



**HEALTH INSURANCE
MADE SIMPLE
AND EASY**

**AROGYA
SANJEEVANI POLICY,
HDFC ERGO**



This policy has been designed to have a standard product with common policy wordings across the industry. The product offers coverage against expenses incurred during hospitalisation, day care procedures including pre and post hospitalisation and ayush treatment. This policy covers specialized treatments like stem cell treatment and robotic surgery, etc. covered up to 50% of sum insured.



Key features



Multiple sum insured options ranging from Rs. 50,000 to Rs. 10 lakhs available under this policy



Comprehensive policy covering hospitalisation expenses with life time renewal



Option to pay premium - monthly, quarterly, half yearly, annually



Wide network of 12,000+ cashless healthcare providers*





Coverage



Hospitalisation

1. Medical expenses incurred for hospitalisation of the insured person during the policy year, up to the sum insured and cumulative bonus specified in the policy schedule, for
2. Room rent, boarding, nursing expenses as provided by the hospital / nursing home up to 2% of the sum insured subject to maximum of Rs. 5,000/-, per day
3. Intensive care unit (icu) / intensive cardiac care unit (iccu) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day



Other expenses

1. Dental treatment, necessitated due to disease or injury
2. Plastic surgery necessitated due to disease or injury
3. All the day care treatments



Road ambulance

Expenses incurred on road ambulance subject to a maximum of Rs. 2000/- per hospitalisation



Ayush treatment

Medical expenses incurred for inpatient care treatment under ayurveda, yoga and naturopathy, unani, siddha and homeopathy systems of medicines during each policy year up to the limit of sum insured as specified in the policy schedule in any AYUSH hospital



Pre hospitalisation

Medical expenses incurred, related to an admissible hospitalisation requiring inpatient care, for a fixed period of 30 days prior to the date of admission



Post hospitalisation

Medical expenses incurred, related to an admissible hospitalisation requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital





Other Procedures

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of sum insured, specified in the policy schedule, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered



Cataract treatment

Medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs. 40,000/-, whichever is lower, per each eye in one policy year



Cumulative bonus (CB)

Cumulative bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), subject to maximum of 50% of the sum insured under the current policy year**





Waiting period

The company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

Pre-existing diseases

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 us, subject to the same being declared at the time of application and accepted by us

First thirty days waiting period

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

Specific waiting period

Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. 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.

24 Months waiting period for mentioned ailments and procedures below:

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy
19. Varicose Veins and Varicose Ulcers





Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer 48 months waiting period for treatment for joint replacement unless arising from accident age-related osteoarthritis and osteoporosis

Pre policy check ups: 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 and will be guided by our experience

Pre policy underwriting matrix: single member individual

Sum Insured	< 45 years	46 to 55 years	56 to 60 years	Above 60 years
Rs.50,000 to Rs. 10 Lakhs	Set 1	Set 1	Set 2	Set 2

Family Floater & Multi Member Individual SI Proposals

PED	Sum Insured	< 45 years	46 to 55 years	56 to 60 years	Above 60 years
No	Rs. 50,000 to Rs. 10 lakhs	NA	Set 1	Set 2	Set 2
Yes*	Rs. 50,000 to Rs. 10 lakhs	Set 1	Set 1	Set 2	Set 2

*Additional tests may be requested depending on the medical condition declared

- Set 1: ME, RUA, CBC, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG
- Set 2 : Set 1, HBsAg, TMT/2D Echo, USG Abdomen & Pelvis, Chest X-Ray, CEA

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
CEA = Carcino embryogenic Antigen	RFT = Renal Function Test
RUA = Routine Urine Examination	TMT = Treadmill Test
USG = Ultrasonogram	SGPT = Serum Glutamic Pyruvic Transaminase
GGT = Gamma-Glutamyl Transpeptidase	HBsAg = Hepatitis B Surface Antigen
2D ECHO = 2D Echocardiogram	

Guidelines for pre policy check ups

- I. Pre policy checkup will be conducted at our network provider
- II. When PPC is conducted at our network provider, 50% of the medical test charges will be reimbursed on acceptance of proposal.
- III. If proposal is declined post PPC, 100% of medical test charges will be borne by the customer
- IV. Medical reports will be shared with the customer irrespective of underwriting decision
- V. Medical reports are considered valid for up to 3months from date of check up.
- VI. In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid test





Major exclusions

The company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. Expenses related to any admission primarily for diagnostics and evaluation purposes.
2. Rest cure, rehabilitation and respite care, admission primarily for enforced bed rest and not for receiving treatment
3. Obesity / weight control-expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 1. Surgery to be conducted is upon the advice of the doctor
 2. The surgery/procedure conducted should be supported by clinical protocols
 3. The member has to be 18 years of age or older and
 4. Body mass index (bmi);
 - A) Greater than or equal to 40 or
 - B) 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep apnea
 - iv. Uncontrolled type2 diabetes
4. Change-of-gender treatments-expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
5. Cosmetic or plastic surgery 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 certified by the attending medical practitioner
6. Hazardous or adventure sports-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
7. Breach of law-expenses for treatment directly arising from or consequent upon any insured person committing or attempting to commit a breach of law with criminal intent
8. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.





