

my:health Women Suraksha

Key features of the policy:

1. Policy exclusively designed for today's Women, which looks beyond her health insurance needs and ensures her well being
2. Multiple sum insured options ranging from Rs. 1 Lac to Rs. 5 Crs available under this policy.
3. Coverage for all the women in the family under the single policy
4. Comprehensive policy with coverage for all women specific major illnesses and surgeries
5. Coverage for Pregnancy and new born baby complications
6. Unique covers like loss of job, reduced premium benefit
7. Wellness features like Fitness discount@ renewal, Health Coach etc for maintenance of good health
8. Various discount offered like family discount, long term policy discount, loyalty discount
9. Long term policy options up to 3 years
10. Option to pay premium in yearly, half yearly, quarterly and monthly installments.

A. Coverage

AI – Major Illnesses and Procedures

Section 1: Cancer Cover

If Insured Person suffers from any illnesses as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below:

	Illness	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Malignant Cancer of specified Sites			
	Breast	Major	100% of Sum Insured	90 days
	Cervix			
	Uterus			
	Fallopian Tube			
	Ovary			
	Vagina/Vulva			
2	Other Major Cancers	Major	100% of Sum Insured	90 days
3	Carcinoma in-situ of the Cervix Uteri	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
4	Carcinoma in-situ of the Breast	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days

Section 2: Major Illnesses

If Insured Person suffers from Major Illnesses as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below:

Major Illnesses	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Systemic Lupus Erythematosus with Lupus Nephritis	Major	100% of Sum Insured	90 days
Rheumatoid Arthritis	Major		
Severe Osteoporosis	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days

Section 3: Surgical Procedures

If Insured Person undergoes Surgical Procedures as listed below after the applicable Waiting Period from commencement of first Policy with Us, We will pay percentage of Sum Insured as specified below:

Surgical procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Breast Lumpectomy	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 Days
Mastectomy			
Breast Reconstructive Surgery			
Hysterectomy			
Wertheim's Operation			
Radical Vulvectomy			
Total Pelvic Exenteration			
Complicated Repair of Vaginal Fistula			

Section 4: Cardiac Ailments and Procedure

If Insured Person suffers from Cardiac Ailments or undergoes Procedures as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured as specified below:

Cardiac Ailments and Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
Open Chest CABG	Major	100% of Sum Insured	90 days
Heart Valve Repair			
First Heart Attack of Specified Severity			
Coma of Specified Severity			
Stroke Resulting in Permanent Symptoms	Minor	25% of Sum Insured subject to Maximum of Rs. 1,000,000	180 days
Balloon Valvotomy or Valvuloplasty			
Insertion of Pacemaker			
Angioplasty			

Section 5: Critical Illnesses

If Insured Person suffers from Critical illness Condition/Surgical Procedure as listed below, whose diagnosis and/or manifestation first commence/occurs after 90 days from the commencement of first Policy with Us, We will pay Sum Insured as specified on the Schedule of Coverage.

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Critical illness/Surgical Procedure	Stage
Surgery of Aorta	Major
Kidney failure requiring regular dialysis	Major
Infective Endocarditis	Major
Major Organ/Bone Marrow Transplantation	Major
Primary (Idiopathic) Pulmonary Hypertension	Major
End Stage Liver Failure	Major
Dissecting Aortic Aneurysm	Major
Medullary Cystic Disease	Major
Cardiomyopathy	Major
Aplastic Anemia	Major
Other serious coronary artery disease	Major
End Stage Lung Failure	Major
Eisenmenger's Syndrome	Major
Fulminant Hepatitis	Major
Multiple Sclerosis with persisting symptoms	Major
Chronic Adrenal Insufficiency (Addison's Disease)	Major
Permanent Paralysis of Limbs	Major
Progressive Scleroderma	Major
Benign Brain Tumour	Major
Chronic Relapsing Pancreatitis	Major
Parkinson's Disease	Major
Elephantiasis	Major
Alzheimer's Disease	Major
HIV due to blood transfusion and occupationally acquired HIV	Major
Motor Neurone Disease with permanent symptoms	Major
Terminal Illness	Major
Muscular Dystrophy	Major
Myelofibrosis	Major
Apallic Syndrome	Major
Pheochromocytoma	Major
Bacterial Meningitis	Major
Crohn's Disease	Major
Creutzfeldt-Jakob Disease (CJD)	Major
Severe Ulcerative Colitis	Major
Encephalitis	Major
Deafness	Major
Major Head Trauma	Major
Loss of Speech	Major
Progressive Supranuclear Palsy	Major
Blindness	Major
Brain Surgery	Major

