

my:health Critical Suraksha Plus

Prospectus

Key features of the policy:

1. Policy exclusively designed to take care of financial needs upon diagnosis of critical illnesses.
2. Option to choose cover under Critical Illnesses for specified organs/ systems with single or multiple claim payouts.
3. Multiple claim pay out up to 400% of SI under the policy under different groups of critical illnesses.
4. Wellness features like preventive health checkups, Fitness discount@ renewal, Health Coach etc for maintenance of good health
5. Option to choose Hospital Cash benefit add on cover with the worldwide coverage.
6. Various discount options like family discount, online policy discount, long term policy discount, loyalty discount
7. Long term policy options up to 3 years with attractive premium rate
8. Option to pay premium in yearly, half yearly, quarterly and monthly installments.

Section A. Base Covers

I. Critical Illnesses Cover

1. Cancer Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Malignant Cancer of specified Sites			
	Specified Sites- Female			
	Breast	Major	100% of Sum Insured	90 days
	Cervix			
	Uterus			
	Fallopian Tube			
	Ovary			
	Vagina/Vulva			
	Specified Sites- Male			
	Head and Neck	Major		90 days
	Lung			

	Stomach		100% of Sum Insured	
	Colorectum			
	Prostate			
2	Cancer of specified severity	Major	100% of Sum Insured	90 days
3	Aplastic Anemia	Major	100% of Sum Insured	90 days
4	Major Organ Transplant – Bone Marrow	Major	100% of Sum Insured	90 days
5	Early Stage Cancer	Minor	25% of Sum Insured subject to maximum of Rs. 1,000,000	180 days
6	Carcinoma in situ	Minor		

2. Heart Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

	Critical Ailments/ Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Open Chest CABG	Major	100% of Sum Insured	90 days
2	Myocardial Infarction (First Heart Attack of specified severity)	Major		
3	Open Heart Replacement or Repair of Heart Valves	Major		
4	Major Organ Transplant – Heart	Major		
5	Surgery of Aorta	Major		
6	Primary (Idiopathic) Pulmonary Hypertension	Major		
7	Other serious coronary artery disease	Major		
8	Dissecting Aortic Aneurysm	Major		
9	Cardiomyopathy	Major		
10	Eisenmenger's Syndrome	Major		
11	Infective Endocarditis	Major		
12	Angioplasty	Minor	25% subject to maximum payout of INR 1,000,000	180 days
13	Balloon Valvotomy or Valvuloplasty	Minor		
14	Insertion of Pacemaker	Minor		

3. Nervous System Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with **Us, We** will pay **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
2	Permanent Paralysis of Limbs	Major		
3	Stroke resulting in permanent symptoms	Major		
4	Benign Brain Tumour	Major		
5	Coma of specified severity	Major		
6	Parkinson's Disease	Major		
7	Alzheimer's Disease	Major		
8	Motor Neurone Disease with permanent symptoms	Major		
9	Muscular Dystrophy	Major		
10	Apallic Syndrome	Major		
11	Bacterial Meningitis	Major		
12	Creutzfeldt-Jakob Disease (CJD)	Major		
13	Encephalitis	Major		
14	Major Head Trauma	Major		
15	Progressive Supranuclear Palsy	Major		
16	Brain Surgery	Major		
17	Loss of Speech	Major		

4. Other Major Organ Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with **Us, We** will pay percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major		
3	End Stage Liver Failure	Major		
4	Medullary Cystic Disease	Major		
5	Systemic Lupus Erythematosus with Lupus Nephritis	Major		

6	End Stage Lung Failure	Major		
7	Fulminant Hepatitis	Major		
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major		
9	Progressive Scleroderma	Major		
10	Chronic Relapsing Pancreatitis	Major		
11	Elephantiasis	Major		
12	Pneumonectomy	Major		
13	Terminal Illness	Major		
14	Myelofibrosis	Major		
15	Pheochromocytoma	Major		
16	Crohn's Disease	Major		
17	Severe Rheumatoid Arthritis	Major		
18	Severe Ulcerative Colitis	Major		
19	Deafness	Major		
20	Blindness	Major		
21	Third Degree Burns	Major		
22	Severe Osteoporosis	Minor	25% subject to maximum payout of INR 1,000,000	180 days

