

my:health Women Suraksha

Key features of the policy:

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

A. Coverage

AI – Major Illnesses and Procedures

Section 1: Cancer Cover

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

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

Section 2: Major Illnesses

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

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

Section 3: Surgical Procedures

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

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

Section 4: Cardiac Ailments and Procedure

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

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

Section 5: Critical Illnesses

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

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

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

1. Reduced Premium Benefit

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

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

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

2. Survival Period

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

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

3. No of Claims and Benefits payable

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

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

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

A II – Assault & Burns

a. Assault

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

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

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

b. Burns

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

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

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

Survival Period

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

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

General Conditions applicable to Section All

Benefit Payout

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

B. my:Health Active

1. Fitness discount @ Renewal

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

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One Healthy Week can be accumulated by;

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

Healthy Weeks Discounts

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

Steps to accumulate Healthy Weeks

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

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

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

Application of Fitness discount @ Renewal

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

2. Health Incentive

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

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

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

- ii. BMI check-up shall be done at Your own cost through our Network Provider on our my:health mobile app.
- iii. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesity as applicable on Renewal of the Policy with Us.
- iv. If the BMI at subsequent renewal is not within normal limits, the discount amount applied on Medical Underwriting loading will be zero

Application of Health Incentive

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

3. Wellness services:

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

i. Health Coach:

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

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

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

ii. Wellness services

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

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

Disclaimer applicable to my: health Mobile app and associated services

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

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C. Renewal Benefit

1. Preventive Health Check Up

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

Health Checkup - on each Policy Renewal

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

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

Health Checkup – Additional Tests

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

Other terms and Conditions applicable to this Benefit

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

Procedure for availing this benefit

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

D. Optional Covers

1. Pregnancy and Newborn Complications

a. Pregnancy Complications

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

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

Survival Period

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

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

b. New Born Complications

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

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

Diagnosis Period and Survival Period

A Claim under New Born Complications is payable only if;

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

Specific Condition applicable to Preganency and New Born complication

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

2. Post Diagnosis Support

a. Second Medical Opinion

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

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

b. Molecular Gene Expression Profiling Test

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

c. Post Diagnosis Assistance

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

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

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3. Loss of Job

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

Waiting Periods & Exclusions

1. General Exclusions applicable to all covers

- 48 months waiting period shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us
- Treatment directly or indirectly arising from or consequent upon 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 defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide while sane or insane.
- Participation or involvement of an Insured Person in naval, military or air force operation, racing, in a professional or semi-professional nature
- From engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy;
- Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies

2. General Exclusions applicable to Assault and Burns

Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

3. General Exclusions applicable to Loss of Job:

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

Conditions

1. Entry Age:

- Entry Age for all the covers except Pregnancy related cover

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

- Entry Age for Pregnancy related cover

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

2. Type of Policy:

- This Policy is offered on individual sum insured basis

3. Coverage for Dependents

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

4. Policy period

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

5. Sum Insured Options

Rs 1 Lac to 5 Crs

6. Pre Policy Check ups

Pre Policy and Financial Underwriting Matrix

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

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

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

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

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

Medical tests:

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

Guidelines for Pre Policy Check ups

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

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

7. Free Look period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions.

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced.
- Free Look period is not applicable for renewed policies.

8. Grace Period

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

9. Sum Insured Enhancement:

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

10. Renewal

- The policy is ordinarily renewable for life except on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the insured Person (Subject to policy is renewed annually with us within the Grace period of 30 days from the date of Expiry).
- For dependent children, policy is renewable up to 25 years. After the completion of maximum renewal age of dependent children, a Separate proposal form should be submitted to us at the time of renewal with the Insured Person member as proposer.

11. Portability

An Insured person can avail Health Insurance portability under this policy, if

- The proposed Insured Person was continuously covered under any similar health insurance policy with any other Insurance company
- The proposed Insured Person was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

- The Portability benefit, can be availed of by applying to Us with the completed Proposal form and portability annexure along with previous policy documents and Renewal notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- This benefit is available only at the time of Renewal of the existing health insurance policy.
- If the proposed Sum Insured is higher than the Sum insured under the expiring policy, then all waiting periods would be applied on the increased Sum Insured.
- Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods.
- We will process Portability application within 15 days of receiving the complete proposal form and Portability Form.