Covers and General Conditions applicable to Section AI, 1 to 5

1. Reduced Premium Benefit

If Insured Person is diagnosed with any covered Minor condition covered under the Policy and for which Claim is admissible under the Policy, We will waive 50% of the applicable Annual Premium on subsequent Renewal of Policy with Us subject to:

- i. Premium will be waived to the extent applicable to terms corresponding to expiring Policy and for the Insured Person for whom Claim is admitted under the expiring Policy.

- ii. Premium will be waived for subsequent Renewal of 5 Policy years.

2. Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the Illness or Procedure covered.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

3. No of Claims and Benefits payable

Only one Claim is payable under each of the stages given below during lifetime of the Policy under this Section.

Minor Stage - On the admissibility of Claim under Minor Stage condition under the Policy, coverage for all other Minor stage Conditions shall cease to exist. The Policy shall continue to Cover Major Stage condition for Balance Sum Insured.

Major Stage - On the admissibility of Claim under Major Stage condition, coverage under Section A.I shall cease to exist.

A II – Assault & Burns

a. Assault

If an Insured Person sustains Bodily Injury during Policy Period that results in Death, Permanent Total Disablement or Permanent Partial Disablement, as a result of or arising from Assault after the applicable waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured in accordance with the table below;

Table of Benefits	Percentage of Sum Insured Payable	Applicable Waiting Period
Accidental Death		90 days
a) Accidental Death	100%	
Permanent Total Disability		
a) Loss of sight of both eyes	100%	
b) Physical separation of two entire hands or two entire feet	100%	
c) Loss of one entire hand and one entire foot	100%	
d) Loss of sight of one eye and such loss of one entire hand or one entire foot	100%	
e) Complete loss of hearing of both ears and complete loss of speech	100%	
f) Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%	
g) Complete loss of speech and loss of one limb/loss of sight of one eye	100%	
For the purpose of items 2 above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle, respectively		
Permanent total and absolute disablement disabling the Insured Person from engaging in any employment or occupation of any description whatsoever	100%	

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Table of Benefits	Percentage of Sum Insured Payable	Applicable Waiting Period
Permanent Partial Disability		90 days
a) Sight of one eye	50%	
b) One hand or One foot	50%	
c) Loss of toes-all	20%	
d) Loss of Toes Great - both phalanges	05%	
e) Loss of Toes Great - one phalanges	02%	
f) Loss of Toes Other than great, if more than one toe lost, each	01%	
g) Loss of hearing - both ears	50%	
h) Loss of hearing - one ear	15%	
i) Loss of speech	50%	
j) Loss of four fingers and thumb of one hand	40%	
k) Loss of four fingers	35%	
l) Loss of thumb - both phalanges	25%	
m) Loss of thumb - one phalanx	10%	
n) Loss of index finger-three phalanges	10%	
a. two phalanges	8%	
b. one phalanx	4%	
o) Loss of middle finger-three phalanges	06%	
a. two phalanges	04%	
b. one phalanx	02%	
p) Loss of ring finger-three phalanges	05%	
a. two phalanges	04%	
b. one phalanx	02%	
q) Loss of little finger-three phalanges	04%	
a. two phalanges	03%	
b. one phalanx	02%	
r) Loss of metacarpals-first or second	03%	
a. third, fourth or fifth	2%	
s) Any other Permanent Disablement	Percentage as assessed by panel doctor appointed by the Company.	

b. Burns

If an Insured Person sustains Bodily Injury during Policy Period that results in second or third degree burns after the applicable waiting Period from commencement of first Policy with Us, We will pay Sum Insured or percentage of Sum Insured in accordance with table below;

Description	Percentage of Total Sum Insured	Applicable Waiting Period
a. Head		
i. Third degree burns of 8% or more of the total head surface area	100%	90 days

