0.47	1.00	2.00

Optional Covers Under my:health Koti Suraksha - Section B. Personal Accident

(Gross Rate before tax)

Preventive Health Checkup	Gross Premium: All Sum Insureds
Age Band	
0-17	362
18-35	362
36-45	362
46-50	362
51-55	362
56-60	725
61-65	725
66-70	725
71-75	725
76-80	725
>80	725

Rate per mille

Last Rites	0.57
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Rate per mille

Dependent Children Education Benefit	0.57
--------------------------------------	------

Rate per mille

Personal Accident Policy - Renewal Premium	0.57
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Rate per mille

Parental Care Benefit	0.57
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Amount per insured member in INR

Medical Evacuation - Illness & Accident	331.82
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HDFC ERGO Cyber Sachet Insurance Prospectus

HDFC ERGO CYBER SACHET INSURANCE – PROSPECTUS

Today, as our lives have become more digitally connected, so have the risks associated with it. Everything that we do is a part of a connected eco-system through our devices. With our always-on internet access and multiple platforms, these devices open up a world of possibilities. But what we do not pay heed to, is the increasing risk that comes with it. In addition to being our constant partner for our entertainment needs, the internet also serves other more tangible purposes. Globally, around two-thirds of adults owning bank accounts make digital payments and rely on online banking services to meet their day to day banking needs.

To ensure that you have complete peace of mind and comprehensive protection for activities conducted on the internet, HDFC ERGO brings to you Cyber Sachet Insurance.

HDFC ERGO Cyber Sachet Insurance lets you choose the covers that you want from a comprehensive list of cyber risk covers. You can now customize your cyber insurance policy as per your need and stay protected. With our innovative cover options and modular design, you can now choose protection that you feel is more relevant for your internet usage. With this product, you can design your own affordable cyber insurance plan and 'Take it Easy'.

WHY BUY HDFC ERGO CYBER SACHET INSURANCE

- Extensive coverage – Get cover for a wide range of cyber risks that you may encounter on a daily basis
- Pay only for covers that you need – Option to choose from a comprehensive list of cyber risk covers
- Cover extends to all your devices
- Zero deductibles – The policy has no deductions under any of the covers
- Provision to extend your coverage to include your family by paying additional premium
- Family may include up to 4 members (including yourself) who are residing with you
- Complete peace of mind for your activities conducted on the internet
- Covered psychologist consultation expenses for traumatic stress*

*Under Identity Theft & Cyber Bullying, Cyber Stalking and Loss of Reputation covers.

RISK COVERED FOR YOU

- Risks covered under this policy are:

- **Section 1 - Theft of Funds:** You will be covered for both digital and physical theft of funds as described below:
 - a. **Theft of Funds: Unauthorized Digital Transactions** – pays for financial loss when your money is stolen online through unauthorized access to your financial instrument by a third party as a consequence of You being a victim of phishing or email spoofing. You have the flexibility to choose your payment method as well be it UPI, Net banking, Mobile banking or digital wallets etc.
 - b. **Theft of Funds: Unauthorized Physical Transactions** – pays for financial loss when there is an unauthorized physical use of your credit/debit cards, a wrongful withdrawal at an ATM, use of forged signature etc.

Option to remove Unauthorized Physical Transaction: You may choose to remove the Unauthorized Physical Transaction cover from the 'Theft of Funds' section. Your premium shall be adjusted accordingly.

- **Section 2 - Identity theft** – pays for financial loss, credit or identity monitoring services, legal costs or psychological assistance when your Personal Information is stolen over the internet by a Third Party and is altered, deleted or wrongfully used to obtain money, goods or services.
- **Section 3 - Data Restoration/Malware Decontamination** – pays costs incurred on involvement of an IT expert after a cyber-incident to restore Your data backup or to decontaminate

or clean Your personal devices from malware, to the closest possible condition in which they were immediately before the cyber incident.

What we will not cover:

- Loss or damage resulting from malware of disputable websites, such as pornographic websites
- Loss or damage resulting from accessing application or website that are banned for usage as per notification of any government authority.
- **Section 4 - Replacement of Hardware** – pays for replacement of your device when malicious software attacks and damages the hardware of your computer or any other digital device.
- **Section 5 - Cyber Bullying, Cyber Stalking and Loss of Reputation** – pays legal costs, cost of restoring your online reputation, necessary relocation or psychological assistance when you are a victim of bullying or stalking on the internet, which results in a loss of reputation.
- **Section 6 - Cyber Extortion** – pays legal costs and costs to resolve Cyber Extortion which occurs when a Third Party threatens you over the internet to cause harm or damage to Your personal devices or Your data on Your personal devices in order to extract an extortion ransom from You by use of coercion.
- **Section 7 - Online Shopping** – pays for financial loss when you are fraudulently induced into a payment through a credit or debit card or a mobile wallet, while shopping online.
- **Section 8 - Online Sales** – pays for financial loss when you are a victim of a fraudulent transaction while selling goods online where You have lost physical control of the goods but in return never have received due payment for such goods.
- **Section 9 - Social Media and Media Liability** – pays any amount for which you are legally liable, including legal costs when you unintentionally breach copyrights or privacy of a third party or defamation, and are a subject of legal action.

