



HDFC ERGO General Insurance

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: Benefits opted and mentioned in the policy schedule/certificate of insurance will only be applicable.

Sr.no	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	HDFC Group Health Insurance	N/A
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	N/A
3	Type of Insurance Product/ Policy	Both indemnity and benefit	N/A
4	Sum Insured	<ul style="list-style-type: none">Individual Sum Insured -Where each member has a separate sum insured under the policy), orFloater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule/Certificate of Insurance</p>	N/A
5	Policy Coverage (What the policy will cover)	Base Indemnity Covers: Coverages in force for the Insured Persons shall be as per the benefits opted. Expenses in respect of:	B
		Gold Plan	B.A

	1. In-Patient Hospitalization for minimum 24 hours	B.A.1
	2. Pre-Hospitalization Medical Expenses Cover (treatment prior to admission in hospital will be paid for 60 days)	B.A.2
	3. Post-Hospitalization Medical Expenses Cover (Treatment after the discharge from the hospital within 90 days from date of discharge).	B.A.3
	4. All Day Care Procedures requiring less than 24 hours of hospitalization	B.A.4
	5. Domiciliary Hospitalization (treatment at home due to non-availability of room in the hospital or patient could not be removed/ admitted to a hospital)	B.A.5
	6. Road Ambulance Cover Ambulance expense will be covered if the insured person is required to be transferred to the nearest hospital or from one hospital to another or from hospital to home.	B.A.6
	7. Organ Donor Expenses (Cost of organ donor's Hospitalization for harvesting of the donated organ where the insured person is recipient)	B.A.7
	Platinum Plan	B.B
	2. Pre-Hospitalization Medical Expenses cover treatment prior to admission in hospital for 60 days)	B.B.2
	3. Post-Hospitalization Medical Expenses cover (Treatment after the discharge from the hospital within 180 days from date of discharge).	B.B.3
	4. All Day Care Procedures requiring less than 24 hours of hospitalization.	B.B.4
	5. Domiciliary Hospitalization (treatment at home due to non-availability of room in the hospital or patient could not be removed/ admitted to a hospital)	B.B.5
	6. Road Ambulance Cover Ambulance expense will be covered if the insured person is required to be transferred to the nearest hospital or from one hospital to another or from hospital to home.	B.B.6
	7. Organ Donor Expenses (Cost of organ donor's Hospitalization for harvesting of the donated organ where the insured person is recipient)	B.B.7
	Optional Covers: Covers are optional and applicable only if opted for and up to the sum insured or limits mentioned in the policy schedule/ Certificate of Insurance.	B.C
	1. Preventive Health Check Up: (Cost of a preventive health check-up up to the limit mentioned in the policy schedule/Certificate of insurance will be paid)	B.C.1
	2. Cumulative Bonus: (on continuous renewal of the coverage with us, we will apply 10% of Base sum Insured under expiring cover as cumulative bonus in the coverage provided)	B.C.2
	3. Hospital Cash:	B.C.3

		(Per Day sum insured subject to maximum number of benefit days as mentioned in the policy schedule/Certificate of insurance for each continuous and completed period of 24 hours of such hospitalization)	
		4. Restore Benefit (Restoration of sum insured in the event of complete or partial utilization of the base sum insured due to any claim admitted during the policy year)	B.C.4
		5. Waiting period Modification Option (On availing this option, Waiting Periods listed under Pre-existing Diseases shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule/Certificate of Insurance.)	B.C.5
		6. Specific Illness Waiting Period Modification Option (On availing this option, Waiting Periods listed under Specified Disease/Procedure waiting period shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule/Certificate of Insurance.)	B.C.6
		7. Alternative Treatment (Medical Expenses incurred for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy)	B.C.7
6	Exclusions (what the policy does not cover)	II. Standard Permanent Exclusions	C.II
		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.	C.II.i
		ii. Rest Cure, rehabilitation and respite care: Code – Excl05: 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.	C.II.ii
		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	C.II.iii

	<p>severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>iii. Obesity related cardiomyopathy</p> <p>iv. coronary heart disease</p> <p>v. severe sleep apnoea</p> <p>vi. uncontrolled type2 diabetes</p>	
	<p>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.</p>	C.II.iv
	<p>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.</p>	C.II.v
	<p>vi. Hazardous or Adventure Sports: Code – Excl09– Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventuresports, including but not limited to, para-jumping, rock-climbing, mountaineering, rafting, motor racing, horseracing or scuba diving, hand gliding, sky diving, deep sea diving.</p>	C.II.vi
	<p>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.</p>	C.II.vii
	<p>viii. Excluded Providers: Code – Excl11- 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.</p>	C.II.viii
	<p>ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12</p>	C.II.ix
	<p>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</p>	C.II.x
	<p>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</p>	C.II.xi
	<p>xii. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries. Code – Excl15</p>	C.II.xii
	<p>xiii. Unproven Treatments: Code – Excl16 - Expenses related to any unproven treatment, services and supplies for or in connection with any</p>	C.II.xiii

		treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	
		<p>xiv. Sterility and Infertility: Code – Excl17 -Expenses related to sterility and infertility. This includes:</p> <p>a. Any type of contraception, sterilization</p> <p>b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p> <p>c. Gestational Surrogacy</p> <p>d. Reversal of sterilization</p>	C.II.xiv
		<p>xv. Maternity: Code – Excl18</p> <p>a. medical treatment expenses traceable to childbirth (Including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</p> <p>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.</p>	C.II.xv
		<p>III. Specific Permanent Exclusions</p> <p>i. 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, Chemical or Biological attack or weapons, radiation of any kind.</p> <p>ii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.</p> <p>iii. Any Insured Person’s participation or involvement in naval, military or air force operation.</p> <p>iv. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).</p> <p>v. Congenital external diseases, defects or anomalies,</p> <p>vi. Stem cell harvesting.</p> <p>vii. Investigative treatments 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).</p> <p>viii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).</p> <p>ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care. \</p>	<p>C.III</p> <p>C.III.i</p> <p>C.III.ii</p> <p>C.III.iii</p> <p>C.III.iv</p> <p>C.III.v</p> <p>C.III.vi</p> <p>C.III.vii</p> <p>C.III.viii</p> <p>C.III.ix</p>

		<p>x. Vaccination including inoculation and immunizations (Except post Animal bite treatment),</p> <p>xi. 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 and other such items. Full list of non-medical expenses is attached as annexure I and also available at www.hdfcergo.com.</p> <p>xii. Treatment taken on Outpatient basis.</p> <p>xiii. The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>xiv. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement methods, Optometric therapy.</p> <p>xv. 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.</p> <p>xvi. Expenses for Artificial limbs or and/or device used for diagnosis or treatment (except when used intraoperatively). 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 Nonmedical Expenses is attached as</p>	<p>C.III.x</p> <p>C.III.xi</p> <p>C.III.xii</p> <p>C.III.xiii</p> <p>C.III.xiv</p> <p>C.III.xv</p> <p>C.III.xvi</p>
7	Waiting Period	I. Standard Waiting Periods	C
	· Time period during which specified diseases/treatments are not covered.	<p>i) Pre-existing Diseases</p> <p>Pre-existing diseases: Covered after 36 months</p> <p>Option 1: 3 Years to 2 Years</p> <p>Option 2: 3 Years to 1 Years</p> <p>Option 3: 3 Years to 0 Year</p>	C.I.i
	· It is counted from the beginning of the policy coverage.	<p>ii) Specified Disease/Procedure waiting period</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> • 24 months for listed diseases/procedure Option 1: 2 Year to 1 Years Option 2: 2 Year to 0 Years 	C.I.ii

		<p>iii) 30-day waiting period</p> <p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p>	C.I.iii																			
8	Financial limits of Coverage	<p>Financial limits in force for the Insured Persons shall be as opted & mentioned in the Policy Schedule / Certificate of Insurance.</p> <table border="1"> <thead> <tr> <th>Sr.no</th> <th>Coverage</th> <th>Limits</th> </tr> </thead> <tbody> <tr> <td rowspan="2">1</td> <td rowspan="2">Preventive health check up</td> <td>1% of Base Sum Insured, max up to INR 2000 during block of 3 years</td> </tr> <tr> <td>1% of Base Sum Insured, max up to INR 7500 for every claim free year</td> </tr> <tr> <td>2</td> <td>Hospital cash</td> <td>Rs 500/1000 per day up to max 30 days</td> </tr> <tr> <td>3</td> <td>Air Ambulance</td> <td>Up to INR 2000 / hospitalization</td> </tr> <tr> <td>4</td> <td>Gold plan: Room rent</td> <td>1% of Base Sum Insured, max up to INR 3000</td> </tr> <tr> <td>5</td> <td>Cumulative bonus</td> <td> <ul style="list-style-type: none"> • 10% max up to 50 • 10% max up to 100 </td> </tr> </tbody> </table>	Sr.no	Coverage	Limits	1	Preventive health check up	1% of Base Sum Insured, max up to INR 2000 during block of 3 years	1% of Base Sum Insured, max up to INR 7500 for every claim free year	2	Hospital cash	Rs 500/1000 per day up to max 30 days	3	Air Ambulance	Up to INR 2000 / hospitalization	4	Gold plan: Room rent	1% of Base Sum Insured, max up to INR 3000	5	Cumulative bonus	<ul style="list-style-type: none"> • 10% max up to 50 • 10% max up to 100 	
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9	Claims & Procedure	<p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>For Cashless Process:</p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p>For Reimbursement Process:</p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be</p>	E.1																			

		<p>confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details: https://www.hdfcergo.com/locators/cashless-hospitalsnetworks</p> <p>ii. Helpline number: https://www.hdfcergo.com/customercare/grievances Call: 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy servicing	<p>Call center number: 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	E
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens: seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p>	D.1.18
12	Things to Remember	<p>Free look Cancellation You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. 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. 2. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the 	D.1.15

		<p>terms and conditions of the policy, and to return the same if not acceptable.</p> <p>Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	D.1.14
		<p>Migration & and Portability When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p>	D.1.16 & D.1.17
		<p>Change in 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 increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	
		<p>Moratorium Period After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits</p>	D.1.12
13	Obligations	<p>Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.</p>	

Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)