

Rural India is characterized by increased dependence on natural resources, and is prone to uncertain and erratic nature of income and the means to earn it. We understand that safeguarding your life's savings is your priority. And its safety through the years will not only guarantee a better life but also a brighter one.

HDFC ERGO Insurance Presents

my:jeevika Medisure Micro Insurance

my:jeevika Medisure Micro Insurance has been designed to offer adequate health insurance to the lesser privileged at very affordable rates. It ensures that your life's savings are not spent on medical expenses.

What are the key benefits of my:jeevika Medisure Micro Insurance?

1. Hospitalization Cover

This covers following expenses on hospitalization for a minimum 24 hours.

Room rent, boarding and nursing expenses are limited to a maximum of Rs 300/- per day or actual, whichever is lower

A single illness is covered up to a maximum of Rs 12,500/-

2. Day care treatment

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 anesthesia. 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

3. Pre-hospitalization

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

4. Post-hospitalization

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

5. Pre-existing diseases

This entitles you to cover hospitalization expenses for treatment of pre-existing diseases from the 5th year of the policy, after 4 continuous renewals with us.

Brochure**6. Ayurvedic treatments**

This entitles you to cover expenses incurred under Ayurvedic system of medication up to a maximum of Rs.7500/- for a single illness and Rs.12,500/- per policy. Minimum 24 hours hospitalisation is a must.

What are the additional benefits of my:jeevika Medisure Micro Insurance?**1. Individual/Family floater option**

You can take the policy individually or cover up to 4 members of your family - your spouse & 2 dependent children up to the age of 18 years under a single policy and single premium.

2. Income Tax benefit

Premium paid under the Policy is eligible for income tax deduction benefit under Sec 80 D as per the Income tax Act for premium paid through Cheque/DD.

3. Sum Insured - Rs.30000/-**Who all can be covered under my:jeevika Medisure Micro Insurance and what is the age limit for different family members?**

1. Entry age for you (the proposer) is 18 years and you can opt for this policy up to the age of 65 years
2. You can continue renewing your policy for your lifetime.
3. Children above the age of 6 months and other adults below the age of 65 years can be covered in a single policy.
4. Children between the age of 6 months to 18 years can be covered only if either one of the parents is covered

No pre-acceptance Medical Test is required up to age 65 years, however for proposals with a history of illnesses may be required to undergo medical tests depending on the current health status, which will be conducted at our network centers and a minimum of 50% of the costs for such tests will be borne by us for accepted proposals.

Medical Underwriting

Proposer 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.

What is not covered under my:jeevika Medisure Micro Insurance?

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 48 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.
3. All expenses along with their complications on treatment towards Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), 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 and biliary systems, Benign Prostate Hypertrophy, Hydrocele, Congenital internal disease/defect, Fistula in anus, Piles, 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, 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

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Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper/Hypoglycemic 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. Any Domiciliary Hospitalization / Treatment.
5. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident.
6. Genetic disorder and stem cell implantation/surgery.
7. 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.
8. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
9. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
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, 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 Apnea 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, run down condition or rest cure, congenital anomalies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide.
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- i) not scientifically recognized; ii) experimental; iii) unproven.
18. Ailment requiring treatment due to use or abuse of any substance, intoxicating drug or alcohol 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. Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of personality or mind, or emotions or behaviour, Parkinsons 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").
23. Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity or treatment/surgery /complications/illness arising as a consequence thereof.
24. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic

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studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.

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25. Costs of donor screening or organ.
26. Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine except Ayurvedic treatment up to the limits covered.
27. Change of treatment from one system of medicine to another unless recommended by the Medical Practitioner /Hospital under whom the treatment is taken,
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 participating or involvement in 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/nuclear weapon/material or from any nuclear waste from the combustion of nuclear fuel, or chemical or biological weapons.
31. . All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not or caused during service in the armed forces of any country), civil war, 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.
33. . Service charges or any other charges levied by the hospital, except registration/admission charges.

What are the renewal terms for my:jeevika Medisure Micro Insurance?

- i. The Company shall not be bound to give notice that renewal is due.
- ii. If the Insured desires renewal he/she shall apply to the Company for the same prior to expiry of the Policy Period of Insurance.
- iii. Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject however, to the effective policy inception date being reckoned from such period when the renewal premium is received by the Company.
- iv. Policy would be considered as a fresh policy if there would be break of thirty or more days between the previous policy expiry date and current policy start date.
- v. The Company shall not be liable for any claim arising out of an ailment suffered or hospitalisation commencing during the period between the expiry of previous policy and date of commencement of subsequent Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.
- vi. Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company.

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- vii. In case of floater Policies, where dependent child crosses age 18 years, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.
- viii. Policy shall be ordinarily renewable for lifetime unless:
 - a. any fraud, non cooperation, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
 - b. the Company has discontinued issue of the particular type of Policy, in which event the Insured shall have the option of renewal under any similar Policy being issued by the Company; 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
- ix. 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.

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 atleast 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.

Free-look Cancellation

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation, if he has any objections to any of the terms and conditions. The Company shall refund the premium paid after adjusting the amounts spent on stamp duty charges and proportionate risk premium. Cancellation will be allowed only if there are no claims paid or reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not available at the time of renewal of the Policy. Minimum premium shall not apply for free look cancellations.

What are the cancellation terms for my:jeevika Medisure Micro Insurance?

Cancellation may be intimated to us by giving 15 days notice in writing and we will refund the premium for the unexpired term on the short period scale mentioned below.

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

We may cancel a policy on grounds of misrepresentation, fraud, non-disclosure of material fact or for non co-operation from your side, without any refund of premium.

No refund of premium will be given if you have registered a claim under your policy. An amount of Rs 50 per policy will be retained by us as administrative charges.

What is the premium payable for my:jeevika Medisure Micro Insurance?

For a standard sum insured of Rs.30,000 the premium payable depends on the age band you fall in.

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| Age bands (in Years) | Premium in Rs (Inclusive of GST) |
|------------------------|------------------------------------|
| 0.5* to 60 | 730 |
| 61 to 65 | 2,190 |

*6 months

Note: The Company reserves its rights to vary the premium from time to time subject to approval of IRDA

Floater Option: For floater option, a 50% loading will be applied on the base premium of the oldest member and 25% loading will be applied on the base premium for each dependant child upto 18 years of age.

Based on the declarations on the proposal form, current health status and assessment of each individual risk a maximum loading of 100% may be charged on the premium shown above.

What is the process to lodge a Claim?

a. Intimate a claim immediately at least 72 hours prior to hospitalization in case of planned hospitalization and within 24 hours of hospitalization in case of an emergency hospitalization. Intimation of claim can be made to LTGICL Call centre at 1800-209-4856 or in writing at the nearest Office or through your insurance advisor.

Cashless hospitalisation-

You need to submit a Cashless Request form to us, along with all information and documents pertaining to illness as required.

Our representative will guide you further and help you process the request and 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 office/ representative address mentioned on your policy schedule.

Our Claims settlement procedure is quick, transparent and very friendly. To understand the claims process in detail, and to get a checklist of the documentation, please visit our Regional Office or contact your Insurance Advisor.

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 Insurance, 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 : 022 - 6234 6234 / 0120 - 6234 623

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 Rupees Ten Lakh.