HDFC ERGO General Insurance Company Limited

Policy Wording
Optima Cash

HDFC ERGO Health Insurance Company Ltd. will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

SECTION A. INTERPRETATIONS & DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

I. Standard Definitions

Def. 1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- **i.** Having qualified registered AYUSH *Medical Practitioner* (s) in charge;
- **ii.** Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- **iii.** Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 3. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- **a.** Central or State Government AYUSH Hospital; or
- **b.** Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
- **c.** AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - **i.** Having at least 5 in-patient beds;
  - **ii.** Having qualified AYUSH *Medical Practitioner* in charge round the clock;
  - **iii.** Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - **iv.** Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 4. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position

a) Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body

b) External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

Def. 5. **Day Care treatment:** means those medical treatment and/or surgical procedure which is

- undertaken under General or Local Anaesthesia in a Hospital/Day care centre in less than 24 hours because of technological advancement, and
- which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 6. **Day Care Centre:** A Day care centre means any institution established for day care treatment of illness and/or injuries or a medical set up with in a hospital and which has been registered with local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criterion as under:

- Has qualified nursing staff under its employment
- Has qualified medical practitioner (s) in charge
- Has fully equipped operation theater of its own where surgical procedures are carried out
- Maintains daily record of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 7. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 8. **Grace Period** the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period(Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received)..

Def. 9. **Hospital/Nursing Home** means any institution established for In-patient Care and Day Care Treatment ofIllness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

i) has qualified nursing staff under its employment round the clock;

ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii) has qualified medical practitioner(s) in charge round the clock;

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Def. 10. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 11. **Insured Person** means You and the persons named in the Schedule.

Def. 12. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Def. 13. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def. 14. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 15. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's

family are not considered as Medical Practitioner under the scope of this Policy.

Def. 16. **Medically Necessary Treatment** means any treatment, test, medication, or stay in hospital or part of a stay in hospital which

a) Is required for the medical management of the illness or injury suffered by the insured;

b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.

c) Must have been prescribed by a medical practitioner.

d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 17. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer

II. Specific Definitions

Def. 1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 2. **Age or Aged** means completed years as at the Commencement Date.

Def. 3. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Def. 4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.Bank Rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

Def. 5. **Break in policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period

Def. 6. **Dependents** means only the family members listed below:

i) Your legally married spouse as long as she continues to be married to You;

ii) Your children (natural or legally adopted) aged between 91 days and 21 years if they are unmarried, still financially dependant on You and have not established their own independent source of income.

Def. 7. **Daily Cash** means the daily cash and period specified in the Schedule.

Def. 8. **Material Facts** for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 9. **Policy** means Your statements in the proposal form, this policy wording (including endorsements,

if any), and the Schedule (as the same may be amended from time to time).

Def. 10. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 11. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 12. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer

Def. 13. **Pre-existing Condition** means any condition, ailment, injury, or disease:

i. That is/are diagnosed by a physician within 36months prior to the effective date of the policy issued by the insurer or its reinstatement or

ii. For which Medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.

Def. 14. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

Def. 15. **We/Our/Us** means the HDFC ERGO Health Insurance Ltd.

Def. 16. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

SECTION B. BENEFITS

Claims made in respect of any of the benefits below will be subject to the Sum Insured and is effective only if noted as such in the Schedule.

a) Sickness Hospital Cash

If an Insured Person suffers an Illness during the Policy Period that requires that Insured Person's Hospitalisation (including In-patient care AYUSH treatment in an AYUSH Hospital) as an inpatient, then

i. We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and

ii. We will pay twice the Sickness Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

b) Accident Hospital Cash

If an Insured Person suffers an Accident during the Policy Period that requires that Insured Person's Hospitalisation (including In-patient care AYUSH treatment in an AYUSH Hospital) as an inpatient, then

i. We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, and

ii. We will pay twice the Accident Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

c) Day Care Procedure Cash

If an Insured Person undertakes a Day Care Procedure as an inpatient for less than 24 hours in a Hospital or standalone day care centre, then We will pay Daily Cash amount for each procedure undertaken.

For this benefit, Day Care Procedures means following procedures only: Fractures (not hairline); Cataract; dilatation and curettage; Haemodialysis; Parenteral Chemotherapy; Radiotherapy; Coronary Angiography; Lithotripsy; Manipulation for Dislocation under General Anesthesia and Cystoscopy under General Anesthesia.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

d) Joint Hospitalisation due to an Accident

If two or more Insured Persons under the same policy are hospitalized concurrently as an inpatient during the Policy Period due to an Accident then We shall pay Daily Cash amount provided Two or more insured persons are hospitalized together for each continuous and completed period of 24 hours only till the time they are hospitalized together.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

This benefit is payable only if there is an admissible claim under 1 b) above and the payment under this benefit will be in addition to the payment under 1 b).

e) Convalescence Benefit

If an Insured Person suffers an Illness or Accident during the Policy Period that requires Insured Person's Hospitalisation as an inpatient beyond 7 consecutive and continuous days, a lumpsum amount is payable towards convalescence, provided that

i. This benefit is payable only once per illness/accident per Policy Year.

ii. This benefit is payable only if there is an admissible claim under any of the daily benefits in 1 a) or 1 b) above.

Our maximum liability shall be restricted to the Sum Insured mentioned in the Schedule of Benefits.

The payment under this benefit will be in addition to the payment under 1 a) or 1 b), as the case may be.

f) Child Birth

We will pay a lumpsum amount towards maternity, in the event of child birth during the Policy Period provided that

i. A waiting period of 2 years is applicable for this benefit,

ii. This benefit will be paid maximum twice (limited upto first two living children) during the lifetime of the Insured Person,

iii. This benefit is payable to female Insured Person only,

iv. Our maximum liability shall be restricted to the Sum Insured mentioned in the Schedule of Benefits.

v. Exclusion under Section C, 2.ix.a stands modified to the extent of mentioned above.

g) Parent Accommodation

If the Insured Person Hospitalised is a child Aged 12 years or less and the hospitalisation period exceeds 72 hours, We will pay a daily cash amount towards parent accommodation for each complete period of 24 hours provided that Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

This benefit is payable only if there is an admissible claim under 1a) or 1b) above and the payment under this benefit will be in addition to the payment under 1a) or 1b), as the case may be.

SECTION C. GENERAL EXCLUSIONS & WAITING PERIOD

1. Standard Waiting Periods

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

a) 30-day Waiting Period: Code – Excl03

I. 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.

II. This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.

III. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

b) Specified disease/procedure waiting period: Code – Excl02

I. Expenses related to the treatment of the listed Conditions, surgeries/treatments as mentioned in the table below shall 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.

II. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.

III. 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.

IV. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

V. 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.

VI. **List of specific diseases/procedure:**

i) Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus; hemorrhoids; pilonidal sinus; gastric and duodenal ulcers; gout and rheumatism; internal tumors; cysts; nodules; polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis ; polycystic ovarian diseases; sinusitis, Rhinitis, Tonsillitis and skin tumors unless malignant.

ii) Treatments: Surgeries for benign ear; adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty; dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; Nasal septum deviation; surgery on tonsils and sinuses.

iii) If the Insured person renews with Us and increases the Sum Insured, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased in the year.

c) Pre- Existing Diseases: Code- Excl01

i. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.

iii. 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.

iv. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is

subject to the same being declared at the time of application and accepted by Insurer.

2. Standard 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) Treatment arising from or consequent upon war or any act of war, invasion, act of foreign enemy (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.

ii) Breach of the 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.

iii) Intentional self-injury or attempted suicide.

iv) 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.

v) Treatment for alcoholism, drug or substance abuse, or any addictive condition and consequences thereof. Code – Excl12

vi) 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:

a. Obesity-related cardiomyopathy

b. Coronary heart disease

c. Severe Sleep Apnoea

d. Uncontrolled Type2 Diabetes

vii) General debility or exhaustion ("run-down condition")

viii) External congenital diseases, defects or anomalies

ix) Maternity: Code – Excl18

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

x) Sterility and infertility: Code – Excl17

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

xi) Birth control, contraceptive supplies or services including complications arising out of same.

xii) Circumcisions (unless necessitated by Illness or injury and forming part of treatment)

xiii) Refractive error: Code – Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

xiv)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.

xv) 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.

xvi)Unproven treatment: 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

xvii) Investigation and evaluation: Code – Excl04

a) Expenses related to any admission primarily for diagnostics 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

xviii) 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.

3. Specific Exclusions

i) Any non-allopathic treatment except to the extent of coverage provided for under 'Sickness Hospital Cash' and 'Accident Hospital Cash' covers.

ii) Any treatment or part of a treatment that is not medically necessary.

iii) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

iv) Any Insured Person's participation or involvement in naval, military or air force operation.

v) Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

vi) Congenital external diseases, defects or anomalies,

vii) Stem cell harvesting

viii) 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).

ix) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).

x) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xi) Preventive care, 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.

xii) Treatment taken on Outpatient basis

xiii) Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xiv) The provision or fitting of hearing aids, spectacles or contact lenses.

xv) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

xvi) Dental treatment and surgery of any kind, unless requiring Hospitalisation

SECTION D. GENERAL CONDITIONS

I. Standard General Conditions

a) Condition precedent to admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

b) Claim Settlement (Provision for Penal Interest)

a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

c) Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

D. 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 thirty 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 Person, 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.

d) Renewal

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.

b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a s Specific definition policy.

c) No loading shall apply on renewals based on individual claims experience

d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.

e) Renewal premium due can be paid prior to the due date as per norms set out by the Company

e) Cancellation

a) The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period. Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

b) The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.

c) Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period

in case of death of any Insured Person/s

d) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy

The coverage to the Insured Person shall automatically terminate if:

i) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining insured persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition m above. Incase, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such Insured Person (including his/her relationship with You) must be given to Us along with the Application.

ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

f) 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 by the policyholder.

g) Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

h) 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

i) 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.

j) Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product

available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

k) Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

l) Portability

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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

m) Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through:

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234/www.hdfcergo.com
Level 1	For lack of a response or if the response provided does not meet your expectation, you can: 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	If you're not satisfied with the resolution or if no response was received within 15 days, you can: 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website https://www.hdfcergo.com/customer-voice/grievances

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in

II. Specific General Conditions

a) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

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

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

b) Notification of Claim

If any treatment for which a claim may be made is to be taken then:

a) If the treatment requires Hospitalisation, We must be informed immediately and in any event not later than 7 days of the date of admission.

b) If the above condition is not fulfilled on the grounds that the claim was intimated to any other Insurer covering the hospitalization expenses, then We may accept a written confirmation of such intimation from that Insurer.

c) Supporting Documentation & Examination

I. The Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of our request or the Insured Person's discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following:

a) Our claim form, duly completed and signed for on behalf of the Insured Person.

b) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries. We will accept copies of the documents, verified and attested by the Hospital.

c) A precise diagnosis of the treatment for which a claim is made.

II. The Insured Person additionally hereby consents to:

i. The disclosure to Us of documentation, information and medical records that may be held by medical professionals and other insurers.

ii. Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

d) Claims Payment

i. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

ii. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In case of Insured Person's unfortunate demise, We will only make payment to the Nominee (as named in the Schedule). The assignment of benefits payable under this Policy shall be subject to applicable law.

iii. This Policy only covers medical treatment taken in India, and payments under this Policy shall only be made in Indian Rupees within India.

We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

iv. A continuous and completed period of less than 24 hours of Hospitalisation will be deemed to be a continuous and completed period of 24 hours if such period extends to atleast 12 hours and also includes the period 0200 to 0330 hours.

e) Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy can be changed or varied at Your request provided the request is acceptable to Us and by Us in consultation and agreement with You. The policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

f) Change of Policyholder

The change of Policyholder (except clause t) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition m above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition m above.

g) Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.

ii) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

h) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

SECTION E. OTHER TERMS & CONDITIONS

Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:

Our website : www.hdfcergohealth.com

Email : customerservice@hdfcergohealth.com

Telephone : 1800-102-0333

Fax : +91-124-4584111

Courier : Any of our Branch office or corporate office

ANNEXURE A

Ombudsman Details

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD **Office of the Insurance Ombudsman,** Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU **Office of the Insurance Ombudsman,** Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049	Karnataka.

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.bengaluru@cioins.co.in	
BHOPAL **Office of the Insurance Ombudsman,** 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR **Office of the Insurance Ombudsman,** 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH **Office Of The Insurance Ombudsman,** Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI **Office of the Insurance Ombudsman,** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
DELHI **Office of the Insurance Ombudsman,** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI **Office of the Insurance Ombudsman,** Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.guwahati@cioins.co.in	
HYDERABAD **Office of the Insurance Ombudsman,** 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR **Office of the Insurance Ombudsman,** Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI **Office of the Insurance Ombudsman,** 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA **Office of the Insurance Ombudsman,** Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW **Office of the Insurance Ombudsman,** 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI **Office of the Insurance Ombudsman,**	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai –

Office Details	Jurisdiction of Office Union Territory, District)
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA **Office of the Insurance Ombudsman,** Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA **Office of the Insurance Ombudsman,** 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE **Office of the Insurance Ombudsman,** Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE **Office of the Insurance Ombudsman,** 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

OPTIMA CASH - SCHEDULE OF BENEFITS

Following benefits are available as per the plan opted and mentioned against the Insured Person named in the Schedule. Benefits are on per Insured Person per Policy Year basis.

Silver Plan – 90 days	**Silver - 500-90d**	**Silver - 1000-90d**	**Silver - 2000-90d**	**Silver - 3000-90d**	**Silver - 4000-90d**	**Silver - 5000-90d**
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000

Sickness Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000

Silver Plan – 180 days	**Silver - 500-180d**	**Silver - 1000-180d**	**Silver - 2000-180d**	**Silver - 3000-180d**	**Silver - 4000-180d**	**Silver - 5000-180d**
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000

Gold Plan – 90 days	**Gold - 500-90d**	**Gold - 1000-90d**	**Gold - 2000-90d**	**Gold - 3000-90d**	**Gold - 4000-90d**	**Gold - 5000-90d**
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000
Gold Plan – 180 days	**Gold - 500-180d**	**Gold - 1000-180d**	**Gold - 2000-180d**	**Gold - 3000-180d**	**Gold - 4000-180d**	**Gold - 5000-180d**
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000

Accident Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000

Platinum Plan – 90 days	**Platinum - 500-90d**	**Platinum - 1000-90d**	**Platinum - 2000-90d**	**Platinum - 3000-90d**	**Platinum - 4000-90d**	**Platinum - 5000-90d**
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 90 days]	500	1,000	2,000	3,000	4,000	5,000
Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [Once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000
Child birth [2 year waiting period]	1,000	2,000	4,000	6,000	8,000	10,000
Parent Accommodation [Maximum upto 30 days]	500	1,000	2,000	3,000	4,000	5,000

Platinum Plan – 180 days	**Platinum - 500-180d**	**Platinum - 1000-180d**	**Platinum - 2000-180d**	**Platinum - 3000-180d**	**Platinum - 4000-180d**	**Platinum - 5000-180d**
Daily Cash Amount [All figures in INR]	500	1,000	2,000	3,000	4,000	5,000
Sickness Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000
Sickness ICU Cash [Maximum upto 15Days]	1,000	2,000	4,000	6,000	8,000	10,000
Accident Hospital Cash [upto 180 days]	500	1,000	2,000	3,000	4,000	5,000

Accident ICU Cash [Maximum upto 15 Days]	1,000	2,000	4,000	6,000	8,000	10,000
Day Care Procedure Cash [Maximum upto 6 Days]	250	500	1,000	1,500	2,000	2,500
Joint Hospitalisation due to an Accident [Maximum upto 10 days]	1,000	2,000	4,000	6,000	8,000	10,000
Convalescence Cash [Once in Policy Year]	500	1,000	2,000	3,000	4,000	5,000
Child birth [2 year waiting period]	1,000	2,000	4,000	6,000	8,000	10,000
Parent Accommodation [Maximum upto 30 days]	500	1,000	2,000	3,000	4,000	5,000

Document Ref No : AMHI/PR/H/0012/0042/102010/P