Description	Percentage of Total Sum Insured	Applicable Waiting Period	
ii. Second degree burns of 8% or more of the total head surface	50%	90 days	
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%		
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%		
v. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%		
vi. Second degree burns of 2% or more, but less than 5% of the total head surface area	0%		
b. Rest of the Body			
i. Third degree burns of 20% or more of the total body surface area	100%		
ii. Second degree burns of 20% or more of the total body surface area	50%		
iii. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%		
iv. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%		
v. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%		
vi. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%		
vii. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%		
viii. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%		

Survival Period

Claim under this Section is payable only if Insured Person survives 7 days from the occurrence of **Bodily Injury** covered above.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

General Conditions applicable to Section All

Benefit Payout

- i. On the acceptance of a Accidental Death claim under Section A.II.a, Assault, all covers under this Policy in respect of the Insured Person shall immediately and automatically cease.
- ii. All Covers in respect of the Insured Person under this Section shall immediately and automatically cease on acceptance of Claim where in 100% Sum Insured is payable by the Company.

B. my:Health Active

1. Fitness discount @ Renewal

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

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One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to our my:health mobile app and Your Policy number
- OR
- Burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked Your wearable device linked to our my:health mobile app and Your Policy number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts

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

Steps to accumulate Healthy Weeks

Step 1 - The 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 during the expiring **Policy** year 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 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 for each Insured Person will be tracked and accumulated. Such discount will be applicable on individual Renewal Premium for Individual Policies.
- Premium will be discounted to the extent applicable to coverage corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount amount will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us.

2. Health Incentive

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

Under this Program, Insured Person having Obesity (BMI above 30), will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

- Insured Person shall undergo BMI check-up below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).

- BMI check-up shall be done at Your own cost through our Network Provider on our 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 Obesity as applicable on Renewal of the Policy with Us.
- If the BMI at subsequent renewal is not within normal limits, the discount amount applied on Medical Underwriting loading will be zero

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.
- Medical Underwriting loading will be discounted only on Renewal of Policy with Us
- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy not renewed with us.

3. Wellness services:

The services listed below are available to all Insured Person through Our Network Provider on our my:health mobile app only.

i. Health Coach:

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

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

These services will be available through **our my:health mobile app** as a chat service or as a call back facility.

ii. Wellness services

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

These services will be available through **our my:health mobile app**

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health mobile app and 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.

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C. Renewal Benefit

1. Preventive Health Check Up

Insured Person will be entitled for Preventive Health Check-up after every **Renewal** of the policy with **Us**, at our Network Diagnostic centers or hospitals, as per list of tests and eligibility criteria specified below.

Health Checkup - on each Policy Renewal

Age / Expiring Policy Sum Insured	1 Lac to 10 Lacs	11 Lacs to 50 Lacs	Above 50 Lacs
18 to 40 Years	Set 1	Set 1+ Thyroid + USG abdomen and pelvis	Set 1+ Thyroid + USG abdomen and pelvis + Lipid Profile + Renal Profile
41 Yrs and Above	Set 1 + Sr Creat	Set 1 + SrCreat+ Thyroid + USG abdomen and pelvis	Set 1+ Thyroid + USG abdomen and pelvis + Lipid Profile + Renal profile+ ECG

Set 1 - comprises of, Complete Blood Count, Urine R, FBS, Sr Cholesterol

Health Checkup – Additional Tests

Age	Type of Test	Waiting Period	Sum Insured
Below 40 years	PAP Smear & Mammography	Once in two years	All Sum Insured
Above 40 years	PAP Smear & Mammography	Once in four years	All Sum Insured

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of **Renewal** Policy Inception date.
- Eligibility to avail Health Check-up will be in accordance to expiring Policy Sum Insured.

Procedure for availing this benefit

- We will intimate the Insured person to undergo the health check-up at our Network Provider, through our my:health App.
- Post health check-up we will receive the reports from our Network Provider which will be made available to You on our my:health App
- Insured Person has the option to avail this benefit at our Network Provider through Phone/Email or other modes of communication available time to time.

D. Optional Covers

1. Pregnancy and Newborn Complications

a. Pregnancy Complications

If Insured Person suffers from **Pregnancy Complication** as listed below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with **Us**, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below:

Pregnancy Complication	Percentage of Sum Insured Payable	Waiting Period Applicable
Disseminated Intravascular Coagulation (DIC)	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Ectopic Pregnancy		
Molar Pregnancy		
Eclampsia		

Survival Period

Claim under this cover is payable only if Insured Person survives 7 days from the diagnosis and fulfillment of the definition of the complications covered.

