

**my:health Suraksha**

**KEY FEATURES OF THE POLICY:**

1. Multiple sum insured options ranging from 1 Lac to Rs. 5 Cr available under this policy.
2. Comprehensive policy with 9 Base covers with 19 optional covers
3. Any age entry option with lifetime renewal
4. Unique plan with coverage for hospitalization expenses anywhere in the world
5. Exclusive covers like Air ambulance cover, Recovery benefit, Infertility cover.
6. Wellness features like Fitness discount@renewal, Health incentives for maintenance of health
7. Flexi benefits like choosing room rent capping, co-pay in order to avail discounts on premium
8. Various discount options to like family discount, online policy discount, long term policy discount, loyalty discount
9. Long term policy options up to 3 years with attractive premium rate
10. Option to pay yearly premium in 3,6 and 12 equal installments

**Coverage**

**SECTION A: HOSPITALIZATION COVER**

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. The payment is subject to Sum Insured and limits including Cumulative Bonus if applicable as specified on the Schedule of Coverage in the Policy Schedule. Subject to otherwise terms and conditions of the Policy.

**1. Medical Expenses**

- i. Room rent, boarding and Nursing charges
- ii. Intensive Care Unit charges
- iii. Consultation fees
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures
- vii. The Cost of prosthetic and other Medical devices or equipment if implanted internally during a Surgical Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable.

**Mental Healthcare**

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

**Sum Insured options available under Section A:**

• 1 Lac	• 2 Lacs	• 3 Lacs	• 4 Lacs
• 5 Lacs	• 6 Lacs	• 7.5 Lacs	• 9 Lacs
• 10 Lacs	• 12.5 Lacs	• 15 Lacs	• 17.5 Lacs
• 20 Lacs	• 22.5 Lacs	• 25 Lacs	• 30 Lacs
• 35 Lacs	• 40 Lacs	• 45 Lacs	• 50 Lacs
• 75 Lacs	• 1 Cr	• 1.5 Cr	• 2 Cr
• 2.5 Cr	• 3 Cr	• 3.5 Cr	• 4 Cr
• 4.5 Cr	• 5 Cr		

**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 for treatment of such Illness where opted.

This Cover can be availed through Cashless Facility only as procedure given under Claims Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

**3. Domiciliary Hospitalization**

We will pay the Medical Expenses incurred on Domiciliary Hospitalization of the Insured Person provided that:

- i. It has been prescribed by the treating Medical Practitioner and
- ii. the condition the Insured Person is such that he/she could not be removed to a Hospital or
- iii. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

**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 Claim under Section A1 is admissible under the Policy.

Where Insured Person has opted for Home Healthcare treatment under Section A2, Pre-Hospitalization Medical Expenses are payable up to 60 days prior to start of the Medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

**5. Post-Hospitalization cover**

We will pay for the Post-Hospitalization Medical Expenses incurred upto 180 days from the day Insured Person is discharged from Hospital provided that Claim under Section A1 or A 6 is admissible under the Policy

Where Insured Person has opted for *Home Healthcare* treatment under Section A2, Post Hospitalization Medical Expenses are payable up to 180 days post completion of the medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

**6. Day Care Procedures**

We will pay for the Medical Expenses as listed under Section A1 on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

**7. Road Ambulance**

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)

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- ii. or from one Hospital to another Hospital
- iii. of from Hospital to Home (within same City) following Hospitalization

provided that Claim under Section A1 and A6 is admissible under the Policy.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** is applicable

### **Sum Insured options available:**

- Rs.2,000
- Rs.3,500,
- Rs.15,000

### **8. Organ Donor Expenses**

We will pay Medical Expenses as listed under Section A1 towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that;

- 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 rules.
- Hospitalization Claim under Section A1 is admissible under the Policy
- The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the Policy
- Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

### **9. Alternative Treatments**

We will pay Medical Expenses as listed under Section A1 on Hospitalization of Insured Person in AYUSH Hospital for following Alternative Treatments prescribed by Medical Practitioner

- Ayurvedic
- Unani
- Siddha
- Homeopathy

provided that;

- i. The procedure performed on the Insured Person cannot be carried out on Outpatient basis
- ii. In the event of admissible Claim under this Cover, no Claim shall be admissible under Section A 1 for Allopathic treatment of same Illness or Injury

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is applicable

## **SECTION B: RENEWAL BENEFITS**

### **1. Preventive Health Check-Up**

After the completion of every block of four consecutive, continuous and Claim free Policy Years with Us, We will pay towards cost of Preventive Health Check- up to 1% of Sum Insured upto a maximum of INR 5,000 per Insured Person in Individual Policies and per Policy in Floater Policies for those Insured Persons who were Insured

under the previous 4 Policy years with Us.

Other terms and Conditions applicable to this Benefit

- Post each block of four consecutive and continuous claim free Policy Years the Insured Persons can avail this benefit during the fifth Policy Year. The benefit will not be carried forward if not utilized during this stipulated timeframe.
- Eligibility to avail Health Check-up will be in accordance to lower of expiring Policy Sum Insured or Renewed Policy Sum Insured.
- This cover is applicable only to Insured Person covered under all four Policy Years and who continue to remain insured in the subsequent Policy Year/Renewal.
- Availing of Claim under this Cover will not impact the Sum Insured or the eligibility for Cumulative Bonus

### **2. Cumulative Bonus**

On each Renewal of the Policy with Us, We will apply 5% of Basic Sum Insured under expiring Policy as Cumulative Bonus in the Policy provided that;

1. There has been no claim under the Policy in expiring year under Section A
2. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible Claim under Section A of the Policy.
3. Cumulative Bonus can be accumulated upto 50% of Basic Sum Insured.
4. Cumulative Bonus applied will be applicable only to Insured Person covered under expiring Policy and who continue to remain insured on Renewal.
5. In case of multiyear policies, Cumulative Bonus that has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy tenure

### **3. my: Health Active**

#### **A. 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 upto 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.

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### Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	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%

### Steps to accumulate Healthy Weeks

Step 1 - The HDFC ERGO Mobile App must be downloaded on the mobile.

Step 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 covered under expiring Policy
- **Multi Year Policy:**
  - o Fitness discount earned on yearly basis will be accumulated till Policy End date.
  - o 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 covered under expiring 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 expiring Policy Sum Insured.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

### B. Health Incentive

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 expiring Policy
- **Multi Year Policy:**
  - o Discount amount earned on yearly basis will be accumulated till Policy End date.
  - o 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 expiring 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 expiring Policy Sum Insured.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

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### C. Wellness services:

The services listed below are available to all Insured Person through Our Network Provider on Our HDFC ERGO Mobile App only. Availing of services under this Section will not impact the Sum Insured or the eligibility for Cumulative Bonus.

#### i. Health Coach:

An 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.

These services will be available through Our HDFC ERGO Mobile App

#### 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.*

## SECTION C: OPTIONAL COVERS

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

### 1. Preventive Health Check-Up - Booster

On opting this Cover, Insured Person will be entitled for Health Check up after the completion of each Policy Year with us as per

option given below irrespective of Claims made under the Policy;

- We will reimburse the cost of Preventive Health Check-up up to 1% of Sum Insured upto a maximum of INR 5,000 per Insured Person in Individual Policies and per Policy in Floater Policies
- Or
- Insured Person shall have the option to undergo Health Check-Up at our Network Service Provider in accordance to criteria given below.

Sum Insured	Tests
Upto 2 Lacs	Medical Examination Report, Complete Blood Count Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram
3 Lac and above	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 Cover

- This benefit will not be carried forward if not utilized the first 60 days post of Policy Anniversary/Renewal date.
- On opting this Cover, Renewal Benefit, Preventive Health Check up under Section B stands deleted.

### 2. Parent and Child care Cover - Basic

We will pay to the **Insured Person** subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

#### A. Parent Care

- Medical Expenses** under Section A1 for **Maternity Expenses** limited up to 2 deliveries or 1 delivery and 1 termination or 2 terminations during the lifetime of the Insured Person
- OPD Treatment** in Pre-natal and Post-natal period provided Claim under Maternity Expenses is admissible under the Policy.

Note: If this optional cover is in force, then Permanent Exclusions D ii.xxix) shall be superseded only to the extent of coverage provided under this benefit

#### B. Child Care

We will pay/cover following expenses towards Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

- We will pay **Medical Expenses** listed under Section A1 within Sum Insured for **Parent Care** towards treatment of a **New Born Baby** as per limit mentioned on Schedule of Coverage.
- New Born Baby Cover** – We will cover New Born Baby from 91st day after the birth as per original terms of the Policy on receipt of completed proposal form and Premium received within 90 days of birth of Baby and subject to acceptance by Us.

If this Cover is opted, General exclusion xv) under Permanent Exclusions, Section D-ii, stands deleted.



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**Exclusions applicable to this Cover.**

- Pre-Hospitalization** and **post-Hospitalization** expenses are not payable under this cover
- We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section A1 only.
- Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

**Sum Insured options and applicability:**

Sr No	Normal Delivery	Cesarean Section	Termination of Pregnancy	OPD treatment in Pre & Post Natal period	Child Care
1	15,000	25,000	15,000	1,500	2,000
2	25,000	40,000	25,000	2,500	3,500
3	50,000	1,00,000	50,000	5,000	6,000
4	80,000	2,00,000	80,000	7,000	10,000

Entry age for this cover is restricted upto 45 years and coverage is available for lifetime subject to Renewal of the Policy

**3. Parent and Child care Cover – Booster**

We will pay to the **Insured Person** subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

Furthermore, If Parent and Child care Cover – Booster is opted, then the below shall stand deleted:

- Parent and Child care Cover – Basic
- Standard Exclusion D.II. xiv), D.II.xv) and D.II. xxvi)

**1. Parent Care**

- Medical Expenses for a delivery (including caesarean section) on Hospitalization or the lawful medical termination of pregnancy during the Policy Period
- OPD Treatment in Pre-natal and post-natal period up to the limit of this cover, provided Claim under Maternity Expenses is admissible under the Policy
- Infertility Treatment: Medical Expenses listed under Section A1 incurred for infertility treatment, assisted reproductive treatments undertaken on advice of a Medical Practitioner, up to 50% of Normal Delivery Sum Insured under this Cover. This cover is applicable for both Male and Female Insured Person

Note: If this optional cover is in force, then Permanent Exclusions D ii.xxix) shall be superseded only to the extent of coverage provided under this benefit

**2. Child Care**

We will pay following expenses towards Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

**a) New Born baby cover:**

We will pay **Medical Expenses** listed under Section A1

towards treatment of a **New Born Baby** within the limit of

Sum Insured under Parent and Child Care covers as mentioned in Schedule of Coverage on the Policy Schedule

**b) Vaccination Charges:**

We will pay expenses incurred on vaccination for **New Born Baby** as per National Immunization Schedule until **New Born Baby** completes 1 year of age subject to maximum of Sum Insured Parent and Child Care cover

**3. Waiting Period modification Option**

On availing this option, Waiting Period listed under Section Di-i, d, will stand modified as mentioned in the Schedule of Coverage on the Policy Schedule.

All other terms and conditions of the Parent & Child Care Cover - Booster shall remain unaltered.

Waiting period modification options under Parent and child cover are 2 years/3 years

**Exclusions applicable to this Cover.**

- Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover
- We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section A1 only.
- Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

**Sum Insured options and applicability:**

Sr. No.	Normal Delivery	Cesarean Section	Termination of Pregnancy	OPD Treatment in Pre & Post Natal period	Child Care	Vaccination	Infertility
1	15,000	25,000	15,000	Up to limit of Sum Insured under Parent and Child Care Cover	Up to limit of Sum Insured under Parent and Child Care Cover	5,000	Upto 50% of Sum Insured for Normal Delivery Sum Insured under Parent & Child care Cover
2	20,000	40,000	20,000			5,000	
3	25,000	40,000	25,000			5,000	
4	35,000	50,000	35,000			5,000	
5	50,000	75,000	50,000			15,000	
6	50,000	1,00,000	50,000			15,000	
7	75,000	1,00,000	75,000			15,000	
8	80,000	2,00,000	80,000			25,000	
9	1,00,000	1,50,000	1,00,000			25,000	

Entry age for this cover is restricted upto 45 years and coverage is available for lifetime subject to Renewal of the Policy

**4. Air Ambulance Cover**

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

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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.

Furthermore, for availing the benefit under this cover, claim for inpatient Hospitalization needs to be admissible under Section A-I Hospitalization Cover

### Exclusion:

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

### Sum Insured options available:

- Rs 2,00,000
- Rs 5,00,000
- Rs 10,00,000

## 5. Recovery Benefit

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule upon Medically Necessary Hospitalization of an Insured Person exceeding 10 consecutive and continuous days and for which Claim is admissible under Section A I – Hospitalization Cover.