What we will not cover:

- Any liability arising out of any political, gender, caste, racist and religious statements
- **Section 10 - Network Security Liability** – pays any amount for which you are legally liable, including legal costs when a malware attack from your personal device causes damage on third party computer systems and you are a subject of legal action.
- **Section 11 - Privacy Breach and Data Breach Liability** – pays any amount for which you are legally liable, including legal costs when you breach confidential information or personal data of a third party and are subject of legal action.
- **Section 12 - Privacy Breach and Data Breach Liability by Third Party** – pays legal cost incurred for claims for damages filed by you against a third party when your personal data gets unauthorized disclosure by a third party or the third party uses your personal data in their computer system.
- **Section 13 - Smart Home Cover** – pays costs incurred on involvement of an IT expert when a malware attack damages your devices and systems in a smart home set-up.
- **Section 14 - Liability arising due to Underage Dependent Children** –
 - i. a cyber incident resulting from online activities on Your personal devices by an underage person (i.e. an age below 18 years) who is a family member that You failed to prevent and which has caused damage, alteration, destruction or theft of data or a DoS attack on third parties' devices
 - ii. for any unintentional:
 - a. breach of copyright, title, slogan, trademark, trade name, service mark, service name or domain name, or
 - b. breach or interference of privacy rights, resulting from online media activities - including media activities in

HDFC ERGO CYBER SACHET INSURANCE – PROSPECTUS

social media - of an underage person (i.e. an age below 18 years) who is a family member.

What we will not cover:

- Any liability arising out of any political, gender, caste, racist and religious statements

- Section 15: Social Media Account – Daily cash allowance** – pays for financial loss when your account is inaccessible for period not exceeding 30 days subject to a time deductible of 3 days.

What we will not cover:

- Suspension or deactivation of Yours Social media account or Social Media Platform by Social Media Platform or through order or circular of Government or administrative authority or judicial or quasi-judicial body
- Losses arising due to legal cases or police investigations, or Third party liability.
- Your failure to co-operate or comply with the obligation / requirement or access as required by Social Media Platform or government authority to establish eligibility of Your claim of account inaccessibility
- Loss arising out of inaccessibility of Your Social Media Account due to malfunction or damage to software or the electronic devices.
- Unauthorized access to Your Social Media account during a period when you can simultaneously access Your Social Media account.
- Any liability arising out of the content of Your Social Media Account,
- Any cost or expenses related with or arising out of repair, removal, replacement, or de-contamination of any electronic devices or software.

SUM INSURED FLEXIBILITY:

You can choose sections and may opt for Sum Insured on the following basis:

- Per Section:** Provide separate Sum Insured for each selected section
- OR**
- Floater:** Provide a fixed Sum Insured that will float over the selected sections.

Note: The Sum Insured opted can be extended to include up to 4 family members (including self) residing with you in the same Sum Insured, on payment of additional premium.

CHOICE OF SUM INSURED:

You have the option to choose from the following set of Sum Insured options (in INR):							
Sum Insured (Up to 10,000) _____ in multiples of Rs 100							
10,000	20,000	25,000	50,000	75,000	1,00,000	1,50,000	2,00,000
2,50,000	3,00,000	5,00,000	10,00,000	20,00,000	50,00,000	1,00,00,000	5,00,00,000

GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS)

This Policy does not cover claims directly or indirectly caused by or arising from:

We will not cover any claim by you under this policy arising directly or indirectly from the following:

- Any Event or circumstances which were known to You prior to inception of this policy that could reasonably lead to an Insured Event under this Policy.
- Your business activities unless specifically covered and mentioned in your policy schedule/certificate of insurance.
- Any action or omission of You or any misbehavior of You which is intentional, malicious, dishonest, deliberate or reckless.

