HEALTH SURAKSHA – TOP UP PRO - PROSPECTUS

Eligibility

- This policy covers persons in the age group 5-65 years. The maximum entry age is restricted upto 65 years. However there will be no exit-age for ceasing of the cover
- Children covered from 91 days onwards if both parents are covered under same policy.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- This policy can be issued to an individual and/or family
- The family includes self, spouse, dependent children and dependent parents. Dependent parents have to be covered under separate family floater policy.
- Parents shall include Your (Policyholder) dependant parents. Your (Policyholder) spouse's parents shall not be covered

Policy Period

- The policy will be issued for 1 year /2 years period

Benefits

The policy pays for the benefits mentioned below, in excess of the deductible opted by you.

- In-patient Treatment – Covers medical expenses for hospitalization due to an illness or accident. We will pay for the medical expenses for room rent, boarding expenses, nursing, intensive care unit, medical practitioner(s), anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices or equipments if implanted internally during a surgical procedure,
- Pre-Hospitalization - The Pre-Hospitalization Medical Expenses incurred due to an illness in 60 days immediately before the insured person was hospitalized,
- Post-Hospitalization - The Post-Hospitalization Medical Expenses incurred in 90 days immediately after the insured person was discharged post hospitalization,

- Day care procedures – The medical expenses for day care procedures which do not require 24 hours hospitalization due to technological advancement in medical science.
- Domiciliary Treatment - The medical expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required hospitalisation.
- Organ Donor - The medical expenses on harvesting the organ from the donor.
- Emergency Ambulance – Expenses up to Rs. 2000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital.

Key Definitions

- **Pre-existing disease** means any condition, ailment, injury or disease:
  - hat 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

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- **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

Deductible means a cost-sharing requirement under a health insurance policy that provides that We 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.

Exclusions

Deductible

We are not liable for any payment unless the Medical Expenses exceed the Deductible (as opted on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy). Deductible shall be applicable per Policy Year basis.

Waiting Periods

a) Claims under the Policy are covered subject to waiting Period as specified below:

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 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 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.

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.

i) **Illnesses**: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis; polycystic ovarian diseases; sinusitis, rhinitis, tonsilitis and related disorders and skin tumors unless malignant.
ii) **Treatments:** benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.

30 day Waiting Period: Code- Excl03

i. Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
ii. This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
iii. The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

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

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

ii. **Rest Cure, rehabilitation and respite care**–Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. **Obesity/Weight control:**Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   a. Surgery to be conducted is upon the advice of the doctor
   b. The surgery/procedure conducted should be supported by clinical protocols
   c. The member has to be 18 years of age or older and
   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 dioptres.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.

xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear**, **Chemical** or**Biological** attack or weapons, radiation of any kind.

xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xviii. Any **Insured Person**'s participation or involvement in naval, military or air force operation.

xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

xx. Congenital external diseases, defects or anomalies,

xxi. Stem cell harvesting

xxii. Investigative treatments for analysis and adjustments of spinal 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).

xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).

xxiv. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.

xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xxvii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.

xxviii. Treatment taken on Outpatient basis

xxix. The provision or fitting of hearing aids, spectacles or contact lenses.

xxx. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

xxxi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

xxxiii. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

Sum Insured (Rs.): 2.00; 3.00; 4.00; 5.00; 7.50 and 10.00 Lacs

Deductible (Rs.): 1.00; 2.00; 3.00; 4.00 and 5.00 Lacs

Requirement

- Completed proposal form

Pre-Policy Checkup

- Pre-Policy Checkup at our network may be required based upon the age, deductible and sum insured as mentioned below.