This benefit is not applicable if Medical treatment is taken under Section A2 - Home Healthcare and A3 – Domiciliary Hospitalization

### Sum Insured options available:

- Rs. 1,000
- Rs. 2,000
- Rs. 3,000
- Rs. 4,000
- Rs 5,000
- Rs. 7,500
- Rs. 10,000
- Rs. 15,000
- Rs. 25,000
- Rs. 40,000

## 6. 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;

- i. The Total Sum Insured added under this cover will not exceed the Basic Sum Insured in a Policy Year
- ii. Total of Basic Sum Insured under Hospitalization Cover, Cumulative/Extended Cumulative Bonus (if applicable) earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section A 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/Extended Cumulative Bonus (if opted) earned
- iii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy
- iv. This cover will be applicable annually for policies with term more than one year.
- v. Any unutilized amount of Sum Insured Rebound cannot be carried over to next Policy Year or Renewal Policy
- vi. The Sum Insured Rebound can be utilized for Claims under Section A only.

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	Admissible Claim amount	SI Rebound	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 =240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

## 7. Outpatient Dental Treatment

After three consecutive and continuous Policy Years with Us, We will pay 50% of Medical Expenses incurred by Insured Person towards Dental Treatment prescribed by Medical Practitioner up to the amount as mentioned in the Schedule of Coverage on the Policy Schedule. Claim under this Section can be availed only through our Network Provider. The Cover is applicable only to Insured Person covered under three consecutive and continuous Policy Years and who continue to remain insured in the subsequent Policy Year/ Renewal

The Coverage is applicable only towards cost of X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same.

Claim under this Section will not affect Cumulative Bonus under Section B2, condition ii.

If this optional cover is in force, then Permanent Exclusions D ii.xxix) shall be superseded only to the extent of coverage provided under this benefit.

### Exclusions specific to Outpatient Dental Treatment

- i. Cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury due to an accident or cancer

### Sum Insured options available:

- Up to 1% of Sum Insured subject to maximum of Rs 5,000
- Up to 1% of Sum Insured subject to maximum of Rs 20,000

## 8. External Medical Aids

After the completion of every two consecutive and continuous Policy Year with Us, We will pay up to 50% of cost incurred towards following Medical Expenses subject to maximum of Sum Insured as mentioned in the Schedule of Coverage, on the Policy Schedule;

- i. One pair of spectacles or one pair of contact lenses,
- ii. A hearing aid

Other terms

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- The Cover is applicable only to Insured Person covered under two consecutive and continuous Policy Years and who continue to remain insured in the subsequent Policy Year/ Renewal
- Under a Family Floater Policy, Our liability shall be limited to either one pair of spectacles or contact lenses or hearing aid per family.
- Post completion of every two consecutive and continuous Policy Years the Insured Persons can avail this benefit during the third Policy Year. The benefit will not be carried forward if not utilized during this stipulated timeframe.
- Medical Expenses incurred under this Cover shall be prescribed by treating Medical Practitioner
- Claim under this Section will not affect Cumulative Bonus under Section B2, condition ii
- If this optional cover is in force, then Permanent Exclusions D.II.xxx) shall be superseded only to the extent of coverage provided under this benefit.

**Sum Insured options available:**

- Up to maximum of Rs 5,000
- Up to maximum of Rs 20,000

**9. Major Illness Hospitalization Expenses**

We will pay for Medical Expenses incurred and admissible under Section A1, up to additional Sum Insured equivalent to Basic Sum Insured, on Medically Necessary Hospitalization of Insured Person for Major illnesses listed below whose diagnosis first commence/ occurs after the applicable waiting period from commencement of the first Policy with Us, subject to the following;

- Waiting Period – The coverage is subject to Waiting Period as mentioned on Schedule of Coverage on the Policy Schedule
- Claim for each Major Illness is payable only once during the lifetime of Policy with Us. However, Insured Person will continue to be covered under this Section for other Major Illnesses.
- Claim under this Cover is admissible only when total of Basic Sum Insured is completely utilized.
- The additional Sum Insured under this Cover is exclusive and specific for the treatment of the first occurrence of the above Critical Illness undertaken in a Hospital/Nursing Home as an in-patient and will not be available for other illnesses/ hospitalization.

Major Illness Covered			
1	Cancer of specified severity	6	Major Organ/Bone Marrow Transplant
2	Open Chest CABG	7	Stroke resulting in permanent symptoms
3	Myocardial Infarction (First Heart Attack of specific severity)	8	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	9	Primary (Idiopathic) Pulmonary Hypertension
5	Multiple Sclerosis with Persisting Symptoms		

**Sum Insured options available**

The option can be availed only up to the age of 65 years (age last birthday) and for Sum Insured of Rs. 2 Lacs to 5 Lacs. Once the option is availed, Renewal shall be available for lifetime.

**10. Non-Medical Expenses cover**

We will pay for Non-Medical Expenses up to 5% of admissible claim amount on Medically necessary Hospitalization of Insured Person for claims admissible under Section A1, 2 & 3.

In view of this Cover, Exclusion xxviii), shall stand covered up to the extent mentioned above.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

**11. Waiting period Modification Option**

On availing this option, Waiting Periods listed under i, ii and iii of Section Waiting Periods, will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

This modification is applicable under following sections;

Section A – Hospitalization Cover

Section C4 – Air Ambulance

Section C5 – Recovery Benefit

Section C9 – Major Illness Hospitalization Expenses

Section C17 –Hospital Cash

Section C18 – Global Health Cover

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

**Options Available:**

Option	Conditions	Waiting period
Option 1	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	36 Months
Option 2	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	24 Months

**12. Extended Cumulative Bonus**

On availing this cover, Cumulative Bonus percentage mentioned under Section B2 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;

- Once the Extended Cumulative Bonus benefit is availed by the Insured Person, it cannot be opted out at subsequent Renewal.
- All other terms and Conditions of Renewal Benefits Section B, ii shall remain unaltered.

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**Options available:**

- 10% up to a maximum of 100%
- 25% up to a maximum of 200%
- 50% up to a maximum of 200%

**13. Room Rent Modification Option**

On availing this option, limits specified under Section A1 i and A ii will stand modified as below.

- Room Rent, boarding & Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day
- Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day

**Proportionate deduction:**

In case Room Rent during Hospitalization of Insured Person exceeds the aforesaid limits, 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.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule.

This cover is available for Sum Insured up to Rs 5 Lacs only.

**14. Co-Payment**

On availing this option, Co-Payment as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible claim after Deductible/Excess wherever applicable under the Policy. Once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

**Options available:**

10%, 15%, 20%, 25%

**15. Major Illness – Benefit**

If the eldest Insured Person covered under the Policy suffers from Major Illness as listed below, whose diagnosis first commence/ occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured as mentioned on the Schedule of Coverage.

The Coverage under this benefit shall cease to exist upon occurrence of any one Major Illness covered for which Claim is admitted by the Company.

Major Illness Covered			
1	Cancer of specified severity	7	Permanent Paralysis of Limbs
2	Open Chest CABG	8	Stroke resulting in Permanent Symptoms

3	Myocardial Infarction (First Heart Attack of specific severity)	9	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	10	Primary (Idiopathic) Pulmonary Hypertension
5	Major Organ/Bone Marrow Transplant	11	Open Heart Replacement or Repair of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms		

**Survival Period**

Claim under this Cover is payable only if Insured Person survives 30 days from the diagnosis, fulfillment of the definition of the Major illness covered and with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

**Waiting Period**

- A waiting period of 90 days shall apply for all claims under this cover

**Sum insured available:**

- 50% or 100% of Basic Sum Insured or Rs 10 Lacs whichever is lower

**16. E-Opinion**

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Major Illness covered and listed below under the Policy through our Network Provider.

The Coverage under this benefit shall cease to exist upon availing Second Opinion for any one Major Illness as listed below.

Major Illness Covered			
1	Cancer of specified severity	7	Permanent Paralysis of Limbs
2	Open Chest CABG	8	Stroke resulting in Permanent Symptoms
3	Myocardial Infarction (First Heart Attack of specific severity)	9	Surgery of Aorta
4	Kidney Failure requiring regular dialysis	10	Primary (Idiopathic) Pulmonary Hypertension
5	Major Organ/Bone Marrow Transplant	11	Open Heart Replacement or Repair of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms		

**Disclaimer - E- Opinion Services are being offered by Network providers through its portal/mail/App or what so ever electronic form to Policyholders/Insured of HDFC ERGO GENERAL INSURANCE COMPANY LIMITED. In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special consequential damages or any other damages whatsoever caused to the Policyholders/Insured of HDFC ERGO while receiving the services from Network providers.**



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**17. Hospital Cash**

We will pay per day Sum Insured up to maximum Number of days and in manner as specified in Schedule of Coverage on the Policy Schedule, for each continuous and completed period of 24 hours of Medically Necessary Hospitalization of an eldest Insured Person in the Policy and for which Claim is admissible under Section A – Hospitalization Cover.

**Sum insured available:**

- Per day benefit: Rs 500/ Rs 1,000/ Rs 1,500/ Rs 2,000/ Rs 2,500
- No of days: Maximum of 30 days/ 60 days

**18. Global Health Cover**

On availing this Cover, We will pay the Medical Expenses incurred outside India under below given Sections and Covers wherever opted and as mentioned on the Schedule of Coverage in the Policy Schedule.

Section A: Hospitalization Cover			
A1	Medical Expenses	A7	Road Ambulance
A4	Pre-Hospitalization cover	A8	Organ Donor Expenses
A5	Post-Hospitalization cover	A9	Alternative Treatments
A6	Day Care Procedures		

Section C: Optional Covers			
C1	Preventive Health Check-Up - Booster	C8	External Medical Aids
C2	Parent and Child care Cover - Basic	C9	Major Illness Hospitalization Expenses
C3	Parent and Child care Cover – Booster	C10	Non-Medical Expenses cover
C4	Air Ambulance Cover	C15	Major Illness – Benefit
C5	Recovery Benefit	C16	E-Opinion
C6	Sum Insured Rebound	C17	Hospital Cash
C7	Outpatient Dental Treatment		

Global Cover is applicable subject to following terms and conditions

- i. Global coverage for expenses towards all the listed covers is applicable and effective only if mentioned on the Schedule of Coverage in the Policy Schedule.
  - ii. A Deductible of USD 100 will apply for expenses under all the respective covers separately for each and every claim.
  - iii. Claims on Reimbursement basis will be payable in INR only.
- All other terms and conditions of the respective Section and Covers under the policy shall remain unaltered

**19. Surrogacy & Oocyte Donor Complications**

We will indemnify the Insured Person for the below mentioned expenses subject to compliance of the Surrogacy Act 2012, The Assisted Reproductive Technology (Regulation) Act, 2021 & rules framed there (and as amended from time to time and another relevant law), the waiting period and limits as mentioned below.

- i. Surrogacy complications: We will indemnify Medical Expenses listed under Section A-1 incurred only for any type of complications (including post-partum delivery complications) faced by the Surrogate Mother arising out of pregnancy.

**Conditions applicable for Surrogacy complications**

- a. Claim under this sub-benefit shall be payable only if the Surrogacy is for the Insured Person under this Policy
- b. The claim admissible under this sub-benefit must be Medically Necessary and the same should be certified by the treating Medical Practitioner of such Insured Person.
- c. We shall cover Surrogacy complications and post-partum delivery complications for upto a period of 36 months starting from the date the first complication arises under this sub-benefit, subject to continuous renewal of the policy for the stated period.
- d. We will indemnify Medical Expenses listed under Section A-1 towards Surrogacy complications. Such expenses shall be covered upto Sum Insured as specified on the Schedule of Coverage in the Policy Schedule.
- e. Claims paid under this sub-benefit shall be in accordance and in compliance with Surrogacy Act, 2012, ART Act, 2021, ART (Regulation) Rules, 2022 & Surrogacy (Regulation) Rules, 2022 and its amendments from time to time.
- f. No woman, other than an ever married woman having a child of her own and between the age of 25 to 35 years on the day of implantation shall be a surrogate mother
- g. The intending couple shall be married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male
- h. The Surrogacy Act 2012 & The Assisted Reproductive Technology (Regulation) Act, 2021 shall always supersede the policy wordings in case of any amendments in the said Acts.
- i. Any claim triggered under this benefit shall reduce the Sum Insured of this Policy for that Policy Year.
- ii. Oocyte donor complications: We will indemnify Medical Expenses listed under Section A-1 incurred only for any type of complications faced by the oocyte donor arising due to oocyte retrieval.

**Conditions applicable for Oocyte donor complications**

- a. We shall cover any type of oocyte donation complications arising for upto 12 months from the date the first complication arises under this sub-benefit, subject to continuous renewal of the policy for the stated period.
- b. Claim under this sub-benefit shall be payable only if the Oocyte donation is related to and for a person Insured under this Policy
- c. The claim admissible under this sub-benefit must be Medically Necessary and the same should be certified by the treating Medical Practitioner of such Insured Person.
- d. Claims paid under this sub-benefit shall be in accordance and in compliance with Surrogacy Act, 2012, ART Act, 2021, ART (Regulation) Rules, 2022 & Surrogacy (Regulation) Rules, 2022 and its amendments from time to time.
- e. We will indemnify Medical Expenses listed under Section A-1 towards Oocyte donor complications. Such expenses shall be covered upto Sum Insured as specified on the Schedule of Coverage in the Policy Schedule.
- f. No woman, other than an ever married woman having a child of her own and between the age of 25 to 35 years on the day of implantation, shall help in surrogacy by donating her egg or oocyte

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or otherwise.

- g. The intending couple shall be married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male
- h. The Surrogacy Act 2012 & The Assisted Reproductive Technology (Regulation) Act, 2021 shall always supersede the policy wordings in case of any amendments in the said Act.
- i. Any claim triggered under this benefit shall reduce the Sum Insured of this Policy for that Policy Year.

**I. Waiting Period**

The Insured Person in respect of whom a claim for 'Surrogacy & Oocyte Donor Complications' is made must have been covered as an Insured Person for a period of 48 months of continuous coverage since the inception of the First Policy, with 'Surrogacy & Oocyte Donor Complications' as a benefit, with Us.

Furthermore, in case of Migration and Portability afresh waiting periods shall apply for Surrogacy complications and Oocyte donor complications cover.

**II. Exclusions applicable to this Cover**

- i. The intending couple have not had any surviving child biologically or through adoption or through surrogacy earlier
- ii. No woman shall act as a surrogate mother more than once in her lifetime.
- iii. No woman shall act as a surrogate mother by providing her own gametes
- iv. No surrogacy or surrogacy procedures shall be conducted, undertaken, performed or availed of, except for the purpose when the intending couple has a medical indication necessitating gestational surrogacy

**Section D: Waiting Periods & Exclusions (also applicable for Hospital Cash optional cover)**

**1. 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 48 months of continuous coverage after the date of inception of the first policy with insurer.
  - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
  - c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
  - d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- ii) Specified Disease/Procedure waiting period - Code – Excl02
  - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until

the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.

- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

**a. Illnesses**

Internal Congenital diseases (not applicable for life to Newborns covered under this policy without any break)	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids ( fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

**b. Surgical Procedures**

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

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- iii) 30-day waiting period – Code – Excl03
  - a) Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
  - b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
  - c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
- iv) A waiting period of 48 months (unless specified otherwise in your plan opted) shall apply for all Claims under Parent and Child Care Cover – Basic/Parent and Child Cover - Booster

**2. 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:

- 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: Code11 - 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. **Refractive Error: Code - Excl15** – Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- xiii. **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.
- 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;

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- 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 (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 weapons/materials, chemical and biological 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 Treatment 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 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 etc. Full list of Non-Medical expenses is attached and also available at [www.hdfcergo.com](http://www.hdfcergo.com).
- xxviii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,
- xxix. Treatment taken on Outpatient basis
- xxx. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxxi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement method. Optometric therapy.
- xxxii. 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.
- xxxiii. 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 is attached and also available on [www.hdfcergo.com](http://www.hdfcergo.com).

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

xxxv. Any type of Non-Allopathic treatment except mentioned under Section A-9 Alternative Treatments.

## SECTION E - GENERAL CONDITIONS

### 1. Entry Age:

#### Base Cover

Proposer	Adult Dependent	Child/Children
• Minimum Entry Age – 18 Years	• Minimum Entry Age – 18 Years	• Minimum Entry Age – 91 days
• Maximum Entry Age – Lifetime Entry	• Maximum Entry Age - Lifetime Entry	• Maximum Entry Age - 25 years

#### Optional covers:

Proposer	Adult Dependent	Child/Children
• Minimum Entry Age – 18 Years	• Minimum Entry Age – 18 Years	• Minimum Entry Age – 91 days
• Maximum Entry Age – Lifetime Entry	• Maximum Entry Age - Lifetime Entry	• Maximum Entry Age - 25 years
• Except for Critical Illness cover for which maximum Entry Age is restricted to 65 years.	• Except for Critical Illness cover for which maximum Entry Age is restricted to 65 years.	
• Parent & Child Care Cover – Basic & Booster – Entry Age Up to 45 Years	• Parent & Child Care Cover – Basic & Booster – Entry Age Up to 45 Years	

#### Add on Covers:

##### my:health Critical Illness Add on

Proposer	Adult Dependent
• Minimum Entry Age – 18 Years	• Minimum Entry Age – 18 Years
• Maximum Entry Age – 65 years	• Maximum Entry Age – 65 years

##### my:health Hospital Cash Benefit Add on

Proposer	Adult Dependent	Child/Children
• Minimum Entry Age – 18 Years	• Minimum Entry Age – 18 Years	• Minimum Entry Age – 91 days
• Maximum Entry Age – Lifetime Entry	• Maximum Entry Age - Lifetime Entry	• Maximum Entry Age - 25 years



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### 2. Type of Policy:

- Individual Sum Insured Option under base policy and my:health Critical Illness Add on
- Floater Sum Insured for base policy and my:health Hospital Cash Benefit Add on

### 3. Coverage for Dependents

#### Individual Sum Insured Option:

• Proposer	• Spouse
• Dependent Children	• Dependant Parents/in laws
• Grand Mother	• Grand Father
• Grand Son	• Grand Daughter
• Daughter in Law	• Son in law
• Sister	• Brother
• Sister in law	• Nephew
• Niece	• Brother in law

- Floater Sum Insured Option:** Self, Spouse, dependent children\* and dependent parents/parents in law can be covered under floater option.
- Floater option of 2 Adult, 2 Parents and 2 Children is not available for Sum Insured below 3 lacs
- \* Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday provided he is financially dependent, on the proposer.

### 4. Policy period

- This policy can be issued for 1 year/ 2 years/ 3 years.

### 5. Sum Insured – Add on covers

<b>my:health Critical Illness Add on</b>	Rs 1 Lac to 5 crs in multiples of 1 Lac
<b>my:health Daily Cash Benefit Add on</b>	Per Day benefit <ul style="list-style-type: none"> <li>• Rs 500                      • Rs 1,000</li> <li>• Rs 1,500                  • Rs 2,000</li> <li>• Rs 2,500                  • Rs 3,000</li> <li>• Rs 5,000                  • Rs 7,500</li> <li>• Rs 10,000</li> </ul>

### 6. Pre Policy Check ups

The PPC tests required will be as per the below details. This grid may be subject to change based on the company policy in future & will be guided by our experience

- Tele MER is required for all Insured Person(s) above 55 to 65 years of age
- Medical tests are mandatory for insured aged 65 years & above

In addition, insured person declaring Pre-existing medical conditions may be subject to medical examination based on the underwriting policy of the Company

#### Guidelines for Pre Policy Check ups

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, 100% of Medical test charges will be borne by the customer for less than or equal to Rs. 500,000 sum insured, 50% for Rs. 600,000 to Rs. 10,00,000 Sum Insured and NIL for other Sum Insured
- In case of any adverse medical declaration on the proposal form, we may request for additional medical tests
- Medical Reports are considered valid for up to 3 months

### 7. Loadings

- We may apply Medical Underwriting 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.
- The maximum medical underwriting loading shall not exceed 100% for each condition and a total of 150% for each Insured Person
- Medical Underwriting 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 3B – Health Incentives
- We will inform You about the applicable Medical underwriting 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.

### 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 fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

### 9. Non-Disclosure or Misrepresentation

- 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:

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- 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 days' 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 4 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 9 i above.

### 10. 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.

### 11. 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.

### 12. Multiple Policies

- 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.

### 13. 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.

### 14. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

### 15. 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.

### 16. 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. For Policies on instalment basis, Grace Period is available as given below.

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

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**17. Renewal of policy**

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

- The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- No loading shall apply on renewals based on individual claims experience.

**18. Portability**

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines\\_Layout.aspx?page=PageNo3987](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

**19. 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](https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987)

**20. Cancellation**

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

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable
  - For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
  - In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year
- Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.
- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

**21. Premium Tier**

For the purpose of policy issuance, the premium will be computed basis the tier chosen by the Policyholder in the proposal form. Classification of cities would be as under:

- Tier 1:** Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
- Tier 2:** Rest of India- All other cities

**Conditions:**

- On payment of Tier 1 premiums, an Insured Person can avail treatment all over India without any co-payment.
- On payment of Tier 2 premium, an Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1 cities, 20% Co-Payment shall be applicable on admissible claim amount.
- Co-Payment under ii above will not be applied If an Insured

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Person opts for Hospitalization with Room Rent up to Rs 2,500 per day or on Hospitalization for Medically Necessary treatment following an Accident

### 22. 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)

- 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

- During such Grace Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.
- 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 installment premium is not paid on due date.
- In case of installment premium due not received within the Grace Period, the Policy will get cancelled.
- In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- The Company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

### Installment Premium payment through Auto Debit/ECS Facility

- 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
- 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

### 23. Discounts

<b>Family Discount</b>	A discount of 10% shall be offered if two or more of any of eligible family members are covered under the same policy with the Company under Individual Sum Insured basis. This discount shares the benefit of reduced anti-selection and lower operational expenses experienced by the Company.
<b>Online Policy Discount</b>	A discount of 5% shall be offered for all policies purchased online wherein no commissions are payable by the Company. This benefit is extended to customers in lieu of savings in commission costs after allowing for online procurement expenses like Search Engine Optimization/ Search Engine Marketing costs etc. and supports the Government's digital India initiative. Similarly, 5% discount would also be extended to business sourced via technology platforms who undertake marketing activities for the Company.
<b>Employee Discount</b>	A discount of 5% will be offered to full time employees of HDFC Group or Munich Re Group at the time of enrolment, or subsequent renewal; provided that such Policy is purchased through our website or our mobile app and no commissions are paid by the Company for the business sourced. This benefit is extended to customers in lieu of savings in commission costs
<b>Loyalty Discount</b>	If insured has purchased policies for more than 1 product from us, discount equivalent to 10% on lower of the premium amongst all of the active policies held by customer is offered

Total maximum discount of all mentioned above, should not exceed 20% of the total premium per policy

### Other Discounts

**Long term policy discount** - A discount of 7.5% and 10% will be offered in case a policy is purchased for 2-year and 3-year tenure respectively with Single Premium option i.e. premium has been paid in advance as a single premium. The discount offered is against anticipated benefits to the company on account of potential savings in renewal expenses, savings in claims for reduced anti-selection and increased investment income from longer duration policies.

### 24. Sum Insured Enhancement

The Insured Person member can apply for enhancement of Sum Insured at the time of renewal. The acceptance of enhancement of Sum Insured would be based on the health condition of the Insured Persons & claim history of the policy.

### 25. 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.

### 26. Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90



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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.

**27. Claim Settlement (Provision for Penal Interest)**

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which We will send a closure letter or make a part-payment if We have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. 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 last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- iv. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the Bank Rate from the date of receipt of last necessary

document to the date of payment of claim.

- vi. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vii. If requested by Us and 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.
- viii. 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

**28. 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.

**29. Additional Benefits**

- Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.

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## SECTION F- CLAIMS PROCEDURE

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 Emergency 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 earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	i. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/Surgery required vii. Name and address of the attending Medical Practitioner viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission				Following particulars in addition to those listed under Hospitalization Claim:  i. Treatment details ii. Preferred date and time for initial assessment
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required			Not Applicable	Following particulars in addition to those listed under Hospitalization Claim:  Probable date of start of treatment
Process for obtaining Pre-Authorization	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 the Network Provider along with other sufficient details to assess the request, We may; <ul style="list-style-type: none"><li>Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or</li><li>Reject the request for pre-authorization specifying reasons for the rejection.</li></ul>		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 information or documentation		On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process:  i. Meet the treating medical practitioner and verify the requirement along with the prescription/ discharge summary (if applicable) and the condition of the patient  ii. Verify the past medical history of the patient

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Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
			iii. On receipt of the complete documents <b>We</b> may: <ul style="list-style-type: none"> <li>• issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or</li> <li>• reject the request for pre-authorization specifying reasons for the rejection</li> </ul>		iii. Complete physical examination of the patient iv. Check if the patient requires any equipment, devices etc v. Share the care plan and treatment cost estimation with <b>Us</b> . v. On receipt of the complete documents <b>We</b> may; <ul style="list-style-type: none"> <li>• issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable</li> </ul> or <ul style="list-style-type: none"> <li>• 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.</li> </ul>
List of Claim documents	Not Applicable			As enlisted below	Not Applicable

**List of Documents for Reimbursement Claims:**

- Duly signed, stamped and completed Claim Form
- Photo ID & Age Proof
- Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- Copy of the **Network Provider's** Registration Certificate / **Hospital** registration no in case of **Hospitalization**
- Original Discharge Card / Day Care Summary / Transfer Summary
- Original final Hospital Bill with all original deposit and final payment receipt
- 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.
- All previous consultation papers indicating history and treatment details for current **Illness**
- All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic center
- All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- MLC / FIR Copy – in **Accidental** cases only

- Copy of Death Summary and copy of Death Certificate (in death claims only)
- Pre and Post-Operative Imaging reports
- Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
- Original invoice for Vaccination and payment receipt
- KYC documents

**Conditions for obtaining Cashless facility:**

- 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**.
- 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.
- 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.