- Any action or omission in Your capacity as an employee.
- Loss of or damage to tangible property and any consequential losses resulting therefrom, including the loss of use of tangible property.
- Investment or trading losses including without limitation any inability to sell, transfer or otherwise dispose of securities.
- Bodily injury, psychological harm (save that this exclusion shall not apply to anxiety or mental stress as set forth in Section 2 – Identity Theft and Section 5 – Cyber Bullying, Cyber Stalking and Loss of Reputation), trauma, illness or death.
- Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). This exclusion shall not apply to Section 9 – Social Media and Media Liability. However, theft, infringement, misuse or abuse of patents will always remain excluded.
- Third party claims made by Your family members, any person residing with You, made from Your account or any joint account holder with You.
- Any Contractual liability.
- Any costs of betterment of Your personal devices beyond the state existing prior to the Insured Event, unless unavoidable.
- Loss, misplacement, destruction, modification, unavailability, inaccessibility of and/or delay in trading with cryptocurrencies, consisting of coins (e.g. Bitcoin, Ethereum, Ripple, IOTA), tokens (e.g. EOS, Nem, Tether) or public and/or private keys being used in conjunction with the aforementioned.
- Gambling online and or otherwise.
- Any Director and Officer Liability or any professional liability.
- Any loss sustained by You by accessing any restricted or websites banned by the relevant authority over internet.
- Any loss sustained due to incident of data compromise or data breach at platform provider / financial entity.
- Losses sustained by You resulting directly or indirectly from any fraudulent or dishonest acts committed by Your employee or family, acting alone or in collusion with others.
- Losses due to the failure, outage/disturbance of infrastructure (e.g. electricity, gas, water, internet service, satellite, cable, telecommunications, or other utility services).
- failure, interruption, degradation or outage of infrastructure (e.g. any communication equipment, air conditioning, power supply installations, standalone generators, frequency inverter units, transformers and any other facilities that are used to maintain the functioning of electronic facilities that support computer systems and data) or related services of the following third party providers that are not under your control: telecommunication (including the internet), internet service (including internet service providers responsible for the provision of services, hardware and technical equipment for accessing and use/operation of the internet; domain name system service providers; other internet and external network service providers responsible for internet exchanges; network providers; and cable network, satellite and radio communication network operators), satellite, cable, electricity, gas or water providers.

20. War, Cyber War and Cyber Operation Exclusion

war or cyber operation (whether war be declared or not). Discharge of a nuclear weapon will be deemed to arise from war even if accidental.

Notwithstanding our burden of proof, which shall remain unchanged by this exclusion clause, for determining attribution of a cyber operation to a sovereign state, you and we will consider any available, objectively reasonable evidence. This may include formal or official attribution by the government of the sovereign state in which the computer systems affected by the cyber operation are physically located to another sovereign state or those acting at its direction or under its control.

HDFC ERGO CYBER SACHET INSURANCE – PROSPECTUS

WHO CAN BUY THIS POLICY?

Individual exposed to any form of cyber risk can buy this policy.

WHO CAN BE COVERED UNDER THIS POLICY?

- Individual
- Family of up to 4 family members (including Insured), in case opted
- Business Professionals/Sole Proprietorship Firms

DEDUCTIBLE

No deductibles under the Policy.

POLICY DURATION

You can purchase this policy for a period maximum up to 1 year.

ATTRACTIVE DISCOUNTS:

- **Family Discount:** A discount of 10% will be applicable if 2 or more family members opt for Individual policies of this product.
- **Employee Discount:** A discount of 10% will be offered to Employees of HDFC, ERGO Group and Munich Re Group companies in case the policies are bought through direct channels of the Company.
- **Online Discount:** A discount of 5% will be applicable for all policies purchased online from the Company website.
- **Multiple Cover Discount:** A discount of 10% will be applicable when you select 3 or more covers in your policy.
- **Floater Discount:** When you select multiple covers under the product on a Floater Sum Insured basis, the following discounts would be offered:

No of Covers	% Discount
2	10%
3	15%
4	25%
5	35%
>=6	40%

CANCELLATION

The Insured can cancel the policy at any time during the policy term, by informing the Company.

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured.

The Company shall refund proportion premium for unexpired policy period subject to no claim(s) made during the policy period.

CLAIMS:

In the event of a claim, and to report a claim upon discovery of an occurrence of an Insured Event, you must give written notice to us along with duly filled claim form at the address set forth in the Policy Schedule/ Certificate with full details, within 7days after such claim is first made.

List of documents required while making a claim:

General set of documents required for claims under any section:
In the event of a claim, and to report a claim upon discovery of an occurrence of an insured event, you must give us such information and co-operation as it may reasonably require including but not limited to:

