

Micro Insurance - Health Suraksha - Prospectus

Eligibility

- a. This policy covers persons in the age group 91 days onwards. There is no maximum entry age.
- b. Children below 5 years would be covered provided both the parents are covered under our policy.
- c. There is no cover ceasing age in the policy.
- d. The policy offers option on covering on individual sum insured basis and on family floater basis.
- e. This policy can be issued to an individual and/or family.
- f. The family includes spouse, dependent children and dependent parents.

Policy Period

- The policy will be issued for 1 year / 2 years period

Salient Features & Benefits

- a. In-patient Treatment – covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for Room rent, boarding expenses, Nursing, Intensive care unit, Medical Practitioner, Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, Cost of prosthetic & other devices or equipments if implanted internally during a Surgical Procedure
- b. Pre- Hospitalisation - The Medical Expenses incurred due to an illness in 60 days immediately before the Insured Person was hospitalized.
- c. Post-Hospitalisation - The Medical Expenses incurred in 90 days immediately after the Insured Person was discharged post Hospitalisation,
- d. Day care procedures – The Medical expenses for 144 Day care procedures which do not require 24 hours hospitalization due to technological advancement. We will also pay for Pre & Post Hospitalisation.
- e. Domiciliary Treatment- The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation
- f. Organ Donor - The Medical Expenses for an organ donor's treatment in the event of organ transplantation.
- g. Emergency Ambulance – Expenses for utilizing ambulance in emergency upto a limit of `2000/3200 as per plan opted.
- h. AYUSH – Medical expenses for in-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.

Optional Benefits (Available in selective Plan on additional premium payment)

- a. Newborn baby – Coverage for newborn from birth
- b. Maternity Expenses – Medical Expenses for maternity including pre-natal and post-natal expenses after a waiting period of 4 years.
- c. Outpatient Dental Treatment – 50% of the Medical expenses for X-rays, Extractions, Amalgam / Composite Fillings, Root Canal Treatments and prescribed Drugs from 4th year onwards.
- d. Spectacles, Contact Lenses, Hearing Aid – 50% of actual expenses for one pair of spectacles or contact lenses or a hearing aid excluding batteries every third year subject to being prescribed by a Network EYE/ENT Medical Practitioner.
- e. E-Opinion in respect of a Critical Illness
- f. Convalescence Benefit- Lumpsum payment of 1% of the sum insured upto a maximum of `10,000 in an event of hospitalisation exceeding 10 continuous and completed days.

Optional Benefits (Available in selective Plan on additional premium payment)

- a. **Critical Illness** – We will pay the Insured person the sum insured as a lumpsum amount for the identified 11 critical illnesses subject to same have been diagnosed during the Policy Period and the

Insured survives 30 days after the diagnosis. This benefit can be opted on payment of additional premium.

This benefit, if opted is applicable to all family members on individual Sum Insured basis equivalent to 50% or 100% of in-patient Sum Insured or 10 Lacs whichever is lower.

This benefit will be provided with a life-long renewability

This benefit shall automatically terminate upon the occurrence of Critical Illness, without prejudice of Our obligation to make payment, with reference to that Insured Person

Critical Illness covered are Cancer of specified severity, Coronary Artery (Bypass) Surgery, First Heart Attack (Myocardial Infarction), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms, Aorta Graft Surgery, Primary Pulmonary Arterial Hypertension and Heart Valve Replacement

If mentioned in the policy schedule this benefit will be applicable to the eldest member of the family

- b. **Hospital Daily Cash** – Daily allowance for the each and every continuous and consecutive 24 hours as an inpatient hospitalisation. Maximum upto 30/60 days. If mentioned in the policy schedule this benefit will be applicable to the eldest member of the family. This benefit will be provided with a life-long renewability
- c. **Regain Benefit** – Automatic availability of the basic sum insured, if the basic sum insured inclusive of the no claim bonus has been exhausted during the policy year. Basic sum insured will be re-instated only once in a policy year. Regain sum insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year. If the Regain sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year. The Regain benefit is applicable on sum insured of `3 lacs and above.

The insured can choose either Regain benefit or Co-pay Option and not both.

Once the Regain benefit is availed, it cannot be withdrawn by the Insured at subsequent renewals

- d. **Enhanced Cumulative Bonus**- The cumulative bonus shall automatically increase to 10% and the maximum cumulative bonus shall not exceed 100% of Base Sum Insured. Cumulative bonus thus applied would automatically decrease by 10% of the Basic Sum Insured in that following Policy Year in case of a claim. Once the enhanced cumulative bonus benefit is availed, it cannot be withdrawn by the Insured at subsequent renewals

e. Co-Payment

If an insured opts for 10% / 20% co-pay, then it will be applicable on all claims admissible under following benefits

- In-patient Treatment
- Pre-Hospitalisation
- Post-hospitalisation
- Day Care Procedures
- Domiciliary Treatment
- Organ Donor
- Emergency Ambulance
- Ayush Benefit
- Newborn baby

Policy Wording

- MaternityExpenses

The insured can choose either Regain benefit or Co-pay Option and not both.