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- 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

**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.

**IRDAI Regulation No 5** - This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation 2017.

**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 1**

SEC-	COVERS	CLASSIC	SILVER	SILVER SMART	GOLD	GOLD ESSEN-TIAL	GOLD SMART	PLATINUM	PLATINUM SMART	DIAMOND	GLOBAL	GLOBAL SMART	GOLD SMART PLUS
	Basic Sum Insured in ₹	3 Lacs / 4 Lacs / 5 Lacs	1 lac/ 2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	3 Lacs / 4 Lacs / 5 Lacs	1 lac/ 2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	6 Lacs / 7.50 Lacs / 9 Lacs / 10 Lacs / 12.50 Lacs / 15 Lacs	6 Lacs / 7.5 Lacs / 9 Lacs / 10 Lacs / 12.5 Lacs / 15 Lacs	2 lacs / 3 Lacs / 4 Lacs / 5 Lacs / 7.5 Lacs / 10 Lacs / 15 Lacs / 20 Lacs / 25 Lacs / 50 Lacs	17.50 Lacs / 20 Lacs / 22.50 Lacs / 25 Lacs / 30 Lacs / 35 Lacs / 40 Lacs / 45 Lacs / 50 Lacs / 75 Lacs	1 Crore / 1.50 Crore / 2 Crore / 2.50 Crore / 3 Crore / 3.50 Crore / 4 Crore / 4.50 Crore / 5 Crore	25 Lacs / 50 Lacs / 75 Lacs / 1 Crore / 1.50 Crore / 2 Crore	25 Lacs / 30 Lacs / 35 Lacs / 40 Lacs / 45 Lacs / 50 Lacs / 75 Lacs / 1 Crore / 1.50 Crore / 2 Crore / 2.50 Crore / 3 Crore / 3.50 Crore / 4 Crore / 4.50 Crore / 5 Crore	7.5 Lacs / 10 Lacs / 15 Lacs
<b>B.I</b>	<b>Hospitalisation Cover</b>												
1	Medical Expenses	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
*	Room Rent	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual	At Actual
*	ICU	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals	At Actuals
*	Mental Healthcare	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
2	Home Health-care	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
3	Domiciliary Hospitalisation	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
4	Pre-Hospitalisation cover	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days	60 days
5	Post-Hospitalisation cover	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days	180 Days
6	Day Care Procedures	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
7	Road Ambulance	SI 3 to 5 L - Rs 2000	SI 1 to 5 L - Rs 2000 SI 7.5 to 50 L - 3,500	SI 3 to 5 L - Rs 2000	SI 1 to 5 L - Rs 2000 SI 7.5 to 50 L - 3,500	SI 6 to 15 L - 3,500	SI 6 to 15 L - 3,500	SI 2 to 5 L - Rs 2000 SI 7.5 to 50 L - 3,500	SI 17.5 to 50 L - 3,500 75 L - 15,000	Above 50 L - 15,000	SI 25 to 50 L - 3,500 Above 50 L - 15,000	SI 25 to 50 L - 3,500 Above 50 L - 15,000	SI 6 to 15 L - 3,500
8	Organ Donor Expenses	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
9	Alternative Treatment	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>B.II</b>	<b>Renewal Benefits</b>												
1	Preventive Health Check up	Covered	Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered
2	Cumulative Bonus	5% of Sum Insured, maximum 50%	5% of Sum Insured, maximum 50%	10% at each claim free yr, max 100%	5% of Sum Insured, maximum 50%	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	5% of Sum Insured, maximum 50%	25% at each claim free yr, max 200%	25% at each claim free yr, max 200%	5% at each claim free yr, max 50%	25% at each claim free yr, max 200%	10% at each claim free yr, max 100%
3	my:Health Active	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<b>B.III</b>	<b>Optional Covers</b>												
1	Preventive Health Check Up- Booster	Not Covered	Not Covered	Covered	Not Covered	covered	Covered	Not Covered	Covered	Covered	Not Covered	Covered	Covered
2	Parent and Child Care Cover - Basic	upto 25,000/ 40,000 (With a waiting period of 3 Years)	Optional with following options 15000/ 25,000 25,000/ 40,000 50,000/ 100,000 80,000 /200,000 (With a waiting period of 4 years)	Not Covered	upto 15,000/25,000 (With a waiting period of 4 years)	Not Covered	Not Covered	upto 25,000/40,000 (With a waiting period of 4 years)	Not Covered	Not Covered	upto For SI 25 to 50L - 50,000/ 100,000 (With a waiting period of 4 years) For SI 75 L to 2 Cr - 80,000/ 200,000 (With a waiting period of 4 years)	Not Covered	Not Covered
2.I	Parent Care	Covered	Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered

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2.I.i	Maternity Expenses	upto Parent and Child Care Cover - Basic Sum Insured	upto Parent and Child Care Cover - Basic Sum Insured	Not Covered	upto Parent and Child Care Cover - Basic Sum Insured	Not Covered	Not Covered	upto Parent and Child Care Cover - Basic Sum Insured	Not Covered	Not Covered	upto Parent and Child Care Cover - Basic Sum Insured	Not Covered	Not Covered
2.I.ii	OPD Expenses (Pre and Post Natal Expenses)	upto 2500	upto 1500 / 2500 / 5000 / 7000 (based on Parent and Child Care - Basic Sum Insured opted)	Not Covered	upto 1500	Not Covered	Not Covered	upto 2500	Not Covered	Not Covered	For SI 25 to 50L - upto 5000 For SI 75 L to 2 Cr -upto 7000	Not Covered	Not Covered
2.II	Child Care	Covered	Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered
2.II.i	Medical Expenses - Child Care	upto 3500	upto 2000 / 3500 / 6000 / 10000 (based on Parent and Child Care - Basic Sum Insured opted)	Not Covered	upto 2000	Not Covered	Not Covered	upto 3500	Not Covered	Not Covered	For SI 25 to 50L - upto 6000 For SI 75 L to 2 Cr -upto 10000	Not Covered	Not Covered
2.II.ii	New Born Baby Cover	upto Sum Insured	upto Sum Insured	Not Covered	upto Sum Insured	Not Covered	Not Covered	upto Sum Insured	Not Covered	Not Covered	upto Sum Insured	Not Covered	Not Covered
3	Parent and Child Care Cover - Booster	Not Covered	Not Covered	Optional --Upto 15,000 for Normal Delivery and 25,000 for C section Delivery --Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	Not covered	Optional --Upto 15,000 for Normal Delivery and 25,000 for C section Delivery --Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	Optional --Upto 15,000 for Normal Delivery and 25,000 for C section Delivery --Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	Not Covered	Optional --Upto 25,000 for Normal Delivery and 40,000 for C section Delivery, Termination 25,000 --Upto 50,000 for Normal Delivery and 75,000 for C section Delivery, Termination limit 50,000	Optional --Upto 50,000 for Normal Delivery and 75,000 for C section Delivery, Termination limit 50,000 -- Upto 1 Lac for Normal Delivery and 1.50 Lacs for C section Delivery	Not Covered	Optional --Upto 50,000 for Normal Delivery and 75,000 for C section Delivery, Termination limit 50,000 -- Upto 1 Lac for Normal Delivery and 1.50 Lacs for C section Delivery, Termination limit 100,000	Not Covered
3.I	Parent Care	Not Covered	Not Covered	Covered	Not Covered	Covered	Covered	Not Covered	Covered	Covered	Not Covered	Covered	Not Covered
3.I.i	Maternity Expenses	Not Covered	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered
3.I.ii	OPD Expenses (Pre and Post Natal Expenses)	Not Covered	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered
3.I.iii	Infertility Treatment	Not Covered	Not Covered	Upto 50% of Normal Delivery Sum Insured	Not Covered	Upto 50% of Normal Delivery Sum Insured	Upto 50% of Normal Delivery Sum Insured	Not Covered	Upto 50% of Normal Delivery Sum Insured	Upto 50% of Normal Delivery Sum Insured	Not Covered	Upto 50% of Normal Delivery Sum Insured	Not Covered
3.II	Child Care	Not Covered	Not Covered	Covered	Not Covered	Covered	Covered	Not Covered	Covered	Covered	Not Covered	Covered	Not Covered
3.II.i	New Born Baby Cover	Not Covered	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered	upto Parent and Child Care Cover - Booster Sum Insured	Not Covered
3.II.ii	Vaccination Charges	Not Covered	Not Covered	upto 5,000	Not Covered	upto 5,000	upto 5,000	Not Covered	upto 5000 / 15000 (based on Parent and Child Care - Booster Sum Insured opted)	upto 15000 / 25000 (based on Parent and Child Care - Booster Sum Insured opted)	Not Covered	upto 15000 / 25000 (based on Parent and Child Care - Booster Sum Insured opted)	Not Covered
3.III	Waiting Period Modification option (Parent and Child Care Cover - Booster)	Not Covered	Not Covered	Optional (2/3Years)	Not Covered	Optional (2/3Years)	Optional (2/3Years)	Not Covered	Optional (2/3Years)	Optional (2/3Years)	Not Covered	Optional (2/3Years)	Not Covered
4	Air Ambulance Cover	Not Covered	Not Covered	Not Covered	Not Covered	upto ₹2 lacs	upto ₹2 lacs	Not Covered	upto ₹ 5 Lacs	upto ₹10 Lacs	Not Covered	upto ₹ 10 Lacs	upto ₹ 2 lacs
5	Recovery Benefit	₹10,000	Optional 1% of Sum Insured, max 10,000	₹5,000	1% of Sum Insured, max 10,000	₹ 15,000	₹15,000	1% of Sum Insured, max 10,000	₹ 25,000	₹ 40,000	40,000	₹ 40,000	₹15,000



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6	Sum Insured Rebound	Covered	Optional	Covered	Optional	Covered	Covered	Optional	Covered	Covered	Optional	Covered	Covered
7	Outpatient dental treatment	Not Covered	Optional Upto 1% of Sum Insured subject to maximum of 5,000 or maximum of 20,000	Not Covered	Optional Upto 1% of Sum Insured subject to maximum of 5,000 or maximum of 20,000	Not Covered	Not Covered	Upto 1% of Sum Insured subject to maximum of 5,000	Not Covered	Not Covered	upto 1% of SI maximum upto 20,000	Not Covered	Not Covered
8	External Medical Aids	Not Covered	Optional Upto maximum of 5,000 Upto maximum of 20,000	Not Covered	Optional Maximum upto ₹5,000 Maximum upto ₹20,000	Not Covered	Not Covered	Maximum upto ₹5,000	Not Covered	Not Covered	Maximum upto ₹20,000	Not Covered	Not Covered
9	Major Illness Hospitalisation Expenses	Optional	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
10	Non Medical Expenses cover	Optional	Not Covered	Optional	Not Covered	Optional	Optional	Not Covered	Optional	Optional	Optional	Optional	Optional
11	Waiting Period Modification option	Covered (Modified Waiting Period - 3 Years)	Not applicable	Covered (Modified Waiting Period - 3 Years)	Not Covered	Optional - 3 Yr	Covered (Modified Waiting Period - 3 Years)	Not Covered	Covered (Modified Waiting Period - 3 Years)	Covered (Modified Waiting Period - 3 Years)	Not Covered	Covered (Modified Waiting Period - 3 Years)	Covered (Modified Waiting Period - 3 Years)
12	Extended Cumulative Bonus	Not Covered	Optional 10% subject to max 100%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 10% subject to max 100%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 10% subject to max 100%	Optional 50% subject to max 200%	Optional 50% subject to max 200%	Optional 10% subject to max 100%	Optional 50% subject to max 200%*	Optional 25% subject to max 200% 50% subject to max 200%
13	Room Rent Modification option	Optional	Not Applicable	Optional	Not Applicable	Optional	Optional	Not Applicable	Optional	Optional	Optional	Optional	Optional
14	Co-payment	Optional 10%/20%	Optional 10%, 15%, 20%, 25%	Optional 10%/20%	Optional 10%, 15%, 20%, 25%	Optional 15%/25%	Optional 15%/25%	Optional 10%, 15%, 20%, 25%	Optional 15%/25%	Optional 15%/25%	Optional 10%, 15%, 20%, 25%	Optional 15%/25%	Optional 15%/25%
15	Major Illness – Benefit	Not Covered	Optional. 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only	Not Covered	Optional. 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only	Not Covered	Not Covered	Optional. 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only	Not Covered	Not Covered	Optional. 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only	Not Covered	Not Covered
16	E-Opinion	Not Covered	Optional	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Not Covered	Not Covered
17	Hospital Cash	Not Covered	Optional 500/1,000/1, 500/2,000/2, 500 Maximum of 30 days Maximum of 60 days	Not Covered	Optional 500/1,000/1, 500/2,000/2, 500 Maximum of 30 days Maximum of 60 days	Not Covered	Not Covered	Optional 500/1,000/1, 500/2,000/2, 500 Maximum of 30 days Maximum of 60 days	Not Covered	Not Covered	Optional 500/1,000/1, 500/2,000/2, 500 Maximum of 30 days Maximum of 60 days	Not Covered	Not Covered
18	Global Health Cover	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered	Covered	Not Covered
19	Surrogacy & Oocyte Donor Complications	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered
19.I	Surrogacy complications	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered
19.II	Oocyte donor complications	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered
19.III	Waiting Period	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	4 years
<b>Additional Details</b>													
i	Entry Age	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry	Any age Entry
ii	Renewal Age	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal	Lifetime renewal
iii	Pre existing Waiting Period	3 years	4 years	3 years	4 years	4 years	3 years	4 years	3 years	3 years	4 years	3 Years	3 years



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iv	Parent and Child Care Booster - Waiting Period	Not Covered	Not Covered	4 years	Not Covered	4 years	4 years	Not Covered	4 years	4 years	Not Covered	4 years	Not Covered
<b>Add on Covers</b>													
i	my:Health Critical Illness Add on	Not Covered	Not Covered	Optional	Not Covered	Optional	Optional	Not Covered	Optional	Optional	Not Covered	Optional	Optional
ii	my:health Hospital Cash Add-on	Not Covered	Not Covered	Optional	Not Covered	Optional	Optional	Not Covered	Optional	Optional	Not Covered	Optional	Optional
iii	Unlimited Restore (Add-on)	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional

**Premium rates:**

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- In case of Family Floater policies Floater discount of 50% will be applied on all the members except the oldest member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- Premium rates are subject to change with prior approval from IRDA.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.
- The premium will be computed basis tier chosen by the Policyholder in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as under:
  - o Tier 1: Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara
  - o Tier 2: Rest of India- All other cities

Please Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

**Premium Table: attached as an Annexure 2**



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**my:health Suraksha Premium Rate Chart - Silver Smart**

**Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)**

Age/ Sum Insured	3,00,000	4,00,000	5,00,000
0-17	6,567	6,831	7,073
18-35	8,838	9,308	9,441
36-45	11,042	11,149	11,230
46-50	14,253	14,619	14,676
51-55	18,615	19,270	19,422
56-60	22,107	23,372	23,485
61-65	30,416	31,511	31,994
66-70	38,527	39,841	40,869
> 70	49,408	51,056	52,338

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

Age/ Sum Insured	3,00,000	4,00,000	5,00,000
0-17	5,064	5,405	5,715
18-35	6,727	7,067	7,270
36-45	8,282	8,578	8,826
46-50	10,989	11,344	11,618
51-55	14,715	15,172	15,362
56-60	17,588	18,260	18,602
61-65	24,032	24,902	25,320
66-70	30,465	31,533	32,026
> 70	39,042	40,375	40,968

**my:health Suraksha Premium Rate Chart - Gold Essential**

**Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)**

Age/ Sum Insured	7,50,000	10,00,000	15,00,000
0-17	7,577	8,130	9,535
18-35	10,103	10,851	12,751
36-45	12,055	12,948	15,227
46-50	15,837	17,014	20,023
51-55	20,948	22,514	26,533
56-60	25,357	27,227	32,057
61-65	34,496	37,064	43,697
66-70	44,003	47,301	55,817
> 70	56,293	60,534	71,483

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

Age/ Sum Insured	7,50,000	10,00,000	15,00,000
0-17	6,289	6,858	8,030
18-35	7,994	8,728	10,240
36-45	9,742	10,640	12,494
46-50	12,909	14,103	16,577
51-55	17,062	18,651	21,956
56-60	20,679	22,574	26,539
61-65	28,106	30,712	36,163
66-70	35,500	38,816	45,754
> 70	45,360	49,624	58,544

**my:health Suraksha Premium Rate Chart - Gold Smart**

**Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)**

Age/ Sum Insured	7,50,000	10,00,000	15,00,000
0-17	8,123	8,726	10,244
18-35	10,839	11,655	13,709
36-45	12,938	13,913	16,377
46-50	17,007	18,290	21,544
51-55	22,504	24,212	28,558
56-60	27,219	29,259	34,481
61-65	37,048	39,850	47,021
66-70	47,274	50,871	60,079
> 70	60,492	65,117	76,956

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

Age/ Sum Insured	7,50,000	10,00,000	15,00,000
0-17	6,737	7,356	8,623
18-35	8,570	9,370	11,004
36-45	10,451	11,428	13,433
46-50	13,858	15,157	17,831
51-55	18,325	20,053	23,626
56-60	22,188	24,250	28,536
61-65	30,177	33,011	38,905
66-70	38,129	41,736	49,238
> 70	48,734	53,372	63,017



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## my:health Suraksha Premium Rate Chart - Platinum Smart

## Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad &amp; Vadodara)

Age/ Sum Insured	20,00,000	25,00,000	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000	75,00,000
0-17	11,195	12,575	14,068	15,722	17,376	19,030	19,896	24,228
18-35	14,963	16,830	18,850	21,088	23,326	25,564	26,736	32,597
36-45	17,927	19,598	21,944	24,544	27,144	29,744	31,105	37,914
46-50	23,727	25,948	28,494	31,858	35,221	38,584	40,346	49,154
51-55	31,449	33,491	36,791	41,148	45,506	49,863	52,146	63,558
56-60	38,079	38,822	42,600	47,589	52,578	57,567	60,180	73,246
61-65	51,841	52,862	58,050	64,901	71,752	78,604	82,192	1,00,135
66-70	66,147	67,458	74,119	82,916	91,712	1,00,508	1,05,116	1,28,153
> 70	84,642	86,327	94,892	1,06,202	1,17,511	1,28,821	1,34,745	1,64,364

## Gross Premium (Excl GST) - Tier 2 (Rest of India)

Age/ Sum Insured	20,00,000	25,00,000	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000	75,00,000
0-17	10,049	11,387	12,732	14,222	15,713	17,203	17,984	21,887
18-35	12,819	14,546	16,281	18,204	20,127	22,051	23,058	28,094
36-45	15,698	17,317	19,379	21,664	23,949	26,235	27,432	33,417
46-50	20,980	23,150	25,411	28,396	31,382	34,367	35,931	43,749
51-55	27,802	29,881	32,811	36,681	40,551	44,421	46,448	56,583
56-60	33,655	34,631	37,981	42,403	46,826	51,249	53,565	65,148
61-65	45,822	47,165	51,770	57,851	63,932	70,013	73,198	89,125
66-70	57,928	59,637	65,498	73,238	80,977	88,717	92,771	1,13,041
> 70	74,075	76,272	83,808	93,759	1,03,710	1,13,661	1,18,873	1,44,934

## my:health Suraksha Premium Rate Chart - Diamond

## Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad &amp; Vadodara)

Age/ Sum Insured	1,00,00,000	1,50,00,000	2,00,00,000	2,50,00,000	3,00,00,000	3,50,00,000	4,00,00,000	4,50,00,000	5,00,00,000
0-17	28,202	32,534	36,433	39,898	43,147	46,396	49,645	52,894	56,143
18-35	37,920	43,782	49,057	53,745	58,141	62,537	66,933	71,329	75,725
36-45	44,152	50,961	57,089	62,536	67,642	72,748	77,855	82,961	88,068
46-50	57,438	66,247	74,174	81,221	87,827	94,433	1,01,039	1,07,645	1,14,252
51-55	74,232	85,644	95,915	1,05,045	1,13,605	1,22,164	1,30,723	1,39,282	1,47,842
56-60	85,642	98,707	1,10,467	1,20,919	1,30,719	1,40,518	1,50,317	1,60,117	1,69,916
61-65	1,16,953	1,34,896	1,51,044	1,65,398	1,78,855	1,92,312	2,05,769	2,19,226	2,32,683
66-70	1,49,550	1,72,587	1,93,321	2,11,751	2,29,029	2,46,307	2,63,585	2,80,863	2,98,141
> 70	1,91,682	2,21,302	2,47,959	2,71,655	2,93,870	3,16,084	3,38,299	3,60,514	3,82,729

## Gross Premium (Excl GST) - Tier 2 (Rest of India)

Age/ Sum Insured	1,00,00,000	1,50,00,000	2,00,00,000	2,50,00,000	3,00,00,000	3,50,00,000	4,00,00,000	4,50,00,000	5,00,00,000
0-17	25,486	29,389	32,902	36,024	38,952	41,879	44,806	47,734	50,661
18-35	32,696	37,733	42,266	46,295	50,072	53,850	57,627	61,405	65,182
36-45	38,934	44,919	50,306	55,094	59,582	64,071	68,560	73,048	77,537
46-50	51,167	58,985	66,022	72,277	78,140	84,004	89,868	95,732	1,01,595
51-55	66,138	76,273	85,395	93,503	1,01,104	1,08,705	1,16,306	1,23,907	1,31,508
56-60	76,246	87,829	98,253	1,07,519	1,16,206	1,24,893	1,33,580	1,42,267	1,50,955
61-65	1,04,179	1,20,105	1,34,439	1,47,180	1,59,125	1,71,069	1,83,014	1,94,959	2,06,903
66-70	1,32,015	1,52,285	1,70,528	1,86,744	2,01,946	2,17,148	2,32,351	2,47,553	2,62,755
> 70	1,69,138	1,95,199	2,18,654	2,39,503	2,59,049	2,78,595	2,98,140	3,17,686	3,37,232

**my:health Suraksha**

**my:health Suraksha Premium Rate Chart - Global Smart**

**Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)**

Age/ Sum Insured	25,00,000	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000	75,00,000	1,00,00,000
0-17	28,172	31,992	35,813	39,634	43,455	45,456	55,462	64,217
18-35	36,943	41,983	47,023	52,063	57,103	59,742	72,942	84,491
36-45	43,629	49,554	55,480	61,405	67,331	70,435	85,954	99,533
46-50	52,413	58,891	65,880	72,868	79,856	83,517	1,01,819	1,17,833
51-55	67,811	76,207	85,264	94,320	1,03,377	1,08,121	1,31,840	1,52,594
56-60	78,223	87,827	98,186	1,08,546	1,18,906	1,24,332	1,51,464	1,75,204
61-65	1,06,869	1,20,066	1,34,302	1,48,537	1,62,772	1,70,229	2,07,511	2,40,133
66-70	1,36,014	1,52,880	1,71,079	1,89,278	2,07,478	2,17,010	2,64,673	3,06,379
> 70	1,74,262	1,95,947	2,19,346	2,42,745	2,66,144	2,78,400	3,39,681	3,93,303

Age/ Sum Insured	1,50,00,000	2,00,00,000	2,50,00,000	3,00,00,000	3,50,00,000	4,00,00,000	4,50,00,000	5,00,00,000
0-17	70,129	78,632	86,190	93,276	1,00,362	1,07,448	1,14,534	1,21,620
18-35	92,288	1,03,504	1,13,474	1,22,821	1,32,168	1,41,515	1,50,862	1,60,209
36-45	1,08,700	1,21,888	1,33,610	1,44,600	1,55,590	1,66,580	1,77,569	1,88,559
46-50	1,28,645	1,44,198	1,58,023	1,70,984	1,83,944	1,96,905	2,09,866	2,22,827
51-55	1,66,605	1,86,761	2,04,678	2,21,475	2,38,271	2,55,068	2,71,865	2,88,661
56-60	1,91,232	2,14,288	2,34,783	2,53,996	2,73,210	2,92,423	3,11,637	3,30,850
61-65	2,62,156	2,93,838	3,22,000	3,48,401	3,74,803	4,01,204	4,27,606	4,54,007
66-70	3,34,535	3,75,039	4,11,042	4,44,795	4,78,548	5,12,300	5,46,053	5,79,806
> 70	4,29,503	4,81,579	5,27,869	5,71,266	6,14,662	6,58,059	7,01,456	7,44,852