<ul style="list-style-type: none"> a. Submission of fully completed and signed claim form. b. Copy of FIR lodged with Police Authorities / Cyber cell. c. Copies of legal notice received from any affected person/entity. d. Copies of summon received from any court in respect of a suit filed by an affected party/entity. e. Copies of invoices for expenses incurred for the services of IT specialist. f. Copies of invoices for expenses incurred in amending / rectifying your Personal Information. g. Evidence of your consultation with Psychologist / Psychiatrist. h. Evidence of unpaid wages. i. Copy of your last drawn monthly salary. j. Evidence of expenses incurred by you in rectifying records regarding your identity. k. Copies of correspondence with bank evidencing that bank is not reimbursing you. l. KYC documents 	
Indicative list of specific set of documents required for claims under each section:	
Section 1: Theft of Funds	<ul style="list-style-type: none"> • Message/other communication exchanged between the Insured and Bank regarding the unauthorized/theft of fund transaction • Documents indicating that the issuing bank or the digital wallet Company is not reimbursing the Insured for the theft of funds, in case your claim amount exceeds a sum of INR 10,000
Section 2: Identity Theft	<ul style="list-style-type: none"> • All communications/supporting from the Insured in connection to lost wages • Particulars of data which has been stolen • Details of the alleged Third Party who is responsible for the identify theft
Section 3: Data Restoration/ Malware Decontamination	<ul style="list-style-type: none"> • Details of the data that was lost and is required to be restored • Details of the IT expert appointed and the rates charged by them / engagement letter
Section 4: Replacement of Hardware	<ul style="list-style-type: none"> • Details of the damage that took place and is required to be restored/ replaced • Details of the IT expert appointed and the rates charged by them / engagement letter
Section 5: Cyber Bullying, Cyber Stalking & Loss of Reputation	<ul style="list-style-type: none"> • Copy/image of harassment note • Email id /phone number or any other means of communication of Third Party • Copy of the alleged Email/other communication to evidence the bullying • Copy/screenshot of alleged contents/ profile of the Insured
Section 6: Cyber Extortion	<ul style="list-style-type: none"> • A photograph/image of the Extortion note/s • Email /phone number or any other means of communication through which ransom has been demanded
Section 7: Online Shopping	<ul style="list-style-type: none"> • Message/other communication received/exchanged between the Insured and Bank and/or perpetrator regarding the unauthorized transaction

HDFC ERGO CYBER SACHET INSURANCE – PROSPECTUS

Section 8: Online Sales	<ul style="list-style-type: none"> Documents indicating the purchase of goods or services which are not delivered or rendered
Section 9: Social Media and Media Liability	<ul style="list-style-type: none"> Copy of any demand/complaint legal proceedings made by the Third Party against the Insured including the response of the Insured Details of legal cost incurred by the Insured along with supporting and/or estimate of the legal cost to be incurred until the conclusion of the case
Section 10: Network Security Liability Section 11: Privacy Breach and Data Breach Liability Section 12: Privacy Breach and Data Breach Liability by Third Party Section 14: Liability arising due to Underage Dependent Children	<ul style="list-style-type: none"> Details and documents supporting indicating the breach of data /cyber incident resulting from online activities on the Insured's personal device Copy of any demand/complaint legal proceedings made by the Third Party against the Insured including the response of the Insured Details of legal cost incurred by the Insured along with supporting and/or estimate of the legal cost to be incurred until the conclusion of the case
Section 13: Smart Home Cover	<ul style="list-style-type: none"> Details of the IT expert appointed along with the engagement letter Copy of final report along with annexures of the IT expert.
Section 15: Social Media Account – Daily cash allowance	<ul style="list-style-type: none">

Please note that the above list is indicative and not exhaustive. The Company may ask for additional documents, if required.

RENEWAL

We shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. We reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. We, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the Period of Insurance.

GRIEVANCE REDRESSAL PROCEDURE

If You have any grievance about any matter relating to the policy, or Our decision on any matter, or Our decision about Your claim, You can pursue Your grievance with Company's Grievance Redressal Officer.

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre - 120 6234 6234 / 022-6234 6234
- Emails – grievance@hdfcergo.com
- Contact Details for Senior Citizens: 022 6242 6226
- Email ID- seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier - Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at:

The Complaint & Grievance Redressal Cell ,

HDFC ERGO General Insurance Company Limited.

D-301,3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address:

To the Chief Grievance Officer

HDFC ERGO General Insurance Company Limited

D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra

e-mail: cgo@hdfcergo.com

Grievance may also be lodged at IRDAI Integrated Grievance Management System- <https://bimabharosa.irdai.gov.in>

You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

You may also refer Our website www.hdfcergo.com " [https:// www.hdfcergo.com/customer-care/grievances.html](https://www.hdfcergo.com/customer-care/grievances.html) for detailed grievance redressal procedure.

ABOUT OUR COMPANY

Name of the company – HDFC ERGO General Insurance Company Limited (IRDAI Reg No 146)

Registered & Corporate Office- 16th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

Website – www.hdfcergo.com

Contact number – 022 6158 2020/ 022 6234 6234

Email – care@hdfcergo.com

ANTI REBATING WARNING

Section 41 of the Insurance Act 1938

- No person shall allow or offer to allow, either directly or Indirectly as an Inducement to any person to take out 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 the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed In accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this Section shall be liable for penalty which may extend to Ten Lakh rupees.

