

DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE

Sr. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1	Product Name	<b>my:health Suraksha</b>	
2	What am I covered for:	<p><b>Section A: Hospitalisation Cover</b></p> <p>Expenses for below Covers up to the Sum Insured and limits as specified under the schedule of coverage, subject to terms and conditions of the Policy</p> <ol style="list-style-type: none"> <li>1. Medical Expenses for min 24 Hrs of hospitalisation                             <ul style="list-style-type: none"> <li>1A. Mental Healthcare: Medical expenses for treatment of Mental Illnesses</li> </ul> </li> <li>2. Home Healthcare</li> <li>3. Domiciliary Hospitalisation</li> <li>4. Pre-Hospitalisation Medical expenses for 60 days before hospitalisation</li> <li>5. Post-Hospitalisation Medical Expenses incurred in 180 days after the hospitalisation</li> <li>6. Day Care Procedures</li> <li>7. Road Ambulance cover</li> <li>8. Organ Donor Expenses</li> <li>9. Alternative Treatment Hospitalisation Expenses</li> </ol>	<p>Section A1</p> <p>Section A2</p> <p>Section A3</p> <p>Section A4</p> <p>Section A5</p> <p>Section A6</p> <p>Section A7</p> <p>Section A8</p> <p>Section A9</p>
		<p><b>Section B- Renewal Benefits</b></p> <ol style="list-style-type: none"> <li>1. my:health Active</li> <li>2. Preventive Health Check up</li> <li>3. Cumulative Bonus</li> </ol>	<p>Section B1</p> <p>Section B2</p> <p>Section B3</p>
		<p><b>Section C: Optional Covers</b></p> <p>Expenses under below optional covers up to the <b>Sum Insured</b> and limits as specified under the schedule of coverage, subject to terms and conditions of the Policy</p> <ol style="list-style-type: none"> <li>1. Preventive Health Check Up- Booster</li> <li>2. Parent and child Care- Basic</li> <li>3. Parent and child Care- Booster</li> <li>4. Air Ambulance Cover</li> <li>5. Recovery Benefit</li> <li>6. Sum Insured Rebound</li> <li>7. Outpatient dental treatment</li> <li>8. External Medical Aids</li> <li>9. Major Illness Hospitalisation Expenses</li> <li>10. Non-Medical Expenses cover</li> <li>11. Waiting Period modification Option</li> <li>12. Extended Cumulative Bonus</li> <li>13. Room rent restriction Option</li> <li>14. Co payment</li> <li>15. Major Illness – Benefit</li> </ol>	<p>Section C1</p> <p>Section C2</p> <p>Section C3</p> <p>Section C4</p> <p>Section C5</p> <p>Section C6</p> <p>Section C7</p> <p>Section C8</p> <p>Section C9</p> <p>Section C10</p> <p>Section C11</p> <p>Section C12</p> <p>Section C13</p> <p>Section C14</p> <p>Section C15</p>

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		16. E-Opinion 17. Hospital Cash 18. Global Health Cover	Section C16 Section C17 Section C18
		<b>Add on Covers</b> <b>1. my:health Critical Illness Add On</b> <b>2. my:health Hospital Cash Add On</b>	
3	What are the major exclusions in the policy	We will not pay expenses arising from <ul style="list-style-type: none"> <li>War or any act of war, invasion, act of foreign enemy, war like operations,</li> <li>a breach of law with criminal intent, or intentional self-injury or attempted suicide</li> <li>participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing,</li> <li>abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol,</li> <li>treatment of obesity and any weight control program,</li> <li>congenital external diseases, defects or anomalies,</li> <li>plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns</li> </ul> (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	Section E2i Section E2ii Section E2iii Section E2iv Section E2v Section E2vi Section E2xv
4	Waiting Periods	<ul style="list-style-type: none"> <li>30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals</li> <li>24 months for specific illness and treatments in the first two years and is not applicable in subsequent renewals</li> <li>Pre-existing Diseases will be covered after a waiting period of 48 months</li> <li>48 months waiting period applicable for all the claims under Parent and Child care Cover – Basic and Parent Child care Cover - Booster</li> <li>90 days waiting period applicable on all claims under all the illnesses listed under Critical Illness cover</li> <li>30 Days survival period applicable for all the illnesses listed under Major Illness cover</li> </ul>	Section E1i Section E1ii Section E1iii
5	Payment Basis	Reimbursement Basis for all Claims under <ul style="list-style-type: none"> <li>Hospitalisation cover,</li> <li>Parent &amp; Child care Cover - Basic</li> <li>Parent &amp; Child care Cover - Booster</li> <li>Outpatient Dental cover</li> <li>External Medical Aids</li> <li>Air Ambulance cover</li> </ul> Benefit Basis for all claims under <ul style="list-style-type: none"> <li>Recovery Benefit</li> <li>Major Illness-Benefit</li> <li>Hospital Cash</li> <li>my:health Critical Illness Add on</li> <li>my:health Hospital Cash Benefit Add on</li> </ul>	