Deductible (Rs.)	**100,000**	**200,000**	**300,000**	**400,000**	**500,000**
Sum Insured (Rs.)	**1000,000**				
18-45 Yrs	Nil	Nil	Nil	Nil	Nil
46-55 Yrs	Nil	Nil	Nil	Nil	Nil
56-60 Yrs	Cat 2	Cat 2	Cat 2	Cat 2	Cat 2
61-65 Yrs	Cat 5	Cat 5	Cat 5	Cat 5	Cat 4
Sum Insured (Rs.)	**750,000**				
18-45 Yrs	Nil	Nil	Nil	Nil	Nil
46-55 Yrs	Nil	Nil	Nil	Nil	Nil
56-60 Yrs	Cat 2	Cat 2	Cat 2	Cat 2	Cat 2
61-65 Yrs	Cat 5	Cat 5	Cat 4	Cat 4	Cat 4
Sum Insured (Rs.)	**500,000**				
18-45 Yrs	Nil	Nil	Nil	Nil	-
46-55 Yrs	Nil	Nil	Nil	Nil	-
56-60 Yrs	Cat 1	Cat 1	Cat 1	Cat 1	-
61-65 Yrs	Cat 4	Cat 4	Cat 3	Cat 3	-
Sum Insured (Rs.)	**400,000**				
18-45 Yrs	Nil	Nil	Nil	-	-
46-55 Yrs	Nil	Nil	Nil	-	-
56-60 Yrs	Cat 1	Cat 1	Cat 1	-	-

61-65 Yrs	Cat 4	Cat 3	Cat 3	-	-
Sum Insured (Rs.)	**300,000**				
18-45 Yrs	Nil	Nil	-	-	-
46-55 Yrs	Nil	Nil	-	-	-
56-60 Yrs	Cat 1	Cat 1	-	-	-
61-65 Yrs	Cat 3	Cat 3	-	-	-
Sum Insured (Rs.)	**200,000**				
18-45 Yrs	Nil	-	-	-	-
46-55 Yrs	Nil	-	-	-	-
56-60 Yrs	Cat 1	-	-	-	-
61-65 Yrs	Cat 3	-	-	-	-

Cat 1	ME,RUA,FBS,CBC,Lipids,ECG
Cat 2	ME,RUA,FBS,CBC,Lipids,TMT,SGOT,HbA1c, Sr Creat, PSA (males), USG abd(females)
Cat 3	ME,RUA,FBS,CBC,Lipids,TMT,SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females)
Cat 4	ME,RUA,FBS,CBC,Lipids,TMT, LFT, Sr Creat, PSA (males), USG Abd (females)
Cat 5	ME,RUA,FBS,CBC,Lipids,TMT, HbA1c, LFT, RFT, PSA (males), USG Abd (females)
ME-Medical Examination (Report), CBC-Complete Blood Count, ECG-Electro Cardio Gram, FBS-Fasting Blood Sugar, Lipids-Lipid Profile, Sr Creatinine-Serum Creatinine, PSA-Prostate Specific antigen, RUA-Routine Urine Examination, TMT-Treadmill Test, USG-Ultrasonogram, SGOT-Serum Glutamic Oxaloacetic Transaminase, TC-Total Cholesterol, LFT-Liver Function Test, RFT – Renal Function Test	

We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium under floater coverage will be charged on the completed age of the oldest insured member.
- Family Discount of 10% if 3 or more family members are covered on Individual Sum Insured basis under 1 Adult plan in the same policy.
- Premium rates are subject to change with prior approval from IRDA.

Loadings

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from commencement date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased sum insured).
- We will inform you about the applicable risk loading through a counter offer letter. you need to revert to us with consent and additional premium (if any), within 15 days of the issuance 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.
- Please note that we will issue policy only after getting your consent.
- We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy.

Cancellation

a. 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

b. 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.

c. 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.

d. 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.

Renewal Incentives

Cumulative Bonus: On Renewal of this Policy with the Company without a break, a sum equal to 5% 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 21 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. Cumulative Bonus can be accrued maximum upto 50%

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.

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a) 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.
b) 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.
c) No loading shall apply on renewals based on individual claims experience
d) 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.
e) Renewal premium due can be paid prior to the due date as per norms set out by the Company.

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

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.

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;

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 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 i above.

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

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.

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.