12. Cancellation

We may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or noncooperation by any Insured Person. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If no claim has been made under the Policy, We will refund premium in accordance with the table below:

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

13. Premium Payment Option

- Insured Person shall have the option to pay premium in total at the commencement of policy or in installments as per options below.

Options	Installment Premium Option
Option 1	Yearly
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

- No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- Grace Period of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable.
- If case of non-receipt of Installment Premium before expiry of the grace period, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below

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- When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
- For all other Premium Payment options, 50% of current installment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.
- No refund of any premium in case of any claim is paid during policy year

Healthy Weeks	Wellness discount
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

14. Discounts:

1	Family Discount	A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company
2	Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online, through our website directly from the Company.
3	Employee Discount	10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company
4	Loyalty Discount	If insured has purchased polices for more than 1 product from us, 2.5% discount of my:health Women Suraksha premium is offered

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

Other Discounts

Long term policy discount A discount of 7.5% and 12.5% shall be offered on premium, in case a policy is purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option.

Healthy Weeks

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

18. Claims Process

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of any illness or occurrence of any surgery
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> Policy Number, Name of the Insured Person(s) named in the Policy schedule availing treatment, Nature of disease/illness/injury, Name and address of the attending Medical Practitioner/Hospital Date of admission & probable date of discharge Date and time of event if applicable Date of admission if applicable
Claims documents for Cancer Cover, Major Illnesses, surgical procedures, Cardiac Ailments Procedures, Critical Illness	<ol style="list-style-type: none"> Claim Form duly signed by the Insured Person; Copy of Discharge Summary / Discharge Certificate; First consultation letter from treating Medical Practitioner Medical certificate confirming diagnosis, and the treatment from Medical Practitioner Certificate from treating Medical Practitioner, specifying the duration and etiology OT Notes in case of Surgery Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All pathological and radiological Investigation Reports We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. NEFT details & cancelled cheque

15. Revision/ Modification of the product

We may revise the Renewal premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

16. Withdrawal of the Product

- We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- In such an event of withdrawal of this product, You can choose to renew this policy under any of Our similar Health insurance products.
- However benefits payable shall be subject to the terms contained in such other Policy which has been approved by Insurance Regulatory and Development Authority of India
- Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been continuously renewed with Us

17. Additional Benefits

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

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<p>Claims documents for Assault and Burns</p>	<p>a. Duly Completed Claim Form signed by Insured Person. b. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability. c. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns d. Attested copy of FIR. (If any) e. All X-Ray / Investigation reports and films supporting to disability. f. NEFT details & cancelled cheque of Insured Person.</p>
<p>Claims documents and process for Second medical Opinion</p>	<p>a. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) b. Consultation fees payment Receipt / invoice For availing Second Expert medical Opinion from Network Service Provider c. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). d. On receipt of the complete set of documents, We will forward the same to the concerned doctor. e. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents</p>
<p>Claims documents and process for loss of Job</p>	<p>a. Duly Completed Claim Form signed by Insured Person; b. Form 16A c. Resignation Letter/ Resignation Acceptance letter d. Termination Letter e. NEFT details & cancelled cheque</p>
<p>Condonation of delay</p>	<p>If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control</p>

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

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

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

Insurance is the subject matter of solicitation

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Women Cancer Plan

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

Women Cancer Plus Plan

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

Women Cardiac Plan

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

Women CI Essential Plan

Age Band (Gross Rate per mille)	Rate
18-25	1.14
26-30	2.33
31-35	3.41
36-40	6.18
41-45	11.32
46-50	15.17

51-55	17.82
56-60	20.44
61-65	23.09
66-70	36.17
Above 70	57.96

Women CI Comprehensive Plan

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

Women Assault & Burn Plan

Age Band (Gross Rate per mille)	Rate
18-25	0.68
26-30	0.68
31-35	0.68
36-40	0.68
41-45	0.71
46-50	0.71
51-55	0.71
56-60	0.71
61-65	0.71
66-70	0.71
Above 70	0.71

Optional Covers

Pregnancy & Newborn Complications

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

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Post diagnosis Support

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

Gross Rate per mille

Loss of Job Benefit - Plan wise

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

Assault and Burns

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

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

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

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