



**HDFC
ERGO**

Take it easy!



**my:health
MEDISURE
CLASSIC INSURANCE**

A health care plan with you in
your hour of need

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 IS COVERED?

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:
 - i. Fees of Surgeon, Anesthetist, Nurses and Specialists;
 - ii. Cost of Operation Theatre, diagnostic tests, medicines, blood, oxygen and internal appliances like pacemaker as long as these are medically necessary;
 - iii. 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:
 - i. **Room Rent/ Boarding & Nursing** as per actual limited to 1% of the Sum Insured (excluding cumulative bonus) per day subject to a maximum of ₹4,000/- per day
 - ii. **ICU Rent/Boarding & Nursing** as per actual limited to 2% of the Sum Insured (excluding cumulative bonus) per day subject to a maximum of ₹6,000/- per day.
 - iii. 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, upto 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 ₹20,000/- for a normal delivery and 20% of Sum Insured or ₹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 ₹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 ₹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

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:** ₹500 per day from 4th to 10th day when hospitalization exceeds 3 continuous days
- **Ambulance Charges:** Maximum upto ₹1,500/- per hospitalization
- **Recovery Benefit:** ₹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

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 upto	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 ₹250 per policy will be retained towards administration charges by the Company.

CLAIMS SERVICE ASSURANCE*

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 ₹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 ₹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 to 5 Lacs in multiples of ₹1 Lac for Individual Policies
- ₹2 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 and 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. 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 spas, 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. Ayurvedic 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 2666 400

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.

ANTI-REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

Individual 1 Year Policy

Base Cover					
A1C0_1	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	2,353	2,969	3,683	4,519	5,288
36 to 40 Years	2,587	3,272	4,072	5,007	5,869
41 to 45 Years	2,839	3,605	4,505	5,553	6,524
46 to 50 Years	4,020	5,164	6,530	8,105	9,590
51 to 55 Years	4,937	6,208	7,733	9,485	11,142
56 to 60 Years	6,479	8,232	10,355	12,782	15,095
61 to 65 Years	7,433	9,480	11,968	14,809	17,522
66 to 70 Years	10,214	13,109	16,646	20,674	24,539
71 to 75 Years	12,915	16,618	21,159	26,316	31,281
76 to 80 Years	13,791	17,747	22,605	28,119	33,432
Above 80 Years	16,178	20,858	26,611	33,138	39,433

Base Cover + No Sub Limit					
A1C0_2	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	2,882	3,815	4,720	5,873	6,768
36 to 40 Years	3,185	4,230	5,245	6,538	7,545
41 to 45 Years	3,518	4,692	5,836	7,291	8,425
46 to 50 Years	5,076	6,853	8,600	10,808	12,546
51 to 55 Years	6,119	8,101	10,051	12,513	14,454
56 to 60 Years	8,144	10,896	13,618	17,044	19,757
61 to 65 Years	9,393	12,615	15,808	19,826	23,009
66 to 70 Years	13,021	17,600	22,147	27,860	32,399
71 to 75 Years	16,531	22,402	28,244	35,571	41,403
76 to 80 Years	17,661	23,940	30,190	38,027	44,269
Above 80 Years	20,772	28,207	35,614	44,897	52,294

Base Cover + Critical Illness					
A1C0_3	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	NA	3,409	3,903	4,666	5,406
36 to 40 Years	NA	3,860	4,366	5,203	6,026
41 to 45 Years	NA	4,339	4,872	5,797	6,720
46 to 50 Years	NA	6,698	7,412	8,693	10,060
51 to 55 Years	NA	9,342	9,642	10,758	12,160
56 to 60 Years	NA	12,149	12,705	14,349	16,348
61 to 65 Years	NA	14,377	14,612	16,572	18,932
66 to 70 Years	NA	18,985	19,584	22,632	26,106
71 to 75 Years	NA	23,376	24,537	28,569	33,082
76 to 80 Years	NA	27,149	27,306	31,253	35,939
Above 80 Years	NA	30,260	31,312	36,272	41,941

Base Cover + No Sub Limit + Critical Illness					
A1C0_4	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	NA	4,255	4,941	6,019	6,886
36 to 40 Years	NA	4,818	5,539	6,734	7,702
41 to 45 Years	NA	5,426	6,203	7,535	8,621
46 to 50 Years	NA	8,387	9,481	11,395	13,015
51 to 55 Years	NA	11,235	11,960	13,786	15,472
56 to 60 Years	NA	14,814	15,969	18,611	21,010
61 to 65 Years	NA	17,512	18,453	21,589	24,419
66 to 70 Years	NA	23,476	25,086	29,819	33,966
71 to 75 Years	NA	29,160	31,623	37,824	43,205
76 to 80 Years	NA	33,342	34,891	41,161	46,776
Above 80 Years	NA	37,609	40,315	48,031	54,802

Floater 2 Adults 1 Year Policy

Base Cover				
A1C0_1	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	4,731	5,901	7,253	8,521
36 to 40 Years	5,240	6,560	8,077	9,506
41 to 45 Years	5,803	7,291	9,000	10,614
46 to 50 Years	8,246	10,470	13,010	15,430
51 to 55 Years	10,178	12,663	15,496	18,202
56 to 60 Years	13,437	16,924	20,880	24,677
61 to 65 Years	15,483	19,577	24,217	28,678
66 to 70 Years	21,448	27,286	33,890	40,259
71 to 75 Years	27,188	34,693	43,170	51,360
76 to 80 Years	29,037	37,069	46,137	54,901
Above 80 Years	34,126	43,646	54,391	64,782

Base Cover + No Sub Limit				
A1C0_2	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	6,163	7,656	9,546	11,029
36 to 40 Years	6,859	8,544	10,671	12,344
41 to 45 Years	7,639	9,544	11,943	13,833
46 to 50 Years	11,028	13,882	17,468	20,307
51 to 55 Years	13,294	16,485	20,491	23,666
56 to 60 Years	17,796	22,282	27,890	32,353
61 to 65 Years	20,612	25,883	32,468	37,713
66 to 70 Years	28,796	36,319	45,707	53,199
71 to 75 Years	36,651	46,326	58,390	68,025
76 to 80 Years	39,169	49,522	62,431	72,742
Above 80 Years	46,149	58,427	73,730	85,957

Base Cover + Critical Illness				
A1C0_3	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	5,476	6,274	7,502	8,720
36 to 40 Years	6,234	7,056	8,409	9,772
41 to 45 Years	7,045	7,913	9,414	10,946
46 to 50 Years	10,772	11,923	13,978	16,205
51 to 55 Years	15,339	15,811	17,596	19,882
56 to 60 Years	19,845	20,782	23,457	26,741
61 to 65 Years	23,494	23,919	27,116	31,000
66 to 70 Years	31,061	32,110	37,111	42,839
71 to 75 Years	38,244	40,240	46,874	54,326
76 to 80 Years	44,419	44,786	51,291	59,028
Above 80 Years	49,507	51,363	59,545	68,910

Base Cover + No Sub Limit + Critical Illness				
A1C0_4	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	6,909	8,029	9,795	11,229
36 to 40 Years	7,853	9,041	11,002	12,609
41 to 45 Years	8,881	10,166	12,357	14,165
46 to 50 Years	13,555	15,334	18,436	21,082
51 to 55 Years	18,455	19,633	22,591	25,346
56 to 60 Years	24,204	26,141	30,468	34,417
61 to 65 Years	28,623	30,225	35,367	40,035
66 to 70 Years	38,409	41,143	48,929	55,779
71 to 75 Years	47,706	51,873	62,094	70,991
76 to 80 Years	54,550	57,239	67,586	76,870
Above 80 Years	61,530	66,144	78,884	90,085

Floater 2 Adults and 1 Child 1 Year Policy

Base Cover				
A1C1_1	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	6,276	7,836	9,629	11,323
36 to 40 Years	6,786	8,495	10,452	12,307
41 to 45 Years	7,349	9,226	11,375	13,417
46 to 50 Years	9,792	12,405	15,385	18,232
51 to 55 Years	11,723	14,598	17,871	21,004
56 to 60 Years	14,981	18,859	23,255	27,480
61 to 65 Years	17,029	21,513	26,591	31,480
66 to 70 Years	22,993	29,222	36,265	43,062
71 to 75 Years	28,734	36,628	45,546	54,161
76 to 80 Years	30,583	39,004	48,512	57,703
Above 80 Years	35,671	45,581	56,766	67,585

Base Cover + No Sub Limit				
A1C1_2	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	8,212	10,207	12,726	14,711
36 to 40 Years	8,908	11,096	13,851	16,024
41 to 45 Years	9,688	12,094	15,123	17,516
46 to 50 Years	13,077	16,433	20,648	23,989
51 to 55 Years	15,342	19,036	23,670	27,348
56 to 60 Years	19,843	24,832	31,069	36,036
61 to 65 Years	22,661	28,434	35,647	41,394
66 to 70 Years	30,844	38,869	48,887	56,882
71 to 75 Years	38,699	48,877	61,570	71,706
76 to 80 Years	41,217	52,073	65,612	76,425
Above 80 Years	48,197	60,977	76,909	89,640

Base Cover + Critical Illness				
A1C1_3	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	7,284	8,340	9,965	11,592
36 to 40 Years	8,042	9,123	10,871	12,643
41 to 45 Years	8,852	9,979	11,877	13,818
46 to 50 Years	12,580	13,989	16,441	19,077
51 to 55 Years	17,147	17,877	20,059	22,754
56 to 60 Years	21,652	22,848	25,920	29,613
61 to 65 Years	25,302	25,985	29,578	33,872
66 to 70 Years	32,869	34,176	39,574	45,712
71 to 75 Years	40,052	42,307	49,337	57,198
76 to 80 Years	46,227	46,852	53,754	61,900
Above 80 Years	51,315	53,429	62,008	71,782

Base Cover + No Sub Limit + Critical Illness				
A1C1_4	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	9,219	10,711	13,063	14,980
36 to 40 Years	10,163	11,723	14,270	16,360
41 to 45 Years	11,191	12,847	15,624	17,917
46 to 50 Years	15,865	18,016	21,704	24,834
51 to 55 Years	20,766	22,315	25,857	29,098
56 to 60 Years	26,513	28,822	33,734	38,169
61 to 65 Years	30,934	32,907	38,633	43,786
66 to 70 Years	40,719	43,824	52,196	59,532
71 to 75 Years	50,017	54,555	65,361	74,744
76 to 80 Years	56,861	59,922	70,853	80,622
Above 80 Years	63,840	68,825	82,150	93,837

Floater 2 Adults and 2 Children 1 Year Policy

Base Cover				
A1C2_1	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	7,795	9,737	11,960	14,074
36 to 40 Years	8,306	10,396	12,784	15,058
41 to 45 Years	8,868	11,127	13,707	16,167
46 to 50 Years	11,310	14,306	17,717	20,983
51 to 55 Years	13,243	16,499	20,203	23,755
56 to 60 Years	16,501	20,760	25,587	30,230
61 to 65 Years	18,547	23,414	28,924	34,231
66 to 70 Years	24,512	31,123	38,597	45,812
71 to 75 Years	30,254	38,529	47,877	56,911
76 to 80 Years	32,103	40,905	50,844	60,454
Above 80 Years	37,190	47,482	59,098	70,335

Base Cover + No Sub Limit				
A1C2_2	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	10,222	12,712	15,846	18,324
36 to 40 Years	10,920	13,600	16,971	19,638
41 to 45 Years	11,700	14,599	18,242	21,128
46 to 50 Years	15,087	18,937	23,766	27,601
51 to 55 Years	17,355	21,540	26,790	30,960
56 to 60 Years	21,855	27,337	34,189	39,648
61 to 65 Years	24,673	30,938	38,768	45,008
66 to 70 Years	32,855	41,374	52,007	60,494
71 to 75 Years	40,712	51,381	64,690	75,318
76 to 80 Years	43,229	54,577	68,730	80,037
Above 80 Years	50,209	63,482	80,029	93,252

Base Cover + Critical Illness				
A1C2_3	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	9,059	10,370	12,382	14,411
36 to 40 Years	9,818	11,152	13,288	15,462
41 to 45 Years	10,627	12,008	14,295	16,637
46 to 50 Years	14,356	16,019	18,859	21,896
51 to 55 Years	18,922	19,907	22,475	25,573
56 to 60 Years	23,429	24,878	28,337	32,432
61 to 65 Years	27,076	28,014	31,996	36,691
66 to 70 Years	34,644	36,205	41,990	48,531
71 to 75 Years	41,827	44,336	51,755	60,016
76 to 80 Years	48,004	48,882	56,170	64,719
Above 80 Years	53,091	55,459	64,424	74,601

Base Cover + No Sub Limit + Critical Illness				
A1C2_4	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	11,486	13,345	16,267	18,662
36 to 40 Years	12,431	14,356	17,475	20,041
41 to 45 Years	13,459	15,479	18,829	21,598
46 to 50 Years	18,133	20,649	24,909	28,515
51 to 55 Years	23,035	24,948	29,062	32,778
56 to 60 Years	28,783	31,455	36,939	41,850
61 to 65 Years	33,202	35,539	41,839	47,468
66 to 70 Years	42,986	46,457	55,401	63,213
71 to 75 Years	52,286	57,188	68,567	78,423
76 to 80 Years	59,130	62,554	74,057	84,303
Above 80 Years	66,110	71,458	85,355	97,518

(Premiums inclusive of GST)

Floater 1 Adult and 1 Child 1 Year Policy

Base Cover				
A1C1_1	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	4,514	5,618	6,895	8,090
36 to 40 Years	4,818	6,007	7,382	8,672
41 to 45 Years	5,151	6,440	7,927	9,327
46 to 50 Years	6,709	8,465	10,481	12,391
51 to 55 Years	7,754	9,668	11,860	13,944
56 to 60 Years	9,777	12,290	15,157	17,897
61 to 65 Years	11,026	13,904	17,183	20,324
66 to 70 Years	14,653	18,581	23,048	27,342
71 to 75 Years	18,164	23,094	28,691	34,083
76 to 80 Years	19,293	24,540	30,495	36,234
Above 80 Years	22,403	28,547	35,513	42,236

Base Cover + No Sub Limit				
A1C1_2	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	5,862	7,270	9,053	10,451
36 to 40 Years	6,279	7,796	9,718	11,228
41 to 45 Years	6,740	8,387	10,470	12,108
46 to 50 Years	8,902	11,150	13,988	16,227
51 to 55 Years	10,149	12,601	15,693	18,135
56 to 60 Years	12,945	16,170	20,224	23,438
61 to 65 Years	14,664	18,361	23,004	26,692
66 to 70 Years	19,647	24,699	31,038	36,081
71 to 75 Years	24,451	30,794	38,749	45,085
76 to 80 Years	25,988	32,741	41,207	47,950
Above 80 Years	30,255	38,165	48,077	55,977

Base Cover + Critical Illness				
A1C1_3	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	5,216	5,970	7,128	8,278
36 to 40 Years	5,668	6,432	7,665	8,898
41 to 45 Years	6,147	6,938	8,259	9,592
46 to 50 Years	8,505	9,478	11,156	12,932
51 to 55 Years	11,150	11,708	13,221	15,032
56 to 60 Years	13,957	14,771	16,811	19,221
61 to 65 Years	16,185	16,679	19,033	21,804
66 to 70 Years	20,792	21,651	25,094	28,978
71 to 75 Years	25,184	26,603	31,030	35,955
76 to 80 Years	28,956	29,373	33,716	38,811
Above 80 Years	32,067	33,379	38,735	44,813

Base Cover + No Sub Limit + Critical Illness				
A1C1_4	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	6,564	7,622	9,287	10,639
36 to 40 Years	7,128	8,221	10,002	11,454
41 to 45 Years	7,736	8,885	10,802	12,373
46 to 50 Years	10,698	12,162	14,663	16,768
51 to 55 Years	13,545	14,641	17,053	19,223
56 to 60 Years	17,124	18,651	21,878	24,762
61 to 65 Years	19,823	21,136	24,854	28,171
66 to 70 Years	25,785	27,768	33,084	37,718
71 to 75 Years	31,471	34,304	41,089	46,957
76 to 80 Years	35,651	37,574	44,428	50,528
Above 80 Years	39,918	42,997	51,298	58,554

Floater 1 Adult and 2 Children 1 Year Policy

Base Cover				
A1C2_1	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	6,033	7,519	9,226	10,839
36 to 40 Years	6,338	7,908	9,714	11,422
41 to 45 Years	6,671	8,341	10,260	12,077
46 to 50 Years	8,228	10,366	12,812	15,142
51 to 55 Years	9,272	11,569	14,192	16,695
56 to 60 Years	11,296	14,191	17,489	20,648
61 to 65 Years	12,545	15,804	19,516	23,075
66 to 70 Years	16,173	20,482	25,381	30,092
71 to 75 Years	19,682	24,995	31,023	36,834
76 to 80 Years	20,813	26,441	32,826	38,985
Above 80 Years	23,922	30,448	37,845	44,986

Base Cover + No Sub Limit				
A1C2_2	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	7,875	9,775	12,173	14,062
36 to 40 Years	8,291	10,300	12,838	14,840
41 to 45 Years	8,752	10,891	13,591	15,720
46 to 50 Years	10,913	13,655	17,108	19,839
51 to 55 Years	12,160	15,106	18,812	21,747
56 to 60 Years	14,955	18,674	23,344	27,052
61 to 65 Years	16,676	20,864	26,125	30,304
66 to 70 Years	21,659	27,204	34,159	39,694
71 to 75 Years	26,462	33,300	41,870	48,697
76 to 80 Years	28,000	35,247	44,327	51,562
Above 80 Years	32,266	40,670	51,195	59,589

Base Cover + Critical Illness				
A1C2_3	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	6,993	7,998	9,546	11,096
36 to 40 Years	7,443	8,462	10,082	11,717
41 to 45 Years	7,924	8,968	10,678	12,411
46 to 50 Years	10,280	11,507	13,572	15,751
51 to 55 Years	12,925	13,738	15,637	17,851
56 to 60 Years	15,732	16,801	19,228	22,039
61 to 65 Years	17,960	18,707	21,451	24,623
66 to 70 Years	22,568	23,679	27,512	31,797
71 to 75 Years	26,958	28,633	33,448	38,774
76 to 80 Years	30,733	31,401	36,133	41,630
Above 80 Years	33,842	35,407	41,151	47,632

Base Cover + No Sub Limit + Critical Illness				
A1C2_4	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	8,835	10,254	12,493	14,318
36 to 40 Years	9,396	10,854	13,207	15,135
41 to 45 Years	10,005	11,518	14,009	16,054
46 to 50 Years	12,965	14,796	17,868	20,448
51 to 55 Years	15,812	17,275	20,257	22,904
56 to 60 Years	19,391	21,284	25,083	28,443
61 to 65 Years	22,091	23,766	28,060	31,852
66 to 70 Years	28,053	30,400	36,290	41,399
71 to 75 Years	33,737	36,938	44,295	50,637
76 to 80 Years	37,920	40,206	47,633	54,208
Above 80 Years	42,186	45,629	54,502	62,234

(Premiums inclusive of GST)

Floater 1 Adult and 3 Children 1 Year Policy

Base Cover				
A1C3_1	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	7,566	9,436	11,579	13,616
36 to 40 Years	7,869	9,827	12,068	14,199
41 to 45 Years	8,202	10,260	12,613	14,854
46 to 50 Years	9,761	12,285	15,165	17,918
51 to 55 Years	10,805	13,486	16,545	19,471
56 to 60 Years	12,829	16,109	19,843	23,424
61 to 65 Years	14,077	17,722	21,869	25,851
66 to 70 Years	17,706	22,401	27,734	32,869
71 to 75 Years	21,215	26,912	33,376	39,610
76 to 80 Years	22,344	28,359	35,181	41,761
Above 80 Years	25,455	32,365	40,199	47,763

Base Cover + No Sub Limit				
A1C3_2	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	9,905	12,302	15,322	17,709
36 to 40 Years	10,320	12,829	15,989	18,487
41 to 45 Years	10,782	13,420	16,739	19,367
46 to 50 Years	12,943	16,183	20,257	23,487
51 to 55 Years	14,191	17,633	21,961	25,395
56 to 60 Years	16,986	21,201	26,493	30,699
61 to 65 Years	18,705	23,392	29,275	33,951
66 to 70 Years	23,690	29,731	37,308	43,340
71 to 75 Years	28,492	35,826	45,019	52,345
76 to 80 Years	30,030	37,773	47,477	55,210
Above 80 Years	34,297	43,196	54,346	63,236

Base Cover + Critical Illness				
A1C3_3	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	8,784	10,045	11,985	13,941
36 to 40 Years	9,235	10,509	12,523	14,562
41 to 45 Years	9,714	11,016	13,117	15,257
46 to 50 Years	12,073	13,555	16,013	18,596
51 to 55 Years	14,717	15,785	18,078	20,697
56 to 60 Years	17,524	18,848	21,670	24,885
61 to 65 Years	19,752	20,755	23,891	27,469
66 to 70 Years	24,360	25,728	29,952	34,644
71 to 75 Years	28,751	30,680	35,889	41,620
76 to 80 Years	32,523	33,448	38,573	44,475
Above 80 Years	35,634	37,454	43,592	50,477

Base Cover + No Sub Limit + Critical Illness				
A1C3_4	2 Lac	3 Lac	4 Lac	5 Lac
Upto 35 Years	11,123	12,910	15,728	18,034
36 to 40 Years	11,686	13,511	16,444	18,851
41 to 45 Years	12,293	14,177	17,243	19,771
46 to 50 Years	15,255	17,452	21,104	24,164
51 to 55 Years	18,102	19,931	23,494	26,621
56 to 60 Years	21,681	23,940	28,320	32,160
61 to 65 Years	24,380	26,425	31,297	35,569
66 to 70 Years	30,344	33,058	39,526	45,115
71 to 75 Years	36,028	39,594	47,532	54,354
76 to 80 Years	40,209	42,862	50,870	57,924
Above 80 Years	44,475	48,286	57,739	65,950

(Premiums inclusive of GST)

HDFC ERGO General Insurance Company Limited

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