

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

PREAMBLE:

WHEREAS the Policyholder named in the Schedule has applied to HDFC ERGO General Insurance Company Limited (hereinafter called "the Company") for the insurance herein contained, the Company agrees subject to:

1. any proposal or other information supplied by or on behalf of the Insured Person:
 - 1.1. disclosing all facts and circumstances known to the Insured Person that are material to the assessment of the risks insured hereby, And
 - 1.2. forming the basis of this insurance, and
2. the Insured having paid the premium on or before the due date thereof and the same having been realized by the Company on or before the commencement date stated thereof in the schedule and the same having been realized by the Company:

to grant such insurance to the Insured subject to the terms, conditions, provisions and exclusions set out in this Policy or as contained in any endorsement that may be issued.

COMMON DEFINITIONS

1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Age or Aged means completed years as at the Commencement Date.
3. Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
4. Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
5. Bodily Injury means physical, external, Accidental bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the commencement of Period of Insurance.
6. Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
7. Company means HDFC ERGO General Insurance Company Limited.
8. Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. Cover Period means the period during which the benefits under the policy may accrue to the Insured person(s), whose name(s) are specifically appearing in the Schedule of the respective sections of this Policy, beginning from the date of commencement of cover to policy end date (or such date that is agreed upon between the Company and the Policyholder).
10. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly which is in the visible and accessible parts of the body.
11. Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
12. Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs. A co-payment does not reduce the sum insured.
13. Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.
14. Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
15. Day Care Centre- A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
 - has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
16. Day Care Treatment- Day care treatment refers to medical treatment, and/or surgical procedure which is:
 - Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - Which would have otherwise required a hospitalization of more than 24 hours.Treatment normally taken on an out-patient basis is not included in the scope of this definition
16. Deductible means an amount stated in the Schedule as a percentage, or a fixed amount, which will be deducted from the Compensation for a specific benefit, or a period of time for which the Company will not pay any benefit. A deductible is a cost-sharing requirement under a insurance policy that provides that the Insurer will not be liable for a specified rupee amount or percentage, of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
17. Dental Treatment is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
18. Dependent Children refers to children (natural or legally adopted), who are financially dependant on the primary insured or Proposer and does not have his / her independent sources of income.
19. Disease means a pathological condition of a part, organ, or system resulting from various causes, such as infection, pathological process, or environmental stress, and characterized by an identifiable group of signs or symptoms.
20. Disclosure of Information Norm- The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
21. Domiciliary hospitalization means medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - the patient takes treatment at home on account of non availability of room in a hospital.
22. Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
23. Endorsement means written evidence of an agreed change in the policy including but not limited to increase or decrease in the period, extent and nature of the cover.
24. Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.
25. Hospital/Nursing Homes means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