The Claim is payable only with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

b. New Born Complications

If a **New Born Baby** of Insured Person suffers from **New Born Complication** as listed and defined below, whose diagnosis and/or manifestation first commence/occurs after the applicable Waiting Period from commencement of first Policy with **Us**, **We** will pay **Sum Insured** or percentage of **Sum Insured** as specified below.

New Born Complications	Percentage of Sum Insured Payable	Waiting Period Applicable
Down's Syndrome	25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage	1 year
Spina Bifida		
Tetralogy of Fallot		
Cleft Palate		
Ventricular Septal Defect		
Patent Ductus Arteriosus		
Surgical Separation of Conjoined Twins		

Diagnosis Period and Survival Period

A Claim under New Born Complications is payable only if;

- The covered complication is diagnosed within two years from the date of delivery of the baby
- The baby survives at least 30 days from the date of delivery with congenital condition

Specific Condition applicable to Preganency and New Born complication

The coverage under this Section is effective maximum upto age 50 years only

2. Post Diagnosis Support

a. Second Medical Opinion

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Critical Illness/ Medical Procedure covered under the Policy subject to;

- Benefit under this cover can be claimed only Once in the Policy Period.
- The maximum benefit under this cover shall not exceed the amount mentioned on Schedule of Coverage

b. Molecular Gene Expression Profiling Test

We will pay the expenses incurred towards the expenses for Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of any Major stage Cancer covered under Section A I, Section 1, Cancer Cover. The benefit under this cover can be availed once during the policy period and the benefit amount payable shall not exceed the amount mentioned on Schedule of Coverage

c. Post Diagnosis Assistance

We will pay Sum Insured towards outpatient counseling required upon diagnosis of Major Illnesses and Procedures covered under Section A I.

Benefit under this cover is applicable up to specified amount per session subject to maximum number of sessions specified on Schedule of Coverage.

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3. Loss of Job

We will pay Sum Insured if Insured Person suffers from Loss of Job due to her Voluntary Resignation or Termination from the employment due to diagnosis of any of the Major stage Illnesses or Procedures covered under Section A I of the Policy provided that Insured Person is employed full time as at Policy inception date.

Waiting Periods & Exclusions

1. General Exclusions applicable to all covers

We will not make any payment for any claim in respect of any Insured Person, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this Policy:

- i. A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with Us. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increased.
- ii. 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 weapons/materials, chemical and biological weapons, radiation of any kind.
- iii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide.
- iv. Participation or involvement of an Insured Person in naval, military or air force operation.
- v. From engaging in or participation in Adventure sports.
- vi. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies

2. General Exclusions applicable to Assault and Burns

- i. Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- ii. The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of Assault by military or police force, or military or paramilitary organisation.
- iii. Participation or involvement of an Insured Person in naval, Policy, military or air force operation.

3. General Exclusions applicable to Loss of Job:

- i. Any Loss of Income due to Resignation for reasons other than mentioned under Section Loss of Job
- ii. Any loss of Income due to retirement whether voluntary or otherwise
- iii. Any Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation

Conditions

1. Entry Age:

- i. Entry Age for all the covers except Pregnancy related cover

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

- ii. Entry Age for Pregnancy related cover

Proposer	Adult Dependent
Minimum Entry Age – 18 Years Maximum Entry Age – 40 Years	Minimum Entry Age – 18 Years Maximum Entry Age – 40 Years

2. Type of Policy:

- This Policy is offered on individual sum insured basis

3. Coverage for Dependents

- **Individual Sum Insured Option:** Self, Dependent Daughter, Dependant Mother/Mother in law, Grand Mother, Grand Daughter, Daughter in Law, Sister, Sister in law, Niece

4. Policy period

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

5. Sum Insured Options

Rs 1 Lac to 5 Crs

6. Pre Policy Check ups

Pre Policy and Financial Underwriting Matrix

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

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial Underwriting
3 Lac to 10 Lacs	NA	Set 1	Not Applicable
11 to 24 Lacs	NA	Set 2	Not Applicable
25 Lacs to 1 Crore	Set 2	Set 2	Applicable Above 25 Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

Set 1: ME, RUA, CBC with ESR, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG

Set 2 : Set 1 + USG Abdomen & Pelvis, Sonomamography, Pap Smear, CEA

Set 3 : Set 2 + HBsAg, TMT/2D Echo, Chest X ray

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	Sr Creatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test
RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBsAg = Hepatitis B Surface Antigen
GGT = Gamma - Glutamyl Transpeptidase	2D ECHO-2D Echocardiogram, CEA = Carcinoembryogenic Antigen

Guidelines for Pre Policy Check ups

- Pre Policy Check-up will be conducted at our Network provider
- Where ever Pre Policy Check-up is conducted at our Network provider, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Check-up outside our Network provider, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.