YOU CAN REQUEST A QUOTE TODAY

For more information about our new HDFC ERGO Cyber Sachet Insurance and the full range of HDFC ERGO Insurance products contact your local broker or HDFC ERGO representative.

Insurance is the subject matter of solicitation.

For more details on risk factors, terms and conditions, please read the sales brochure before concluding a sale.

Home Shield Insurance Prospectus

HOME SHIELD INSURANCE – PROSPECTUS

Introduction

A house is the most expensive asset that is owned by an individual. On an average most part of your saving is invested in buying and furnishing the house, however not much of attention is paid to protect it against the untoward events. Natural calamities like flood, earthquake can strike you anytime anywhere without notice. Also manmade perils like robbery or burglary can happen to you when it is least expected. So it would only be wise to shield your asset by insuring it against all possible events which could affect the well being of the family who stays in it including yourself.

Most of the products currently available in the market cover only the cost of construction of your property which is roughly 1/5th of the real value. This leaves you exposed to a huge gap of the real worth of your property and the policy sum insured limit. To bridge this gap of exposure we have come up with a product which can cover the real value of your property as mentioned in the Registered Agreement of the property ie. Agreed Value Basis.

Our Home Shield Insurance is one of the most compressive products available in the market to cover your assets for as long as upto 5 years from virtually all the fortuitous events which could take away your peace of mind. Our Home Shield Insurance has lots of options to choose from to personalize it to your unique needs.

Eligibility

- An Owner Occupant of Flat/ Apartment/ Independent Building can purchase this policy for his building and/ or contents, jewellery & valuables, Curios, paintings & work of art and portable electronics equipments.
- An Owner Occupant of Flat/ Apartment can purchase this policy for his building on Agreed value basis.
- A Tenant and other non-owners can also purchase this policy for contents, jewellery & valuables, curios, paintings & work of art and portable electronics equipments

Scope of cover

If the “Building and/or Contents, Jewellery & Valuables, Works of Art, Curios and Paintings, and Portable electronics equipments, if specifically Insured” belonging to the Insured be lost, destroyed or damaged by any fortuitous cause other than those specifically excluded, the Company will indemnify the Insured as per the terms of the policy.

Coverage for either Building structure or Content will be compulsory to qualify for Home Shield policy.

Scope	Cover details	Sum insured limit
Building structure	Option I- Agreed value Option II- Reinstatement Value basis Option III- Indemnity basis (with depreciation)	Option I- Value as per Ready Reckoner or Reg. Agreement value whichever is higher. Option II- Cost of construction Option III- Cost of construction less depreciation

Contents excluding portable equipments	Option I- Replacement Value basis Option II- Indemnity basis (with depreciation) Cover available upto 10yrs old items. Extension for Higher SI is available (with condition of avg for entire content SI)	10% of Agreed value or 50% of reinstatement SI or indemnity SI upto max of 10 lacs (contents only policies) with waiver of condition of avg. There is a provision of Auto-reinstatement of SI after the claim.
Jewellery & Valuables (Optional cover)	Market Value basis. Extension for worldwide coverage is available	The maximum SI will be 20% of Contents SI
Painting, Curios & Work of art (Optional cover)	Based on the Valuation Report of Government approved valuer	SI will be on Agreed value The maximum SI will be 20% of Contents SI
Portable Electronic Equipments (Optional cover)	Cover available upto 10 yrs old equipments Extension option for Worldwide coverage available	Sum Insured shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity.
Escalation option for Building (optional)	It shall allow automatic regular increase in the Sum insured throughout the period of the policy.	Escalation up to 25% on base SI
Rent for alternative accommodation (Optional)	It pays for alternative accommodation following total loss, maximum upto 24 months.	Option I- 0.5% of building sum insured Option II- 0.3% of building sum insured
Hotel Stay (optional)	The period of indemnity is limited to 15 days	Sum insured limited upto 0.05% of Building Sum Insured, maximum upto 15000/- per day
Loss of rent (optional)	This covers up to a maximum period selected by insured subject to a maximum period of 24 months	The Company's liability shall not exceed 0.3% of Building SI subject to maximum of Rs. 30,000/- as specified in the Schedule.