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6	Loss Sharing	<ul style="list-style-type: none"> <li>Co-Payment as opted will be applicable on each and every admissible claim after deductible/ excess if any</li> <li>Deductible of USD 100 applies for treatments taken outside India</li> <li>If opted for,               <ol style="list-style-type: none"> <li>Room Rent/ Boarding &amp; Nursing 1% of Sum Insured per day subject to a maximum of Rs. 5,000/- per day</li> <li>ICU Rent/Boarding &amp; Nursing max up to 2% of Sum Insured per day subject to a maximum of Rs.10,000/- per day</li> </ol> </li> </ul>	Section C										
7	Premium Payment Option	<p>You have option to pay premium in total at the commencement of policy or in instalments as below:</p> <table border="1"> <thead> <tr> <th>Options</th> <th>Installment Premium Option</th> </tr> </thead> <tbody> <tr> <td>Option 1</td> <td>Yearly</td> </tr> <tr> <td>Option 2</td> <td>Half Yearly</td> </tr> <tr> <td>Option 3</td> <td>Quarterly</td> </tr> <tr> <td>Option 4</td> <td>Monthly</td> </tr> </tbody> </table>	Options	Installment Premium Option	Option 1	Yearly	Option 2	Half Yearly	Option 3	Quarterly	Option 4	Monthly	Section G
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8	Renewal Conditions	<ul style="list-style-type: none"> <li>Policy is renewable for lifetime.</li> <li>Grace Period for Renewal is 30 days from due date.</li> </ul>	Section G										
9	Renewal Benefits	<ul style="list-style-type: none"> <li>my:health Active               <ul style="list-style-type: none"> <li>Fitness discount @renewal</li> <li>Health Incentive</li> <li>Wellness services-Health Coach, Wellness services through my: Health app</li> </ul> </li> <li>Preventive Health Checkup</li> <li><b>Cumulative Bonus:</b> <ol style="list-style-type: none"> <li>5% of Sum insured for every claim free year, max up to 50% and same will be reduced at the same rate as applied in the event of admissible Claim.</li> <li>Cumulative Bonus will be reduced at the same rate as applied in the event of admissible Claim under Hospitalisation Section of the Policy however will not be lowered than zero.</li> </ol> </li> </ul>	Section B 1, 2, 3										
10	Cancellation	<ul style="list-style-type: none"> <li>This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or noncooperation by any Insured Person, upon giving 30 days' notice.</li> <li>You may cancel this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice.</li> <li>In case of any claim made during Policy Year, no premium will be refunded</li> </ul>	Section G										
11	How to Claim	<p>Kindly contact Us 48 hrs prior for planned hospitalisation or within 24 hours of hospitalisation in case of emergency hospitalisation on</p> <p>Service No. 022-62346234 / 0120-62346234 Email :healthclaims@hdfcergo.com</p> <p>You must submit a duly filled claim form along with specified documents under the policy within 30 days from date of discharge. Any additional information requested must be submitted within 15 days of Our request</p>	Section G										

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12	Policy Servicing / Grievance / Complaints	In case of any grievance, We may be contacted through any of the following: <ul style="list-style-type: none"> <li>• Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234</li> <li>• For lodging a complaint online, email to us at customer service desk at care@hdfcergo.com.</li> <li>• Escalation Level 1 – grievance@hdfcergo.com</li> <li>• Escalation Level 2 - cgo@hdfcergo.com</li> <li>• Escalation Level 3 – Approach Ombudsman, list of the Ombudsmen offices</li> </ul>	Section G
13	Insured's Rights	<ul style="list-style-type: none"> <li>• Free Look for 15 days from the date of receipt of the Policy document</li> <li>• Lifelong Renewal under the policy with 30 days Grace Period</li> <li>• Sum Insured Enhancement - The Sum Insured can be enhanced only at the time of renewal subject to UW consideration</li> <li>• Portability - Any Insured Person in the policy has the option to transfer to any health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc.</li> </ul>	Section G
14	Insured's Obligation	<ul style="list-style-type: none"> <li>• Please disclose all medical conditions/pre-existing disease/s or condition/s, Income details as sought in proposal form before buying a policy. Non-disclosure may result in claim not being paid.</li> </ul>	Section G

**Legal Disclaimer Note:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail