



Workout  
Varun

Fresher  
Farhan

Cycling  
Chaaya

In Sabko zaroori hai  
**HIT & FIT**  
**HEALTH**  
**INSURANCE**

**my:health Suraksha**  
**Silver ECB & Rebound**

## my:health Suraksha Silver ECB & Rebound

### Key features of the policy:

- ◆ Wide range of Sum Insured to choose - Rs. 3 Lakhs to Rs. 50 Lakhs\*\*
- ◆ No Sublimit or capping on room rent
- ◆ Day care procedures & treatment covered
- ◆ Cashless Home Healthcare cover
- ◆ Pre & Post Hospitalisation of 60 & 180 days
- ◆ PED coverage after 4 years
- ◆ Tier Wise Premium
- ◆ Various discounts - Fitness discount at renewal, Long-term tenure discounts & Family discount
- ◆ No entry age restriction
- ◆ Renewable lifelong
- ◆ 1, 2 & 3 year policy tenure available
- ◆ Dependent children covered upto 25 years of age
- ◆ Integrated Wellness Services

### Coverage

#### SECTION A: HOSPITALIZATION COVER

Pays for Medically necessary hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period.

#### 1. Medical Expenses

- i. Room rent, boarding and Nursing charges
- ii. Intensive Care Unit charges
- iii. Consultation fees
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures
- vii. The Cost of prosthetic and other Medical devices or equipment if implanted internally during a Surgical Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### a. Mental Healthcare

The Coverage for Mental illness is applicable if done in Mental Health Establishment and is subject to the provisions contained in the Mental Health Care Act, 2017, as amended from time to time and other applicable laws and Regulations

#### 2. Home Healthcare\*

Insured Person can avail Hospitalization at home under Home Healthcare for Medically Necessary Treatment of Illnesses, if prescribed by treating Medical Practitioner. We will pay Medical Expenses incurred for treatment of such Illness where opted.

This Cover can be availed through Cashless Facility only through our network service provider.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

### 3. Domiciliary Hospitalization

Pays for Medical Expenses incurred on Domiciliary Hospitalization of the Insured Person provided that:

- i. It has been prescribed by the treating Medical Practitioner  
and
- ii. the condition the Insured Person is such that he/she could not be removed to a Hospital  
or
- iii. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

### 4. Pre-Hospitalization cover

Pays for Medical Expenses incurred during the 60 days immediately before Hospitalization of an Insured Person, provided that Claim under Hospitalization Cover is admissible under the Policy.

Where Insured Person has opted for *Home Healthcare* treatment Pre-Hospitalization medical expenses are payable up to 60 days prior to start of the Medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

### 5. Post-Hospitalization cover

Pays for Medical Expenses incurred upto 180 days from the day Insured Person is discharged from Hospital provided that Claim under Hospitalization Cover is admissible under the Policy

Where Insured Person has opted for *Home Healthcare* treatment, Post Hospitalization medical expenses are payable up to 180 days post completion of the medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

### 6. Day Care Procedures

Pays for Medical Expenses on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

### 7. Road Ambulance

Pays for expenses incurred on Road Ambulance Services if Insured Person is required;

- i. to be transferred to the nearest Hospital following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- ii. or from one Hospital to another Hospital
- iii. or from Hospital to Home (within same City) following Hospitalization

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

### 8. Organ Donor Expenses

Pays for Medical Expenses towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that;

- ◆ The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and rules.
- ◆ Hospitalization Claim under Section A1 is admissible under the Policy
- ◆ The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the Policy
- ◆ Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

## 9. Alternative Treatments

We will pay Medical Expenses on Hospitalization of Insured Person in AYUSH Hospital for following Alternative Treatments prescribed by Medical Practitioner

- ◆ Ayurvedic
- ◆ Unani
- ◆ Siddha
- ◆ Homeopathy

provided that;

- ii. The procedure performed on the Insured Person cannot be carried out on Outpatient basis
- ii. In the event of admissible Claim under this Cover, no Claim shall be admissible for Allopathic treatment of same Illness or Injury

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

## 10. Sum Insured Rebound\*

We will add to the Sum Insured, an amount equivalent to the Claim amount paid under Basic Sum Insured, subject to maximum of Basic Sum Insured, on subsequent Hospitalization of the Insured Person during Policy Year subject to;

- i. The Total Sum Insured added under this cover will not exceed the Basic Sum Insured in a Policy Year
- ii. Total of Basic Sum Insured under Hospitalization Cover, Cumulative/Extended Cumulative Bonus (if applicable) earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section A during the current Policy Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative/Extended Cumulative Bonus (if opted) earned
- iii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy
  - i. This cover will be applicable annually for policies with term more than one year.
  - ii. Any unutilized amount of Sum Insured Rebound cannot be carried over to next Policy Year or Renewal Policy
  - iii. The Sum Insured Rebound can be utilized for Claims under Hospitalization Cover only.