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Expenses of shifting to alternate accommodation (optional)	This covers actual expenses incurred by the insured for packing, unpacking and transportation of the insured's possessions/ dwelling contents to the alternative accommodation	The Company's liability shall not exceed 0.5% of Building SI subject to maximum of Rs. 50,000/- as specified in the schedule
Emergency Purchases (optional)	It covers expenses incurred by the insured towards emergency purchases	Up to Rs. 20000/- or the actual whichever is less.
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Keys and locks replacement cover (optional)	Covers cost of replacing any such lock with one of similar quality	Upto maximum of Rs. 20,000/- or the actual whichever is less
Public liability cover (optional)	Covers those sums that the insured becomes legally liable to pay, including litigation expenses	Upto the sum insured as specified in the schedule
Brokerage for Alternate accommodation (Optional)	The brokerage payment towards alternative accommodation on rent.	Actual expenses incurred by the insured up to maximum of Rs. 50,000/- or one month rent whichever is less
Pedal cycle (Optional)	Section I- Loss or Damage Section II- Liability to Third Party	Replacement cost up to the limit of the sum insured set against the item in the policy schedule

- Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and (ii) Debris Removal by the Insured following a loss, destruction or Damage to the property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
- Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or Damage of any kind or description whatsoever
- Loss or Damage or collapse of "Building" due to structural defects, latent defects, poor maintenance, defective workmanship, termites, natural ageing or any other gradually operating cause.
- Loss or Damage to Contents due to defective workmanship, material or design, latent defect, wear and tear, depreciation, moth, vermin, termites, Fungi, insects or mildew, process of cleaning, dyeing or bleaching, restoring, repairing, retouching or renovation, inherent vice, warping or shrinkage, the action of light or atmospheric conditions, natural ageing or any other gradually operating cause.
- Loss or Damage due to manufacturing defects in Electrical, Mechanical and Electronic Items for which the manufacturer is responsible.
- Loss of or Damage to the Property Insured under this Policy falling under the terms of the maintenance agreement.
- Loss or Damage due to improper handling, dismantling, fitting adjustment, repair alteration or modification not approved by the makers/manufacturers and/or the agents of makers/manufacturers or use of such property contrary to the directives of the makers/manufacturers and/or his agents.
- Loss, destruction or Damage due to breakage, cracking or scratching of Crockery, Glass, Cameras, Binoculars, Lenses, Musical Instruments, Sports Gear and similar articles of brittle or fragile nature, unless caused by fire or accidental external means.
- Loss, destruction or Damage arising from or occasioned by overloading or Strain, Overrunning Excessive Pressure, or test requiring imposition of abnormal conditions in case of Electrical, Mechanical and Electronic Items.
- Loss or Damage to Money, Securities, Manuscript, Deeds, Bonds, Bills of Exchange, Promissory Notes, Stock or Share Certificate, Stamp and Travel Ticket or Traveler cheques, Business Books or Documents, Plans, Designs, Blueprints, Credit/ Debit/ ATM cards, Club Membership Cards
- Any Portable Equipments unless specifically covered by separate add-on cover
- Loss of insured property from a safe inside insured "Building" / "Premises", following the use of the key or any duplicate thereof or access code to the safe belonging to the Insured, unless this has been obtained by threat or by violence
- Loss or Damage liable to be repaired or made good by a third party under any contract of agreement
- Loss, destruction of or Damage to articles of Consumable Nature
- Loss, destruction or damage directly occasioned by pressure wave caused by aircraft and other aerial devices travelling at sonic or supersonic speed.
- Loss Damage or consequential loss directly or indirectly caused by, consisting of, or arising from:
 - Any functioning or malfunctioning of the internet or similar facility or of any intranet or private network or similar facility,
 - Any corruption, destruction, distortion, erasure or other loss or damage to data, software or any kind of programming or instruction set.
 - Loss of use or functionality whether partial or entire of data, coding, program, software, any computer or computer system or other device dependent upon any microchip or embedded logic, and any ensuing liability.
- Loss or Damage or attempted burglary or theft caused by or arising out of willful act or willful gross negligence of the insured and/or an

General Exclusion

- This Policy does not cover the excess of Rs. 5000/- for each and every claim irrespective of claim amount.
- Any consequential loss or loss, destruction or Damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection, or military or usurped power or seizure, capture, arrests, restraints and detentions of all kings, princess and people of whatever nation, condition or quality what so ever;
- Any consequential loss or loss, destruction or Damage directly or indirectly caused to the property insured by a) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
- Any consequential loss or loss, destruction or Damage caused to the insured property by pollution or contamination excluding a) pollution or contamination which itself results from a peril hereby insured against. b) any peril hereby insured against which itself results from pollution or contamination

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employee or Domestic staff of the insured.