- (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of health and makes these accessible to the insurance company's authorized personnel.
26. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms—it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
27. Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
28. Insured Person (Section I) means a person as specified in the policy schedule as an Insured Person.
29. Insured Person (Section II) means an Insured person(s) and/or, his/her Spouse and/or their Dependent Children/ Dependent Parents who have been identified in the Policy Schedule as an Insured Person.
30. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
31. Intensive Care Unit- Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
32. Maternity expenses shall include—(a). Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).(b). Expenses towards lawful medical termination of pregnancy during the policy period.
33. Medical Advice means any consultation or advice from a Medical Practitioner / Physician including the issue of any prescription or repeat prescription.
34. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
35. Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
36. Medical Practitioner- is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- The term MEDICAL PRACTITIONER includes qualified physicians, specialists and surgeons other than:
- a. an INSURED PERSON under this policy;
 - b. an INSURED PERSON'S employer or business partner;
 - c. an employee of the POLICYHOLDER; or
 - d. an IMMEDIATE FAMILY MEMBER of the INSURED PERSON. For purposes of this definition only, the term IMMEDIATE FAMILY MEMBER shall not be limited to natural persons resident in the same country as the INSURED PERSON. IMMEDIATE FAMILY MEMBER means an INSURED PERSON'S Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the INSURED PERSON.
37. Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
38. Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
39. Non-Network Any hospital, day care centre or other provider that is not part of the network.
40. Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
41. OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient
42. Policyholder/Proposer means anyone over the age of eighteen (18) years as specified in the Policy Schedule.
43. Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another
44. Period of Insurance means the Operative Time stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before the Policy Expiration Date.
45. Policy means Your statements in the proposal form, this policy wording (including endorsements, if any), any attachments to the policy and the Schedule (as the same may be amended from time to time).
46. Policy Period means the period between the Commencement Date and the Expiry Date specified in the Schedule.
47. Post-hospitalization Medical Expenses- Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
48. Pre-Existing Disease- Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.
49. Pre-hospitalization Medical Expenses- Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
50. Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
51. Reasonable and Customary Charges' means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
52. Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
53. Room rent Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
54. Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
55. Surgery means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
56. Surgical Operation means manual and / or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
57. Sickness means a condition or an ailment affecting the general soundness and health of the Insured's body, but excluding any disease or illness which arises out of or is caused by a condition or defect for which medical treatment was recognized, advised, sought out, or should have reasonably been sought out, or received at any time before the Period of Insurance.
58. Spouse means an Insured person's husband or wife who is recognized by the laws of the jurisdiction in which they reside and for whom premium has been paid and who is identified in the Policy Schedule as an Insured Person.
59. Sum Insured means the amount stated in the Policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.
60. TPA means the third party administrator that the Company may appoint from time to time and as specified in the Schedule
61. Unproven/Experimental treatment- Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
62. We/Our/Us means the HDFC ERGO General Insurance Company Limited
63. You/Your/Policyholder means the person named in the Schedule who has concluded this Policy with Us.
64. AYUSH Coverage- We will reimburse the expenses incurred as the Medical Expenses for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy in a government recognized hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health or any other suitable institutions provided that:
 - a. Hospitalization is not for any evaluation or investigation
 - b. If We accept any claim under this benefit, then We will not make any payment under allopathic treatment of the same Insured Person and the same illness or Accident under this Policy.

GENERAL CONDITIONS

1. Due Observance :

The due observance and fulfilment of terms and conditions of this policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by any person covered under the policy shall be a condition precedent to any liability

of the Company under this policy.

2. The policy, the schedule, the proposal form, riders, endorsements and any memorandum shall constitute the complete contract of insurance. No change or alteration in this policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement / extension on the policy.

3. Duties and Obligations after Occurrence of an Insured Event :

Upon the happening of any event which may give rise to a claim under this policy the person covered under the policy shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the person covered under the policy should within one Calendar month after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claim.

4. Notices :

Every notice, communication or intimation required or contemplated under this policy to be given by the person covered under the policy or anyone on his/her behalf in respect of any claim or matter arising under or out of this policy shall be in writing and addressed to the Company's office through which this insurance is effected or the Company's corporate office currently located at:

HDFC ERGO General Insurance Company Limited
HDFC House, 1st Floor, H.T. Parekh Marg,
165-166 Backbay Reclamation,
Churchgate, Mumbai-400020
Tel.: 91 22 66383600. Fax: 91 22 66383699

unless otherwise directed by the Company in writing. No such notice, communication or intimation shall be valid unless it contains full particulars of the policy, persons covered under the policy and other details as may be necessary.

5. Fraud:

This policy shall be voidable at the option of the company in the event of misrepresentation, mis-description or non-disclosure of any material particular by the policy holder, person insured under the policy or a beneficiary under this policy if he is different from the person insured. Any person who, knowingly and with intent to defraud the insurance company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which will render the policy voidable at the insurance company's sole discretion and result in a denial of insurance benefits. If a claim is in any respect be fraudulent, or if any fraudulent or false plan, specification, estimate, deed, book, account entry, voucher, invoice or other document, proof or explanation is produced, or any fraudulent means or devices are used by the policyholder, person insured under the policy, beneficiary, claimant or by anyone acting on their behalf to obtain any benefit under this policy, or if any false statutory declaration is made or used in support thereof, or if loss is occasioned by or through the procurement or with the knowledge or connivance of the policyholder, person insured, beneficiary, claimant or other person, then all benefits under this policy stand forfeited.

