

Health On, Policy

Suitability:

- a) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for Adult Dependent: is 18 years and Maximum entry age is 65 years.
- b) Children between 91 days and 5 years can be insured provided either parent is getting insured under this Policy.
- c) There is no maximum cover ceasing age on renewals.
- d) The policy will be issued for a period of 1/2 year(s) period, the sum insured & benefits will applicable on Policy Year basis.
- e) This policy can be issued to an individual and/or family. A maximum of 6 members can be added in a single policy, whether on an Individual or Family floater basis.
- f) The policy offers option of covering on individual sum insured basis and on family floater basis.
- g) The family includes following relationships spouse, dependent children and dependent parents and dependent in laws.
- h) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy. The 2 adults can be a combination of Self, Spouse, Father, Father in law, Mother or Mother in law. The maximum number of members in a family floater policy cannot exceed 6 members.
- i) In a family floater the age of the eldest member will be considered while computing premium for the family.
- j) In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy. The 4 adults can be a combination of Self, Spouse, Father, Father in law, Mother or Mother in law. The maximum number of members in an individual policy cannot exceed 6 members.
- k) The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the primary insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of Dependent Parents must be the same.

Note:

- I. 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 Aged between 91 days and 25 years if they are unmarried
 - iii. Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Health On Policy.
 - iv. Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Health On Policy.
 - v. All Dependent parents must be financially dependent on You.
 - vi. An insured person who is covered as child dependent in the policy will be offered a separate individual policy at renewal with all continuity benefits on completion of 25 years.

Dependent Child means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Salient Features & Benefits:

	We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for:
1	<p>a. In-Patient Treatment Treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures, prosthetic and other devices or equipment if implanted internally during a Surgical Procedure</p>	<p>1. 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. 2. Treatment availed outside India 3. Treatment at a healthcare facility which is NOT a Hospital.</p>
	<p>b. Pre-Hospitalization medical expenses for consultations, investigations and medicines incurred upto 60 days before Hospitalisation, c. Post-Hospitalization medical expenses for consultations, investigations and medicines incurred upto 180 days after discharge from Hospitalisation.</p>	<p>1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare Procedure Benefit 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required.</p>
	<p>d. Day Care Procedures Medical treatment, and/or surgical procedure which is undertaken under General or Local Anesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement, which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an Out-patient basis is not included in the scope of this definition.</p>	<p>1. Any Out-Patient Treatment or any other treatment that could have been undertaken in an out-patient department. 2. Treatment at a healthcare facility which is NOT a Hospital</p>

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<p>e. Domiciliary Treatment Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ol style="list-style-type: none"> 1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or, 2. The Patient takes treatment at home on account of non availability of room in a Hospital. 3. Pre-Hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days before hospitalisation 	<ol style="list-style-type: none"> 1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable only if treatment period is greater than 3 days) 						
<p>f. Organ Donor: Medical treatment of the organ donor for harvesting the organ.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment Benefit. . 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses. 						
<p>g. Ambulance Cover: Expenses incurred on an ambulance, subject to lower of actual expenses or Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under Inpatient Treatment Benefit and Daycare Procedure Benefit 2. NON registered healthcare or ambulance service provider ambulances. 						
<p>h. Daily Cash for choosing shared Accommodation Daily cash amount will be payable per day as mentioned in schedule of Benefits if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p> <table border="1" data-bbox="199 1093 722 1283"> <thead> <tr> <th>Sum Insured (in lac)</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>3/5/10/15</td> <td>Rs.800 per day, Maximum upto Rs.4,800</td> </tr> <tr> <td>20/25/50</td> <td>Rs.1000 per day, Maximum upto Rs.6,000</td> </tr> </tbody> </table>	Sum Insured (in lac)	Limit	3/5/10/15	Rs.800 per day, Maximum upto Rs.4,800	20/25/50	Rs.1000 per day, Maximum upto Rs.6,000	<ol style="list-style-type: none"> 1. Daily Cash Benefit for time spent by the Insured Person in an intensive care unit 2. Claims which have NOT been admitted under Inpatient Treatment Benefit
Sum Insured (in lac)	Limit						
3/5/10/15	Rs.800 per day, Maximum upto Rs.4,800						
20/25/50	Rs.1000 per day, Maximum upto Rs.6,000						
<p>i. E-Opinion in respect of a Critical Illness We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if:</p> <ul style="list-style-type: none"> -The Insured Person suffers a Critical Illness during the Policy Period; and -He requests an E-opinion; and <p>The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.</p> <p>“Critical Illness” includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke.</p>	<ol style="list-style-type: none"> 1. More than one claim for this benefit in a Policy Year. 2. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner 						
<p>Section II. Restore Benefit</p>							
<p>2</p> <p>If the Basic Sum Insured and multiplier benefit (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular policy year, provided that:</p> <p>a. The Restore Sum Insured will be enforceable only after the Basic Sum Insured inclusive of the Multiplier Bonus have been completely exhausted in that year; and</p>	<ol style="list-style-type: none"> 1. Illness/disease for which a claim has been paid in the current policy year under Inpatient Treatment Section 						