22. Mysterious disappearance and Unexplained Losses
23. Any loss or Damage to the insured property or to the general public and/ or legal liability arising out of immoral or unethical use of insured property
24. Damage to property not belonging to or held in trust by or in the custody or control of the Insured
25. Any loss or Damage to, or on account of loss of, livestock, motor vehicles, pedal cycles (unless covered by add on for Pedal Cycles)
26. Loss or Damage howsoever caused to Electronic and Electrical Equipments, Domestic Appliances older than 10 Years
27. Loss, destruction or Damage to the Contents or items in Refrigerator/ Fridge or similar type of Cold Storage caused by change of temperature.
28. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority
29. Any loss, Damage, Accident, occurring before the cover commences under the Policy.
30. Loss or Damage by Theft after the occurrence of any insured peril
31. Loss or Damage to Property insured if removed from any Building or place other than in which it is herein stated to be insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days

Premium Rates

Cover Description	Basis Premium Rate Per Mille	Extension Premium
Building	Agreed Value- 0.30% Reinstatement Value-0.30% Indemnity (with Depreciation)- 0.25%	Escalation- 50% of building rate
Contents	Replacement value-7% Indemnity (with depreciation)- 5.75%	For higher SI – Contents rates will be applicable.
Jewellery & Valuables	8%	Worldwide extension- 25% loading on jewellery rate
Painting, Curios & Work of art	10%	
Portable Electronic Equipments	15%	Worldwide extension- 10% loading on Portable Electronic Equipment rate
Rent for alternative accommodation	Option I- 0.03% Option II- 0.02%	
Hotel Stay	Building Rate	
Loss of rent	Building Rate	
Expenses of shifting to alternate accommodation	Building Rate	
Emergency Purchases	Building Rate	
Keys and locks replacement cover	Contents Rate	

Public liability cover	0.50%	
Brokerage for Alternate accommodation	Building Rate	
Pedal cycle	20%	

Policy Excess

This Policy does not cover claims directly or indirectly caused by or arising from:

Option of Higher Excess for Building on Agreed Value Basis:

The insured can select an option of higher excess up to 25% of Building sum insured in agreed value cases for which he will get discount of upto 25% on the building base premium as per following slab. This higher excess shall be applicable in each and every claim on building in agreed value cases. The insured has an option to waive this option mid-term at an additional premium.

Higher Excess	Discount
10% of Building Sum Insured	10% on Building premium
15% of Building Sum Insured	15% on Building premium
20% of Building Sum Insured	20% on Building premium
25% of Building Sum Insured	25% on Building premium

Higher excess option is not applicable for Contents Policy period:

This policy can be purchased upto 5 years for Building and/or contents which offers peace of mind along with attractive discounts.

Note - In case of building presently under construction, the date of possession will be the policy start date. Buildings under construction are not covered.

Policy period	Discount in premium
2	3%
3	6%
4	9%
5	12%

Claim Settlement Process:

In case of an event occurring resulting in a claim under this policy, the Insured and/or his legal representatives shall,

- send an immediate notice to the Company of the said event and the nature of the loss through fax/email/registered post within a period of seven days from the date of its occurrence. The Insured may call on the number stated hereunder for this purpose ;

Contact us at 022 6234 6234. within a period of 15 days forward to the Company all the relevant documents in evidence of the event and in support to the claim, unless otherwise agreed to by the Company; wherever, details pertaining to any incident which results in a claim, are conveyed by the insured to the Company after a reasonable period, the insured shall provide the reasons of such delay to the Company and the Company may on analysis of reasons provided by insured, condone the delay in intimation of claim or delay in providing the required information/documents to the Company.

- extend all assistance and cooperation to the Surveyor appointed by the Company for the purpose of survey and assessment of the loss;
- In case the event or circumstance to be notified, involves any form of legal process, the Insured must in addition to the above.
 - Immediately send to the Company every written notice or information of any verbal notice of a claim and

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- Immediately send to the Company any writ, summons, or other legal process issued or commenced against the Insured, and.
- Permit the Company to take over the control and conduct of the defense, pursuit and settlement of any claim and provide the Company or its representatives with such cooperation and assistance as may be required for that purpose, and
- Provide the Company with the names and addresses of any known persons injured and any available witnesses.
- Provide the Company at his cost, with any legal documents and other documents which will help the Company defend any Insured persons and
- Assist and cooperate with the Company in the conduct of the defense by helping the Company
 - To make settlement
 - To enforce any right of contribution or indemnity against any person or organization who may be liable to an Insured person
 - To attend hearing and trials
 - To secure and give evidence and obtain the attendance of witnesses.
- not do anything or tamper the affected property which would in any way enhance the extent of the loss or further diminish the value of the affected property;
- not commit for payment of any expenses or liability or otherwise assume any contractual obligation to third parties without first obtaining the written consent of the Company.
- In case of Total loss to the Building the insured shall within 6 months of the occurrence of the loss to the Building or such other time that the Company may allow in writing, intimate to the Company his intention to either reconstruct, reinstate or abandon the damaged Building. In case of Total loss and where the Insured chooses to abandon the damaged Building in favor of the Company and where such a Building is owned by a Co-operative Society or a Building Association, the Insured shall execute in favor of the Company a Deed of Relinquishment whereby the Insured would relinquish in favor of the Company all its rights with respect to the Insured property in consideration of the Company paying to the Insured the claim and for this purpose provide to the Company the following documents:
 - a. An no encumbrance certificate of the insured property which is up to date;
 - b. No Objection Certificate stating that the such a Society or Association does not object to the subrogation and vesting with the Company, the rights transferred by the insured in the favour of the Company ;
 - c. An up to date no- dues certificate issued by such Society or Association;
 - d. A Power of Attorney executed by the Insured in favor of the Company stating that on the happening of an event which would give rise to a claim under the Policy and on the insured choosing to abandon the insured property in favour of the Company and upon the Company paying to the insured the claim under the said Policy, the Company would be subrogated to all rights that the Insured has with respect to the insured property;

Provided that the Company shall be entitled to deduct from the claim amount all the expenses such as registration fee, stamp duty or other incidental expenses incurred by the Company for the purpose of the executing the afore stated Deed of Relinquishment and the registration thereof.

Table of depreciation for Contents where sum insured is on Indemnity basis:

defend	defend
Up to 6 months	10%
Up to 1 Year	20%
Up to 2 Year	40%
Up to 3 Year	50%
Up to 4 Year	60%
Up to 5 year	70%
Above 5 Years	75%

Claims Documents

- a. Claim Form of the Company duly completed and signed by the insured and/or insured's legal representative.
- b. In cases where the Insured is the owner occupant of a Flat/ Apartment,, the Insured shall produce to the Company one or more of the following documents as may be demanded by the Company for coverage of Building on Agreed Value basis.
- c.
 - a. Approved plan of construction/extension & license for construction which is sanctioned by statutory authority
 - b. The Building Completion Certificate and the Occupancy certificate; or letter of Possession from the builder
 - c. Sales Deed, Title Deeds; or any other like document that establishes the title of the insured with respect to the insured property
 - d. The receipts of the payments made to the builder of the property
 - e. In cases where the Building proposed to be insured is a redeveloped Building, the Development Agreement;
 - f. The latest property tax / electricity bill, if issued in the name of the insured by the appropriate municipal authorities;
- d. Independent evidence of the event occurring, nature and extent of the loss and all the documents to substantiate the amount sought from the Company, such as
 - i. First Information Report
 - ii. Investigation Report by the Police
 - iii. Fire Brigade Report
 - iv. Bills and invoices, valuation reports etc required to support and substantiate the claim amount
 - v. Estimate of the repairers
 - vi. Invoice of the suppliers for replacement
 - vii. Final Bill of repairers
 - viii. Court Summons / legal notices, if any
 - ix. Proof of rent in dwelling and dwelling taken up as alternative accommodation
 - x. Rent Agreement
 - xi. KYC documents
 - xii. Bank account details of the claimant for electronic settlement and Cancelled Cheque
 - xiii. In case of Total loss a certificate from the appropriate municipal authority/ or an Architect that declares and certifies the insured Building as uninhabitable

Any other document as may be necessary and appropriately applicable for the claims preferred under the different sections of the policy

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Cancellation

The Insured can cancel the policy at any time during the policy term, by informing the Company.

The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured.

In case of No claim: The Company shall refund proportionate premium for the unexpired policy period.

In case of claim: No refund shall be made for the year in which claim is made. The Company shall refund proportionate premium for the unexpired policy years.

Renewal

The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

Mid-term Increase in Sum Insured

The premium shall be calculated on Pro-rata basis on the amount by which the SI is increased.

Grievances

If You have any grievance about any matter relating to the policy, or Our decision on any matter, or Our decision about Your claim, You can pursue Your grievance with Company's Grievance Redressal Officer.

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Contact us - 022 6158 2020/ 022 6234 6234
- Emails – grievance@hdfcergo.com
- Contact Details for Senior Citizens: 022 6242 6226
- Email ID- seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier - Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at:

The Complaint & Grievance Redressal Cell ,
HDFC ERGO General Insurance Company Limited.
D-301,3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West),
Mumbai – 400078, Maharashtra

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address:

To the Chief Grievance Officer
HDFC ERGO General Insurance Company Limited
D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg,
Bhandup (West),
Mumbai - 400078, Maharashtra
e-mail: cgo@hdfcergo.com

Grievance may also be lodged at IRDAI Integrated Grievance Management

System- <https://bimabharosa.irdai.gov.in>

You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

You may also refer Our website www.hdfcergo.com "https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.

Section 41, Prohibition of Rebates of Insurance Act 1938-

- No person shall allow or offer to allow, either directly or indirectly as an Inducement to any person to take out 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 the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Ten Lakhs rupees.

REQUEST A QUOTE TODAY

For more information about our Home Shield Insurance contact your local agent/ broker or HDFC ERGO representative. Or you can visit our website for information.

HDFC ERGO General Insurance Company Limited

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East),

Mumbai – 400 059.

<https://www.hdfcergo.com/>

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO