

Day2Day Care - Prospectus

Suitability

- This policy covers persons in the age group 91 days onwards. The Minimum entry age for Adult Dependent is
- 18 years and Maximum entry age is 65 years
- There is no maximum cover ceasing age in this policy.
- The policy will be issued for a period of 1 or 2 year(s) period, the sum insured & benefits will be applicable on Policy Year basis
- This policy can be issued to an individual and/or family. The family includes spouse, dependent children and dependent parents/parents-in law
- A maximum of 4 members can be covered in a single family floater policy with a maximum of 2 Adults and 3 children. The member combinations offered in a single family floater policy are: 1A+1C, 1A+2C, 1A+3C, 2A, 2A+1C and 2A+2C only. The 2 adults can be self & spouse. Dependent Parents/Parents-in-law will have to be covered in a separate policy
- A maximum of 6 members can be covered in a single individual policy on individual sum insured basis with a maximum of 4 adults and 5 children. The member combinations allowed in an individual policy are 1A, 1A+1C, 1A+2C, 1A+3C, 1A+4C, 1A+5C, 2A, 2A+1C, 2A+2C, 2A+3C, 2A+4C, 3A, 3A+1C, 3A+2C, 3A+3C, 4A, 4A+1C & 4A+2C only. The 4 adults can be a combination of Self, Spouse, either set of dependent parents/parents-in-law.

Note: Dependents means only the family members listed below:

- Your legally married spouse
- Your children Aged between 91 days and 25 years if they are unmarried and financially dependent with no independent source of income.
- Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Day2DayCare Policy,
- Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at their initial participation in the Day2DayCare Policy

Salient Features & Benefits

1. Outpatient Consultations- Unlimited Outpatient consultations by a general Medical Practitioner(s) or a specialist Medical Practitioner(s) in network centers A maximum of upto 5 consultations can be availed in a policy year for general or specialized consultation with a co-pay of 20% in non network centers. The coverage under this benefit will cover consultation services availed under Allopathy, Ayurveda, Unani, Siddha and Homeopathy.
2. Diagnostics, Pharmacy, vaccination and Physiotherapy - This benefit covers outpatient diagnostic tests including pathology and radiology, cost and administration of vaccination by a medical practitioner, physiotherapy and pharmacy expenses for treatment under Allopathy, Ayurveda, Unani, Siddha and Homeopathy. A co-pay of 20% would be applicable on the benefit limit mentioned in the schedule of benefits in non-network centres and non network pharmacies.



3. Annual Health Check Up - A health check-up as specified in the Schedule of Benefits for the Insured Person within Network. 2 Health check-Ups would be offered in a family floater policy. In non-network centers the insured can avail the Health Check-up benefit maximum upto Rs 2000 per member in an Individual policy & upto Rs 4000 per policy in a Family Floater policy.
For two year policy's the insured can avail one health checkup per year per member in case of Individual policy & two health check-up per year per policy for a family floater policy.

Sum Insured: Sum Insured for outpatient treatment under the policy is as mentioned in the schedule of benefits

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;

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.

Special Terms & Conditions

Waiting Period

There is no waiting period in the plan.

General Exclusions:

We will not pay for any claim in respect of any Insured Person, caused by, arising from or attributable to:

Non-Medical Exclusions	<ol style="list-style-type: none"> 1. 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. 2. Intentional self-injury or attempted suicide while sane or insane
Medical Exclusions	<ol style="list-style-type: none"> 1. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12 2. Inpatient treatment & day care procedures; 3. 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

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 break in 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.

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.

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.

Policy Period:

• The policy will be issued for 1 year or 2 years period, the sum insured & benefits will be applicable on Policy Year basis.

Requirement

- Completed proposal form

Claim Procedure:

All claims under this policy will be processed and settled by HDFC ERGO General Insurance. At network centers claims would be settled on cashless basis and on reimbursement basis in non network centers.

Outpatient Consultation

- The customer should approach our network centre and present his HDFC ERGO General Insurance id card. The network clinic will check the eligible limit available on his policy from our provided system and settle the amount through a cashless transaction.
- The claim for Outpatient consultation can be availed only by an insured person.
- Outpatient consultation can be availed both at our network centers & in Non-network centers. In Non-network centers a co-pay of 20% would apply to all claims.
- The claim settlement at network centers would be on cashless basis
- In case of non network centers, the claim would be settled on reimbursement basis.

Diagnostic, Vaccination, Pharmacy and Physiotherapy



- Diagnostics, Vaccination, Pharmacy and physiotherapy benefit can be availed both at our network centers & non-network centers. In case of non-network centre a co-pay of 20% would apply to all claims
- The customer needs to approach our network centre and present his HDFC ERGO General Insurance id card. The network centre will check the eligible limit available on his policy from our provided system and settle the amount through a cashless transaction.
- In case of non-network centers, the claim would be settled on reimbursement basis.
- Diagnostic tests, vaccination and physiotherapy benefit can be availed only against a prescription from medical practitioner.

Health check up benefit

- The customer should approach our network centre and present his HDFC ERGO General Insurance id card. The network centre will check the eligible limit available on his policy from our provided system and settle the amount through a cashless transaction. This benefit can be availed both at our network centers & Non network centers.

Reimbursement Process:

Procedure for Reimbursement of General & specialized consultation, Diagnostics, Vaccination, Physiotherapy and Pharmacy Expenses & for availing Health Check-up Benefit at Non-network centers.

Please send the duly signed claim form by the claimant and all the essential information /documents* once during the policy year

*Documents required:-Original Invoices, Payment receipts, Original Prescription by Medical Practitioner.

- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents.
- Claim settlement (provision for Penal Interest):
The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.

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.

- The payment will be made in the name of the proposer.

Note:

- Payment will only be made for items covered under your policy and upto the limits therein. In case of non-network centre a co-pay of 20% would apply to all claims except for the Health check-up benefit.

Note: Please refer to the list of empanelled network centers on our website Or the list provided in the welcome kit.

Discounts



- Discount of 5% on published premium, if customer buys Day2DayCare Policy through Our Direct channels.
- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.
- Multi-Product Discount guidelines
 - 10% discount on Day2DayCare premium if purchased along with Easy Health, Optima Restore or Total Health Plan of sum insured Rs. 3 Lacs and above at the time of renewal or buying as new plan together. To avail this discount the insured persons covered under Day2DayCare policy should also be covered under Easy Health, Optima Restore or Total Health Plan
 - 5% discount on Day2DayCare premium if purchased along with Optima Super with deductible options of Rs. 1Lac-3 Lac at the time of renewal or buying as new plan together. To avail this discount, the insured persons covered under Day2DayCare policy must also be covered under Optima Super.
 - The Multi product discount will not be cumulated in case an Insured person is buying multiple policies and the highest discount as per multi product discount guidelines would apply.

Non-Disclosure or Misrepresentation:

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule; and
 - b) the claim under such Policy if any, shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

Migration

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan



offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

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

Cancelation:

- 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.



Premium Chart

Day2DayCare - Silver

Plan Type	Individual	Family Floater		
No. of Members	1 member	2 member	3 member	4 member
Premium ex tax (in Rs.)	6903	8493	10906	13436

Day2DayCare - Gold

Plan Type	Individual	Family Floater		
No. of Members	1 member	2 member	3 member	4 member
Premium ex tax (in Rs.)	10877	15557	17971	20500

The premium mentioned is Annual Premium.
All premium rates are exclusive of service tax and applicable cess

2 Year Premium

7.5% Discount on premium if Insured Person is paying premium of 2 years in advance

For example:

Proposed insured opts for Day2DayCare-Gold Plan Individual 2 year policy.

Calculation – Rs.10877X 2 X 92.5% = Rs. 20122/- plus taxes

Tax Benefit

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

Redressal of Grievance

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

- 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

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link:
<https://www.hdfcergo.com/customer-voice/grievances>

Schedule of Benefits

SILVER PLAN				
	Individual	Family Floater		
	1 member	2 members	3 members	4 members
Outpatient Consultation (general & specialized)	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network
Pharmacy & Diagnostics (including Pathology; radiology; vaccination; physiotherapy)	Network - Upto Rs 5000/Year Non Network- Upto Rs. 5000/year after applying 20% co-pay	Network - Upto Rs 6000/Year Non Network- Upto Rs. 6000/year after applying 20% co-pay	Network - Upto Rs 7000/Year Non Network- Upto Rs. 7000/year after applying 20% co-pay	Network- Upto Rs 8000/Year Non Network- Upto Rs. 8000/year after applying 20% co-pay
Health check	NA	NA	NA	NA

GOLD PLAN				
	Individual	Family Floater		
	1 member	Upto 2 members	Upto 3 members	Upto 4 members
Doctor Consultation (general & specialized)	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network	Unlimited for Network & maximum upto 5 consultation after applying 20% co-pay in Non-Network
Pharmacy & Diagnostics (including Pathology; radiology; vaccination; physiotherapy)	Network - Upto Rs 5000/Year Non Network- Upto Rs. 5000/year after applying 20% co-pay	Network - Upto Rs 6000/Year Non Network- Upto Rs. 6000/year after applying 20% co-pay	Network - Upto Rs 7000/Year Non Network- Upto Rs. 7000/year after applying 20% co-pay	Network- Upto Rs 8000/Year Non Network- Upto Rs. 8000/year after applying 20% co-pay



<p>Health check</p>	<p>Annual Health Check Up at network centre Non-Network: Upto a maximum of Rs 2000 per member</p>	<p>2 Annual Health Check-Ups at network centre Non-Network: Upto a maximum of Rs 4000 per policy.</p>	<p>2 Annual Health Check-Ups at network centre Non-Network: Upto a maximum of Rs 4000 per policy .</p>	<p>2 Annual Health Check-Ups at network centre Non-Network: Upto a maximum of Rs 4000 per policy.</p>
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