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- If Proposal is declined post Pre Policy Check-up, 50% of the Medical test charges will be reimbursed
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests

7. Discounts:

1	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
2	Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online, through our website directly from the Company.
3	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
4	Loyalty Discount	If insured has purchased policies for more than 1 product from us, 2.5% discount of my:health Women Suraksha premium is offered

Maximum cap on all discounts from 1 to 4 combined is 20%

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. Other Discounts

Healthy Weeks

On the basis of number of Healthy Weeks recorded. Wellness Discount is accrued on a yearly basis according to the following grid

Healthy Weeks	Wellness discount
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%

8. Sum Insured Enhancement:

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

9. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

10. Geography

The policy provides worldwide coverage, there is no territorial limit

11. 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

- i. 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
- ii. 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
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

12. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

13. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

14. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

15. Moratorium Period

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

16. Grace Period

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- i. 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, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30 days grace period, the policy would be considered as a fresh policy. All the discounts, modifications of loading earned on the previous policies shall not be extended in the fresh policy.
- iii. All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the policy
- iv. 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

17 Renewal of policy

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

- i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. 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.
- v. No loading shall apply on renewals based on individual claims experience.

18. Portability

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

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

19. Endorsements

The following endorsements are permissible during the Policy Period:

- 1.1 Non-Financial Endorsements – which do not affect the premium
 - i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
 - ii. Rectification in gender of the Insured Person (if this does not impact the premium)*
 - iii. Rectification in relationship of the Insured Person with the Proposer
 - iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)*
 - v. Change in the correspondence address of the Proposer
 - vi. Change in Nominee Details
 - vii. Change in Height, weight, marital status (if this does not impact the premium)
 - viii. Change in bank details
 - ix. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

- a. Change in Age/date of birth
 - b. Change in Height, weight
 - c. Deletion of Insured Person on death or Marital separation
 - d. Any other financial endorsement
 - e. Enhancement of Sum Insured – Enhancement of Sum Insured is subject to Medical Underwriting
- Endorsements, a and b above shall be effective from the date of receipt of premium with Us and we shall be effective from Date of Commencement/Renewal of the policy.
 - The Policyholder should provide a fresh application in a proposal form for addition of Insured person.

20. Cancellation

- i) 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%

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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.

- ii) 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.

21. Premium Payment in Instalments Option

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

- i. 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	Annual	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii. 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.
- iii. 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.
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the Grace Period, the Policy will get cancelled.
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii. 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

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at

a chosen frequency will be mentioned upfront

- ii. 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
- iii. 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
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

22. 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.

23. Withdrawal of Policy the Product

- i. 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.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

24. Payment of Claim.

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

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- vii. 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.
- viii. 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 treatment of Insured Person and to investigate the circumstances pertaining to the claim.
- ix. 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

25. Non-Disclosure

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the Renewal date (as the case may be), or the Policy may be modified by Us at Our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule and
 - b) the claim under such Policy if any, shall be prejudiced
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

26. Nomination:

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

27. Additional Benefits

Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy.

