

HDFC ERGO General Insurance Company Limited

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Take it easy!

**HDFC
ERGO**
GENERAL INSURANCE

For more details on risk factors, terms and conditions, please read the sales brochure before concluding a sale. The product literature gives only the salient features of the Policy and is subject to the Policy terms, conditions and exclusions. Trade Logo displayed above belongs to HDFC LTD and ERGO International AG and used by HDFC ERGO General Insurance Company under license. CIN : U66010MH2002PLC134669. UIN: IRDANI-HLT/L&TGIP-HV/249/13-14. IRDAI Reg No. 125. UID No. 1789.



**my:health
Medisure Classic
Insurance**

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GENERAL INSURANCE

In today's age of hectic work and busy schedules, we rarely have the time to take proper care of ourselves. And more often than not, our health takes a backseat. Though the negligence may not be deliberate, the stress of everyday life has made us even more susceptible to health risks. With an increased cost of living and continuously growing expenses, treatment for even the most common illnesses can easily burn a hole in our pockets.

At HDFC ERGO, we put ourselves in your shoes and keep every detail in mind while designing your health plan. We understand that your family's health is the most precious to you. Which is why we offer you a thoughtful and holistic health insurance plan to reduce your concerns and let you enjoy absolute peace of mind.

my:health MEDISURE CLASSIC INSURANCE

HDFC ERGO presents my:health Medisure Classic Insurance, a meticulously designed insurance solution that understands your family's unique health needs and provides you with a step-by-step plan to ensure their complete well-being. Especially designed through a scientific process, my:health plans enables you to quickly bounce back from a medical emergency so that you can continue to spend and cherish your time with your loved ones.

WHAT DOES my:health MEDISURE CLASSIC INSURANCE COVER

At HDFC ERGO, we make sure that most of your medical expenses are taken care of in case of a medical emergency.

Basic Cover

- Hospitalization Expenses:**
 - For treatment of any disease, illness or injury in a Hospital as an in-patient which includes:
 - Fees of Surgeon, Anesthetist, Nurses and Specialists;
 - Cost of Operation Theatre, diagnostic tests, medicines, blood, oxygen and internal appliances like pacemaker as long as these are medically necessary;
 - Treatment should be for a continuous period and includes relapse within 45 days from the date of last consultation at the Hospital/Nursing Home. Occurrence of same illness after a lapse of 45 days will be considered as fresh illness.
 - Hospitalisation as In Patient for a minimum period of 24 hours subject to the limits set below:
 - Room Rent/ Boarding & Nursing** as per actual limited to 1 % of the Sum Insured (excluding cumulative bonus) per day subject to a maximum of Rs 4,000/- per day
 - ICU Rent/Boarding & Nursing** as per actual limited to 2 % of the Sum Insured (excluding cumulative bonus) per day subject to a maximum of Rs 6,000/- per day.
 - Expenses on account of Room Rent/ ICU Boarding & Nursing if incurred higher than the limits above, shall be reduced in the same proportion as such actual costs bears to the eligible limits above. Such limits shall not apply where Optional Cover for Waiver of Room Rent Sub-limits has been opted;

Pre-hospitalisation expenses

This covers the relevant medical expenses you incur within a period of 30 days before you are admitted to a Hospital/Nursing Home provided that;

- such medical expenses are incurred for the same condition for which Your hospitalization was required and
- The Inpatient Hospitalization claim for such hospitalization is admissible by Us

Post-hospitalisation expenses

This covers the relevant medical expenses, up to a period of 60 days, after you are discharged from the Hospital/Nursing Home provided that;

- such medical expenses are incurred for the same condition for which Your hospitalization was required and
- The Inpatient Hospitalization claim for such Hospitalization is admissible by us

Thus ensuring that you don't have to worry about expenses post-hospitalisation

Day Care Procedures

This covers the medical expenses for a day care procedure or surgery incurred by you for treatment or procedures that requires less than 24 hours of hospitalisation undertaken under general or local anaesthesia. There is no static list for day care procedures in the Policy as advances in medical science leads to many more being added continuously. So, whether it's recommended by a medical practitioner or even if it is a new procedure, you can be rest assured that, we will cover it. However, this cover excludes diagnostic procedures and treatments taken on an outpatient basis.

- Domiciliary Hospitalisation:** Coverage for medical treatment requiring hospitalisation, taken at home on advice of the attending medical practitioner, due to non-availability of a hospital bed, which continues for at least 3 days. Coverage is extended for pre-hospitalisation expenses incurred upto 30 days. However, the post-hospitalisation expenses are not covered.
- Hospitalisation due to Accident:** If, during the term of your policy, the entire sum insured gets used up or is not enough to cover your second hospitalisation due to accident, the sum insured of your policy is 'reinstated' or 'replenished' to the extent of the claim amount (but not exceeding the Sum Insured) to cover this hospitalisation. This additional amount will be available only ONCE during the 12-month Policy Year.
- Maternity and New-born baby Cover:**
 - Coverage towards maternity expenses and new-born baby cover upto the limit of Sum Insured below:
 - Maximum of 10% of Sum Insured or Rs 20,000/- for a normal delivery and 20% of Sum Insured or Rs 40,000/- for a caesarean section or actual cost, whichever is lower.
 - Coverage is applicable only for the first two children and/or termination(s)
 - Coverage is limited to the female member who has been covered under any Policy issued by us for a continuous period of 48 months
 - New-born baby covered for a period of 90 days from date of birth within the maternity limits.
 - After 90 days, baby can be added under the Policy by way of endorsement and payment of additional Premium

- Ayurvedic Treatment:** Coverage for cost of (non cosmetic) Ayurvedic treatment upto Rs 25,000 per Policy Year, with prior approval from the Company requiring 24 hours hospitalisation/residential inpatient with government registered hospital for the specified treatments (For details refer the Prospectus). Coverage for Ayurvedic treatments is applicable subject to terms, conditions, definitions, waiting periods and exclusions under the Policy.
- Pre-existing Diseases:** After 36 months of continuous coverage, from the 4th year you can claim the payment of relevant medical expenses incurred on your pre-existing diseases.

Optional Covers

You can also avail of our Optional covers on payment of additional premium.

- Double Sum Insured for Critical Illness**
 - Provides for an additional cover equivalent to the Sum Insured excluding the cumulative bonus for treatment of - Cancer, Kidney Failure, Multiple Sclerosis, Primary Pulmonary Hypertension, Major Organ Transplant, Aorta Graft Surgery, Coronary Artery Bypass Graft, First Heart Attack and Stroke
 - Additional Sum Insured (excluding cumulative bonus) is exclusively available only for the treatment of the first occurrence of the above Critical Illnesses
 - Coverage will not be extended for the same Critical Illness for any subsequent Policy Year, however, the remaining critical illnesses will continue to be covered.
 - This coverage is in addition to the Hospitalisation cover and the cumulative Sum Insured under both could be used for hospitalization against covered Critical Illness.
 - The option can be availed only up to the age of 65 years (age last birthday) and for Sum Insured of Rs 2 Lacs and above. For customers who avail of such option at or before that age, the cover shall continue to be available in the case of continuous renewals.

Waiver of Room Rent Sub-limits

- If this coverage is opted, the sub limits of Room Rent and ICU under the Basic Cover of Hospitalisation Expenses will be waived however subject to the overall limit of the Sum Insured.

This Option can be availed during inception of the Policy or at the time of renewal. In case additional covers are opted at the time of renewal, its subject to Health check up and Medical Underwriting by the Company.

OTHER FEATURES OF my:health MEDISURE CLASSIC INSURANCE

It is our constant endeavour to give you the plan best suited to your requirements. Equipped with various innovative features, HDFC ERGO my:health Medisure Classic Insurance offers you the following additional features:

- Hospital Cash:** Rs 500 per day from 4th to 10th day when hospitalization exceeds 3 continuous days
- Ambulance Charges:** Maximum upto Rs. 1,500/- per hospitalization
- Recovery Benefit:** Rs 5,000/- when hospitalisation exceeds 10 continuous days or more.
- Health Check-Up:** For all Insured Persons at the end of four continuous claim free Policy Years, limited to 1% of average Sum Insured excluding cumulative bonus, per person in case of Individual Policy and for all members put together in case of a floater.
- Family Floater:** You can cover upto 4 members of your family - your spouse and 2 dependent children upto the age of 23 years - under a single policy and single sum insured.
- Family Discount:** If you opt for Individual Sum Insured for each of your family members under a single policy instead of a Family Floater option, we give you a Family Discount of 10% on the total premium payable for covering more than 2 family members. This will include you, your lawful spouse, dependent children and dependant parents only. The Family discount will be available for a maximum of 6 persons only.
- Cumulative Bonus:** The 'sum insured' of your policy progressively increases by 5% on every renewal, for every claim-free year, subject to a maximum accumulation of 50% of your sum insured (if a claim is made, the Cumulative Benefit that has accrued will be reduced by 20% however, the basic Sum Insured will be maintained at all times)
- Two year policy Option:** A discount of 5% is available on the combined premium for both the years.
- Life time renewal of policy:** Your Policy is renewable for life time.
- Income Tax Benefit:** You can get tax exemption on the premium paid under section 80D of the Income Tax Act (Subject to change in Tax Law)
- Free-look Period:** If you are not satisfied with our coverage or terms, you have the option of cancelling the policy within 15 days, provided there has been no claim. We will refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced). Refund will not be applicable if you have made a claim against the Policy during that period.
- Co-payment:** All Insured Persons above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.

Renewal terms of my:health Medisure Classic

How to Renew your Policy

You can renew your Policy by making a request to us before the expiry date. You can also renew policy within 30 days from expiry of your Policy subject to the fact that the premium for the renewal is received within the same period. In such a situation, you will be eligible to 'continuity benefits' like the cumulative Bonus and continuity of covers. Please note that we shall not be liable for any claims arising out of ailments/hospitalisation during the period between expiry and renewal.

If the renewal of the Policy is not done within 30 days of due date, it will be considered as a new policy. We will not be liable to pay hospitalization expenses incurred during break period. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

The Policy can be renewed for lifetime unless:

- any fraud, non cooperation, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by You or on Your behalf is found either in obtaining insurance or subsequently in relation thereto or,
- We have discontinued issuance of Policy under this Product, in which event You will have the option of renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the terms and

conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision.

A change in the Sum Insured is allowed on renewals, however it may be subject to Medical test and subsequent Underwriting approval. Any enhanced Sum Insured during subsequent policy renewals will not be available for an illness, disease, injury already contracted under the preceding policy periods. All Waiting periods as defined in the Policy shall apply for this enhanced limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with Us. Sum Insured enhancement will be subject to Underwriting approval.

Based on the experience of the Product, Premium, terms and conditions may be revised subject to prior approval of Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by Us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

In case of floater Policies, where dependent child crosses age 23 years, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.

If you are above the age of 80 years, there is a 10% co-payment obligation as there is no further premium increase.
For any changes desired at the time of Renewal, please communicate with us. Contact Details are provided at the end of the document.

The Company reserves its right to vary the premium from time to time subject to approval of IRDA (Insurance Regulatory and Development Authority).

- **Portability Option:** Portability will be provided on the Policy in accordance with IRDA guidelines issued on Portability from time to time. You may approach another insurer at least 45 days before the expiry date to avoid any break in coverage. Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company.

HOW TO CANCEL YOUR POLICY

In case you are not content with our policy and wish to cancel it, you may intimate us by giving 15 days notice in writing and we will refund the premium for the unexpired term as per the short period scales given below:

Period of Cover up to	Refund of Annual Premium rate (%)
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding 6 Months up to 365 days	NIL

In case of 2 year Policy;

If cancellation done before completion of 1 year: same grid as given above is applicable on first year Premium and second year Premium will be completely refunded.

If cancellation is done after completion of 1 year: same grid as given above is applicable however retention Premium on second year premium will be calculated on Annual Premium without long term Policy discount.
A minimum premium of Rs. 250 per policy will be retained towards administration charges by the Company.

GET THE HDFC ERGO ADVANTAGE

We make cashless decision within 6 business hours (where the request is received between 9 am to 9 pm on Monday to Saturday) giving you the advantage of time and convenience. During non-working hours and on any other holiday/s, the decision will be in a maximum of 8 hours. Reimbursement claim settlements are made within 6 working days on receipt of complete set of documents.

In case we fail in meeting this assurance, a fixed compensation of Rs. 1,000/- shall be payable for a single claim. Assurance is applicable only to the first response on a single claim and no subsequent correspondence.

The above compensation shall be paid notwithstanding the Company's obligation to pay interest in cases of delay in settlement of claims, as per Reg. 9(6) of IRDA (PPH) Regulations.

*Service features are inbuilt in to the policy and will be available to all Insured Persons without any additional cost.
We combine innovative and unique product benefits coupled with seamless customer support to make sure our approach to your life is a thoughtful one. At HDFC ERGO, your health is our priority.

FAQS

Q. Can my:health Medisure Classic Insurance cover my entire family? Are there any age limits?

The Proposer, Spouse, Dependent Children, Dependant Parents and blood relatives can be covered under the Individual Policy. For a floater, Self, Spouse and Dependent Children upto 23 years can be covered under a Single Policy.

The following criteria are applicable if you wish to cover you family under a policy:

- Minimum age at entry will be 3 months for children and 18 years for adults.
- Entry and renewals are available for Lifetime.

- Children between the age of 3 months (91 days) and 18 years will be covered only if either of the parent is covered.
- Optional Cover of Double Sum Insured for Critical Illness only up to the age of 65 years (age last birthday) and for Sum Insured of Rs 2 Lacs and above. For customers who avail of such option at or before that age, the cover shall continue to be available in the case of continuous renewals.
- The availability of Optional Cover of Waiver of Room Rent Sub-limits under hospitalisation is for lifetime.

Q. What will be my Sum Insured?

With my:health Medisure Classic Insurance, the amount will differ depending on the type of policy you have opted for.

- 1 Lac to 5 Lacs in multiples of 1 Lac for Individual Policies
- 2 Lacs to 5 Lacs in multiples of 1 Lac for Floater Policies

Q. What is not covered in my policy?

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 36 months of continuous covers have elapsed since inception of the first Policy with us.
2. Any disease contracted and/or medical expenses incurred in respect of any disease/illness by the Insured/Insured Person during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This exclusion doesn't apply for Insured/Insured Person having any health insurance indemnity policy in India atleast for 1 year prior to taking this Policy as well as for subsequent renewals with the Company without a break.
3. All expenses along with their complications on treatment towards Cataract, Hysterectomy other than for malignancy, Uterine prolapse including any condition requiring Hysterectomy, Polycystic Ovarian Diseases, Myomectomy for Fibroids, Knee Replacement Surgery (other than caused by an Accident), Osteoarthritis and Osteoporosis if age related, Arthritis, Rheumatism, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by accident), Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele, Congenital internal anomaly, Fistula in anus, Piles, Fissures, Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, benign ear, Nose and Throat disorders and surgeries Chronic Nephritis and Nephritic Syndrome, Hypertension and Diabetes and related complications during the first two years (24 months) of continuous operation of this insurance cover.
Diabetes & Related complications include: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper/Hypoglycaemic Shocks.
Hypertension & Related complications include: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing Exclusion 1 above shall apply.
4. Domiciliary hospitalization expenses in respect of following:
 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
 2. Arthritis, Gout and Rheumatism,
 3. Chronic Nephritis and Nephritic Syndrome,
 4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
 5. Diabetes Mellitus and Insipidus,
 6. Epilepsy,
 7. Hypertension,
 8. Psychiatric or Psychosomatic Disorders of all kinds,
 9. Pyrexia of unknown Origin.
5. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section until 48 months of continuous coverage has elapsed since the inception of the first Policy with the Company. However, this exclusion/waiting period will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an Accident.
7. Genetic disorder and stem cell implantation/surgery.
8. Dental treatment or surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
9. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
10. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment for new born baby up to 90 days, issue of medical certificates and examinations as to suitability for employment or travel.
11. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.
12. Vitamins and tonics unless forming part of treatment for disease, illness or injury and prescribed by a Medical Practitioner.
13. Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.

- 14.Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- 15.Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder(ADHD)
- 16.Treatment for general debility, ageing, convalescence, rundown condition or rest cure, Congenital external anomaly/ies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide(whether sane or insane).
17. Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.
- 18.Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
- 19.Any illness or hospitalisation arising or resulting from the Insured/Insured person or any of his family members committing any breach of law with criminal intent.
- 20.Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
- 21.Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured / Insured Person was hospitalised.
- 22.Any stay in Hospital/Nursing Home without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital.
- 23.Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of personality or mind, or emotions or behaviour, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition").
- 24.Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
- 25.Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.
- 26.Costs of donor screening and organ.
- 27.Costs incurred on all medical treatments other than Allopathy Treatments. Ayuvedic expenses covered to the extent of coverage provided in Annexure A.
- 28.Insured/Insured Persons whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
- 29.Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
- 30.All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- 31.All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- 32.All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured/Insured Person was hospitalized, Ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of Room expenses.
- 33.Any condition after the point at which it is certified by the attending Medical Practitioner to be of such a nature that further medical treatment may serve to stabilize or maintain it but it is unlikely to result in a material improvement within a reasonable time.
- 34.Service charges levied by the Hospital/Nursing Home, except registration/admission charges.
- 35.Pre-Post hospitalization expenses of the donor, donor screening, cost of organ or any other medical treatment for the donor consequent on the harvesting.

Q. What is the premium payable for my:health Medisure Classic Insurance?
The Premium will be based on the age, total number of persons you wish to cover, the policy tenure and Sum Insured you opt for.

Premium as per Annexure attached

Q. How do I get my:health Medisure Classic Insurance Policy?
1.1 All Individuals upto 50 years (age last birthday as at Policy inception date) - The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.

1.2 For age group 51-65 years (age last birthday as at Policy inception date)- The Individuals would be required to undergo pre-acceptance medical tests - Medical Examination Report, Treadmill Test, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

1.3 For the following category:

Scenarios	Medical Tests Requirement
Age group 66 yrs and above	Medical Examination Report, Treadmill Test, Complete Blood Count, Lipid Profile, HBA1C, Serum Creatinine, Urinalysis, SGOT, SGPT and GGT
Age group 51 - 65 years with Optional Cover for Double Sum Insured for Critical Illness	
Optional Cover for Double Sum Insured for Critical Illness at Renewal with or without Claim irrespective of age	

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

All Medical reports need to be within 30 days from date of Proposal Form and can be conducted at the Company's list of Network Hospitals/Clinics.

In case of accepted proposals, the Company shall reimburse 50% of the pre-acceptance medical test costs. (on our pre agreed rates with the network provider)

Medical Underwriting

Proposer about 50 years of age and those having medical history are subject to Medical Underwriting by the company. The company reserves the right to Accept/Decline/Accept with exclusion or Premium loading (upto maximum of 100% on basic Premium). These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

Q. How do I lodge a claim under my:health Medisure Classic Insurance?
There are various methods to lodge a claim under my:health Medisure Classic Insurance.
For cashless* hospitalization: (*cashless facility is available only at our network hospitals)
▪ All you have to do is contact us at the numbers provided on your health card immediately.
▪ Just submit a Cashless Request form to us, along with all information and documents pertaining to the illness as required.
▪ Our representative will be happy to guide you further and help you process the request. Based on the coverage under your policy, the cashless request will be approved.

For a reimbursement of expenses: (at other hospitals outside of our network) or at network hospitals where cashless is not availed:
▪ You will need to collate the original bills along with other documents as required and submit it to the address mentioned in your policy schedule.

In case of planned hospitalization, please inform us 72 hours in advance and in case of emergency within 24 hours of admission. (For detailed information on our network of hospitals as well as documentation for cashless claims please visit www.hdfcergo.com)

Q. What is the claims settlement procedure?
Our Claims settlement procedure is quick and transparent. For any kind of support or information, please call our Toll free 1800 209 5846 or write to us at healthclaims@hdfcergo.com. Undue delay in intimation of claim or submission of documents may prejudice a claim.

To understand the claims process in detail, and to get a checklist of the documentation, please visit www.hdfcergo.com and view the 'claims process' section.

Special channel for Insured Persons who are Senior Citizens
'Good things come with time' and so for our customers who are above 60 years of age we have created special channels to address any health insurance related query. At HDFC ERGO, our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly
▪ Dedicated prompt in our Toll Free Number 1800-209- 5846 (1800-209- LTIN)

my:health Medisure Classic Insurance is a filed and approved product of HDFC General (formerly known as L&T Insurance), a wholly owned subsidiary of the Company and hence the Company is also offering the said product.