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

Age/ Sum Insured	25,00,000	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000	75,00,000	1,00,00,000
0-17	26,931	30,578	34,225	37,873	41,520	43,430	52,982	61,340
18-35	34,557	39,263	43,969	48,676	53,382	55,847	68,173	78,958
36-45	41,245	46,837	52,430	58,022	63,615	66,544	81,190	94,006
46-50	49,490	55,626	62,214	68,802	75,390	78,841	96,094	1,11,191
51-55	64,039	71,993	80,533	89,073	97,613	1,02,086	1,24,452	1,44,022
56-60	73,845	82,934	92,694	1,02,454	1,12,214	1,17,326	1,42,888	1,65,254
61-65	1,00,916	1,13,414	1,26,834	1,40,254	1,53,674	1,60,704	1,95,850	2,26,603
66-70	1,27,843	1,43,749	1,60,829	1,77,909	1,94,989	2,03,936	2,48,668	2,87,808
> 70	1,63,756	1,84,208	2,06,168	2,28,128	2,50,088	2,61,590	3,19,103	3,69,426

Age/ Sum Insured	1,50,00,000	2,00,00,000	2,50,00,000	3,00,00,000	3,50,00,000	4,00,00,000	4,50,00,000	5,00,00,000
0-17	66,983	75,100	82,316	89,080	95,845	1,02,609	1,09,373	1,16,138
18-35	86,239	96,713	1,06,024	1,14,752	1,23,481	1,32,209	1,40,938	1,49,666
36-45	1,02,658	1,15,105	1,26,168	1,36,540	1,46,912	1,57,284	1,67,657	1,78,029
46-50	1,21,384	1,36,046	1,49,079	1,61,297	1,73,515	1,85,734	1,97,952	2,10,170
51-55	1,57,234	1,76,241	1,93,135	2,08,974	2,24,812	2,40,651	2,56,490	2,72,328
56-60	1,80,353	2,02,075	2,21,383	2,39,484	2,57,585	2,75,686	2,93,788	3,11,889
61-65	2,47,366	2,77,233	3,03,781	3,28,670	3,53,560	3,78,449	4,03,338	4,28,227
66-70	3,14,233	3,52,246	3,86,034	4,17,712	4,49,389	4,81,066	5,12,743	5,44,420
> 70	4,03,401	4,52,274	4,95,717	5,36,445	5,77,173	6,17,900	6,58,628	6,99,356

### my:health Suraksha

#### Family Floater Discount - 50%

Note: The eldest member in a particular family composition will pay full premium as per the individual premium based on his/her respective age and for every additional member a flat single floater discount of 50% will be applied on that family member's premium irrespective of the family relation with the eldest member.

#### Illustration:

Plan: 2A + 2C, Tier 1 and Sum Insured of INR 5,00,000				
Member	Age	Illustrative Individual Gross Premium (Excl. GST) (A)	Discount (B)	Individual Premium after floater discount (C = A*(1-B))
Self	42	9,641	0%	9,641
Spouse	39	9,641	50%	4,821
Child 1	10	6,093	50%	3,047
Child 2	8	6,093	50%	3,047
Total Family Floater Gross Premium (Excl. GST) for 2A 2C in respect of the above mentioned model points				20,555

Note: This approach will also be applicable for all optional covers. Hence the same will also apply to existing and future pre-built plans.

#### my:health Suraksha Premium Rate Chart - Classic

Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Age/ Sum Insured	3,00,000	4,00,000	5,00,000
0-17	6,408	6,656	6,881
18-35	9,967	10,475	10,601
36-45	12,485	12,580	12,645
46-50	16,127	16,511	16,545
51-55	18,240	18,855	18,980
56-60	21,579	22,761	22,817
61-65	29,718	30,720	31,123
66-70	37,657	38,861	39,786
> 70	48,316	49,832	50,991

Gross Premium (Excl GST) - Tier 2 (Rest of India)

Age/ Sum Insured	3,00,000	4,00,000	5,00,000
0-17	4,938	5,260	5,552
18-35	7,573	7,933	8,138
36-45	9,355	9,664	9,918
46-50	12,425	12,797	13,076
51-55	14,424	14,846	15,007
56-60	17,157	17,760	18,040
61-65	23,472	24,254	24,594
66-70	29,769	30,733	31,134
> 70	38,174	39,383	39,867

#### my:health Suraksha Premium Rate Chart - Silver

Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0-17	4,752	5,219	5,661	5,887	6,093	7,014	7,640	9,068	9,692	11,056	17,859
18-35	6,429	7,039	7,617	8,018	8,127	9,374	10,220	12,152	12,997	14,843	24,046
36-45	8,038	8,786	9,494	9,579	9,641	11,130	12,141	14,457	15,483	17,187	27,878
46-50	10,404	11,355	12,252	12,556	12,594	14,555	15,887	18,946	20,312	22,573	35,967
51-55	13,603	14,827	15,982	16,532	16,648	19,257	21,028	25,112	26,958	29,149	46,502
56-60	16,061	17,535	18,927	19,983	20,042	23,159	25,275	30,182	32,439	33,536	53,404
61-65	22,163	24,154	26,032	26,927	27,293	31,573	34,479	41,217	44,317	45,824	73,108
66-70	28,130	30,629	32,984	34,055	34,881	40,376	44,108	52,759	56,739	58,674	93,705
> 70	36,136	39,319	42,316	43,663	44,694	51,759	56,557	67,680	72,797	75,285	1,20,324

Gross Premium (Excl GST) - Tier 2 (Rest of India)

Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0-17	3,678	4,009	4,361	4,653	4,918	5,799	6,423	7,614	8,678	9,991	16,120
18-35	4,918	5,340	5,789	6,078	6,247	7,384	8,189	9,726	11,099	12,794	20,703
36-45	6,059	6,565	7,105	7,353	7,560	8,948	9,932	11,817	13,510	15,140	24,538
46-50	8,072	8,726	9,426	9,722	9,947	11,794	13,102	15,616	17,881	20,065	31,953
51-55	10,830	11,687	12,605	12,984	13,132	15,590	17,331	20,690	23,731	25,911	41,322
56-60	12,850	13,896	15,014	15,557	15,814	18,746	20,822	24,850	28,524	29,778	47,391
61-65	17,623	19,014	20,505	21,206	21,514	25,545	28,400	33,938	38,990	40,714	64,931
66-70	22,397	24,137	26,003	26,863	27,224	32,354	35,988	43,036	49,466	51,660	82,482
> 70	28,766	30,972	33,341	34,415	34,849	41,445	46,117	55,179	63,445	66,267	1,05,895

**my:health Suraksha**

**my:health Suraksha Premium Rate Chart - Gold**

**Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)**

Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0-17	4,796	5,266	5,712	5,941	6,150	7,079	7,712	9,140	9,764	11,129	17,931
18-35	7,111	7,780	8,414	8,854	8,972	10,353	11,293	13,418	14,347	16,378	26,502
36-45	8,887	9,714	10,495	10,593	10,665	12,325	13,460	16,008	17,137	19,011	30,771
46-50	11,492	12,544	13,538	13,879	13,927	16,113	17,606	20,971	22,474	24,961	39,694
51-55	13,662	14,905	16,078	16,646	16,780	19,435	21,252	25,336	27,182	29,373	46,726
56-60	16,123	17,617	19,030	20,107	20,187	23,356	25,524	30,431	32,688	33,785	53,653
61-65	22,234	24,256	26,165	27,090	27,486	31,842	34,824	41,562	44,662	46,169	73,453
66-70	28,209	30,746	33,138	34,248	35,111	40,701	44,527	53,178	57,158	59,093	94,124
> 70	36,225	39,455	42,500	43,895	44,974	52,158	57,076	68,199	73,316	75,804	1,20,843

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0-17	3,722	4,056	4,411	4,706	4,974	5,863	6,495	7,686	8,750	10,063	16,192
18-35	5,449	5,911	6,404	6,719	6,904	8,164	9,059	10,750	12,260	14,124	22,824
36-45	6,709	7,270	7,867	8,145	8,375	9,926	11,030	13,104	14,967	16,760	27,097
46-50	8,927	9,653	10,429	10,761	11,015	13,075	14,542	17,308	19,800	22,202	35,279
51-55	10,889	11,764	12,701	13,098	13,265	15,768	17,555	20,914	23,955	26,135	41,546
56-60	12,912	13,978	15,117	15,681	15,960	18,943	21,071	25,099	28,773	30,027	47,640
61-65	17,694	19,116	20,638	21,368	21,707	25,814	28,745	34,283	39,335	41,059	65,277
66-70	22,476	24,254	26,158	27,055	27,454	32,679	36,407	43,455	49,885	52,079	82,901
> 70	28,855	31,108	33,525	34,648	35,129	41,844	46,636	55,698	63,965	66,786	1,06,414

**my:health Suraksha Premium Rate Chart - Platinum**

**Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)**

Age/ Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0-17	6,341	6,787	7,126	7,385	8,314	8,947	10,375	10,999	12,364	19,166
18-35	9,717	10,376	11,013	11,214	12,657	13,640	15,862	16,833	18,956	29,540
36-45	11,772	12,587	12,866	13,018	14,753	15,939	18,602	19,782	21,741	34,037
46-50	15,537	16,573	17,132	17,269	19,553	21,113	24,631	26,202	28,802	44,205
51-55	17,450	18,623	19,421	19,655	22,310	24,127	28,211	30,057	32,248	49,601
56-60	20,147	21,560	22,857	23,037	26,206	28,374	33,281	35,538	36,635	56,503
61-65	26,466	28,375	29,500	29,986	34,342	37,324	44,062	47,162	48,669	75,953
66-70	32,796	35,188	36,463	37,401	42,991	46,817	55,468	59,448	61,383	96,414
> 70	41,370	44,415	45,955	47,104	54,288	59,206	70,329	75,446	77,934	1,22,973

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

Age/ Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
0-17	5,131	5,486	5,891	6,209	7,098	7,730	8,921	9,985	11,298	17,427
18-35	7,762	8,275	8,782	9,052	10,369	11,304	13,072	14,651	16,600	25,695
36-45	9,217	9,839	10,306	10,625	12,245	13,398	15,567	17,514	19,388	30,196
46-50	12,514	13,323	13,872	14,224	16,377	17,910	20,801	23,407	25,917	39,589
51-55	14,309	15,246	15,873	16,140	18,643	20,430	23,789	26,830	29,010	44,421
56-60	16,508	17,647	18,431	18,810	21,793	23,921	27,949	31,623	32,877	50,490
61-65	21,326	22,848	23,778	24,207	28,314	31,245	36,783	41,835	43,559	67,777
66-70	26,304	28,208	29,270	29,744	34,969	38,697	45,745	52,175	54,369	85,191
> 70	33,023	35,440	36,708	37,259	43,974	48,766	57,828	66,095	68,916	1,08,544



**my:health Suraksha**

**my:health Suraksha Premium Rate Chart - Global**

**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	1,50,00,000	2,00,00,000
0-17	28,935	43,771	52,360	59,875	68,464	76,194
18-35	43,559	66,064	79,093	90,494	1,03,523	1,15,249
36-45	50,267	76,728	92,047	1,05,451	1,20,770	1,34,557
46-50	61,759	92,463	1,10,529	1,26,338	1,44,404	1,60,664
51-55	69,076	1,03,677	1,24,037	1,41,851	1,62,211	1,80,535
56-60	77,413	1,16,991	1,40,281	1,60,658	1,83,948	2,04,908
61-65	1,00,572	1,54,958	1,86,960	2,14,961	2,46,963	2,75,765
66-70	1,24,720	1,94,245	2,35,157	2,70,956	3,11,869	3,48,690
> 70	1,56,885	2,46,274	2,98,875	3,44,902	3,97,504	4,44,846

**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	1,50,00,000	2,00,00,000
0-17	27,869	42,032	50,231	57,406	65,605	72,984
18-35	41,203	62,219	74,386	85,032	97,199	1,08,149
36-45	47,913	72,887	87,345	99,996	1,14,454	1,27,466
46-50	58,875	87,847	1,04,878	1,19,781	1,36,813	1,52,141
51-55	65,839	98,497	1,17,695	1,34,494	1,53,692	1,70,970
56-60	73,654	1,10,978	1,32,919	1,52,117	1,74,058	1,93,805
61-65	95,462	1,46,782	1,76,951	2,03,348	2,33,517	2,60,669
66-70	1,17,706	1,83,022	2,21,419	2,55,016	2,93,412	3,27,969
> 70	1,47,867	2,31,844	2,81,211	3,24,407	3,73,774	4,18,205

**Family Floater Discount - 50%**

Note: The eldest member in a particular family composition will pay full premium as per the individual premium based on his/her respective age and for every additional member a flat single floater discount of 50% will be applied on that family member's premium irrespective of the family relation with the eldest member.