6. The Company shall not be liable to make any payment under this policy in respect of any claim, if such claim be, in any manner fraudulent or supported by any fraudulent statement or devise, whether by the persons covered under the policy or by any person on their behalf.

7. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any representative of the Company shall be allowed to examine the persons covered under the policy on the occasion of the alleged injury, disease or disablement whenever and as often as the same may reasonably be required on behalf of the Company and in the event of death to conduct a post mortem examination of the persons covered under the policy and such evidence as required by the Company from time to time shall be furnished within the period of 14 days after demand in writing. Provided that in the case of a claim by death or permanent total disablement (if specifically chosen by the Insured by payment of additional premium) under Section I, all sums will be payable only on the delivery of this policy and certificate of insurance appropriately cancelled and discharged.

8. The Company will settle the claim within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that we decide to reject a claim made under this policy, we shall do so within a period of thirty days of the survey report or the additional survey report, as the case may

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

be, In case of delay of payment the Company will comply with the provisions of Protection of Policyholders' Interest Regulations 2002.

9. Cancellation:

The Policyholder may terminate this Policy any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. If no claim has been made under the policy, then We will refund premium in accordance with table below:

Period of risk	Rate of premium to be charged
Upto 1 month	¼ of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	¾ of the annual rate
Exceeding 6 months	Full annual rate

Long Term	
Policy Period	2
Year of cancellation	
1	50%
2	NIL

The Company reserves the right to cancel the policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured without any refund of premium.

10. Dispute Resolution:

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing jointly by the Insured and the Company or if they cannot agree upon a single arbitrator to be appointed within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by the Insured and the Company respectively and the third arbitrator to be appointed by the two arbitrators, which arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as amended from time to time and for the time being in force.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if Company has disputed liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrators of the amount of the loss or damage shall be first obtained.

11. Governing Law:

This Policy shall be governed by the laws of India and the courts in India alone shall have jurisdiction in any dispute arising hereunder.

12. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to any person covered under the policy for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made subject of the suit in a court of law, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

13. Subrogation (Not Applicable for Section 1 – Personal Accident):

Either the Policyholder and/or any Insured Persons shall at their own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company are, or would become entitled upon the Company making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at their own expense provide us with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause

shall first be applied to the amounts paid or payable by the Company under this Policy and our costs and expenses of affecting a recovery, whereafter, We shall pay any balance remaining to the Insured Persons/Policyholder.

14. Renewal:

This policy shall ordinarily be renewable for life only by mutual consent except for grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the policy is renewed within the Grace period of 30 days from date of Expiry. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

15. Cumulative Bonus:

Basic Sum Insured under Section 2 of the policy shall be increased by 5% at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Sum Insured. In case of any revision in Sum Insured at the time of renewal, the Cumulative Bonus % shall be applied either on revised Sum Insured or the expiring Policy Sum Insured, whichever is less. In case of a claim under Section 2 of the policy in respect of an Insured Person who has earned the cumulative bonus, the increased percentage will be reduce by 5% of the of the Sum Insured at the next renewal. However, the basic Sum Insured will be maintained and will not be reduced. Cumulative Bonus will be lost if the policy is not renewed on the date of expiry unless the delay is condoned up to maximum of 15 days and waived by the Company. Transfer of Cumulative bonus shall not mean continuity of benefits from any expiring Health Insurance Policy.

16. Where proposal forms are not received, information obtained from the policyholder whether orally or otherwise is captured in the policy document. The policyholder shall point out to the company, discrepancies, if any, in the information contained in the policy document or certificate of insurance, as applicable, within 15 days from policy/certificate issue date after which information contained in the policy or Certificate of Insurance shall be deemed to have been accepted as correct.

17. Grievance:

Any person who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Insurance Ombudsman in accordance with the procedure contained in The Redressal of Public Grievance Rules, 1998 (Ombudsman Rules). Proviso to Rule 16(2) of the Ombudsman Rules however, limits compensation that may be awarded by the Ombudsman, to the lower of compensation necessary to cover the loss or damage suffered by the Insured as a direct consequence of the insured peril or Rs. 20 lakhs (Rupees Twenty Lakhs Only) inclusive of ex-gratia and other expenses. A copy of the said Rules shall be made available by the Company upon prior written request by the Insured.

18. Free Look Period :

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amount spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claim under the Policy. All your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and is not available at the time of renewal of Policy and for group policies.

19. Portability:

Any Insured Person in the policy has the option to migrate 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. provided the policy has been maintained without break as per portability guidelines.

Long term policy:

This individual policy may be issued upto a maximum 2 years at one go.

13. Condonation of delay

The Company may condone delay in claim intimation/ document submission

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

GENERAL EXCLUSIONS

1. Injury or disease directly or indirectly caused by or arising from or attributable to:
 - a. War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detention by order of any governments or any other authority, unless it is proved by the Insured to the satisfaction of the Company that such loss or damage or contingency or cost or expenses of whatsoever nature are not directly or indirectly caused by, resulting from or in connection with any war, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detention by order of any governments or any other authority.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
 - b. Ionizing radiation or contamination by radioactivity from any source whatsoever.
 - c. Nuclear/Biological/Chemical or any kind of Weapons/Weapons material.
2. Suicide or self-inflicted injury.
3. Abuse of Alcohol or drugs, narcotic substances, tobacco, gutka or use of intoxicating substances or such abuse or addiction etc.
4. Illness or Bodily Injury whilst performing duties as a serving member of a military or a police force.
5. Treatment relating to sterility and venereal disease.
6. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex Syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
7. Insured Person committing any breach of law with criminal intent.

Treatment for any Injuries sustained whilst or as a result of participating in any criminal act.

SECTION I – PERSONAL ACCIDENT

If during the period of insurance an insured person sustains bodily injury which directly and independently is the sole cause of death within twelve (12) months of the date of loss, then the company agrees to pay to the insured person's beneficiary / nominee or legal representative of the compensation stated in the schedule.

Specific Definitions:

Nominee: Means a person designated by the Insured / Insured Person / Policyholder to receive the proceeds of the insurance policy, upon the death of the Insured.

Beneficiary: Means the Insured Person or in case of Death of the Insured Person, his heirs or legal representatives or the holder of succession certificate, as the case may be in the absence of any nominee being mentioned in the Policy Schedule.

Specific Exclusions:

The Company shall not be liable to pay any benefit in respect of any Insured Person:

1. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.

2. for Bodily Injury or Sickness occasioned by Civil War or Foreign War.
3. for Bodily Injury or Sickness caused or provoked intentionally by the Insured Person.
4. for Bodily Injury or Sickness due to willful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat, or arising out of non-adherence to medical advice.
5. for Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.
6. for Bodily Injury due to a gradually operating cause.
7. for Bodily Injury sustained whilst or as a result of participating in any sport as a professional player.
8. for Bodily Injury sustained whilst or as a result of participating in any competition involving the utilization of a motorized land, water or air vehicle.
9. for Bodily Injury whilst the Insured Person is traveling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
10. for Bodily Injury sustained whilst or as a result of participating in any criminal act.
11. for Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
12. for Bodily Injury or Sickness caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or condition including derivatives or variations thereof howsoever acquired or caused. The onus shall always be upon the Insured Person to show that Bodily Injury or Sickness was not caused by or did not arise through AIDS or HIV.
13. for Bodily Injury or Sickness caused by or arising from or due to venereal or venereal related disease.
14. for Bodily Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
15. for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform.
16. for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental insanity.
17. any pathological fracture.
18. for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).
19. for investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
20. for Bodily Injury sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hangliding, parasailing, off-piste skiing or bungee jumping.

SECTION II – HOSPITALISATION INSURANCE

If any Insured Person suffers an Illness or Accident during the Policy Period that requires, that Insured Person's Hospitalisation as an inpatient, then the Company will pay:

1. In-patient Treatment
 - a. Room/Boarding Expenses as provided by the hospital/nursing home shall be limited to a maximum of 1% of sum insured or rs. 400 whichever is higher;
 - b. Nursing Expenses;
 - c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

Fees;

- d. Anaesthesia, Blood, Oxygen, Operation theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, any medical expenses incurred which is an integral part of the operation, and similar other expenses.

1. Specific Conditions:

a. Minimum Period of Hospitalisation:

A member of Insured family shall be eligible to claim expenses of hospitalisation only if hospitalisation has been for minimum period of twenty four (24) hours. However, this minimum time limit of twenty four (24) hours shall not apply to the list of Day Care Treatments as stated in the Annexure A.

If the surgeries mentioned in the Day Care Treatments are for a pre-existing disease then the same is not covered unless they are included specifically by passing a suitable amendment in the policy.

2. Specific Definitions:

- 2.1. Disease means a pathological condition of a part, organ, or system resulting from various causes, such as infection, pathological process, or environmental stress, and characterized by an identifiable group of signs or symptoms.
- 2.2. Immediate Family Member means an Insured person's children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; adopted children; children from a previous marriage; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the Insured person.
- 2.3. In-Patient means a member of Insured family who is admitted to a hospital/nursing home for the sole purpose of receiving treatment for a minimum period of 24 hours.
- 2.4. Insured Family means family comprising the Policyholder and any one or more of the following:

- a. Spouse who permanently resides with the policyholder
- b. Dependent children of an Insured person who
- are financially dependent on the Insured person between the age of 3 months and 18 years in case the Dependent child has completed education. In cases where the Dependent Child is pursuing education from any educational institution the maximum age may be extended upto 25 years.
 - Permanently resides with the policyholder.
 - Maximum of 4 dependent children can be included in the policy.

3. Specific Exclusions:

- 3.1. The Company shall not be liable to make any payment for any claim directly or indirectly caused by or arising out of or attributable to any of the following:
1. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under the Special Conditions.
 2. All non medical expenses including personal comfort and convenience items or services such as telephone, television, servant/ maid / barber, or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or similar services.
 3. Cost of cochlear implant(s).
 4. Any treatment/surgery for change of gender or treatment/surgery /complications/illness arising as a consequence thereof.
 5. Experimental and unproven treatment, any Illness or Injury caused by or as a result of or as a consequence of undergoing any experimental or unproven treatment, stem cell transplantation /

stem cell surgery (except bone marrow transplant), diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury for which Hospitalisation is required.

6. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
7. Vitamins and tonics, treatment of obesity (including morbid obesity), and any other weight control programs, photodynamic therapy, ozone therapy, chelation therapy, services or supplies, general debility, convalescence (convalescent home, convalescent hospital), or treatment received at health spa, hydro clinic, nature care clinics or similar establishments, treatment related to run-down condition and rest cure, hospitalisation for the purpose of Physiotherapy, Occupational therapy.
8. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council.
9. Any kind of Service charges, surcharges, admission fees / Registration charges, charges for documentation etc levied by the hospital.
10. Massages, steam bathing, shirodhara, and the like treatment.
11. Any bills/receipts other than those from institutions where the services were rendered.

3.2. All diseases or injuries which are a pre-existing condition or disease.

3.3. Any disease other than those stated in clause 3.4 below contracted during the first thirty (30) days from the commencement date of the policy. This condition shall not however, apply in case the claimant has been covered under this policy for a continuous preceding twelve (12) month period without any break.

3.4. Expenses incurred on treatment of following diseases within 24 months from the commencement of the Cover Period as shown in the Policy period issued at the time of the proposal, will not be payable:

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Endometriosis, Hysterectomy unless malignant, proven on Histopathological examination.
- All types of Hernia, Hydrocele, Varicocele
- Fissures &/or Fistula in anus, haemorrhoids/piles, Pilonidal Sinus
- Arthritis, gout, rheumatism and spinal disorders including Prolapse Intervertebral disc (PIVD)
- Joint replacements unless due to accident
- Sinusitis and related disorders
- Surgeries of the genito urinary and biliary systems unless malignant, proven on Histopathological examination.
- Dilatation and Curettage
- All types of Skin and internal tumours/ cysts/nodules/ polyps/ulcers of any kind including breast lumps (each of any kind unless malignant, proven on Histopathological examination).
- Dialysis
- Surgery on tonsils, adenoids and mastoid, chronic suppurative otitis media
- Gastric and Duodenal ulcers
- Deviated Nasal Septum (DNS)
- Surgery for Varicose Veins
- Coronary Artery Bypass Graft (CABG)
- Percutaneous Transluminal Coronary Angioplasty (PTCA)
- Heart Valve Replacement
- Organ Transplants
- Chemotherapy
- Polycystic Ovarian Diseases
- Minimally Invasive Coronary Artery Surgery (MICAS)

If these diseases are a pre-existing condition at the time of proposal, they will be covered after the completion of 4 continuous policy periods. If the claimant under the policy is aware of the existence of congenital internal disease before inception of policy, the same will be treated as a pre-existing condition.