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<p>b. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Inpatient Treatment Section;</p> <p>c. The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year under Inpatient Treatment Section;</p> <p>d. No Multiplier Bonus under Multiplier Benefit will apply to the Restore Sum Insured;</p> <p>e. The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;</p> <p>f. If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.</p> <p>Incase Family Floater policy, Restore Sum Insured will be available for all Insured Persons in the Policy.</p>	
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Please note the below example to understand the working of the “Restore Benefit”

For policy period 1st Jan 2014 to 31st Dec 2014

Details		Case A	Case B	Case C	Case D
Sum Insured at beginning of policy year (Rs)		3,00,000	3,00,000	3,00,000	3,00,000
Multiplier benefit (if any, please refer to section on “Renewal incentives”)		None	None	3,00,000	3,00,000
				Assuming the policy has had 2 claim free years enabling the insured person to be eligible to receive a multiplier benefit of 100% of SI	
Total eligible Sum Insured limit applicable for the year		3,00,000	3,00,000	6,00,000	6,00,000
Event 1:	Individual undergoes a inpatient hospitalisation on 1st June 2014				
	Eligible claim amount (Rs)	2,00,000	3,00,000	3,00,000	6,00,000
	Restore benefit triggered	No	Yes	No	Yes
	Additional Restore Sum Insured triggered (Rs)	N.A	3,00,000	N.A	3,00,000
Sum Insured applicable for the remainder of the policy year (Rs) i.e. 2nd June 2014 to 31st Dec 2014		1,00,000	3,00,000	3,00,000 (Existing Multiplier benefit)	3,00,000
Sum Insured at renewal in the next policy year (Rs.)		3,00,000	3,00,000	3,00,000 (Multiplier benefit will reduce by 50% of basic Sum Insured (ie by Rs. 150,000) due to claim made in previous year)	3,00,000

Basic Sum Insured: Rs. 3Lacs; 5 Lacs; 10 Lacs; 15 Lacs; 20 Lacs; 25 Lacs; 50 Lacs on individual as well as on family floater basis.

Policy Period:

- The policy will be issued for 1/2 year(s) period, the sum insured & benefits will be applicable on Policy Year basis.

Payment Facility :

- Online
- Cheque/ Cash/ Credit Card Payment
- Electronic Clearing System

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Renewal Incentives :

• **Multiplier Benefit:**

- i. If no claim has been made in respect of Inpatient Benefits under this Policy and the Policy is renewed with Us without any break, We will apply a bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 50% of the Basic Sum Insured for this Policy Year. The maximum bonus will not exceed 100% of the Basic Sum Insured in any Policy Year.
- ii. In Family Floater policy,
 - a) The multiplier benefit shall be available on floater basis and accrue only if no claims have been made in respect of any Insured Person during the expiring Policy Year. .
 - b) Accrued Multiplier benefit is available to all insured persons under the policy
- iii. If a Multiplier benefit has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We will automatically decrease the accrued multiplier benefit at the same rate at which it is accrued. However this reduction will not reduce the Sum Insured below the basic Sum Insured of the policy, and only the accrued multiplier bonus will be decreased..
- iv. If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the multiplier bonus for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the multiplier bonus to be carried forward for credit in the Policy would be the least multiplier bonus amongst all the Insured Persons.
- v. Portability benefit will be offered to the extent of sum of previous sum insured and accrued multiplier bonus, portability benefit shall not apply to any other additional increased Sum Insured..
- vi. In policies with a 2 year Policy Period, the application of above guidelines of Multiplier Benefit shall be post completion of each policy year..

• **Health checkup at Renewal**

At the end of each year at renewal, We will reimburse expenses incurred on preventive health check-up by an Insured Person upto the amount mentioned in the table below. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year irrespective of their claim status.

Plan	3 lacs -5 lacs	10 lacs - 15 lacs	20 lacs - 50 lacs
Health On Individual	Upto Rs. 2500 per policy at the end of each year at renewal.	Upto Rs. 5000 per policy at the end of each year at renewal.	Upto Rs. 10000 per insured person at the end of each year at renewal.
Health On Floater			Upto Rs. 10000 per policy at the end of each year at renewal.

Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

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 45 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.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

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

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured 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;

Exclusions :

A. Waiting Period

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

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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

- 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.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- 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.

List of specific diseases/procedure:

Sl No	Organ / Organ System	Illness	Treatment
a	ENT	<ul style="list-style-type: none"> Sinusitis Rhinitis Tonsillitis 	<ul style="list-style-type: none"> Adenoidectomy Mastoidectomy Tonsillectomy Tympanoplasty Surgery for nasal septum deviation Nasal concha resection
b	Gynaecological	<ul style="list-style-type: none"> Cysts, polyps including breast lumps Polycystic ovarian disease Fibroids (fibromyoma) 	<ul style="list-style-type: none"> Dilatation and curettage (D&C) Myomectomy for fibroids
c	Orthopaedic	<ul style="list-style-type: none"> Non infective arthritis Gout and Rheumatism Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> Surgery for prolapsed inter vertebral disk Joint replacement surgeries
d	Gastrointestinal	<ul style="list-style-type: none"> Calculus diseases of gall bladder including Cholecystitis Pancreatitis Fissure/fistula in anus, hemorrhoids, pilonidal sinus Ulcer and erosion of stomach and duodenum Gastro Esophageal Reflux Disorder (GERD) All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded) Perineal Abscesses Perianal Abscesses 	<ul style="list-style-type: none"> Cholecystectomy Surgery of hernia
e	Urogenital	<ul style="list-style-type: none"> Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> Surgery on prostate Surgery for Hydrocele/ Rectocele
f	Eye	<ul style="list-style-type: none"> Cataract 	Nil
g	Others	Nil	<ul style="list-style-type: none"> Surgery of varicose veins and varicose ulcers
h	General (Applicable to all organ systems/ organs/disciplines whether or not described above)	<ul style="list-style-type: none"> Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> NIL

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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 48 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

B. General exclusions

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

Non Medical Exclusions

i) War or similar situations:

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 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 while sane or insane.

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.

Medical Exclusions

i Investigation & Evaluation: Code Excl04

- a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

ii Rest Cure, rehabilitation and respite care–Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the doctor
- b. The surgery/procedure conducted should be supported by clinical protocols
- c. The member has to be 18 years of age or older and
- d. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 1. Obesity related cardiomyopathy
 2. coronary heart disease
 3. severe sleep apnoea
 4. uncontrolled type2 diabetes

iv Change-of-Gender treatments - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

v Cosmetic or plastic surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

vi 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

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situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

- vii Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- viii 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
- ix 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
- x Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
- xi Unproven Treatments– 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. Code – Excl16
- xii Sterility and Infertility –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xiii 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.
- xiv 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, Chemical or Biological attack or weapons, radiation of any kind.
- xv Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xvi Any Insured Person's participation or involvement in naval, military or air force operation.
- xvii Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xviii Congenital external diseases, defects or anomalies,
- xix Stem cell harvesting.
- xx Investigative treatments for analysis and adjustments of spinal sub luxation, 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).
- xxi Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
- xxii Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.
- xxiii 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.
- xxiv Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxv 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 and also available at www.hdfcergo.com.
- xxvi Treatment taken on Outpatient basis
- xxvii The provision or fitting of hearing aids, spectacles or contact lenses.
- xxviii 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.
- xxix 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.
- xxx Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
- xxxi Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.
- xxxii Non-allopathic treatments.

HDFC ERGO General Insurance Company Limited

Prospectus



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Claim Procedure:

HDFC ERGO General Insurance Company Limited will process all claims under this policy.

Intimation & Assistance - Please contact HDFC ERGO General Insurance Company Limited at least 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Company Limited within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses

- HDFC ERGO General Insurance Company Limited must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO General Insurance Company Limited 15 days of the occurrence of the Incident. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

* Please refer to claim form for complete documentation.

- If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Company Limited will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, HDFC ERGO General Insurance Company Limited will send admissible amount, along with a settlement statement within 30 days.
- The payment will be made in the name of the Policyholder.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, HDFC ERGO General Insurance Company Limited must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO General Insurance Company Limited at least 48 hours prior to the hospitalization.
- HDFC ERGO General Insurance Company Limited will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our Customer care at 022 6234 6234 / 0120 6234 6234
- Rejection of cashless facility in no way indicates rejection of the claim.

Renewal:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience.

Withdrawal of Policy:

- 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.
- 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.

Tax Benefit:

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

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. UIN: Health On - HDHLLIP21320V022021

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Requirement:

Completed proposal form

Pre- Policy Check-up:

Pre-Policy Check-up at our network may be required based upon the age and basic sum insured. We will reimburse 100% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

PPC grid for Health On :

Diabetics				
Basic Sum Insured (Rs.)				
Age Group	300,000	500000	10,00,000	15,00,000; 20,00,000; 25,00,000; 50,00000
18-65 Years	ME, FBS, , ECG Lipid Profile, HbA1c, LFT, SR Creatinin , Uric Acid , Urine Microalbumin	ME, FBS, , ECG Lipid Profile, HbA1c, LFT, SR Creatinin , Uric Acid , Urine Microalbumin	ME, FBS, , ECG Lipid Profile, HbA1c, LFT, SR Creatinin, Uric Acid , Urine Microalbumin	ME, FBS, , ECG Lipid Profile, , HbA1c, LFT, SR Creatinin , Uric Acid, Urine Microalbumin

PPC grid for Health On :

Non Diabetics				
Basic Sum Insured (Rs.)				
Age Group	300,000	500000	10,00,000	15,00,000; 20,00,000; 25,00,000; 50,00000
18-50 YEARS	Nil	Nil	Nil	MER, ECG FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C
51-55 Years	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C
56 – 60 Years	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C
61 – 65 Years	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C

ME = Medical Examination Report; FBS = Fasting Blood Sugar; Lipids = Lipid Profile; Sr Creatinine = Serum Creatinine; HbA1c – Glycoslated Hb; S LFT = Liver Function Test; Sr Uric Acid- Serum Uric Acid ; ECG=Electro Cardiogram

PPC grid for Health On with Critical Illness Rider :

Non Diabetics				
Basic Sum Insured (Rs.)				
Age Group	300,000	500000	10,00,000	15,00,000; 20,00,000; 25,00,000; 50,00000
18-50 YEARS	Nil	Nil	MER, ECG FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C;TMT or ECG&2D Echo	MER, ECG FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C;TMT or ECG&2D Echo
51-55 Years	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C; TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C; TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo
56 – 60 Years	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo
61 – 65 Years	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo	MER, ECG, FBS, Lipids, Sr creatinine, LFT, Sr uric acid, HbA1C, TMT or ECG&2D Echo

ME = Medical Examination Report; FBS = Fasting Blood Sugar; Lipids = Lipid Profile; Sr Creatinine = Serum Creatinine; P HbA1c – Glycoslated Hb; S LFT = Liver Function Test; ECG=Electro Cardiogram, TMT- Treadmill Test

Health On, Policy

Discounts:

- 7.5% on premium if Insured Person is paying premium of 2 years in advance respectively.
- Family Discount of 10% if 2 or more family members are covered under Health On Individual Sum Insured Plan. .

Please note: The above discounts will not be applicable for premiums paid towards the Critical Advantage Rider.

Loadings

- 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 enhancement in sum insured (for the enhanced Sum Insured).

For Example: Consider a male aged 35 who is undergoing treatment for hypertension.

BP Values	Action	Decision
Systolic<=150/Diastolic<=96	30% risk loading	Risk Loading
Systolic >150/Diastolic>96	Reject	Rejection

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.

- We will inform You about the applicable risk loading or exclusion or both as the case may be through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 days, We shall cancel Your application and refund the premium paid within next 7 days.
- The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 3 A (Waiting periods) of the policy wordings or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.
- Please note that We will issue Policy only after getting Your consent and additional premium, if any.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- Please visit our nearest branch to refer our underwriting guidelines, if required.

Non- Disclosure or Misrepresentation

- 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:
 - 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
 - the claim under such Policy if any, shall be prejudiced.
- 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;
 - Permanently exclude the disease/condition and continue with the Policy
 - Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - 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.

For Detailed Guidelines on Migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Moratorium Period:

After completion of eight continuous years under this Policy no look back would be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud & permanent exclusions specified in the policy contract. The Policy would however be subject to all limits, sub limits, co-payments, Deductibles as per the policy contract.

Health On, Policy

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 45 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.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Cancellation (other than Free Look Period):

- The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

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

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

Renewability

- There shall be no cover ceasing age on renewal.

Schedule of Benefits

Health On Individual

Basic Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	3.00, 5.00, 10.00, 15.00	20.00,25.00,50.00
1a) In-patient Treatment	Covered	Covered
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days
1d) Day Care Procedures	Covered	Covered
1e) Domiciliary Treatment	Covered	Covered
1f) Organ Donor	Covered	Covered
1g) Ambulance Cover	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000
1i) E-Opinion in respect of a Critical Illness	Covered	Covered
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured

Health On, Policy

3) Health Checkup at Renewal	Covered	Covered	
	Sum Insured (In Rs.)	3 & 5 Lac	10 & 15 Lac
4) Multiplier Benefit	Annual Health checkup per policy (in Rs.)	2500	5000
	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	

Health On Family

Basic Sum Insured per Policy per Policy Year (Rs. in Lakh)	3.00, 5.00, 10.00	15.00, 20.00,25.00,50.00	
1a) In-patient Treatment	Covered	Covered	
1b) Pre-Hospitalization	Covered, upto 60 Days	Covered, upto 60 Days	
1c) Post-Hospitalization	Covered, upto 180 Days	Covered, upto 180 Days	
1d) Day Care Procedures	Covered	Covered	
1e) Domiciliary Treatment	Covered	Covered	
1f) Organ Donor	Covered	Covered	
1g) Ambulance Cover	Upto Rs.2,000 per Hospitalisation	Upto Rs.2,000 per Hospitalisation	
1h) Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800	Rs.1000 per day, Maximum Rs.6,000	
1i) E-Opinion in respect of a Critical Illness	Covered	Covered	
2) Restore Benefit	Equal to 100% of Basic Sum Insured	Equal to 100% of Basic Sum Insured	
3) Health Checkup at Renewal	Covered	Covered	
	Sum Insured (In Rs.)	3 & 5 Lac	10 & 15 Lac
4) Multiplier Benefit	Annual Health checkup per policy (in Rs.)	2500	5000
	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	Bonus of 50% of the Basic Sum Insured for every claim free year, maximum upto 100%. In case of claim, bonus will be reduced by 50% of the Basic Sum Insured at the time of renewal	

Premium rates:

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater coverage the premium will be considered on the completed age of the eldest insured member.
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate.
- Premium rates are subject to change with prior approval from IRDAI.
- The Sum Insured of the dependent insured members should be equal to or less than the Sum Insured of the Primary Insured member. In case where two or more children are covered, the Sum Insured for all the children must be same. Sum insured of all Dependent Parents and Dependent Parent in law must be same.

PI Note. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

Mid Term addition during the policy period is allowed only for newly married spouse or newborn children, legally adopted child after waiting period and child > 91 days not covered earlier. The premium would be charged on pro-rata basis.

Health On, Policy

Gross Premium Tables (Exclusive of Taxes)

Individual Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A	1A	1A	1A	1A	1A	1A
0-17	4,285	5,436	6,267	7,511	9,056	9,828	12,636
18-35	5,119	6,495	8,650	10,368	12,500	13,566	17,442
36-45	5,793	7,350	9,984	11,967	14,427	15,658	20,131
46-50	8,474	10,751	14,855	17,805	21,466	23,296	29,952
51-55	10,714	13,594	19,030	22,809	27,499	29,844	38,370
56-60	13,832	17,549	24,955	29,911	36,061	39,136	50,318
61-65	19,208	24,370	35,201	42,192	50,867	55,204	70,977
66-70	26,504	33,627	48,920	58,636	70,692	76,721	98,641
71-75	32,020	40,625	59,689	71,544	86,254	93,609	120,354
76-80	38,424	48,750	72,419	86,802	104,649	113,572	146,021
> 80	44,187	56,063	84,988	101,867	122,812	133,284	171,366

Family Floater Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C	1A + 1C
18-35	6,604	8,378	10,822	12,971	15,638	16,971	21,820
36-45	7,158	9,081	11,980	14,359	17,312	18,788	24,156
46-50	9,959	12,635	17,026	20,407	24,603	26,701	34,330
51-55	12,319	15,630	21,376	25,622	30,890	33,524	43,102
56-60	15,467	19,623	27,346	32,777	39,516	42,886	55,139
61-65	20,843	26,444	37,591	45,057	54,321	58,953	75,797
66-70	28,139	35,701	51,311	61,502	74,147	80,470	103,461
71-75	33,655	42,699	62,080	74,410	89,709	97,358	125,175
76-80	40,058	50,824	74,810	89,667	108,103	117,321	150,842
> 80	45,822	58,137	87,379	104,733	126,267	137,034	176,186

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C	1A + 2C
18-35	8,513	10,800	13,613	16,317	19,672	21,350	27,449
36-45	8,912	11,308	14,546	17,435	21,020	22,812	29,330
46-50	11,868	15,057	19,818	23,754	28,638	31,080	39,959
51-55	14,382	18,247	24,394	29,239	35,250	38,256	49,186
56-60	17,568	22,290	30,420	36,461	43,958	47,706	61,337
61-65	22,945	29,111	40,665	48,741	58,763	63,774	81,995
66-70	30,240	38,368	54,385	65,186	78,589	85,290	109,659
71-75	35,756	45,366	65,154	78,094	94,150	102,179	131,373
76-80	42,160	53,491	77,883	93,351	112,545	122,142	157,040
> 80	47,924	60,803	90,453	108,417	130,709	141,854	182,384

Health On, Policy

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C	1A + 3C
18-35	9,573	12,146	15,164	18,176	21,913	23,782	30,577
36-45	9,887	12,544	15,972	19,144	23,080	25,048	32,205
46-50	12,928	16,403	21,369	25,613	30,879	33,512	43,087
51-55	15,528	19,702	26,070	31,248	37,673	40,885	52,566
56-60	18,736	23,771	32,127	38,508	46,426	50,384	64,780
61-65	24,112	30,592	42,373	50,788	61,231	66,452	85,438
66-70	31,408	39,849	56,093	67,233	81,057	87,968	113,102
71-75	36,924	46,847	66,861	80,141	96,618	104,857	134,816
76-80	43,328	54,972	79,591	95,398	115,013	124,820	160,483
> 80	49,091	62,285	92,160	110,464	133,176	144,532	185,827

Family Floater Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A	2A	2A	2A	2A	2A	2A
18-35	7,167	9,093	12,110	14,516	17,500	18,992	24,419
36-45	8,555	10,854	14,709	17,631	21,256	23,068	29,659
46-50	12,171	15,441	21,304	25,535	30,785	33,410	42,956
51-55	15,343	19,467	27,197	32,598	39,300	42,651	54,838
56-60	19,567	24,825	35,194	42,184	50,857	55,193	70,963
61-65	26,350	33,432	48,110	57,665	69,522	75,450	97,007
66-70	36,300	46,056	66,868	80,149	96,628	104,867	134,830
71-75	45,094	57,213	83,854	100,508	121,174	131,506	169,080
76-80	54,523	69,175	102,460	122,809	148,059	160,684	206,594
> 80	63,335	80,357	121,182	145,249	175,113	190,045	244,344

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C	2A + 1C
18-35	8,651	10,976	14,282	17,118	20,638	22,398	28,797
36-45	9,920	12,585	16,705	20,023	24,140	26,198	33,683
46-50	13,655	17,325	23,475	28,138	33,923	36,816	47,335
51-55	16,948	21,503	29,543	35,411	42,692	46,332	59,570
56-60	21,201	26,899	37,585	45,049	54,312	58,943	75,784
61-65	27,985	35,506	50,501	60,531	72,976	79,199	101,827
66-70	37,935	48,130	69,259	83,014	100,083	108,617	139,650
71-75	46,729	59,287	86,245	103,374	124,628	135,256	173,900
76-80	56,157	71,249	104,850	125,674	151,514	164,433	211,414
> 80	64,970	82,431	123,572	148,115	178,568	193,795	249,165

Health On, Policy

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C	2A + 2C
18-35	10,560	13,398	17,074	20,465	24,672	26,776	34,426
36-45	11,674	14,812	19,271	23,099	27,848	30,223	38,858
46-50	15,564	19,747	26,267	31,484	37,957	41,194	52,964
51-55	19,011	24,120	32,561	39,027	47,052	51,064	65,654
56-60	23,303	29,566	40,658	48,733	58,753	63,763	81,981
61-65	30,086	38,172	53,575	64,215	77,418	84,019	108,025
66-70	40,037	50,796	72,333	86,698	104,524	113,437	145,848
71-75	48,830	61,953	89,319	107,058	129,070	140,076	180,098
76-80	58,259	73,916	107,924	129,358	155,955	169,254	217,612
> 80	67,072	85,097	126,646	151,799	183,010	198,615	255,362

Family Floater Sum Insured

SI in INR	300,000	500,000	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000
Age Group	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C	2A + 3C
18-35	12,893	16,358	20,486	24,554	29,603	32,127	41,306
36-45	13,819	17,533	22,408	26,858	32,380	35,142	45,182
46-50	17,897	22,707	29,679	35,574	42,888	46,545	59,844
51-55	21,533	27,320	36,249	43,448	52,381	56,848	73,090
56-60	25,872	32,825	44,415	53,236	64,182	69,655	89,556
61-65	32,655	41,431	57,332	68,718	82,847	89,911	115,600
66-70	42,605	54,056	76,090	91,201	109,953	119,329	153,423
71-75	51,399	65,213	93,076	111,561	134,499	145,968	187,673
76-80	60,828	77,175	111,681	133,861	161,384	175,146	225,187
> 80	69,640	88,356	130,403	156,302	188,439	204,507	262,937

Addl. Child	1,950	2,474	2,851	3,418	4,120	4,472	5,749

2 Year Premium Calculation

7.5%/10% Discount on premium if Insured Person is paying premium of 2 years in advance respectively

Example

- Proposed Insured Age 33 years opting for Base plan 2 year policy with Sum Insured of Rs 5 Lac.

Calculation = $6495 \times 2 \times 92.5\% = \text{Rs. } 12,015.75$

- Proposed Insured Age 35 years opting for Base plan 2 year policy with Sum Insured of Rs 5 Lac.

Calculation = $(6495 + 7350) \times 92.5\% = \text{Rs. } 12,806.63$

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurers.
- Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

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

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.

Annexure I – List of Non-Medical Expenses

S.No	List of Non Medical Expenses
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER

42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HTNGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
S.No	List of Non Medical Expenses
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

Premium / Benefit Illustration
Sum Insured- 5 lac
Tenure – 1 Year

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
7	5,436	5	5,436	544	4,892	5	14,812	NA	14,812	5
10	5,436	5	5,436	544	4,892	5		NA		
35	6,495	5	6,495	650	5,846	5		NA		
40	7,350	5	7,350	735	6,615	5		NA		
	24,717				22,245				14,812	
	Total premium for all members of the family is Rs. 24,717 when each member is covered separately.		Total premium for all members of the family is Rs. 22,245 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.14,812			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.

Health On, Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	5,436	5	5,436	544	4,892	5	19,747	NA	19,747	5
15	5,436	5	5,436	544	4,892	5		NA		
45	7,350	5	7,350	735	6,615	5		NA		
48	10,751	5	10,751	1075	9,676	5		NA		
	28,973				26,076				19,747	
	Total premium for all members of the family is Rs. 28,973 when each member is covered separately.		Total premium for all members of the family is Rs. 26,076 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 19,747			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
10	5,436	5	5,436	544	4,892	5	12,585	NA	12,585	5
35	6,495	5	6,495	650	5,846	5		NA		
40	7,350	5	7,350	735	6,615	5		NA		
	19,281				17,353				12,585	
	Total premium for all members of the family is Rs. 19,281 when each member is covered separately.		Total premium for all members of the family is Rs. 17,353 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs. 12,585			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.

Health On, Policy

Age of the members insured (in Years)	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount of 10%	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater Discount if any	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
15	5,436	5	5,436	544	4,892	5	17,325	NA	17,325	5
45	7,350	5	7,350	735	6,615	5		NA		
48	10,751	5	10,751	1075	9,676	5		NA		
	23,537				21,183				17,325	
	Total premium for all members of the family is Rs. 23,537 when each member is covered separately.		Total premium for all members of the family is Rs. 21,183 when they are covered under a single policy.				Total premium when policy is opted on floater basis is Rs.17,325			
	Sum Insured available for each individual is Rs. 5 Lakhs.		Sum Insured available for each individual is Rs. 5 Lakhs.				Sum Insured of Rs. 5 lakhs is available for the entire family.			

Premium as mentioned above are exclusive of taxes.

Above premium examples are for Illustration purpose only, terms and conditions apply.