**Illustration:**

Plan: 2A + 2C, Tier 1 and Sum Insured of INR 5,00,000				
Member	Age	Illustrative Individual Gross Premium (Excl. GST) (A)	Discount (B)	Individual Premium after floater discount (C = A*(1-B))
Self	42	9,641	0%	9,641
Spouse	39	9,641	50%	4,821
Child 1	10	6,093	50%	3,047
Child 2	8	6,093	50%	3,047
<b>Total Family Floater Gross Premium (Excl. GST) for 2A 2C in respect of the above mentioned model points</b>				<b>20,555</b>

Note: This approach will also be applicable for all optional covers. Hence the same will also apply to existing and future pre-built plans.

**my:health Suraksha**

**my:health Suraksha Premium Rate - Optional Covers**

**Optional Benefit Ratios - Air Ambulance**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	2,00,000	5,00,000	10,00,000
0-17	49	123	246
18-35	49	123	246
36-45	49	123	246
46-50	145	362	725
51-55	145	362	725
56-60	232	580	1,159
61-65	232	580	1,159
66-70	232	580	1,159
> 70	232	580	1,159

**Optional Benefit Ratios - E-Opinion**

**Risk Premium - For Both Tiers**

Age/ Sum Insured	All Sum Insured
0-17	41
18-35	41
36-45	41
46-50	41
51-55	41
56-60	41
61-65	41
66-70	41
> 70	41

**Optional Benefit Ratios - External Medical Aids - 5000**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	All Sum Insured
0-17	476
18-35	556
36-45	590
46-50	1,210
51-55	1,210
56-60	1,210
61-65	1,050
66-70	1,050
> 70	1,050

**Optional Benefit Ratios - External Medical Aids - 20000**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	All Sum Insured
0-17	1,900
18-35	2,220
36-45	2,360
46-50	4,840
51-55	4,840
56-60	4,840
61-65	4,200
66-70	4,200
> 70	4,200

**Optional Benefit Ratios - Hospital cash 30 days**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	500	1,000	1,500	2,000	2,500
0-17	124	247	371	494	619
18-35	133	266	397	530	663
36-45	179	357	536	714	893
46-50	220	440	660	880	1,100
51-55	293	587	880	1,173	1,467
56-60	433	866	1,299	1,731	2,164
61-65	706	1,413	2,119	2,824	3,531
66-70	1,103	2,206	3,307	4,410	5,513
> 70	1,903	3,806	5,707	7,610	9,513

**Optional Benefit Ratios - Hospital cash 60 days**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	500	1,000	1,500	2,000	2,500
0-17	147	296	443	590	739
18-35	159	317	476	634	793
36-45	213	426	639	851	1,063
46-50	261	523	784	1,044	1,306
51-55	351	704	1,056	1,409	1,760
56-60	520	1,039	1,559	2,077	2,597
61-65	847	1,694	2,543	3,390	4,237
66-70	1,323	2,646	3,969	5,293	6,616
> 70	2,283	4,566	6,849	9,133	11,416

## my:health Suraksha

### Optional Benefit Ratios - Hospital cash 30 days Global Incremental

#### Gross Premium (Excl GST) - For Both Tiers

Age/ Sum Insured	500	1,000	1,500	2,000	2,500
0-17	61	124	186	247	309
18-35	66	133	199	266	331
36-45	90	179	269	357	447
46-50	110	220	330	440	550
51-55	147	293	440	587	733
56-60	216	433	649	866	1,081
61-65	353	706	1,059	1,413	1,766
66-70	551	1,103	1,654	2,206	2,756
> 70	951	1,903	2,854	3,806	4,756

### Optional Benefit Ratios - Hospital cash 60 days Global Incremental

#### Gross Premium (Excl GST) - For Both Tiers

Age/ Sum Insured	500	1,000	1,500	2,000	2,500
0-17	74	147	221	296	369
18-35	80	159	239	317	397
36-45	106	213	319	426	531
46-50	130	261	391	523	653
51-55	176	351	529	704	880
56-60	260	520	779	1,039	1,299
61-65	424	847	1,271	1,694	2,119
66-70	661	1,323	1,984	2,646	3,307
> 70	1,141	2,283	3,424	4,566	5,707

### Optional Benefit Ratios - Major Medical Illness Benefit

#### Gross Premium (Excl GST) - For Both Tiers

Age/ Sum Insured	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,75,000	4,00,000	5,00,000	7,50,000	10,00,000
0-17	43	86	129	171	216	259	323	344	430	646	860
18-35	91	183	276	366	459	549	686	731	916	1,373	1,830
36-45	314	629	941	1,256	1,570	1,884	2,356	2,511	3,140	4,710	6,280
46-50	616	1,231	1,847	2,461	3,079	3,693	4,616	4,924	6,156	9,233	12,310
51-55	1,039	2,076	3,113	4,150	5,189	6,226	7,781	8,300	10,376	15,563	20,750
56-60	1,611	3,221	4,833	6,444	8,056	9,666	12,083	12,889	16,110	24,166	32,220
61-65	2,499	4,996	7,494	9,993	12,491	14,989	18,736	19,986	24,981	37,471	49,963
66-70	4,259	8,519	12,777	17,037	21,296	25,556	31,944	34,073	42,591	63,887	85,183
> 70	9,379	18,757	28,136	37,513	46,891	56,270	70,337	75,027	93,783	1,40,676	1,87,567

### Optional Benefit Ratios - Major Illness Hospitalization Expenses

#### Gross Premium (Excl GST) - For Both Tiers

Age/ Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000
0-17	NA	NA	NA	NA
18-35	306	459	459	459
36-45	964	1,447	1,447	1,447
46-50	2,221	3,331	3,331	3,331
51-55	4,334	6,501	6,501	6,501
56-60	6,536	9,803	9,803	9,803
61-65	9,641	14,463	14,463	14,463
66-70	13,980	20,970	20,970	20,970
> 70	20,271	30,407	30,407	30,407

**my:health Suraksha**

**Optional Benefit Ratios - Out patient treatment Dental - 5000**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
0-17	600	600	600	710	760	760	760	760	760	760
18-35	1,036	1,036	1,036	1,216	1,296	1,296	1,296	1,296	1,296	1,296
36-45	1,036	1,036	1,036	1,216	1,296	1,296	1,296	1,296	1,296	1,296
46-50	1,220	1,220	1,220	1,426	1,516	1,516	1,516	1,516	1,516	1,516
51-55	1,336	1,336	1,336	1,566	1,666	1,666	1,666	1,666	1,666	1,666
56-60	1,320	1,320	1,320	1,540	1,640	1,640	1,640	1,640	1,640	1,640
61-65	1,160	1,160	1,160	1,360	1,450	1,450	1,450	1,450	1,450	1,450
66-70	1,000	1,000	1,000	1,166	1,240	1,240	1,240	1,240	1,240	1,240
> 70	866	866	866	1,010	1,080	1,080	1,080	1,080	1,080	1,080

Age/ Sum Insured	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000	75,00,000	1,00,00,000	1,50,00,000	2,00,00,000
0-17	760	760	760	760	760	760	760	760	760
18-35	1,296	1,296	1,296	1,296	1,296	1,296	1,296	1,296	1,296
36-45	1,296	1,296	1,296	1,296	1,296	1,296	1,296	1,296	1,296
46-50	1,516	1,516	1,516	1,516	1,516	1,516	1,516	1,516	1,516
51-55	1,666	1,666	1,666	1,666	1,666	1,666	1,666	1,666	1,666
56-60	1,640	1,640	1,640	1,640	1,640	1,640	1,640	1,640	1,640
61-65	1,450	1,450	1,450	1,450	1,450	1,450	1,450	1,450	1,450
66-70	1,240	1,240	1,240	1,240	1,240	1,240	1,240	1,240	1,240
> 70	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080	1,080

Age/ Sum Insured	2,50,00,000	3,00,00,000	3,50,00,000	4,00,00,000	4,50,00,000	5,00,00,000
0-17	760	760	760	760	760	760
18-35	1,296	1,296	1,296	1,296	1,296	1,296
36-45	1,296	1,296	1,296	1,296	1,296	1,296
46-50	1,516	1,516	1,516	1,516	1,516	1,516
51-55	1,666	1,666	1,666	1,666	1,666	1,666
56-60	1,640	1,640	1,640	1,640	1,640	1,640
61-65	1,450	1,450	1,450	1,450	1,450	1,450
66-70	1,240	1,240	1,240	1,240	1,240	1,240
> 70	1,080	1,080	1,080	1,080	1,080	1,080

# HDFC ERGO General Insurance Company Limited

## Prospectus

my:health Suraksha Premium Rate Chart - Platinum Smart



### my:health Suraksha

#### Optional Benefit Ratios - Out patient treatment Dental - 20000

#### Gross Premium (Excl GST) - For Both Tiers

Age/ Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000
0-17	2,400	2,400	2,400	2,840	3,040	3,040	3,040	3,040	3,040	3,040
18-35	4,140	4,140	4,140	4,860	5,180	5,180	5,180	5,180	5,180	5,180
36-45	4,140	4,140	4,140	4,860	5,180	5,180	5,180	5,180	5,180	5,180
46-50	4,880	4,880	4,880	5,700	6,060	6,060	6,060	6,060	6,060	6,060
51-55	5,340	5,340	5,340	6,260	6,660	6,660	6,660	6,660	6,660	6,660
56-60	5,280	5,280	5,280	6,160	6,560	6,560	6,560	6,560	6,560	6,560
61-65	4,640	4,640	4,640	5,440	5,800	5,800	5,800	5,800	5,800	5,800
66-70	4,000	4,000	4,000	4,660	4,960	4,960	4,960	4,960	4,960	4,960
> 70	3,460	3,460	3,460	4,040	4,320	4,320	4,320	4,320	4,320	4,320

Age/ Sum Insured	30,00,000	35,00,000	40,00,000	45,00,000	50,00,000	75,00,000	1,00,00,000	1,50,00,000	2,00,00,000
0-17	3,040	3,040	3,040	3,040	3,040	3,040	3,040	3,040	3,040
18-35	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180
36-45	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180	5,180
46-50	6,060	6,060	6,060	6,060	6,060	6,060	6,060	6,060	6,060
51-55	6,660	6,660	6,660	6,660	6,660	6,660	6,660	6,660	6,660
56-60	6,560	6,560	6,560	6,560	6,560	6,560	6,560	6,560	6,560
61-65	5,800	5,800	5,800	5,800	5,800	5,800	5,800	5,800	5,800
66-70	4,960	4,960	4,960	4,960	4,960	4,960	4,960	4,960	4,960
> 70	4,320	4,320	4,320	4,320	4,320	4,320	4,320	4,320	4,320

Age/ Sum Insured	2,50,00,000	3,00,00,000	3,50,00,000	4,00,00,000	4,50,00,000	5,00,00,000
0-17	3,040	3,040	3,040	3,040	3,040	3,040
18-35	5,180	5,180	5,180	5,180	5,180	5,180
36-45	5,180	5,180	5,180	5,180	5,180	5,180
46-50	6,060	6,060	6,060	6,060	6,060	6,060
51-55	6,660	6,660	6,660	6,660	6,660	6,660
56-60	6,560	6,560	6,560	6,560	6,560	6,560
61-65	5,800	5,800	5,800	5,800	5,800	5,800
66-70	4,960	4,960	4,960	4,960	4,960	4,960
> 70	4,320	4,320	4,320	4,320	4,320	4,320



### my:health Suraksha

#### Optional Benefit Ratios - Parent and Child care Cover Basic

Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

##### Waiting Period 4 Years

Age/ Sum Insured	Normal	15,000	25,000	50,000	80,000
	C-sec	25,000	40,000	1,00,000	2,00,000
18-35		6,861	11,089	28,459	63,144
36-45		6,267	10,083	26,570	54,804
46-50*		6,267	10,083	26,570	54,804

##### Waiting Period 3 Years

Age/ Sum Insured	Normal	15,000	25,000	50,000	80,000
	C-sec	25,000	40,000	1,00,000	2,00,000
18-35		8,403	13,581	34,783	76,537
36-45		7,560	12,161	32,049	65,876
46-50*		7,560	12,161	32,049	65,876

##### Waiting Period 2 Years

Age/ Sum Insured	Normal	15,000	25,000	50,000	80,000
	C-sec	25,000	40,000	1,00,000	2,00,000
18-35		10,839	17,517	44,720	97,139
36-45		9,524	15,321	40,373	82,554
46-50*		9,524	15,321	40,373	82,554

\* For Renewals only

#### Optional Benefit Ratios - Parent and Child care Cover with Booster

Gross Premium (Excl GST) - Tier 1 (Delhi, NCR, Mumbai, Thane, Mumbai Suburban and Navi Mumbai, Surat, Ahmedabad & Vadodara)

##### Waiting Period 4 Years

Age/ Sum Insured	Normal	15,000	20,000	25,000	35,000	50,000	50,000	75,000	80,000	1,00,000
	C-sec	25,000	40,000	40,000	50,000	75,000	1,00,000	1,00,000	2,00,000	1,50,000
	Vaccination	5,000	5,000	5,000	5,000	15,000	15,000	15,000	25,000	25,000
18-35		7,360	11,196	11,920	15,443	24,703	31,291	36,774	71,969	55,853
36-45		7,661	11,669	12,406	16,060	24,743	31,216	34,596	62,843	51,151
46-50*		7,661	11,669	12,406	16,060	24,743	31,216	34,596	62,843	51,151

##### Waiting Period 3 Years

Age/ Sum Insured	Normal	15,000	20,000	25,000	35,000	50,000	50,000	75,000	80,000	1,00,000
	C-sec	25,000	40,000	40,000	50,000	75,000	1,00,000	1,00,000	2,00,000	1,50,000
	Vaccination	5,000	5,000	5,000	5,000	15,000	15,000	15,000	25,000	25,000
18-35		9,013	13,711	14,599	18,914	30,193	38,244	44,573	87,233	67,700
36-45		9,241	14,074	14,963	19,371	29,844	37,651	41,584	75,539	61,484
46-50*		9,241	14,074	14,963	19,371	29,844	37,651	41,584	75,539	61,484

#### Gross Premium (Excl GST) - Tier 2 (Rest of India)

##### Waiting Period 4 Years

Age/ Sum Insured	Normal	15,000	25,000	50,000	80,000
	C-sec	25,000	40,000	1,00,000	2,00,000
18-35		7,506	12,196	30,959	71,971
36-45		6,321	10,201	27,299	57,971
46-50*		6,321	10,201	27,299	57,971

##### Waiting Period 3 Years

Age/ Sum Insured	Normal	15,000	25,000	50,000	80,000
	C-sec	25,000	40,000	1,00,000	2,00,000
18-35		9,137	14,847	37,689	86,873
36-45		7,639	12,326	32,986	69,566
46-50*		7,639	12,326	32,986	69,566

##### Waiting Period 2 Years

Age/ Sum Insured	Normal	15,000	25,000	50,000	80,000
	C-sec	25,000	40,000	1,00,000	2,00,000
18-35		11,674	18,971	48,159	1,09,554
36-45		9,649	15,570	41,667	86,957
46-50*		9,649	15,570	41,667	86,957

\* For Renewals only

**my:health Suraksha**

**Waiting Period 2 Years**

Age/ Sum Insured	Normal	15,000	20,000	25,000	35,000	50,000	50,000	75,000	80,000	1,00,000
	C-sec	25,000	40,000	40,000	50,000	75,000	1,00,000	1,00,000	2,00,000	1,50,000
	Vaccination	5,000	5,000	5,000	5,000	15,000	15,000	15,000	25,000	25,000
<b>18-35</b>		11,626	17,686	18,830	24,396	38,820	49,171	56,571	1,10,714	85,923
<b>36-45</b>		11,641	17,730	18,850	24,403	37,597	47,431	52,111	94,661	77,050
<b>46-50*</b>		11,641	17,730	18,850	24,403	37,597	47,431	52,111	94,661	77,050

\* For Renewals only

**Optional Benefit Ratios - Parent and Child care Cover with Booster**

**Gross Premium (Excl GST) - Tier 2 (Rest of India)**

**Waiting Period 4 Years**

Age/ Sum Insured	Normal	15,000	20,000	25,000	35,000	50,000	50,000	75,000	80,000	1,00,000
	C-sec	25,000	40,000	40,000	50,000	75,000	1,00,000	1,00,000	2,00,000	1,50,000
	Vaccination	5,000	5,000	5,000	5,000	15,000	15,000	15,000	25,000	25,000
<b>18-35</b>		8,056	12,034	13,101	17,177	26,689	32,997	40,501	78,534	61,476
<b>36-45</b>		7,540	11,394	12,231	15,917	24,894	31,360	35,507	65,700	53,140
<b>46-50*</b>		7,540	11,394	12,231	15,917	24,894	31,360	35,507	65,700	53,140

**Waiting Period 3 Years**

Age/ Sum Insured	Normal	15,000	20,000	25,000	35,000	50,000	50,000	75,000	80,000	1,00,000
	C-sec	25,000	40,000	40,000	50,000	75,000	1,00,000	1,00,000	2,00,000	1,50,000
	Vaccination	5,000	5,000	5,000	5,000	15,000	15,000	15,000	25,000	25,000
<b>18-35</b>		9,806	14,650	15,950	20,911	32,490	40,170	48,887	94,794	74,204
<b>36-45</b>		9,111	13,769	14,780	19,233	30,080	37,893	42,609	78,840	63,769
<b>46-50*</b>		9,111	13,769	14,780	19,233	30,080	37,893	42,609	78,840	63,769

**Waiting Period 2 Years**

Age/ Sum Insured	Normal	15,000	20,000	25,000	35,000	50,000	50,000	75,000	80,000	1,00,000
	C-sec	25,000	40,000	40,000	50,000	75,000	1,00,000	1,00,000	2,00,000	1,50,000
	Vaccination	5,000	5,000	5,000	5,000	15,000	15,000	15,000	25,000	25,000
<b>18-35</b>		12,530	18,720	20,380	26,721	41,516	51,329	61,651	1,19,544	93,579
<b>36-45</b>		11,509	17,391	18,669	24,294	37,996	47,864	53,261	98,551	79,710
<b>46-50*</b>		11,509	17,391	18,669	24,294	37,996	47,864	53,261	98,551	79,710

\* For Renewals only

**my:health Suraksha**

**Optional Benefit Ratios - Recovery Benefit**

**Gross Premium (Excl GST) - For Both Tiers**

Age/ Sum Insured	1,000	2,000	3,000	4,000	5,000	7,500	10,000	15,000	25,000	40,000
0-17	3	6	9	12	16	23	31	47	78	124
18-35	4	8	11	15	19	29	38	57	95	152
36-45	9	18	27	37	46	69	91	137	228	365
46-50	11	23	34	46	57	86	115	172	287	459
51-55	18	37	55	73	92	137	183	275	458	732
56-60	21	42	62	83	104	156	208	312	520	832
61-65	30	61	91	122	152	228	304	456	761	1,217
66-70	38	76	113	151	189	283	378	567	945	1,512
> 70	48	96	143	191	239	359	478	717	1,195	1,912

Other Sum Insured options may be offered using standard interpolation techniques

**Optional Benefits as % Loading - Waiting Period modification option (Optional cover)**

PED exclusion	% of Base Premium
3 years	20%
2 years	60%

**Optional Benefits as % Loading - Room rent restriction Option**

Sum Insured	% of Base Premium	
	Tier 1	Tier 2
1,00,000	25.0%	15.0%
2,00,000	20.0%	12.5%
3,00,000	12.5%	5.0%
4,00,000	7.5%	0.0%
5,00,000	5.0%	0.0%

**Optional Benefits as % Loading - Co-payment**

Co-payment	% of Base Premium
5%	5%
10%	10%
15%	20%
20%	25%
25%	30%

Non-medical expenses cover	5%
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**Optional Benefits as % Loading - Sum Insured Rebound**

Sum Insured Rebound	Non-Global Plans	Global Plans
1,00,000	24.00%	NA
2,00,000	13.00%	NA
3,00,000	5.00%	NA
4,00,000	5.00%	NA
5,00,000	5.00%	NA
6,00,000	3.50%	NA
7,50,000	3.50%	NA
8,00,000	3.50%	NA
9,00,000	3.50%	NA
10,00,000	3.50%	NA
15,00,000	2.50%	NA
20,00,000	2.50%	NA
25,00,000	2.50%	5.00%
30,00,000	1.00%	5.00%
35,00,000	1.00%	5.00%
40,00,000	1.00%	5.00%
45,00,000	1.00%	5.00%
50,00,000	1.00%	5.00%
55,00,000	1.00%	5.00%
60,00,000	1.00%	5.00%
65,00,000	1.00%	5.00%
70,00,000	1.00%	5.00%
75,00,000	1.00%	5.00%
1,00,00,000	1.00%	5.00%
1,50,00,000	1.00%	1.00%
2,00,00,000	1.00%	1.00%
2,50,00,000	1.00%	1.00%
3,00,00,000	1.00%	1.00%
3,50,00,000	1.00%	1.00%
4,00,00,000	1.00%	1.00%
4,50,00,000	1.00%	1.00%
5,00,00,000	1.00%	1.00%



## my:health Suraksha

## Optional Benefits as % Loading - Extended Cumulative Bonus

Extended Cumulative Bonus	10% to 100% Non-Global Plans	25% to 200% Non-Global Plans	50% to 200% Non-Global Plans	10% to 100% Global Plans	25% to 200% Global Plans	50% to 200% Global Plans
1,00,000	2.50%	5.00%	10.00%	NA	NA	NA
2,00,000	2.50%	5.00%	10.00%	NA	NA	NA
3,00,000	2.50%	5.00%	10.00%	NA	NA	NA
4,00,000	2.50%	5.00%	10.00%	NA	NA	NA
5,00,000	2.50%	5.00%	10.00%	NA	NA	NA
6,00,000	2.50%	3.50%	7.50%	NA	NA	NA
7,50,000	2.50%	3.50%	7.50%	NA	NA	NA
8,00,000	2.50%	3.50%	7.50%	NA	NA	NA
9,00,000	2.50%	3.50%	7.50%	NA	NA	NA
10,00,000	1.00%	2.50%	3.50%	NA	NA	NA
15,00,000	1.00%	2.50%	3.50%	NA	NA	NA
20,00,000	1.00%	2.50%	3.50%	NA	NA	NA
25,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
30,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
35,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
40,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
45,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
50,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
55,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
60,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
65,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
70,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
75,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
1,00,00,000	1.00%	1.00%	1.00%	2.00%	3.50%	5.00%
1,50,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
2,00,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
2,50,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
3,00,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
3,50,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
4,00,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
4,50,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%
5,00,00,000	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%

## my:health Suraksha

## Premium Computation Illustration

## Illustration 1

- Plan Name – Silver Smart
- Sum Insured – 5 Lacs
- 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 50% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
5	7,073	5	7,073	707	6,366	5	7,073	3,537	3,537	5
25	9,441	5	9,441	944	8,497	5	9,441	4,721	4,721	5
35	9,441	5	9,441	944	8,497	5	9,441	4,721	4,721	5
45	11,230	5	11,230	1,123	10,107	5	11,230	5,615	5,615	5
55	19,422	5	19,422	1,942	17,480	5	19,422	9,711	9,711	5
65	31,994	5	31,994	3,199	28,795	5	31,994	0	31,994	5
	<b>88,601</b>				<b>79,741</b>				<b>60,298</b>	
	Total premium for all members of the family is Rs. 88,601, when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs.		Total premium for all members of the family is Rs. 79,741, when they are covered under a single policy. Sum Insured available for each individual is Rs. 5 Lakhs.				Total premium when policy is opted on floater basis is Rs. 60,298. Sum Insured of Rs. 5 Lakhs is available for the entire family.			

## Illustration 2

- Plan Name – Gold Smart
- Sum Insured – 10 Lacs
- 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 50% applied on all the members except the oldest member	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	8,726	10	8,726	873	7,853	10	8,726	4,363	4,363	10
24	11,655	10	11,655	1166	10,490	10	11,655	5,828	5,828	10
45	13,913	10	13,913	1391	12,522	10	13,913	6,957	6,957	10
55	24,212	10	24,212	2421	21,791	10	24,212	12,106	12,106	10
65	39,850	10	39,850	3985	35,865	10	39,850	19,925	19,925	10
75	65,117	10	65,117	6512	58,605	10	65,117	0	65,117	10
	<b>1,63,473</b>				<b>1,47,126</b>				<b>1,14,295</b>	
	Total premium for all members of the family is Rs. 1,63,473, 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. 1,47,126, 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. 1,14,295. Sum Insured of Rs. 10 Lakhs is available for the entire family.			



**ANNEXURE 3 - List of Non-Medical Expenses**

S.No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER

47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, OR-THOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY