

Prospectus

my:health Hospital Cash Benefit Add On

Key features of the policy:

- Multiple Hospital Cash Options ranging from Rs 500 to Rs 10000 available under this policy.
- Any age entry option with lifetime renewal
- Unique plan with coverage for Hospital Cash Benefit anywhere in the world
- Wellness features like Fitness discount @ renewal etc for maintenance of health
- Various discount options to like family discount, online policy discount, long term policy discount, loyalty discount
- Long term policy options up to 3 years with attractive premium rate
- Option to pay yearly premium in 3, 6 and 12 equal installments

Covers Under the policy:

Section A: Coverage

1. Hospital Cash benefit

We will pay Sum Insured in accordance with Table A below on **Medically Necessary Hospitalization** of an **Insured Person** due to **Illness or Injury** sustained or contracted during the Policy Period. The payment is subject to **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule.

2. Companion Benefit:

We will pay additional amount up to the limit specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person to take care of the Insured Person during Hospitalization

Section B: Optional Cover

Insuring Clause

In consideration of payment of additional Premium, it is hereby declared and agreed that We will pay under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

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

1. Hospital Cash benefit - Global:

If You avail this option, We will pay Sum Insured in accordance with Table A, under Section A1 on **Medically Necessary Hospitalization** of an **Insured Person** outside India due to **Illness or Injury** sustained or contracted during the Policy Period

This benefit will only be applicable if worldwide cover is opted by the Insured

Benefit Chart

| Type of Room | | Companion Benefit | Benefit under Global Cover |
|--------------|--------|-------------------|----------------------------|
| Normal | ICU | | |
| 500 | 1,000 | 500 | 2,500 |
| 1,000 | 2,000 | 1,000 | 5,000 |
| 1,500 | 3,000 | 1,500 | 7,500 |
| 2,000 | 4,000 | 2,000 | 10,000 |
| 2,500 | 5,000 | 2,500 | 12,500 |
| 3,000 | 6,000 | 3,000 | 15,000 |
| 5,000 | 10,000 | 5,000 | 25,000 |
| 7,500 | 15,000 | 7,500 | 37,500 |
| 10,000 | 20,000 | 10,000 | 50,000 |

2. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under **Section E: Waiting Periods** will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

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

Waiting period modification options

| Option | Conditions | Waiting period |
|-----------|--|-------------------|
| Options 1 | General Waiting Period | 30 Days |
| | Waiting Period for listed illnesses and Procedures | 24 Months |
| | Waiting Period for Preexisting conditions | 36 Months |
| Options 2 | General Waiting Period | 30 Days |
| | Waiting Period for listed illnesses and Procedures | 24 Months |
| | Waiting Period for Preexisting conditions | 24 Months |
| Options 3 | General Waiting Period | 30 Days |
| | Waiting Period for listed illnesses and Procedures | 12 Months |
| | Waiting Period for Preexisting conditions | 12 Months |
| Options 4 | General Waiting Period | 30 Days |
| | Waiting Period for listed illnesses and Procedures | No waiting Period |
| | Waiting Period for Preexisting conditions | No waiting Period |

Section C: Renewal Benefits

1. my: Health Active

A. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Our my: health mobile app** from wearable device linked to **Your Policy** number

OR

- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked through **Our my: health mobile app** from wearable device linked to **Your Policy** number
- Fitness discount @ **Renewal** is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discount

| No. of Healthy Weeks Accumulated | Discount on Renewal Premium |
|----------------------------------|------------------------------------|
| 1-4 | 0.50% |
| 5-8 | 1.00% |
| 9-12 | 2.00% |
| 13-16 | 3.00% |
| 17-26 | 6.00% |
| 27-36 | 7.50% |
| Above 36 | 10.00% |

Steps to accumulate Healthy Weeks

Step 1 - The **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to **my: Health App**

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks will be applied on the **Renewal** Premium for expiring Policy Sum Insured.
- Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till the end of Policy End date.
 - On **Renewal** of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one Insured Person, Healthy Weeks of each Insured Person will be tracked and accumulated. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to terms corresponding to expiring Policy.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ **Renewal** will be applied only on **Renewal** of Policy with Us.

Illustration

| | Number of fitness weeks accumulated at the end of policy year | | | Discount on renewal premium |
|--|---|--------------|--------------|-------------------------------|
| | Year 1 | Year 2 | Year 3 | |
| Annual Policy 1 Insured Person | 15 | NA | NA | 3% |
| Multi Year Policy 1 Insured Person (3 year tenure) | 15 | 20 | 10 | 3+6+2=11% |
| 2 Insured Persons on floater basis (3 year tenure) | Insured 1-15 | Insured 1-30 | Insured 1-20 | Insured 1-(3+7.5+6) =16.5% |
| | Insured 2-10 | Insured 2-15 | Insured 2-15 | Insured 2-(2+3+3) = 8 % |

B. Health Incentive

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, **Insured Person** having **Pre-Existing Diseases** or **Obesity** (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

- Insured Person** shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- Medical test shall be done at Your own cost through our **Network Provider** on my:Health mobile App.
- If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding **Pre-Existing Disease** or **Obesity** as applicable on **Renewal** of the Policy with Us.

- If the test parameters at subsequent renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero
- The test reports received to avail the health incentive benefit shall not be utilised for re underwriting the policy

Table A

| Pre-existing Diseases | Test |
|-------------------------|------------------------|
| Diabetes | HbA1c |
| Hypertension | Blood Pressure reading |
| Hyperlipidemia | Total Cholesterol |
| Cardiovascular Diseases | ECG |
| Hypothyroidism | Thyroid function tests |
| Obesity | BMI |

Application of Health Incentive

- Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the **Renewal** Premium for expiring Policy Sum Insured.
- Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till Policy End date.
 - On Renewal of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

C. Wellness services:

The services listed below are available to all Insured persons through **Our Network Provider** on Our mobile application only. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

i. Health Coach:

An Insured Person will have access to Health Coaching services in areas given below:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our** mobile application as a chat service or as a call back facility.

ii. Online Wellness services

- Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centres.
- Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- Specialized programs:** stress management, Pregnancy Care, Work life balance management.

Disclaimer applicable to Wellness Services

It is agreed and understood that Our Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section E: Waiting Periods & Exclusions

1. Waiting Periods

All claims payable will be subject to the waiting periods specified below:

i. Pre-existing Diseases – Code – Excl01

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

ii. Specified Disease/Procedure waiting period- Code – Excl02

- Expenses related to the treatment of the listed Conditions, surgeries/treatment shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the **Policy** or declared and accepted without a specific exclusion.
- If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. Illness

| | |
|--|---|
| Internal Congenital diseases | Non infective Arthritis |
| Diseases of gall bladder including cholecystitis | Urogenital system e.g. Kidney stone, Urinary Bladder Stone |
| Pancreatitis | Ulcer and erosion of stomach and duodenum |
| All forms of Cirrhosis | Gastro Esophageal Reflux Disorder (GERD) |
| Perineal Abscesses | Perianal Abscesses |
| Cataract | Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism |
| Pilonidal sinus | |
| Benign tumors, cysts, nodules, polyps including breast lumps | Osteoarthritis and osteoporosis |
| Polycystic ovarian diseases | Fibroids (fibromyoma) |
| Sinusitis, Rhinitis | Tonsillitis |
| Skin tumors | Benign Hyperplasia of Prostate |

a. Procedures

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

iii. 30-day waiting period – Code – Excl03

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

i. Investigation & Evaluation: Code Excl04

- Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

ii. Rest Cure, rehabilitation and respite care–Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the doctor
- The surgery/procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI)
 - Greater than or equal to 40 or,
 - Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity related cardiomyopathy
 - coronary heart disease

- v. severe sleep apnoea
- vi. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Hazardous or Adventure Sports** Code – Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous or Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. **Breach of Law:** Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- viii. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
- xiii. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16
- xiv. **Sterility and Infertility** –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xv. **Maternity:** Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting, or growth hormone therapy.
- xxii. **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization**.
- xxiii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiv. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxv. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.
- xxvi. Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't require **Hospitalization**; and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxviii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xxix. Treatment taken on Outpatient basis
- xxx. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxxi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxiii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/

COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

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

General Conditions

1. Entry Age:

Base Cover

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

Optional covers:

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

Add on Covers:

my:health Hospital Cash Benefit Add on

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

2. Type of Policy:

The policy has both the options of Individual & Floater Sum Insured

3. Coverage for Dependents

- Individual Sum Insured Option:** Self, spouse, dependent children*, parents, parent in laws, siblings, uncle, aunt, nephew, niece, grandson, granddaughter, daughter in law, son in law can be covered under this option
- Floater Sum Insured Option:** Self, Spouse, dependent children* and dependent parents/parents in law can be covered under floater option

* Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.

4. Policy period

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

5. Sum Insured Options (Per day benefit)

| | |
|-------------|-------------|
| • Rs 500 | • Rs 1,000w |
| • Rs 1,500 | • Rs 2,000 |
| • Rs 2,500 | • Rs 3,000 |
| • Rs 5,000 | • Rs 7,500 |
| • Rs 10,000 | |

6. Free Look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.

The **Insured Person** shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

7. Grace Period

- A **Grace Period** of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, we shall not be liable for any treatment availed for an **Illness** or **Accident** during the **Grace Period**
- For Renewals received after completion of 30 days **Grace Period**, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section E will start afresh. All the **Renewal** benefits earned on the previous Policy will lapse.
- All eligible claims reported in the grace period would be payable if otherwise admissible as per terms and conditions of the policy
- For Policies on instalment basis, Grace Period is available as given below.

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

8. Renewal of Policy:

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

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

9. Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered

and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

10. Cancellation

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

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

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

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

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable
- For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the **Insured Person** under the **Policy**.

- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

11. Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an instalment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

| Options | Installment Premium Option | Grace Period applicable |
|----------|----------------------------|-------------------------|
| Option 1 | Yearly | 30 days |
| Option 2 | Half Yearly | 30 days |
| Option 3 | Quarterly | 30 days |
| Option 4 | Monthly | 15 days |

- During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**.
- The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated **Grace Period**.
- No interest will be charged If the installment premium is not paid on due date.
- In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- If Option of Premium payment by Instalment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

12. Discounts:

| | |
|----------------------------------|--|
| Family Discount | A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company |
| Online Policy Discount | A discount of 5% on the premium shall be offered for all policies purchased online/ through website/ direct channels of the Company. |
| Long term policy discount | A discount of 7.5% and 12.5% shall be offered on premium, in case a policy is purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option |
| Employee Discount | 10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company |
| Loyalty Discount | If insured has purchased policies for more than 1 product from us, discount equivalent to 10% on lower of the premium amongst all of the active policies held by customer is offered |

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

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

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

14. Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

15. Additional Benefits:

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

16. Claims Procedure:

| | |
|--|---|
| Claim Intimation | You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website |
| Claim Intimation Timelines | Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization |
| Particulars to be provided to Us for Claim notification | <ol style="list-style-type: none"> Policy Number, Name of the Insured person(s) named in the Policy schedule availing treatment, Nature of disease/illness/injury, Name and address of the attending Medical Practitioner/Hospital Date of admission & probable date of discharge |
| Claims documents | Claim Form duly signed by the insured; Copy of Discharge Summary / Discharge Certificate; First consultation letter from treating Medical Practitioner certificate from treating Medical Practitioner's specifying the diagnosis, duration and etiology MLC/FIR copy/ certificate regarding abuse of Alcohol/ intoxicating agent if applicable NEFT details & cancelled cheque |
| Condonation of delay | If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control |

Claim Settlement (Provision for Penal Interest)

- If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

- All claim payments shall be on reimbursement basis
- All claims payment will be made by **Us** in Indian rupees and into Indian Bank accounts only
- Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and **Hospitalization** records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- 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.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

IRDAI Regulation no 5 This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation

Disclaimer

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

Insurance is the subject matter of solicitation

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.

Annexure I - List of Non-Medical Expenses

| S.No. | Item |
|-------|--|
| 1 | BABY FOOD |
| 2 | BABY UTILITIES CHARGES |
| 3 | BEAUTY SERVICES |
| 4 | BELTS/ BRACES |
| 5 | BUDS |
| 6 | COLD PACK/HOT PACK |
| 7 | CARRY BAGS |
| 8 | EMAIL / INTERNET CHARGES |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) |
| 10 | LEGGINGS |
| 11 | LAUNDRY CHARGES |
| 12 | MINERAL WATER |
| 13 | SANITARY PAD |
| 14 | TELEPHONE CHARGES |
| 15 | GUEST SERVICES |
| 16 | CREPE BANDAGE |
| 17 | DIAPER OF ANY TYPE |
| 18 | EYELET COLLAR |
| 19 | SLINGS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | TELEVISION CHARGES |
| 23 | SURCHARGES |
| 24 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26 | BIRTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |
| 28 | COURIER CHARGES |
| 29 | CONVEYANCE CHARGES |
| 30 | MEDICAL CERTIFICATE |
| 31 | MEDICAL RECORDS |
| 32 | PHOTOCOPIES CHARGES |
| 33 | MORTUARY CHARGES |
| 34 | WALKING AIDS CHARGES |

| S.No. | Item |
|-------|--|
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 36 | SPACER |
| 37 | SPIROMETRE |
| 38 | NEBULIZER KIT |
| 39 | STEAM INHALER |
| 40 | ARMSLING |
| 41 | THERMOMETER |
| 42 | CERVICAL COLLAR |
| 43 | SPLINT |
| 44 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMBO SACRAL BELT |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 49 | AMBULANCE COLLAR |
| 50 | AMBULANCE EQUIPMENT |
| 51 | ABDOMINAL BINDER |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53 | SUGAR FREE TABLETS |
| 54 | CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE) |
| 55 | ECG ELECTRODES |
| 56 | GLOVES |
| 57 | NEBULISATION KIT |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 59 | KIDNEY TRAY |
| 60 | MASK |
| 61 | OUNCE GLASS |
| 62 | OXYGEN MASK |
| 63 | PELVIC TRACTION BELT |
| 64 | PAN CAN |
| 65 | TROLLY COVER |
| 66 | UROMETER, URINE JUG |
| 67 | AMBULANCE |
| 68 | VASOFIX SAFETY |