3.5. Treatment arising from or traceable to pregnancy and childbirth, miscarriage, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization. However, this exclusion does not

GRAMIN AROGYA NIDHI POLICY

apply to ectopic pregnancy proved by diagnostic means and certified to be life threatening by the treating Medical Practitioner.

- 3.6. Expenses incurred in connection with voluntary medical termination of pregnancy, Birth control procedures and hormone replacement therapy.
- 3.7. Naturopathy, Ayurvedic and any other form of alternative medical treatment.
- 3.8. Homeopathy Medical treatment.
- 3.9. Charges for prosthesis (except for artificial limbs, joint replacement prosthesis), corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intra-operatively or not used during Hospitalisation. These shall include Continuous Positive Airway Pressure (CPAP) machines, Bi-level Positive Airway Pressure (BiPAP) machines, Continuous Ambulatory Peritoneal Dialysis (CAPD), nebulizers / atomizers, infusion pump, ambulatory assist devices i.e. walker, canes, crutches, belts, collars, caps, splints, slings, braces, stockings, similar items of any kind, diabetic footwear, glucometer, glucostrips, thermometer, and similar related items, and also any medical equipment which is subsequently used at home.
- 3.10. Home visit charges for Medical Practitioner, Nurses/Attendants, Physiotherapists, Laboratory technicians incurred during Pre-hospitalisation period or Post-hospitalisation period.
- 3.11. Treatment of mental illness, stress, psychiatric or psychological or psychosomatic disorders. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Third Degree Burns.
- 3.12. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- 3.13. Expenses incurred at the hospital or nursing home primarily for evaluation / diagnostic purposes / general health check-up.
- 3.14. Costs of donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery.
- 3.15. Any travel or transportation expenses including ambulance charges.
- 3.16. Any treatment related to sleep disorder or sleep apnoea syndrome.
- 3.17. Any stay in the hospital where no active regular treatment is given by the Medical Practitioner.
- 3.18. Treatment which is continued before hospitalisation and continued during and after discharge for an ailment / disease / injury not related to the one for which hospitalisation was necessary.
- 3.19. The following expenses namely Surcharge, service charge, admission charges, administrative charges, telephone charges, linen charges, food expenses which are other than the regular meals provided by the hospital to the patient, charges billed by the Medical Records Department (MRD) charges, stationary and filing charges.
- 3.20. All dental treatment unless caused due to Accident.
- 3.21. Treatment relating to Congenital Conditions and complications resulting thereof.
- 3.22. Cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 3.23. Routine medical, eye and ear examinations, cost of spectacles, all types of refractive eye surgeries, contact lenses, hearing aids, multifocal intraocular lens/implants, vaccinations (except for post bite treatment) , issue of medical certificates and examinations as to suitability for employment or travel or any other such purpose.
- 3.24. Charges incurred at hospital/ nursing home primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any disease or injury, for which confinement is required at a Hospital / Nursing Home.
- 3.25. Treatment by an immediate family member and self-medication or any

treatment that is not scientifically recognized.

- 3.26. Day Care Surgeries not forming a part of any Surgery/Treatment mentioned in the Day Care Treatment List.
- 3.27. Expenses incurred for pre and post hospitalisation medical care.
- 3.28. Any expenses incurred in Pre-hospitalisation and Post-hospitalisation period for Surgeries / treatment with less than 24 hours hospitalisation.
- 3.29. Domiciliary treatment
- 3.30. Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; or treatments or drugs not supported by a prescription.