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 considered as a fresh policy.
iii. 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).
iv.

Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

Withdrawal of Policy

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.

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**.

Claim Settlement (Provision for Penal Interest)

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. Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. We will pay to the Insured Person, Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period.
iv. Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an Emergency.
v. This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
vi. In case of any other concurrent health insurance policy, the amount paid by the other insurer for emergency ambulance would be deducted from the amount claimed under Section 1 g) Emergency Ambulance of Health Suraksha – Top up Pro Policy, subject to the actual or Rs 2000 whichever is less.

Claim Procedure

All claims under this policy will be processed and settled by specified either the Third Party Administrator (TPA) licensed by IRDA or Us.

Intimation & Assistance – Incase of any hospitalization or an event which might give rise to a claim, we request you to contact your designated TPA. Details of your designated TPA will be available on our website and will be provided in your Health Suraksha – Top up Pro policy kit.

Procedure to avail Cashless facility -

- For any emergency Hospitalization, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 1 hour of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.

- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 1 hour

While availing Cashless facility

- Insured person is entitled for cashless facility only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website www.hdfcergo.com or the list provided along with Policy kit or call us on our Contactnumber at 1800-2700-700 (accessible from any Mobile and Landline), 1800-226-226 (accessible from any MTNL and BSNL Lines).
- Rejection of cashless facility in no way indicates rejection of the claim.

Procedure for Reimbursement of Medical Expenses

- Our TPA must be informed no later than 15 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.
  * Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, your designated TPA will send the cheque for the admissible amount, along with a settlement statement within 15 days.
- The cheque will be sent in the name of the Proposer.

Important Points for Claims Procedure:

- Payment will only be made for items covered under your policy in excess of the deductible and upto the limits therein.
- In the case of a covered hospitalization, the costs of which were not initially estimated to exceed the deductible but were subsequently found likely to exceed the deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /reimbursement provider immediately but not later than 15 days on knowing that the deductible is likely to be exceeded.

Example:

1. Mr. Sudhir has policy (Policy Period 1-Jan-2010 to 31-Dec-2010) with Sum Insured of Rs. 1,000,000 and with a Deductible of Rs. 500,000.
2. In May 2010, he is hospitalised and a claim is filed for Rs. 400,000. Claim will not be passed in this scenario as his Deductible is Rs. 500,000.
3. In June 2010, he is hospitalised and a claim is filed for Rs. 600,000. In this scenario claim payment will be made for Rs. 100,000 [600,000-500,000].

Tax Benefit

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

1.1. Redressal of Grievance

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

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

Insured Person may 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
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 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: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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/

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Disclaimer

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

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

Rate Chart: HEALTH SURAKSHA - TOP UP PRO (One Year Gross Premiums (excl. Tax))

1 Adult	SI -10 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
0-17	3,295	2,215	1,675	1,140	915
18-35	4,525	3,040	2,300	1,560	1,255
36-45	5,445	3,655	2,770	1,880	1,510
46-50	9,770	6,560	4,965	3,370	2,710
51-55	10,260	6,890	5,215	3,540	2,845
56-60	12,345	8,360	6,365	4,225	3,395
61-65	17,830	12,070	9,190	6,100	4,905
66-70	24,035	16,270	12,390	8,225	6,610
>70	36,250	23,315	17,750	11,785	9,475

1 Adult + 1 Child	SI -10 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	6,325	4,250	3,215	2,185	1,755
36-45	7,245	4,865	3,685	2,505	2,010
46-50	11,570	7,770	5,880	3,995	3,210
51-55	12,060	8,100	6,130	4,165	3,345
56-60	14,145	9,570	7,280	4,850	3,895
61-65	19,630	13,280	10,105	6,725	5,405
66-70	25,835	17,480	13,305	8,850	7,110