Covers and General Conditions applicable to Section AI, 1 to 4

1. Reduced Premium Benefit

If **Insured Person** is diagnosed with any covered Minor condition covered under this section and for which Claim is admissible under the **Policy**, **We** will waive 50% of the applicable Annual **Renewal** Premium on subsequent **Renewal** of **Policy** with **Us** subject to:

- i. Premium will be waived for the **Renewal** of **Insured Person** for whom the claim has been made, to the extent applicable to Coverage, terms and conditions corresponding to expiring year **Policy**.
- ii. Premium will be waived for subsequent **Renewal** of 5 **Policy Year** only.

2. Survival Period

Claim under Section AI, 1 to 4 is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Critical Illness** or **Surgical Procedure** covered.



The Claim is admissible only with confirmatory diagnosis of the conditions covered while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

3. Number of Claims and Benefits payable

Only one claim is payable under each of the stages given below during lifetime of the **Policy** under this Section subject to maximum 100% of Sum Insured mentioned on the Policy Schedule irrespective of Number of Sections opted and Number of Policies held by the Insured Person.

Minor Stage - On the admissibility of Claim under Minor Stage condition under the **Policy**, coverage for all other Minor stage Conditions shall cease to exist. The **Policy** shall continue to Cover Major Stage condition for the Balance Sum Insured.

Major Stage – On the admissibility of Claim under Major Stage condition, coverage under this **Policy** shall cease to exist.

In the event where an Insured Person holds multiple Policies insuring different Covers under this Section of this Product, Claim will be admissible under one Cover only and Total Sum Insured as applicable under such Cover across all Policies of this Product will be paid by the Company. Insurance for other Covers, if applicable, shall cease to exist.

II. Multi pay Critical Illnesses Cover

1. Cancer Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Cancer of Specified Severity	Major	100% of Sum Insured	90 days
2	Aplastic Anemia	Major		
3	Major Organ Transplant – Bone Marrow	Major		

2. Heart Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** or percentage of **Sum Insured** in accordance with table below:

A	Critical Ailments / Surgical Procedures	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Open Chest CABG	Major		90 days



2	Myocardial Infarction (First Heart Attack of specified severity)	Major	100% of Sum Insured	
3	Open Heart Replacement or Repair of Heart Valves	Major		
4	Major Organ Transplant – Heart	Major		
5	Surgery of Aorta	Major		
6	Primary (Idiopathic) Pulmonary Hypertension	Major		
7	Other serious coronary artery disease	Major		
8	Dissecting Aortic Aneurysm	Major		
9	Cardiomyopathy	Major		
10	Eisenmenger's Syndrome	Major		
11	Infective Endocarditis	Major		
B*	Angioplasty	Minor	25% subject to maximum payout of INR1,000,000	180 days

***B - Angioplasty**

We will pay 25% of **Sum Insured** subject to maximum of INR 10,00,000 if **Insured Person** undergoes Angioplasty, whose diagnosis first commence/occurs more than 180 days after the commencement of first Policy with Us.

On the admissibility of Claim under Angioplasty, coverage for Angioplasty shall cease to exist. The **Policy** shall continue to cover other **Critical illness** or **Surgical Procedure** under this cover, for Balance **Sum Insured** in accordance with table above.