Once the co-pay option is availed, it cannot be withdrawn by the Insured at subsequent renewals

Annual Sum Insured

The Annual Sum Insured would Range from: `100,000 to `50, 00,000 across three plan variants- Silver, gold and Platinum.

- a. **Renewal Incentives** We will offer cumulative bonus of 5% for every claim free year accumulating up to 50% under both Individual and floater Sum Insured option. In the event of a claim the bonus shall be reduced by the 5% of Basic Sum Insured at the time of renewal. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy.
- b. **Health Checkup** – We will offer health checkup only once at the end of continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years upto a maximum of `5,000
- c. In case of a family floater, if any of the members make a claim under this policy, the health checkup benefit will not be offered to the whole family.

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 canceling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts 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 claims under the Policy. All Your rights under this Policy shall 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 the Policy.

A. Waiting Period:

All claims payable will be subject to the waiting periods specified below except if any Insured Person suffers an Accident:

- i) General waiting period of 30 days for all claims payable under the Policy.
- ii) A waiting period of 24 months shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below, except claims payable due to the occurrence of cancer. Additionally the said 24 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done.
 - a. **Illnesses:** internal congenital diseases, non infective arthritis; calculus diseases of gall bladder including cholecystitis and urogenital system e.g. Kidney stone, Urinary Bladder Stone; Pancreatitis, Ulcer and erosion of stomach and duodenum; Gastro Esophageal Reflux Disorder (GERD); All forms of Cirrhosis (Pls note : all forms of cirrhosis due to alcohol will be excluded) ; Perineal Abscesses; Perianal Abscesses; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus,; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis; polycystic ovarian diseases; Fibroids (fibromyoma) ; sinusitis; Rhinitis; Tonsillitis and skin tumors unless malignant; Benign Hyperplasia of Prostate.
 - b. **Treatments:** adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); joint replacement; myomectomy for fibroids,; surgery of genito urinary system

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unless necessitated by malignancy; surgery on prostate; cholecystectomy; surgery of hernia; surgery of hydrocele/Rectocele; surgery for prolapsed intervertebral disk; Joint replacement

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surgeries surgery of varicose veins and varicose ulcers; Surgery for Nasal septum deviation , nasal concharesection.

- iii) 48 months waiting period for all Pre-existing Conditions declared and/or accepted at the time of application.

Pre-existing Condition means 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 prior to the first policy issued by the insurer.

B. Reduction in waiting period

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
- a) any health insurance plan with an Indian general insurer, as per guidelines on portability issued by the insurance regulator, OR
 - b) any other health insurance plan from US,

Then:

- i. The waiting periods specified above stand deleted; AND:
- ii. The waiting periods specified above shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
- iii. If the proposed coverage for a proposed Insured Person is more than the coverage applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the coverage under the previous health insurance policy.

- 2) The reduction in the waiting periods specified above shall be applied subject to the following:

- a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);
- b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
- c) We will retain the right to underwrite the proposal as per Our underwriting guidelines
- d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

C. General Exclusions

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

- i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public

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defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of anykind.

- ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide or suicide while sane or insane.
- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.
- iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- v) Treatment of Obesity and any weight control program,.
- vi) Psychiatric, mental disorders (including mental health treatments) and, sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition");
- vii) Congenital external diseases, defects or anomalies, genetic disorders.
- viii) Stem cell implantation or surgery, or growth hormone therapy. Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- ix) Save as and to the extent provided for under Maternity Benefit, pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to a claim under In-Patient Treatment for in-patient treatment only.
- x) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xi) Save as and to the extent provided for under Outpatient Dental Treatment Benefit, dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xii) Expenses for donor screening, or, save as and to the extent provided for in Organ Donor Benefit, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xiii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xiv) Circumcisions (unless necessitated by illness or injury and forming part of treatment); treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations..
- xv) Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.

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- xvi) Conditions for which Hospitalisation is NOT required
- xvii) Experimental, investigational or unproven treatment devices and pharmacological regimens..

- xviii) Admission primarily for diagnostic purposes not related to illness for which Hospitalisation has been done.
- xix) Save as and to the extent provided for under Convalescence Benefit, any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xx) Save as and to the extent provided for under AYUSH Benefit, any non allopathic treatment.
- xxi) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxiii) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for) , charges for access to telephone and telephone calls (wherever specifically charged for) , foodstuffs (except patient's diet) , cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxiv) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxv) Save as and to the extent provided in Spectacles, Contact Lenses, Hearing Aid benefit, the provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxvi) Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; treatments or drugs not supported by a prescription.
- xxvii) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxviii) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per our underwriting guidelines.
- xxix) Any non medical expenses mentioned in Appendix II of the policy document

Portability:

If you are insured continuously and without interruption under a plan issued by an Indian general insurer and you want to shift to us on renewal, Health Suraksha policy offers you transfer of accrued benefits and make due allowances for waiting period etc, as per regulations & guidelines on portability issued by IRDA. If the insured

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person transfers from any other insurer and enhances coverage, then the portability benefits will be offered only in respect to the previous suminsured

Claim Procedure

Intimation & Assistance - Please contact Us atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

- Please register your claim with Us within 7 days of discharge
- Please send the duly signed claim form and all the information/documents mentioned therein to Us within 15 days of the occurrence of the Incident. Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, We must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Us atleast 72 hours prior to the hospitalization.
- We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
 - Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800 2001999
- Rejection of cashless facility in no way indicates rejection of the claim

The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured

Terms of renewal

- a. **Lifelong Renewal**- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the Policy poses a moral hazard.
- b. **Grace Period**- Grace Period of 30 days for renewing the Policy is provided under this Policy.
- c. **Maximum Age – There is no** maximum cover ceasing age in this policy. For Additional benefit of Critical Illness and Hospital Daily Cash will be provided with a life-long renewability.
- d. **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Health Suraksha Insurance Policy.
- e. **Renewal Premium** – Renewal premium are subject to change with prior approval from IRDA. Any

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change in benefits or premium (other than due to change in Age) will be done with the approval of Insurance Regulatory and Development Authority and will be intimated at least 3 months in advance.

- f. In the likelihood of this policy being withdrawn in future, intimation will be sent to insured person about the same 3 months prior to expiry of the policy. Insured Person will have the option to migrate to any health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
- g. **Sum Insured Enhancement** –The Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. The increase in sum insured is allowed subject to underwriting acceptance. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.
- h. 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 a break as per portability guidelines issued by IRDA

Tax Benefit:

- i. The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Requirement

- a. Completed proposal form

Pre- Acceptance Medical Test:

- a. The person proposed for insurance may have to undergo Pre Policy Checkup depending on the age
- b. Pre-Policy Check-up at our network will be required. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Rating Schedule

- a. The premium varies depending on several factors including the age of the persons proposed to be covered, and the Sum insured.

Consider a male aged 35 who is undergoing treatment for hypertension.

Age	Hypertension	Treatment	Systolic	Diastolic	loading
35	Yes	Yes	110-145	70-95	10%
35	Yes	Yes	146-160	70-95	20%
35	Yes	Yes	110-140	96-105	20%
35	Yes	Yes	>160	Any	Reject
35	Yes	Yes	Any	>105	Reject

Please note that this example is for illustrative purposes only, the decisions may vary based on age, co morbidities etc.

- We will not apply any additional loading on your policy premium at renewal based on claim experience
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application

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- and refund the premium paid within next 7 days.
- Pleasenotethatwewillissuepolicyonlyaftergettingyourconsentandadditionalpremium,ifany..
- Please visit our nearest branch to refer our underwriting guidelines ifrequired.

Discounts

- a. A family discount of 10%, if 2 or more members of a family are covered under the same policy on Individual sum insured basis.
- b. 10% discount in case the Insured Person is paying 2 years premium in advance

For Example

- (1) Proposed Insured Age 33 years opting for Health Suraksha Individual - silver 2 year policy with Sum Insured of Rs 2Lac.
Calculation – $2863 \times 2 \times 90\% = \text{`}5153.4/-$ plus taxes.
 - (2) Proposed Insured Age 35 years opting for Health Suraksha Individual -Silver 2 year policy with Sum Insured of Rs 2Lac.
Calculation – $(2863+3593) \times 90\% = \text{`}5810.4/-$ plus taxes.
- c. Discount in case the Insured Person opts for co-pay option on his Health Suraksha Plan
- (1) 25% discount on base premium if the Insured opts for 20% Co-pay option on his/her Health Suraksha Plan
 - (2) 10% discount on base premium if the Insured opts for 10% Co-pay option on his/her Health Suraksha Plan

Loadings

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of enhancement in sum insured (for the enhanced Sum Insured).
- We will not apply any additional loading on your policy premium at renewal based on claim experience
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- Please note that we will issue policy only after getting your consent.

Termination

- a) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%

		Exceeding 18 Months	Nil
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- b) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person after 30 days of giving You a notice and We would issue and send an endorsement in this regard at Your address shown in the Schedule without refund of any premium.

Premium Rates

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium under family floater coverage will be charged basis the completed age of the eldest insured member.
- Premium rates are subject to change with prior approval from IRDA.
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate

Premium Table Gross Premium (Exclusive of Taxes)

Note : The premium under family floater coverage will be charged on the completed age of the oldest insured member.

Individual Cover		
Sum Insured Rs. 100,000 (Premium in Rs. exclusive of service tax)		
Age Group	Silver Plan	Gold Plan

0-17	1,795	2,186
18-35	2,546	3,900
36-45	3,196	4,595
46-50	5,097	5,425
51-55	6,117	6,482
56-60	6,476	7,216
61-65	10,776	11,219
66-70	13,151	13,636
71-75	17,756	18,460
76-80	23,083	23,998
>80	27,930	29,037

Family Floater cover (Silver Plan)							
Sum Insured Rs. 200,000 (Premium in Rs. exclusive of service tax)							
Age Group	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	-	-	-	-	-	-	
18-35	4,295	5,568	6,841	3,776	5,118	6,603	1,061
36-45	5,390	6,663	7,936	4,360	5,666	7,151	1,061
46-50	8,341	9,592	10,551	5,805	6,696	7,676	1,061
51-55	10,009	11,510	12,661	6,957	7,970	9,166	1,061
56-60	12,011	13,812	15,193	8,361	9,197	10,117	1,061
61-65	16,815	18,833	20,514	11,596	12,756	14,031	1,061
66-70	22,700	24,970	26,786	15,655	17,220	18,942	1,061
71-75	30,645	32,943	34,935	21,134	23,247	25,572	1,061
76-80	39,839	42,229	44,221	27,474	30,222	33,244	1,061
>80	48,205	50,615	52,543	33,244	36,568	40,225	1,061

Family Floater cover (Gold Plan)							
Sum Insured Rs. 200,000 (Premium in Rs. exclusive of service tax)							
Age Group	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	-	-	-	-	-	-	
18-35	6,174	7,603	9,031	4,960	6,420	8,087	1,191

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36-45	6,977	8,405	9,834	5,388	6,822	8,488	1,191
46-50	8,533	9,918					

			11,003	6,069	7,094	8,674	1,191
51-55	10,203	11,859	13,156	7,248	8,416	9,452	1,191
56-60	12,191	14,156	15,697	8,663	9,652	10,345	1,191
61-65	17,402	19,490	21,230	12,146	13,474	14,398	1,191
66-70	22,733	25,007	26,825	15,678	17,245	18,970	1,191
71-75	30,784	33,093	35,094	21,230	23,353	25,688	1,191
76-80	40,020	42,421	44,422	27,599	30,359	33,395	1,191
>80	48,424	50,845	52,782	33,395	36,734	40,408	1,191

Family Floater cover (Platinum Plan)							
Sum Insured Rs. 200,000 (Premium in Rs. exclusive of service tax)							
Age Group	2 A	2 A 1 C	2 A 2 C	1 A 1 C	1 A 2 C	1 A 3 C	Additional Child
0-17	-	-	-	-	-	-	-
18-35	9,138	11,280	13,422	7,373	9,567	12,066	1,785
36-45	10,667	12,809	14,951	8,188	10,331	12,830	1,785
46-50	12,382	14,449	16,080	8,878	10,642	13,098	1,785
51-55	14,461	16,921	18,871	10,412	12,191	13,779	1,785
56-60	16,640	19,516	21,814	12,074	13,622	14,756	1,785
61-65	22,103	24,755	26,966	15,782	17,811	19,352	1,785
66-70	25,833	28,417	30,484	17,816	19,597	21,557	1,785
71-75	34,572	37,164	39,412	23,842	26,226	28,849	1,785
76-80	44,943	47,640	49,887	30,994	34,094	37,503	1,785
>80	54,381	57,100	59,275	37,503	41,254	45,379	1,785

Discounts:

1. FamilyDiscountof10%if2ormorefamilymembers arecoveredonIndividualSum Insuredbasis
2. 25%discountonbasepremiumiftheInsuredoptsfor20%Co-payoption
3. 10%discountonbasepremiumiftheInsuredoptsfor10%Co-payoption

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Policy Wording



Optional Benefits:

1. Regain Benefit- Additional premium of 5% of the basepremium

2. Enhanced Cumulative Bonus- Additional premium of 2.5% of the base premium
3. Regain benefit & Enhanced Cumulative Bonus- Additional premium of 7.5% on the base premium

Special Conditions:

Co-Pay Option and Regain Benefit cannot be taken together.

Loadings:

1. We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis/medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

2. The applicable risk loading would be communicated to proposer through a counter offer letter. The consent and additional premium (if any), to be provided within 15 days of the issuance of such counter offer letter. In case of no communication on the above within 15 days, the application is cancelled and refund of the premium made within next 7 days.

Note: Family floater option is not available for Sum Insured of Rs. 1 Lac

Note: Sum Insured of Rs. 1 Lac not available under Platinum plan