>70	38,050	24,525	18,665	12,410	9,975

2 Adult	SI -10 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	6,790	4,555	3,450	2,340	1,880
36-45	8,165	5,485	4,155	2,820	2,265
46-50	13,675	9,185	6,955	4,720	3,790
51-55	14,365	9,645	7,300	4,955	3,980
56-60	17,280	11,700	8,910	5,915	4,755
61-65	24,965	16,900	12,870	8,545	6,865
66-70	33,650	22,775	17,345	11,515	9,255
>70	50,750	32,635	24,850	16,500	13,265

2A + 1 C	SI -10 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	7,468	5,013	3,795	2,575	2,070
36-45	8,983	6,033	4,570	3,100	2,493
46-50	15,630	10,498	7,948	5,395	4,333
51-55	16,418	11,023	8,345	5,663	4,550
56-60	18,515	12,535	9,545	6,338	5,095
61-65	26,748	18,108	13,788	9,155	7,358
66-70	36,053	24,403	18,583	12,338	9,918
>70	54,378	34,968	26,625	17,680	14,213

2A + 2 C	SI -10 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	8,145	5,470	4,140	2,810	2,260
36-45	9,800	6,580	4,985	3,380	2,720
46-50	17,585	11,810	8,940	6,070	4,875
51-55	18,470	12,400	9,390	6,370	5,120
56-60	19,750	13,370	10,180	6,760	5,435
61-65	28,530	19,315	14,705	9,765	7,850
66-70	38,455	26,030	19,820	13,160	10,580
>70	58,005	37,300	28,400	18,860	15,160

1 Adult	SI -7.5 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac

0-17	2,645	1,715	1,280	910	795
18-35	3,630	2,350	1,755	1,250	1,095
36-45	4,365	2,825	2,110	1,500	1,315
46-50	7,830	5,075	3,790	2,695	2,360
51-55	8,225	5,330	3,980	2,830	2,480
56-60	9,920	6,490	4,865	3,380	2,960
61-65	14,325	9,380	7,030	4,880	4,275
66-70	19,310	12,640	9,475	6,580	5,760
>70	29,125	18,110	13,575	9,425	8,255

1 Adult + 1 Child	SI -7.5 lac Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	5,075	3,285	2,455	1,750	1,530
36-45	5,810	3,760	2,810	2,000	1,750
46-50	9,275	6,010	4,490	3,195	2,795
51-55	9,670	6,265	4,680	3,330	2,915
56-60	11,365	7,425	5,565	3,880	3,395
61-65	15,770	10,315	7,730	5,380	4,710
66-70	20,755	13,575	10,175	7,080	6,195
>70	30,570	19,045	14,275	9,925	8,690

2 Adult	SI -7.5 lac Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	5,445	3,525	2,630	1,870	1,640
36-45	6,550	4,240	3,170	2,250	1,975
46-50	10,965	7,100	5,305	3,775	3,305
51-55	11,510	7,460	5,570	3,960	3,470
56-60	13,890	9,090	6,815	4,730	4,145
61-65	20,050	13,130	9,840	6,830	5,985
66-70	27,030	17,695	13,260	9,210	8,065
>70	40,770	25,355	19,005	13,195	11,560

2A + 1 C	SI -7.5 lac Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac

18-35	5,988	3,875	2,895	2,058	1,805
36-45	7,203	4,665	3,485	2,478	2,173
46-50	12,530	8,115	6,063	4,313	3,778
51-55	13,158	8,525	6,365	4,528	3,965
56-60	14,880	9,740	7,300	5,068	4,440
61-65	23,852	14,068	10,543	7,320	6,413
66-70	30,657	18,960	14,208	9,868	8,643
>70	43,685	27,168	20,360	14,138	12,385

2A + 2 C	SI -7.5 lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
18-35	6,530	4,225	3,160	2,245	1,970
36-45	7,855	5,090	3,800	2,705	2,370
46-50	14,095	9,130	6,820	4,850	4,250
51-55	14,805	9,590	7,160	5,095	4,460
56-60	15,870	10,390	7,785	5,405	4,735
61-65	27,655	15,005	11,245	7,810	6,840
66-70	34,285	20,225	15,155	10,525	9,220
>70	46,600	28,980	21,715	15,080	13,210

1 Adult	SI -5 lac			
	Deductible			
Age Band	1 Lac	2 Lac	3 Lac	4 Lac
0-17	1,650	1,075	720	460
18-35	2,270	1,475	1,110	750
36-45	2,730	1,775	1,335	905
46-50	4,675	3,185	2,390	1,530
51-55	6,610	3,795	3,005	1,925
56-60	7,670	4,405	3,490	2,230
61-65	12,545	7,205	5,700	3,650
66-70	17,255	9,905	7,840	5,020
>70	19,810	11,435	9,055	5,795

1 Adult + 1 Child	SI -5 lac			
	Deductible			
Age Band	1 Lac	2 Lac	3 Lac	4 Lac
18-35	3,175	2,065	1,520	1,015
36-45	3,635	2,365	1,745	1,170
46-50	5,580	3,775	2,800	1,795
51-55	7,515	4,385	3,415	2,190
56-60	8,575	4,995	3,900	2,495
61-65	13,450	7,795	6,110	3,915
66-70	18,160	10,495	8,250	5,285
>70	20,715	12,025	9,465	6,060

2 Adult	SI -5 lac			
	Deductible			
Age Band	1 Lac	2 Lac	3 Lac	4 Lac
18-35	3,935	2,305	1,805	1,285
36-45	4,735	3,140	2,170	1,540
46-50	7,825	5,225	4,025	2,865
51-55	10,000	5,905	4,630	3,290
56-60	11,740	6,970	5,480	3,805
61-65	17,735	10,955	8,635	5,995
66-70	24,710	14,975	11,810	8,205
>70	30,775	18,765	14,755	10,245

2A + 1 C	SI -5 lac			
	Deductible			
Age Band	1 Lac	2 Lac	3 Lac	4 Lac
18-35	4,235	2,627	2,010	1,395
36-45	5,095	3,345	2,417	1,675
46-50	8,587	5,798	4,403	2,963
51-55	11,607	6,747	5,320	3,567
56-60	12,775	7,447	5,878	3,910
61-65	20,157	11,960	9,450	6,282
66-70	27,885	16,403	12,962	8,620
>70	33,215	19,675	15,527	10,337

2A + 2 C	SI -5 lac			
	Deductible			
Age Band	1 Lac	2 Lac	3 Lac	4 Lac
18-35	4,535	2,950	2,215	1,505
36-45	5,455	3,550	2,665	1,810
46-50	9,350	6,370	4,780	3,060
51-55	13,215	7,590	6,010	3,845
56-60	13,810	7,925	6,275	4,015
61-65	22,580	12,965	10,265	6,570
66-70	31,060	17,830	14,115	9,035
>70	35,655	20,585	16,300	10,430

1 Adult	SI-4 lac		
	Deductible		
Age Band	1 Lac	2 Lac	3 Lac
0-17	1,430	790	535
18-35	1,960	1,085	875
36-45	2,360	1,490	1,050
46-50	4,235	2,875	2,250
51-55	5,935	3,365	2,700
56-60	6,890	3,910	3,145
61-65	10,600	6,395	5,145
66-70	14,960	8,795	7,080
>70	17,150	10,355	8,335

1 Adult + 1 Child	SI-4 lac		
	Deductible		
Age Band	1 Lac	2 Lac	3 Lac
18-35	2,740	1,515	1,185
36-45	3,140	1,920	1,360
46-50	5,015	3,305	2,560
51-55	6,715	3,795	3,010
56-60	7,670	4,340	3,455
61-65	11,380	6,825	5,455
66-70	15,740	9,225	7,390
>70	17,930	10,785	8,645

2 Adult	SI-4 lac		
	Deductible		
Age Band	1 Lac	2 Lac	3 Lac
18-35	3,430	1,895	1,530
36-45	4,130	2,775	1,835
46-50	6,775	4,600	3,600
51-55	9,495	5,385	4,315
56-60	11,020	6,260	5,035
61-65	16,960	10,230	8,235
66-70	23,935	14,070	11,325
>70	27,445	16,565	13,335

2A + 1 C	SI-4 lac		
	Deductible		
Age Band	1 Lac	2 Lac	3 Lac
18-35	3,920	2,165	1,748
36-45	4,720	3,103	2,098
46-50	7,623	5,175	4,050
51-55	10,683	6,058	4,855
56-60	11,710	6,650	5,348
61-65	18,020	10,870	8,748
66-70	25,433	14,950	12,033
>70	29,158	17,600	14,168

2A + 2 C	SI-4 lac		
	Deductible		
Age Band	1 Lac	2 Lac	3 Lac
18-35	4,410	2,435	1,965
36-45	5,310	3,430	2,360
46-50	8,470	5,750	4,500
51-55	11,870	6,730	5,395
56-60	12,400	7,040	5,660
61-65	19,080	11,510	9,260
66-70	26,930	15,830	12,740
>70	30,870	18,635	15,000

1 Adult	SI-3 lac	
	Deductible	
Age Band	1 Lac	2 Lac
0-17	1,235	710
18-35	1,595	1,055
36-45	2,170	1,350
46-50	3,615	2,400
51-55	5,430	3,100
56-60	6,305	3,600
61-65	10,310	5,890
66-70	14,185	8,100
>70	16,745	9,555

1 Adult + 1 Child	SI-3 lac	
	Deductible	
Age Band	1 Lac	2 Lac
18-35	2,260	1,455
36-45	2,835	1,750
46-50	4,280	2,800
51-55	6,095	3,500
56-60	6,970	4,000
61-65	10,975	6,290
66-70	14,850	8,500
>70	17,410	9,955

2 Adult	SI-3 lac	
	Deductible	
Age Band	1 Lac	2 Lac
18-35	2,790	1,850
36-45	3,795	2,360
46-50	5,780	3,840
51-55	8,690	4,960
56-60	10,090	5,760
61-65	16,500	9,420
66-70	22,700	12,960
>70	26,790	15,290

2A + 1 C	SI-3 lac	
	Deductible	
Age Band	1 Lac	2 Lac
18-35	3,188	2,113
36-45	4,338	2,698
46-50	6,503	4,318
51-55	9,778	5,580
56-60	10,720	6,120
61-65	17,530	10,010
66-70	24,118	13,770
>70	28,465	16,245

2A + 2 C	SI-3 lac	
	Deductible	
Age Band	1 Lac	2 Lac
18-35	3,585	2,375
36-45	4,880	3,035
46-50	7,225	4,795
51-55	10,865	6,200
56-60	11,350	6,480
61-65	18,560	10,600
66-70	25,535	14,580
>70	30,140	17,200

1 Adult	SI -2 lac
	Deductible
Age Band	1 Lac
0-17	880
18-35	1,150
36-45	1,285
46-50	2,225
51-55	3,195
56-60	3,710
61-65	6,055
66-70	8,335
>70	10,935

1 Adult + 1 Child	SI -2 lac
	Deductible
Age Band	1 Lac
18-35	1,625
36-45	1,760
46-50	2,700
51-55	3,670

56-60	4,185
61-65	6,530
66-70	8,810
>70	11,410

2 Adult	SI -2 lac
	Deductible
Age Band	1 Lac
18-35	2,005
36-45	2,255
46-50	3,555
51-55	5,110
56-60	5,930
61-65	9,695
66-70	13,335
>70	17,495

2A + 1 C	SI -2 lac
	Deductible
Age Band	1 Lac
18-35	2,295
36-45	2,578
46-50	4,000
51-55	5,750
56-60	6,303
61-65	10,300
66-70	14,170
>70	18,590

2A + 2 C	SI -2 lac
	Deductible
Age Band	1 Lac

18-35	2,585
36-45	2,900
46-50	4,445
51-55	6,390
56-60	6,675
61-65	10,905
66-70	15,005
>70	19,685