3. Nervous System Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Multiple Sclerosis with persisting symptoms	Major	100% of Sum Insured	90 days
2	Permanent Paralysis of Limbs	Major		
3	Stroke resulting in permanent symptoms	Major		
4	Benign Brain Tumour	Major		
5	Coma of specified severity	Major		
6	Parkinson's Disease	Major		
7	Alzheimer's Disease	Major		
8	Motor Neurone Disease with permanent symptoms	Major		
9	Muscular Dystrophy	Major		
10	Apallic Syndrome	Major		
11	Bacterial Meningitis	Major		

12	Creutzfeldt-Jakob Disease (CJD)	Major		
13	Encephalitis	Major		
14	Major Head Trauma	Major		
15	Progressive Supranuclear Palsy	Major		
16	Brain Surgery	Major		
17	Loss of Speech	Major		

4. Other Major Organ Cover

If **Insured Person** suffers from **Critical illness** or undergoes **Surgical Procedure** listed below after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay percentage of **Sum Insured** in accordance with table below:

	Critical illness /Surgical Procedure	Stage	Percentage of Sum Insured Payable	Waiting Period Applicable
1	Kidney failure requiring regular dialysis	Major	100% of Sum Insured	90 days
2	Major Organ Transplant – Kidney, Lung, Liver and Pancreas	Major		
3	End Stage Liver Failure	Major		
4	Medullary Cystic Disease	Major		
5	Systemic Lupus Erythematosus with Lupus Nephritis	Major		
6	End Stage Lung Failure	Major		
7	Fulminant Hepatitis	Major		
8	Chronic Adrenal Insufficiency (Addison's Disease)	Major		
9	Progressive Scleroderma	Major		
10	Chronic Relapsing Pancreatitis	Major		
11	Elephantiasis	Major		
12	Pneumonectomy	Major		
13	Terminal Illness	Major		
14	Myelofibrosis	Major		
15	Pheochromocytoma	Major		
16	Crohn's Disease	Major		
17	Severe Rheumatoid Arthritis	Major		
18	Severe Ulcerative Colitis	Major		
19	Deafness	Major		



20	Blindness	Major		
21	Third Degree Burns	Major		

Covers and General Conditions applicable to Section All, 1 to 4

1. Reduced Premium Benefit

If **Insured Person** is diagnosed with any covered **Critical Illness** under any Cover from Section All, 1 to 4 and for which Claim is admissible under the **Policy**, **We** will waive 50% of the applicable Annual **Renewal** Premium on subsequent **Renewal** of **Policy** subject to:

- i. Premium will be waived for the renewal of **Insured person** for whom the claim has been made, to the extent applicable to Coverage, terms and conditions corresponding to expiring **Policy**.
- ii. Premium will be waived for subsequent **Renewal** of 5 **Policy Years**, following every admissible claim under each Cover.

2. Survival Period

Each Claim under Section A II, 1 to 4 is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Critical Illness** or **Surgical Procedure** covered.

The Claim is admissible only with confirmatory diagnosis of the conditions covered while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

3. Number of Claims and Waiting Period

Coverage under this Section shall cease to exist; once a Claim has been admitted under each of the Covers as opted by the Insured Person and maximum 100% of the Sum Insured is paid by the Company under such Covers subject to 12 months waiting period between Claims under any two Covers.

In the event where an Insured Person holds multiple Policies under this Section of this product, Total Sum Insured under this section across all policies of this product will be paid by the Company for each admissible claim subject to 12 months waiting period between Claims under any two Covers.

*For Example: If an Insured Person suffers a **Stroke resulting in permanent symptoms** and at any time within 12 months also suffers from **Myocardial Infraction (First Heart Attack of specified severity)** thereby triggering claims under both Nervous System Cover and Cardiac Cover, the Company will pay maximum 100% of Sum Insured under one Cover only. However, if the two incidences were separated by more than 12 months' time period, the Company will pay maximum 100% of Sum Insured under each Cover.*

Section B. my: health Active

1. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;



- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Your** wearable device linked to **OurHDFC ERGO Mobile App** and **YourPolicy** number

OR

- burning total of 900 calories up to maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **OurHDFC ERGO Mobile App** and **YourPolicy** number

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The **HDFC ERGO Mobile App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to **HDFC ERGO Mobile App**

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities **Insured Person** engages in.

Application of Fitness discount @ Renewal

- Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring **Policy** year will be applied on the **Renewal** Premium for expiring **Policy Sum Insured**.
- Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till **Policy** End date.
 - On **Renewal** of the **Policy**, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year.
- For Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accumulated. Such discount will be applicable on individual **Renewal** Premium. Premium will be discounted to the extent applicable to coverage corresponding to expiring **Policy**.
- In case of Increase in **Sum Insured** at **Renewal**, discount percentage will be applied on the **Sum Insured** applicable under expiring **Policy**.



- Fitness discount @ Renewal will be applied only on **Renewal** of **Policy** with **Us**.

2. Health Incentive

This Program encourages **Insured Person** to maintain good health and avail incentives as listed below.

Under this Program, **Insured Person** having **Pre-Existing Diseases** or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied at first inception of the **Policy** with **Us** provided that;

- Insured Person** shall undergo medical tests and/or BMI check-up below minimum 3 months prior to expiry of **Policy** Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- Medical test shall be done at Your own cost through our **Network Provider** and through **Our HDFC ERGO Mobile App** if the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding Obesity as applicable on **Renewal** of the **Policy** with **Us**.
- If the test parameters at subsequent renewal is not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring **Policy** year will be applied on the **Renewal** Premium for expiring Policy Sum Insured.
- **Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till **Policy** End date.
 - On Renewal of the **Policy**, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent renewal.
- For Policies covering more than one Insured Person, tests shall be done for each **Insured Person** basis which such reduction in loading will be applicable on individual **Renewal** Premium.
- Medical Underwriting loading will be discounted only on **Renewal** of **Policy** with **Us**
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if **Policy** is not renewed with **Us**.

3. Wellness services:

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our HDFC ERGO Mobile App** only.

i. Health Coach:



An **Insured Person** will have access to Health Coaching services in areas given below:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our HDFC ERGO Mobile App** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management

These services will be available through **Our HDFC ERGO Mobile App**

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our **HDFC ERGO Mobile App** and Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section C. Renewal Benefit

1. Preventive Health Check Up

Insured Person will be entitled for Preventive Health Check-up on **Renewal** of the **Policy** with **Us**, at our Network Diagnostic centers or hospitals in accordance to r list of tests, eligibility criteria and waiting period as specified below

Health Checkup- on each **Policy** Renewal

Age / Expiring Policy Sum Insured	1Lac to 10Lacs	11Lacs to 50 Lacs	Above 50 Lacs
18 to 40 Years	Set 1	Set 1, Thyroid, USG abdomen and pelvis	Set 1, Thyroid , USG abdomen and pelvis, Lipid Profile, Renal Profile
41 Yrs and Above	Set 1, SrCreat	Set 1, SrCreat, Thyroid, USG abdomen and pelvis	Set 1, Thyroid, USG abdomen and pelvis, Lipid Profile, Renal profile, ECG

Set 1 -Comprises of, Complete Blood Count, Urine R, FBS, Sr Cholesterol

Health Checkup – Additional Tests



Age	Gender	Type of Test	Waiting Period	Sum Insured
Below 40 years	Female	PAP Smear & Mammography	Once in two years	All Sum Insured
	Male	PSA		
Above 40 years	Female	PAP Smear & Mammography	Once in four years	All Sum Insured
	Male	PSA		

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of **Renewal Policy** Inception date.
- Eligibility to avail Health Check-up will be in accordance to expiring Policy Sum Insured.
- The test reports received under this benefit shall not be utilized for re-underwriting the **Policy**

Procedure for availing this benefit

- Insured person** will be intimated to undergo the health check-up at our **Network Provider**, through **Our HDFC ERGO Mobile App** Test reports from our **Network Provider** will be made available to You on **Our HDFC ERGO Mobile App**
- You** have the option to avail this benefit at our **Network Provider** through Phone/Email or other modes of communication available time to time.

Section D. Optional Covers

1. Pre Diagnosis Cover

If a Claim is **admissible** under Section A I or A II as opted, We will pay the expenses incurred towards diagnostic tests/ procedures incurred up to 30 days prior to the diagnosis of such **Critical Illness** or Undergoing of such **Surgical Procedure**.

Indicative list of Procedures covered

Sr No	List of Diagnostic tests/ Procedures
1	Renal/Cardiac Angiogram.
2	Intravenous Pyelogram.
3	Ultrasonography.
4	Ultrasound Guided FNAC.
5	Colour Doppler.
6	Mammography.
7	CT Scan.
8	MRI Scan.
9	Treadmill Test ECHO.



10	Cardiogram.
11	Electrophysiology.
12	Endoscopic Procedures.
13	Special Radiological Procedures such as barium meal investigations
14	Arthrogram, ERCP, Intravenous Urogram, Cystourethrogram,
15	Nephrostogram.
16	Special Blood Investigations such as Assay of Various Blood Factors.
17	Virology Markers, Complete Coagulation Work up

2. Post Diagnosis Support

a. Second Medical Opinion

We will pay expenses incurred towards second Medical Opinion availed from Medical Practitioner in respect of Critical Illness/Surgical Procedure for which Claim is admissible under the Policy.

b. Molecular Gene Expression Profiling Test

We will pay the expenses incurred towards the expenses for Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of any Major stage Cancer for which Claim is admissible under Section A I.1 or A II.1, Cancer Cover as opted. The benefit under this cover can be availed only once during lifetime of the Policy.

c. Post Diagnosis Assistance

We will pay Sum Insured towards outpatient counseling required upon diagnosis of Critical Illnesses and Surgical Procedures for which Claim is admissible under Section A I or A II as opted. The Cover is subject to maximum number of sessions as specified on Schedule of Coverage.

Applicability of Cover (Applicable to a. and c.)

Section A I – if Base Coverage is opted under Section A I, the Claim under this cover is admissible only once in life time of the Policy

Section A II – if Base Coverage is opted under Section A II, the Claim under this cover is admissible after every admissible Claim under the Policy

3. Loss of Job

We will pay Sum Insured if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of any of the Major stage Critical Illnesses or undergoing any of the Major stage Surgical Procedures for which Claim is admissible under Section A I or A II of the Policy.

Waiting Periods & 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**:

- A waiting period of 36 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first **Policy** with us. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- Any Illness, sickness or disease other than those opted and specified as **Critical Illnesses or Surgical Procedure** under this **Policy**;
- Any claim with respect to any Critical Illness diagnosed prior to Policy Inception Date
- Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen unless prescribed by Medical Practitioner;
- Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner,
- Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- Whilst engaging in **Adventure Sports**.
- Involvement in naval, military or air force operation.
- Participation by the **Insured Person** in any flying activity, except as a bona fide passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled timetable.

General Exclusions applicable to Loss of Job:

- i. Loss of job due to retirement whether voluntary or otherwise
- ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation



Add On Cover

my:health Hospital Cash Benefit Add on

Section A: Coverage

1. Hospital Cash benefit

We will pay Sum Insured in accordance with Table A below on **Medically Necessary Hospitalization** of an **Insured Person** due to **Illness or Injury** sustained or contracted during the Policy Period. The payment is subject to **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule.

2. Companion Benefit:

We will pay additional amount up to the limit specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person to take care of the Insured Person during Hospitalization

Section B: Optional Cover

1. Hospital Cash benefit - Global:

If You avail this option, We will pay Sum Insured in accordance with Table below, on **Medically Necessary Hospitalization** of an **Insured Person** outside India due to **Illness or Injury** sustained or contracted during the Policy Period

This benefit will only be applicable if worldwide cover is opted by the Insure

Benefit Chart

Type of Room		Companion Benefit	Benefit under Global Cover
Normal	ICU		
500	1,000	500	2,500
1,000	2,000	1,000	5,000
1,500	3,000	1,500	7,500
2,000	4,000	2,000	10,000
2,500	5,000	2,500	12,500
3,000	6,000	3,000	15,000
5,000	10,000	5,000	25,000
7,500	15,000	7,500	37,500
10,000	20,000	10,000	50,000