9. 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 hospitalisation claim or day care procedure
10. Refractive error-expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
11. Sterility and infertility-expenses related to sterility and infertility. This includes any type of sterilization, assisted reproduction gestational surrogacy and reversal of sterilization
12. Maternity expenses-medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy
13. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds
14. Any expenses incurred on domiciliary hospitalisation and opd treatment
15. Treatment taken outside the geographical limits of india

For complete exclusions please refer to the policy document





Table of benefits

Name	Arogya Sanjeevani Policy, HDFC ERGO
Product type	Individual/Floater
Category of cover	Indemnity
Sum insured	INR on individual basis – sum insured shall apply to each individual family member. on floater basis – sum insured shall apply to the entire family min Rs. 50,000 subject to a max of Rs. 10 lakhs in the multiples of Rs. 50,000/- (pan card copy mandatory for Rs. 50,000 to rs. 2 lakhs sum insured)
Policy period	1 year
Eligibility	Policy can be availed by persons between the age of 18 years and 65 years, as proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for self and the following family members i. Legally wedded spouse ii. Parents and parents-in-law iii. Dependent children (i.e. Natural or legally adopted) between the ages 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Grace period	For yearly payment of mode, a fixed period of 30 days is to be allowed as grace period and for all other modes of payment a fixed period of 15 days be allowed as grace period
Hospitalisation expenses	Expenses of hospitalisation for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs. This shall not apply when the treatment is undergone in a day care centre
Pre hospitalisation	For 30 days prior to the date of hospitalisation
Post hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/ doctors fee	1. Room rent, boarding, nursing expenses all inclusive as provided by the hospital / nursing home up to 2% of the sum insured subject to maximum of Rs. 5000/- per day 2. Intensive care unit (ICU) charges/ intensive cardiac care unit (ICCU) charges all inclusive as provided by the hospital / nursing home up to 5% of the sum insured subject to maximum of Rs. 10,000/- per day
Cataract treatment	Up to 25% of sum insured or rs.40,000/-, whichever is lower, per eye, under one policy year
AYUSH	Expenses incurred for inpatient care treatment under ayurveda, yoga and naturopathy, unani, siddha and homeopathy systems of medicines shall be covered up to sum insured, during each policy year as specified in the policy schedule
Pre existing disease	Only PEDs declared in the proposal form and accepted for coverage by the company shall be covered after a waiting period of 4 years
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of si. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co pay	5% co pay on all claims





Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment

Payment of claim

All claims under the policy shall be payable in Indian currency only

Claim documents to be submitted

The claim is to be supported with the following documents and submitted within the prescribed time limit.

1. Duly completed claim form
2. Photo Identity proof of the patient
3. Medical practitioner's prescription advising admission
4. Original bills with itemized break-up
5. Payment receipts
6. Discharge summary including complete medical history of the patient along with other details
7. Investigation/ diagnostic test reports etc. supported by the prescription from attending medical practitioner
8. OT notes or surgeon's certificate giving details of the operation performed (for surgical cases)
9. Sticker/Invoice of the Implants, wherever applicable
10. MLR (Medico legal report copy if carried out and FIR (First information report) if registered, where ever applicable
11. NEFT details (to enable direct credit of claim amount in bank account) and cancelled cheque.
12. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs. 1 lakh as per AML guidelines
13. Legal heir/succession certificate, wherever applicable
14. Any other relevant document required by company for assessment of the claim





General terms and conditions

1. Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the company in the event of misrepresentation, mis-description or non-disclosure of any material fact

2. Cancellation

a) The insured may cancel this policy by giving 15 days' written notice, and in such an event, the company shall refund premium on short term rates for the unexpired policy period as per the rates detailed below

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 year
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy

B) The company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

3. Migration

The insured person will have the option to migrate the policy to other health insurance products/ plans offered by the company as per extant guidelines related to migration. For detailed guidelines on migration, kindly refer the link:

https://www.Irdai.Gov.In/admincms/cms/frmguidelines_layout.aspx?Page=pageno3987

4. Portability

The insured person will have the option to port the policy to other insurers as per extant guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an indian general/health insurer as per guidelines on portability. For detailed guidelines on portability, kindly refer the link:

https://www.Irdai.Gov.In/admincms/cms/frmguidelines_layout.aspx?Page=pageno3987

5. Renewal of policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. At the end of the policy period, the policy shall terminate and can be renewed within the grace period to maintain continuity of benefits without break in policy. Coverage is not





available during the grace period.

6. Premium payment in instalments

If the insured person has opted for payment of premium on an instalment basis i.e. half yearly, quarterly or monthly, as mentioned in your policy schedule/certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

Grace period of 15 days would be given to pay the instalment premium due for the policy.

During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by company.

The insured person will get the accrued continuity benefit in respect of the “waiting periods”, “specific waiting periods” in the event of payment of premium within the stipulated grace period.

No interest will be charged if the instalment premium is not paid on due date.

In case of instalment premium due not received within the grace period, the policy will get cancelled.

In the event of a claim, all subsequent premium instalments shall immediately become due and payable

The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

7. Possibility of revision of terms of the policy including the premium rates

The company, with prior approval of irdai, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

8. Free look period

The free look period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the free look period, the insured shall be entitled to

- i. A refund of the premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges; or
- ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

9. Change of sum insured

Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.





Gross Premium (Excluding GST)

Sum Insured (in ₹)

Age Band	50,000	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000
0-17	2,494	2,785	3,011	3,209	3,422	3,575	3,652	3,729	3,806	4,004
18-35	3,219	3,594	3,886	4,141	4,416	4,613	4,712	4,812	4,912	5,166
36-45	3,825	4,271	4,617	4,921	5,248	5,481	5,599	5,718	5,836	6,139
46-50	4,996	5,579	6,032	6,428	6,855	7,161	7,315	7,469	7,624	8,020
51-55	7,772	8,679	9,383	10,000	10,664	11,139	11,378	11,619	11,860	12,475
56-60	8,882	9,919	10,723	11,428	12,187	12,730	13,004	13,279	13,554	14,257
61-65	12,213	13,638	14,744	15,714	16,758	17,503	17,880	18,258	18,637	19,604
66-70	15,544	17,358	18,765	20,000	21,328	22,277	22,757	23,238	23,720	24,951
71-75	19,985	22,317	24,127	25,714	27,422	28,642	29,259	29,877	30,497	32,079
76-80	19,985	22,317	24,127	25,714	27,422	28,642	29,259	29,877	30,497	32,079
>80	19,985	22,317	24,127	25,714	27,422	28,642	29,259	29,877	30,497	32,079

Sum Insured (in ₹)

Age Band	5,50,000	6,00,000	6,50,000	7,00,000	7,50,000	8,00,000	8,50,000	9,00,000	9,50,000	10,00,000
0-17	4,165	4,309	4,440	4,555	4,668	4,781	4,894	5,002	5,108	5,207
18-35	5,375	5,560	5,729	5,878	6,024	6,170	6,315	6,454	6,591	6,719
36-45	6,387	6,607	6,808	6,984	7,158	7,331	7,505	7,670	7,832	7,984
46-50	8,343	8,631	8,894	9,124	9,350	9,577	9,804	10,019	10,232	10,429
51-55	12,979	13,426	13,835	14,193	14,545	14,898	15,250	15,586	15,916	16,223
56-60	14,833	15,344	15,811	16,220	16,623	17,026	17,429	17,812	18,189	18,541
61-65	20,395	21,098	21,740	22,303	22,857	23,411	23,964	24,492	25,010	25,494
66-70	25,958	26,853	27,669	28,385	29,090	29,795	30,500	31,171	31,832	32,447
71-75	33,374	34,525	35,575	36,496	37,402	38,308	39,214	40,078	40,926	41,717
76-80	33,374	34,525	35,575	36,496	37,402	38,308	39,214	40,078	40,926	41,717
>80	33,374	34,525	35,575	36,496	37,402	38,308	39,214	40,078	40,926	41,717

Family Floater Discount

55%

Note: The eldest member in a particular family composition will pay full premium as per the individual premium based on his/her respective age and for every additional member a flat single floater discount of 55% will be applied on that family member's premium irrespective of the family relation with the eldest member.





Family Floater Discount				
Member	Age	Illustrative Individual Gross Premium (Excl. GST) (A)	Discount (B)	Individual Premium after floater discount (C = A*(1-B))
Self	42	6,139	55%	2,763
Spouse	39	6,139	55%	2,763
Son (Child 1)	10	4,004	55%	1,802
Daughter (Child 2)	8	4,004	55%	1,802
Father (Parent 1)	65	19,604	0%	19,604
Mother (Parent 2)	60	14,257	55%	6,416
Total Family Floater Gross Premium (Excl. GST) for 2A 2C 2P in respect of the above mentioned model points				35,148

Discounts

- i. Family discount: a discount of 10% shall be offered if 2 or more of any of eligible family members are covered under an individual sum insured policy with the company.
- ii. Online policy discount: A discount of 5% shall be offered for all policies purchased online.
- iii. Employee discount: A discount of 10% will be offered to employees of HDFC and ERGO group companies in case the policies are bought through direct channels of the company.
- iv. Loyalty discount: if an insured has existing active policies with the company, a discount of rs 250 on current product premium to be offered.
- v. Rural discount: a discount of 15% will be offered in respect of policies sourced from rural sector.
- vi. The total discount offered under employee discount, online discount, family discount, loyalty discount and rural discount shall not exceed 20%.





Section 41 of Insurance Act 1938 (Prohibition of Rebates)

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy 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 the 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 published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

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. Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.





For more details, log on to www.hdfcergo.com or call us on 022 6242 6242

****Terms & Conditions Apply.***Healthcare Providers include Network hospitals and Diagnostic centers. Data as 31st December 2022. Please refer to the website www.hdfcergo.com for an updated network list. HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. UIN: Arogya Sanjeevani Policy, HDFC ERGO - HDFHLIP20175V011920. URN: HE/RL/Health-2/20-21/219. UID: 12155.