### Illustration

Time	Claim No.	Sum Insured available	Cumulative Bonus	Admissible Claim amount	SI Rebound	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	= 250,000 - 60,000 +50,000 = 240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

## SECTION B: RENEWAL BENEFITS

### 1. Extended Cumulative Bonus

On each Renewal of the Policy with Us, 10% of Basic Sum Insured under expiring Policy shall be applied as Cumulative Bonus in the Policy provided that;

1. There has been no claim under the Policy in expiring year under Section A
2. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible Claim under Section A of the Policy.

\*This is applicable only for hospitalization cover.

3. Cumulative Bonus can be accumulated upto 100% of Basic Sum Insured.
4. Cumulative Bonus applied will be applicable only to Insured Person covered under expiring Policy and who continue to remain insured on Renewal.
5. In case of multiyear policies, Cumulative Bonus that has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy tenure

## 2. Preventive Health Check-Up

Preventive Health Check-up	1% of Sum Insured after every 4 consecutive and continuous claim free years with Us (Subject to a maximum up to Rs. 5,000/-)
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## 3. my: Health Active\*

### A. Fitness discount @ Renewal

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

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 HDFC ERGO mobile app and Your Policy number
- OR
- ◆ burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked Your wearable device linked to Our HDFC ERGO 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 HDFC ERGO Mobile 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 Our HDFC ERGO mobile app and Your Policy number

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 and for Insured Person covered under expiring Policy
- ◆ Multi Year Policy:
  - Fitness discount earned on yearly basis will be accumulated till Policy End date.
  - On Renewal of the Policy, total discount amount accrued each Policy Year will be applied on Renewal Premium of

\*Our HDFC ERGO mobile app and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders.

subsequent year and for Insured Person covered under expiring Policy

- ◆ For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accrued. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis 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 premium corresponding to expiring Policy Sum Insured .
- ◆ Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

## B. Health Incentive

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

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied on first inception of the Policy with Us provided that;

- i. Insured Person shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- ii. Medical test shall be done at Your own cost through our Network Provider on Our HDFC ERGO mobile App.
- iii. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Pre-Existing Disease or Obesity as applicable on Renewal of the Policy with Us.
- iv. If the test parameters at subsequent Renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A	
Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

### Application of Health Incentive

- ◆ **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium corresponding to expiring Policy Sum Insured and for Insured Person covered under expiring Policy
- ◆ **Multi Year Policy:**
  - Discount amount earned on yearly basis will be accumulated till Policy End date.
  - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year and for Insured Person covered under expiring Policy
- ◆ For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accrued. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis 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 premium corresponding to expiring Policy Sum Insured .
- ◆ Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

## C. Wellness services:

The services listed below are available to all Insured Person through Our Network Provider on Our HDFC ERGO mobile app only. Availing of services under this Section will not impact the Sum Insured or the eligibility for Cumulative Bonus.

### i. Health Coach:

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

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

These services will be available through Our HDFC ERGO mobile app as a chat service or as a call back facility.

**ii. Wellness services:**

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

These services will be available through Our HDFC ERGO mobile app

**Disclaimer applicable to HDFC ERGO Mobile app and associated services**

*It is agreed and understood that Our HDFC ERGO mobile app and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.*

*The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.*

*Reliance on any information on this App is solely at your own risk. HDFC EGRO General Insurance Company Limited 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, any decision made or action taken or not taken in reliance upon the information.*

**WAITING PERIODS & EXCLUSIONS**

**1. Waiting Periods**

Claims under the Policy are covered subject to waiting Period as specified below.

- i) **Pre-existing Diseases – Code – Excl01**
  - a. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
  - b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
  - c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
  - d. Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer
- ii) **Specified Disease/Procedure waiting period- Code – Excl02**
  - a. Expenses related to the treatment of the listed Conditions, surgeries/treatmentsshall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident.
  - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
  - c. If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.
  - d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
  - e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

**a. Illnesses**

Internal Congenital diseases	Non infective Arthritis
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Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidneystone,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

**b. Surgical Procedures**

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

**iii) 30-day waiting period – Code – Excl03**

- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

**2. Permanent Exclusions**

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

- i. Investigation & Evaluation: Code – Excl04
  - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
- ii. Rest Cure, rehabilitation and respite care: Code – Excl05 – Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. Obesity/Weight control: Code – Excl06 – Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
  - a. Surgery to be conducted is upon the advice of the doctor
  - b. The surgery/procedure conducted should be supported by clinical protocols
  - c. The member has to be 18 years of age or older and
  - d. Body Mass Index (BMI)
    - i. Greater than or equal to 40 or,

- ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - 1. Obesity related cardiomyopathy
  - 2. coronary heart disease
  - 3. severe sleep apnoea
  - 4. uncontrolled type2 diabetes
- iv. Change-of-Gender treatments: Code – Excl07 – Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. Cosmetic or plastic surgery: Code – Excl08 – Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- vi. Hazardous or Adventure sports: Code – Excl09 – Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. Breach of Law: Code – Excl10 - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- viii Excluded Providers: Code11 - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
- ix Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xi Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure. Code – Excl14
- xii Refractive Error: Code - Excl15 – Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- xiii Unproven Treatments: Code – Excl16 – Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xiv Sterility and Infertility: Code- Excl17 – Expenses related to sterility and infertility. This includes:
  - a. Any type of contraception, sterilization
  - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - c. Gestational Surrogacy
  - d. Reversal of sterilization
- xv. Maternity: Code – Excl18  
 Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;  
 Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period
- xvi. War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/ materials, chemical and biological weapons, radiation of any kind.
- xvii Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any Insured Person’s participation or involvement in naval, military or air force operation
- xix. Investigative Treatment for Sleep-apnoea, general debility or exhaustion (“run-down condition”).
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting, or growth hormone therapy.
- xxii. Dental Treatment and surgery of any kind, unless requiring Hospitalization.
- xxiii. Investigative Treatment 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).
- xxiv. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- xxv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxvi. Preventive care, any physical, psychiatric or psychological examinations or testing if doesn’t require Hospitalization; 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.

- xxvii. Vaccination including inoculation and immunisations (Except post bite treatment),
- xxviii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at HYPERLINK "<http://www.hdfcergo.com>" [www.hdfcergo.com](http://www.hdfcergo.com).
- xxix. 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,
- xxx. Treatment taken on Outpatient basis
- xxxi. The provision or fitting of hearing aids, spectacles or contact lenses
- xxxii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement method. Optometric therapy.
- xxxiii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxiv. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on [www.hdfcergo.com](http://www.hdfcergo.com).
- xxxv. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

## GENERAL CONDITIONS

### 1. Entry Age:

#### Base Cover

Proposer	Adult Dependent	Child/Children
<ul style="list-style-type: none"> <li>• Minimum Entry Age – 18 Years</li> <li>• Maximum Entry Age – Lifetime Entry</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum Entry Age – 18 Years</li> <li>• Maximum Entry Age – Lifetime Entry</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum Entry Age – 91 days</li> <li>• Maximum Entry Age – 25 years</li> </ul>

### 2. Coverage for Dependents

#### ◆ Individual Sum Insured Option:

• Proposer	• Spouse
• Dependent Children	• Dependant Parents/in laws
• Grand Mother	• Grand Father
• Grand Son	• Grand Daughter
• Daughter in Law	• Son in law
• Sister	• Brother
• Sister in law	• Nephew
• Niece	• Brother in law

- ◆ **Floater Sum Insured Option:** Self, Spouse, dependent children\* and dependent parents/parents in law can be covered under floater option

\* Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday provided he is financially dependent, on the proposer.

### 3. Policy period

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

### 4. Premium Tier

The premium will be computed basis the city of residence provided by the **Insured Person** in the proposal form. Classification of cities would be as under:

- ◆ **Tier 1a:** Delhi and NCR region
- ◆ **Tier 1b:** Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Varodara
- ◆ **Tier 2:** Rest of India

#### Conditions:

- i. On payment of Tier 1a premiums, an Insured Person can avail treatment all over India without any co-payment.
- ii. On payment of Tier 1b premium, an Insured Person can avail treatment at Tier1b cities and Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1a cities, 20% Co-Payment shall be applicable on admissible claim amount.

- iii. On payment of Tier 2 premium, an Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However if an Insured Person avails a treatment in Tier 1a or Tier1b cities, 20% Co-Payment shall be applicable on admissible claim amount.
- iv. Co-Payment under ii and iii above will not be applied If an Insured Person opts for Hospitalization with Room Rent up to Rs. 2,500 per day or on Hospitalization for Medically Necessary treatment following an Accident

**5. Premium Payment Option**

- i. **Insured Person** shall have the option to pay **Policy** premium in total at the inception of **Policy** or in installments as per options as below

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

- ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- iii. 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. Claim related to any Illness diagnosed during the Grace Period will not be admissible under the Policy.
- iv. If case of non-receipt of Installment Premium on the Installment due date or before expiry of the grace period, the Policy shall stand cancelled and the Premium for unexpired period will be refunded as below
  - a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
  - b. 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 installment after 6 months, no refund will be payable.
  - c. No refund of any premium in case of any claim during Policy Year.

**6. Discounts\***

<b>Family Discount</b>	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
<b>Loyalty Discount</b>	If insured has purchased policies for more than 1 product from us, 2.5% discount of my:health Suraksha premium by customer is offered

**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

This benefit is not available for instalment premium payment options.

Premium will be as per the corresponding age of that particular year.

For example: If a person of age 45 years opts for a 3 years tenure policy, then premium will be calculated with age 45, 46 and 47 i.e., 1\* (36-45) and 2\* (46-50)

**7. Additional Benefit**

- ◆ Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section. (Subject to change in tax laws)

**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

\*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. Option to choose a Family Floater Plan not available for 2 Adults, 2 Parents & 2 children for Sum Insured below Rs. 3 lakhs

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