Waiting Periods & Exclusions applicable for my:health Hospital Cash Benefit Add on

Waiting Periods

i) Pre-existing Diseases – Code – Excl01

- a) 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.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- c) 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.
- d) 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.

ii) **Specified Disease/Procedure waiting period- Code – Excl02**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments 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**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c) 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.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) 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.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g.Kidneystone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
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Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) **30-day waiting period – Code – Excl03**

- a) 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.
- b) This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

2. General Exclusions

We will not make 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 the **Policy**/Certificate of Insurance:

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:
 - iii. Obesity related cardiomyopathy
 - iv. coronary heart disease
 - v. severe sleep apnoea
 - vi. uncontrolled type2 diabetes

- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any reatment, 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. **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.
- vii. **Breach of Law**: Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- viii. **Excluded Providers**- Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.Code – Excl15
- xiii. **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
- xiv. **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
- xv. **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.
- xvi. 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.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any **Insured Person**'s participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).



- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting
- xxii.
- xxiii. 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).
- xxiv. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxvi. 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.
- xxvii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxviii. **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 available at www.hdfcergo.com.
- xxix. Treatment taken on Outpatient basis
- xxx. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxxi. 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.
- xxxii. 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.
- xxxiii. Expenses for Artificial limbs or 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
- xxxiv. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

Conditions

1. Entry Age:

Proposer	Adult Dependent
Minimum Entry Age – 18 Years	Minimum Entry Age – -18 Years
Maximum Entry Age – 65 yrs	Maximum Entry Age - 65 yrs

2. Type of Policy:

- This Policy is offered on individual sum insured basis

3. Coverage for Dependents



• **Individual Sum Insured Option:**

• Self	• Spouse
• Dependent Children	• Dependant Parents/in laws
• Grand Mother	• Grand Father
• Grand Son	• Grand Daughter
• Daughter in Law	• Son in law
• Sister	• Brother
• Sister in law	• Nephew
• Niece	

4. Policy period

- This policy can be issued for 1 year/ 2 years/ 3 years.

5. Sum Insured Options

Rs 1 Lac to 5 Crs

6. Pre Policy Check ups

Pre Policy and Financial Underwriting Matrix

Pre Policy Underwriting Matrix for Cancer Cover (Where only Cancer Cover is opted)

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Ca Set 1	Not Applicable
11 to 24Lacs	NA	Ca Set 2	Not Applicable
25 lacs to 50lacs	Ca Set 2	Ca Set 2, USG (A+P)	Applicable Above 25 Lacs
51 lacs to 5 Crore	Ca Set 3, USG (A+P)	Ca Set 3, USG (A+P)	Applicable Above 25Lacs

- Ca Set 1-ME, RUA, CBC with ESR, Sr Creatinine, SGPT, GGTP, SGOT
- Ca Set 2-Set 1, HBsAg, PSA (Males), Pap Smear (Females),CEA
- Ca Set 3-Set 2, Sonomamography (Females)

Pre Policy Underwriting Matrix for all other Covers

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Sum Insured in INR	18 yrs to 45 Yrs	Age above 45 years	Financial underwriting
3 to 10 Lacs	NA	Set 1	Not Applicable
11 to 24Lacs	NA	Set1+TMT/2D Echo	Not Applicable
25 lacs to 50lacs	Set 2	Set 2	Applicable Above 25 Lacs
51 lacs to 1 Crore	Set 2	Set 2	Applicable Above 25Lacs
Above 1 crore to 5 crores	Set 3	Set 3	Applicable

- Set 1: ME, RUA, CBC with ESR, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG
- Set 2 :Set 1, HBsAg, TMT/2D Echo ,USG Abdomen & Pelvis, Chest X Ray, CEA, PSA (Males), Pap Smear(Females),
- Set 3 : Set 2, Sonomamography

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	SrCreatinine = Serum Creatinine
LFT = Liver Function Test	RFT = Renal Function Test
PSA = Prostate Specific antigen	TMT = Treadmill Test
RUA = Routine Urine Examination	SGPT = Serum Glutamic Pyruvic Transaminase
USG = Ultrasonogram	HBsAg = Hepatitis B Surface Antigen
GGT = Gamma-GlutamylTranspeptidase	2D ECHO-2D Echocardiogram,
CEA=Carcinoembryogenic Antigen	

Guidelines for Pre Policy Check up

- Pre Policy Check-up will be conducted at our **Network provider**
- Where ever Pre Policy Check-up is conducted at our **Network provider**, 100% of the Medical test charges will be reimbursed on acceptance of proposal. In case Customer Insists on a Check-up outside our **Network provider**, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.
- If Proposal is declined post Pre Policy Check-up, 50% of the Medical test charges incurred will be reimbursed



- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests
- In case of any additional tests advised besides the ones mentioned above, 50% of the cost incurred on such test will be borne by Us

7. 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

- 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
- 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**
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

8. Grace Period

- A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy.
- If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received)
- For Renewal received after completion of 30 days grace period, the Policy would be considered as a fresh policy. All the discounts, modifications of loading earned on the previous policies shall not be extended in the fresh Policy
- All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the Policy
- For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

9. Sum Insured Enhancement:

The Insured Person member can apply for enhancement of Sum Insured at the time of renewal. The acceptance of enhancement of Sum Insured would be based on the health condition of the Insured Persons & claim history of the policy.

10. Renewal of Policy

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.

- 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.

11. 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

12. 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.

13. Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii. If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-installment premium payment, coverage shall not be available for the period for which no premium is received)The **Insured Person** will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated **Grace Period**.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- v. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vi. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

14. Discounts:

1	Family Discount	A discount of 10% on the premium shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company
2	Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased online, through our website directly from the Company.
3	Employee Discount	10% discount will be offered on the premium, to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company
4	Loyalty Discount	If insured has purchased policies for more than 1 product from us, discount equivalent to 10% on lower of the premium amongst all of the active policies held by customer is offered

Maximum cap on all discounts from 1 to 4 combined is 20%

Other Discounts

Healthy Weeks

On the basis of number of Healthy Weeks recorded. Wellness Discount is accrued on a yearly basis according to the following grid

Healthy Weeks	Wellness discount
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

15. 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.

16. Withdrawal of the Product

- 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.

17. Additional Benefits

Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy,

18. Claims Process

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of Critical Illness or undergoing Surgical Procedure
Particulars to be provided to Us for Claim notification	<ul style="list-style-type: none"> • Policy Number, • Name of the Insured Person(s) named in the Policy Schedule availing treatment, • Nature of disease/illness/injury, • Name and address of the attending Medical Practitioner/Hospital • Date of admission & probable date of discharge • Date and time of event if applicable • Date of admission if applicable
Claims documents for Critical Illnesses Cover and Multi pay Critical Illness Cover	<ul style="list-style-type: none"> • Claim Form duly signed • Copy of Discharge Summary / Discharge Certificate; • First consultation letter from treating Medical Practitioner • Medical certificate confirming diagnosis, and the treatment from Medical Practitioner • certificate from treating Medical Practitioner, specifying the duration and etiology • OT Notes in case of Surgery • Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery • MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable • All pathological/Histopathological and radiological Investigation Reports • NEFT details & cancelled cheque • Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving Licence Voter ID, etc) <p>We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.</p>
Claims documents and process for	<ul style="list-style-type: none"> • Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) Consultation fees payment Receipt / invoice



<p>Second Expert medical Opinion</p>	<ul style="list-style-type: none"> • For availing Second Expert medical Opinion from Network Service Provider • Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 contactline to obtain the list of Our panel doctors). • On receipt of the complete set of documents, We will forward the same to the concerned doctor. • The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.
<p>Claims documents for loss of Job</p>	<ul style="list-style-type: none"> • Duly Completed Claim Form signed by Insured Person; • Form 16A • Termination letter/Resignation Letter/ Resignation Acceptance letter • NEFT details & cancelled cheque
<p>Condonation of delay</p>	<p>If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control</p>

19. Claim Settlement (provision for Penal Interest)

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. 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 last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iv. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- vi. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vii. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.