4. Specific Conditions:

- 4.1. Upon the happening of any event which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within fifteen (15) days from the date of hospitalisation.
- 4.2. All supporting documents relating to the claim must be filed within thirty (30) days from the date of discharge from the hospital/nursing home.
- 4.3. The member of the Insured family shall obtain and furnish to the Company, all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
- 4.4. Other Insurance: If, at the time when any claim arises under this policy, there is in existence any other insurance whether it be effected by or on behalf of any member of Insured Family in respect of whom the claim may have risen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 4.5. All medical / surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.
- 4.6. A policy shall reimburse only those expenses, which are incurred during the policy period. However, if a claim spreads over two policy periods the total benefit will not exceed the Sum insured of the policy period during which the member of Insured family was admitted to the hospital / nursing home.
- 4.7. Cashless Hospitalisation Conditions:
 - a. The Company/TPA may provide a health card to the Insured under this Policy to avail of cashless hospitalisation facility. The Insured can avail of cashless hospitalisation facility under this Policy at the time of admission into any Hospital which has a tie-up with the TPA/ Company by production of this health card subject to the terms and conditions for the usage of the health card as communicated to the Insured by the TPA/Company.
 - b. Cashless hospitalisation facility will not be available if treatment is taken in a Hospital where the TPA/Company does not have any tie-up to provide such facility. The TPA/ Company shall have the right to deny cashless hospitalization facility in case accurate and complete information is not forthcoming for the Illness or Bodily Injury for which cashless hospitalization facility is sought. It shall be at the sole discretion of the TPA/ Company to provide this cashless hospitalization facility under the above mentioned circumstances.
 - c. Intimation to the Company/TPA with accurate and complete details regarding Hospitalization before or within 24 hours of admission to the Hospital is compulsory to avail of the cashless hospitalization facility. However no request for cashless hospitalization facility shall be admissible after discharge from hospital.

5. Claims Procedure:

5.1. When and How To Make A Claim

It is a condition precedent to the Company's liability that upon the

GRAMIN AROGYA NIDHI POLICY

discovery or happening of any Illness or Bodily Injury that may give rise to a claim under this Policy, the Insured or his representative (if the Insured is incapacitated or a minor) shall undertake the following:

5.1.1. Claim Notification

The Insured or his representative, as the case may be, shall give immediate notice to the appointed Third Party Administrator (TPA) or the Company (in case no TPA is appointed) by calling the toll free number as specified in the health card/ Policy provided to the Insured Person and also in writing at the address of the Company with particulars as below:

- Policy Number;
- Name of the Insured Person availing treatment;
- Policyholder's relation to the Insured;
- Nature of Illness or Bodily Injury;
- Name and address of the attending Medical Practitioner and the Hospital; and Any other relevant information.

The above information needs to be provided to the TPA/Company immediately and prior to availing treatment and in any case within 30 days from date of admission/ date of availing treatment, failing which the TPA / Company has the right to treat the claim as inadmissible.

5.1.2. Prior Authorization

For cashless Hospitalisation, the Insured must contact the Third party Administrator/Company at least 48 hours before a planned Hospitalisation. In an emergency situation the Third Party Administrator/ Company could be contacted within 24 hours of Hospitalisation.

5.1.3. Claim Processing

The Third Party Administrator appointed by the Company will process the claim on behalf of the Company and make all relevant payments with respect to the claims.

The Policyholder or the Insured is required to deliver at their own costs, to the TPA/Company, within 30 days of the Insured's discharge from Hospital (and for Post-hospitalisation medical charges, if covered, within 10 days from the completion of Post-hospitalisation period or completion of treatment, whichever is earlier), any and all information and documentation in original concerning the claim or the Company's liability for it, including but not limited to:

- Duly completed claim form(s).
- Bills, receipts and discharge summary /card from the Hospital where the treatment was taken by the Insured Person(s).
- Bills from chemists supported by proper prescription.
- Investigation test reports and payment receipts of the centre where the investigations/tests are carried out.
- Bills, receipts and prescriptions of the Medical Practitioner
- Indoor case papers
- Bills, Invoice of implant(s) along with sticker(s), utilised for the treatment.
- Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.
- Any other document as required by the Company/ TPA.
- First Information Report / Medico Legal Certificate for Road Traffic Accidents and other medico legal cases.

If so required by the TPA/Company, the Insured will have to submit to a medical examination by the Company's or TPA's nominated Medical Practitioner as and when the TPA/Company considers necessary.

In the event of Insured's death, written notice accompanied by a copy of the post mortem report (wherever applicable) should be given to the Company within 14 days regardless of any prior notice been given to the Company. Autopsy Report can be requisitioned at the discretion of the Company wherever found reasonable.

5.2. PAYMENT OF CLAIMS:

5.2.1. Any relapse of the Illness or Bodily Injury covered under the Policy within 45 days of the date when the Insured was last treated by the Medical Practitioner shall be deemed to be the part of the same claim.

5.2.2. No indemnity under this SECTION II is available if the period of Hospitalisation is less than 24 hours except in the case of Day Care Treatments.

5.2.3. All benefits under Section I of this policy shall be payable to the insured person /policyholder or his heirs or legal representatives or the holder of succession certificate, as the case may be in the absence of any nominee being mentioned in the Policy Schedule.

Appendix A: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments:

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast

79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract

81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy

Operations on the female sexual organs

88. Incision of the ovary
89. Insufflation of the Fallopian tubes
90. Other operations on the Fallopian tube
91. Dilatation of the cervical canal
92. Conisation of the uterine cervix
93. Other operations on the uterine cervix
94. Incision of the uterus (hysterotomy)
95. Therapeutic curettage
96. Culdotomy
97. Incision of the vagina
98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99. Incision of the vulva
100. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

101. Incision of the prostate
102. Transurethral excision and destruction of prostate tissue
103. Transurethral and percutaneous destruction of prostate tissue
104. Open surgical excision and destruction of prostate tissue
105. Radical prostatovesiculectomy
106. Other excision and destruction of prostate tissue
107. Operations on the seminal vesicles

108. Incision and excision of periprostatic tissue
109. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

110. Incision of the scrotum and tunica vaginalis testis
111. Operation on a testicular hydrocele
112. Excision and destruction of diseased scrotal tissue
113. Plastic reconstruction of the scrotum and tunica vaginalis testis
114. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

115. Incision of the testes
116. Excision and destruction of diseased tissue of the testes
117. Unilateral orchidectomy
118. Bilateral orchidectomy
119. Orchidopexy
120. Abdominal exploration in cryptorchidism
121. Surgical repositioning of an abdominal testis
122. Reconstruction of the testis
123. Implantation, exchange and removal of a testicular prosthesis
124. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
126. Excision in the area of the epididymis
127. Epididymectomy
128. Reconstruction of the spermatic cord
129. Reconstruction of the ductus deferens and epididymis
130. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

131. Operations on the foreskin
132. Local excision and destruction of diseased tissue of the penis
133. Amputation of the penis
134. Plastic reconstruction of the penis
135. Other operations on the penis

Operations on the urinary system

136. Cystoscopical removal of stones

Other Operations

137. Lithotripsy
138. Coronary angiography
139. Haemodialysis
140. Radiotherapy for Cancer
141. Cancer Chemotherapy

GRAMIN AROGYA NIDHI - GRIEVANCE REDRESSAL PROCEDURE

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Center (Toll free helpline)
 - 1800 2 700 700 (accessible from any Mobile and Landline within India)
 - 1800 226 226 (accessible from any MTNL and BSNL Lines)
- Emails – grievance@hdfcergo.com
- Designated Grievance Officer in each branch
- Company Website – www.hdfcergo.com
- Fax : 022 - 66383699
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

The Complaint & Grievance Cell,

HDFC ERGO General Insurance Company Ltd.
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West), Mumbai - 400 078.

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Principal Grievance Officer of the Company at the following address

HDFC ERGO General Insurance Company Limited

Policy Wording

GRAMIN AROGYA NIDHI POLICY

To the Principal Grievance Officer,

HDFC ERGO General Insurance Company Limited
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West), Mumbai - 400 078.
E-mail: principalgrievanceofficer@hdfcergo.com

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

Names of Ombudsman and Addresses of Ombudsmen Centres