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28. Claims Process

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 14 days of the diagnosis of any Illness or occurrence of any surgery
Particulars to be provided to Us for Claim notification	<ul style="list-style-type: none"> a. Policy Number, b. Name of the Insured Person(s) named in the Policy schedule availing treatment, c. Nature of disease/illness/injury, d. Name and address of the attending Medical Practitioner/Hospital e. Date of admission & probable date of discharge f. Date and time of event if applicable g. Date of admission if applicable
Claims documents for Cancer Cover, Major Illnesses, surgical procedures, Cardiac Ailments Procedures, Critical Illness	<ul style="list-style-type: none"> a. Claim Form duly signed by the Insured Person; b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating Medical Practitioner d. Medical certificate confirming diagnosis, and the treatment from Medical Practitioner e. certificate from treating Medical Practitioner, specifying the duration and etiology f. OT Notes in case of Surgery g. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery h. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable i. All pathological and radiological Investigation Reports We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. j. NEFT details & cancelled cheque
Claims documents for Assault and Burns	<ul style="list-style-type: none"> a. Duly Completed Claim Form signed by Insured Person b. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability c. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns d. Attested copy of FIR. (If any) e. All X-Ray / Investigation reports and films supporting to disability g. f. NEFT details & cancelled cheque of Insured Person
Claims documents and process for Second medical Opinion	<ul style="list-style-type: none"> a. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) b. Consultation fees payment Receipt / invoice For availing Second Expert medical Opinion from Network Service Provider c. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). d. On receipt of the complete set of documents, We will forward the same to the concerned doctor. e. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documentsf.
Claims documents and process for loss of Job	<ul style="list-style-type: none"> a. Duly Completed Claim Form signed by Insured Person; b. Form 16A Form 16A c. Resignation Letter/ Resignation Acceptance letter d. Termination Letter d. 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

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29. 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: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Insurance is the subject matter of solicitation

Women Cancer Plan

Age Band (Gross Rate per mille)	Rate
18-25	0.52
26-30	1.06
31-35	1.68
36-40	3.14
41-45	5.98
46-50	7.98
51-55	8.40
56-60	8.79
61-65	9.17
66-70	12.21
Above 70	16.28

Women Cancer Plus Plan

Age Band (Gross Rate per mille)	Rate
18-25	0.75
26-30	1.48
31-35	2.22
36-40	4.22
41-45	7.82
46-50	10.52
51-55	11.44
56-60	12.32
61-65	13.25
66-70	18.09
Above 70	24.77

Women Cardiac Plan

Age Band (Gross Rate per mille)	Rate
18-25	0.52
26-30	0.94
31-35	1.25
36-40	1.94
41-45	3.36
46-50	4.40
51-55	5.96
56-60	7.51
61-65	9.07
66-70	16.48
Above 70	30.08

Women CI Essential Plan

Age Band (Gross Rate per mille)	Rate
18-25	1.14
26-30	2.33
31-35	3.41
36-40	6.18
41-45	11.32
46-50	15.17
51-55	17.82
56-60	20.44
61-65	23.09
66-70	36.17
Above 70	57.96

Women CI Comprehensive Plan

Age Band (Gross Rate per mille)	Rate
18-25	1.75
26-30	3.33
31-35	4.79
36-40	8.64
41-45	15.52
46-50	20.75
51-55	23.79
56-60	26.98
61-65	34.02
66-70	56.21
Above 70	94.72

Women Assault & Burn Plan

Age Band (Gross Rate per mille)	Rate
18-25	0.68
26-30	0.68
31-35	0.68

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36-40	0.68
41-45	0.71
46-50	0.71
51-55	0.71
56-60	0.71
61-65	0.71
66-70	0.71
Above 70	0.71

Optional Covers

Pregnancy & Newborn Complications

Age Band (Gross Rate per mille)	Rate
18-25	15.31
26-30	15.54
31-35	8.50
36-40	5.58
41-45	2.62
46-50	2.50
51-55	NA
56-60	NA
61-65	NA
66-70	NA
Above 70	NA

Assault and Burns

Age Band (Gross Rate per mille)	Rate
18-25	0.50
26-30	0.50
31-35	0.50
36-40	0.50
41-45	0.50
46-50	0.50
51-55	0.50
56-60	0.50
61-65	0.50
66-70	0.50
Above 70	0.50

Plan	Coverage
Cancer	Cancer
Cancer plus	Cancer + major illness
Cardiac	Cardiac
CI essential	Cancer + major illness + Surgical + Cardiac
CI Comprehensive	Cancer + major illness + Surgical + Cardiac + CI

Post diagnosis Support

Cover	Sum insured	Rate
Outpatient Counselling (Post Diagnosis Assistance)	18,000	Base Plan rate
Second Medical Opinion	10,000	Base Plan rate
Molecular Gene Expression Profiling Test	10,000	Cancer plan rate

Gross Rate per mille

Loss of Job Benefit - Plan wise

Age Band	Women Cancer Plan LOJ	Women Cancer Plus Plan LOJ	Women Cardiac Plan LOJ	Women CI Essential Plan LOJ	Women CI Comprehensive Plan LOJ
18-25	0.31	0.46	0.28	0.77	1.38
26-30	0.69	1.08	0.52	1.65	2.65
31-35	1.19	1.73	0.73	2.54	3.92
36-40	2.50	3.58	1.25	4.96	7.42
41-45	5.00	6.81	2.32	9.38	13.58
46-50	7.04	9.54	3.32	13.23	18.81
51-55	7.50	10.46	4.74	15.73	21.69
56-60	7.96	11.42	6.16	18.27	24.81
61-65	8.42	12.35	7.58	20.77	31.69
66-70	11.35	17.12	14.05	32.73	52.77
Above 70	15.28	23.77	26.05	52.72	89.48

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Plans Sec	Sub Sec	Coverage	Women Cancer Plan	Women Cancer Plus Plan	Women Cardiac Plan	Women CI Essential Plan	Women CI Comprehensive Plan	Women Assault & Burns	Sum Insured Limits
A. Coverage									
A I - Major Illnesses & Procedures									
1		Cancer Cover	Covered	Covered	X	Covered	Covered	X	1 Lac to 5 Cr
		Malignant Cancer of the following sites: <ul style="list-style-type: none"> • Breast • Cervix • Uterus • Fallopian Tube • Ovary • Vagina/Vulva Other Cancers • Other Major Cancers • Carcinoma in situ of Cervix Uteri • Carcinoma in situ of Breast 							
2		Major Illnesses	X	Covered	X	Covered	Covered	X	1 Lac to 5 Cr
		<ul style="list-style-type: none"> • Systemic Lupus Erythematosus with Lupus Nephritis • Rheumatoid Arthritis • Severe Osteoporosis 							
3		Surgical Procedures	x	x	X	Covered	Covered	X	1 Lac to 5 Cr
		<ul style="list-style-type: none"> • Breast Lumpectomy • Mastectomy • Breast Reconstructive Surgery • Hysterectomy • Wertheim's Operation • Radical Vulvectomy • Total Pelvic Exenteration • Complicated Repair of Vaginal Fistula 							
4		Cardiac Ailments & Procedures	x	X	Covered	Covered	Covered	X	1 Lac to 5 Cr
		<ul style="list-style-type: none"> • Open Chest CABG • Heart Valve Repair • First Heart Attack of Specified • Coma of Specified Severity • Stroke Resulting in Permanent Symptom • Angioplasty • Balloon Valvotomy or Valvuloplasty • Insertion of Pacemaker 							
5		Critical Illnesses	X	X	X	X	Covered	X	1 Lac to 5 Cr
		As per Annexure							

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Plans Sec	Sub Sec	Coverage	Women Cancer Plan	Women Cancer Plus Plan	Women Cardiac Plan	Women CI Essential Plan	Women CI Comprehensive Plan	Women Assault & Burns	Sum Insured Limits
A II - Assault & Burns									
6		Assault & Burns	Optional	Optional	Optional	Optional	Optional	Covered	1 Lac to 5 CR (over and above base SI, should not exceed base SI if applicable)
	a	Assault							
	b	Burns							
B. my:Health Active									
1		Fitness Discount	Covered	Covered	Covered	Covered	Covered	Covered	Not Applicable
2		Health Incentives	Covered	Covered	Covered	Covered	Covered	Covered	Not Applicable
3		Wellness & Health Coach	Covered	Covered	Covered	Covered	Covered	Covered	Not Applicable
C. Renewal Benefits									
1		Preventive Health Check-up	Covered	Covered	Covered	Covered	Covered	Covered	Covered
D. Optional Covers (Applicable only with Section A I)									
1		Pregnancy & Newborn Complications	Not Applicable	Optional	Not Applicable	Optional	Optional	Not Applicable	25% of SI, Max 500,000
	a	Pregnancy Complications							
	b	Newborn Congenital Conditions							
2		Post diagnosis Support	Optional	Optional	Optional	Optional	Optional	Not Applicable	Upto 10,000 once in Policy term 3,000 per session for up to maximum of 6 sessions Upto 10,000
	a	Molecular Gene Expression Profiling Test							
	b	Outpatient Counselling							
	c	Second Medical Opinion							
3		Loss of Job Benefit	Optional	Optional	Optional	Optional	Optional	Optional	Not Applicable up to 50% of monthly Salary upto 6 months