- viii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

20. Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Insurance is the subject matter of solicitation

1.1. 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>



Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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/>



		my:health Critical Suraksha Plus: Plans							
	Coverage	Details	Cancer Suraksha	Cardiac Suraksha	Smart Suraksha	Comprehensive Suraksha	Multi Pay Suraksha Elite	Multi Pay Suraksha Supreme	Multi Pay Suraksha Comprehensive
Section A.	Base Covers								
I	Critical Illness								
1	Cancer Cover	Malignant Cancer of Specified Severity	Covered	X	X	Covered	X	X	X
2	Heart Cover	Illnesses and Procedures related to heart	X	Covered	Covered	Covered	X	X	X
3	Nervous System Cover	Illnesses and Procedures related to nervous system	X	X	Covered	Covered	X	X	X
4	Other Major Organ Cover	Organs and Functions	X	X	X	Covered	X	X	X
II	Multi Pay Critical Illness								
1	Cancer Cover	Malignant Cancer of Specified Severity	X	X	X	X	Covered	Covered	Covered
2	Heart Cover	Illnesses and Procedures related to heart	X	X	X	X	Covered	Covered	Covered
3	Nervous System Cover	Illnesses and Procedures related to nervous system	X	X	X	X	X	Covered	Covered
4	Other Major Organ Cover	Illnesses and Procedures related to Major Organs and Functions	X	X	X	X	X	X	Covered
Section B	my:health Active	Wellness Benefit	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Section C	preventive Health Check Up	Free health check up for listed tests every year	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Section D	Optional Covers								
1	Pre Diagnosis Cover	Benefit for listed diagnostic tests for any of the covered illness, upto Rs 25000	Optional	Optional	Optional	Optional	Optional	Optional	Optional
2	Post Diagnosis Support		Optional	Optional	Optional	Optional	Optional	Optional	Optional
	a.Second Medical Opinion	Second expert medical opinion, E opinion as well as in person, upto Rs 10000							
	b. Molecular Gene Expression Profiling Test	Molecular Gene Expression Profiling Test - once in Policy term, upto Rs 10000							
	c. Post Diagnosis Assistance	Post diagnosis counselling expenses, Upto Rs 3,000 per session for up to maximum of 6 sessions							
3	Loss of Job	Benefit upon resignation or termination due to diagnosis of any of the covered illness upto 50% of Monthly Salary, upto 6 months	Optional	Optional	Optional	Optional	Optional	Optional	Optional
	Add On cover								
1	my: health Hospital Cash Benefit Add on	Daily cash benefit as opted in case of hospitalisation, (max for 30 days)	Optional	Optional	Optional	Optional	Optional	Optional	Optional

my: health Critical Suraksha Plus – Plan Rate Charts on per mille basis (Exclusive of taxes)

Cancer Suraksha plan

Age Band	Male	Female
18-25	0.48	0.48
26-30	0.72	1.10
31-35	0.95	1.72
36-40	1.60	3.18
41-45	2.86	6.02
46-50	5.32	9.02
51-55	10.48	13.52
56-60	15.29	14.25
61-65	23.09	16.25
66-70	37.52	20.48
Above 70	61.03	25.83

Cardiac Suraksha Plan

Age Band	Male	Female
18-25	1.14	0.56
26-30	1.91	0.95
31-35	2.64	1.22
36-40	4.72	1.95
41-45	9.02	3.63
46-50	17.06	5.82
51-55	31.75	10.59
56-60	44.09	15.25
61-65	64.67	23.79
66-70	103.71	40.67
Above 70	166.39	69.65

Smart Suraksha

Age Band	Male	Female
18-25	1.56	0.83
26-30	2.56	1.48
31-35	3.60	2.06
36-40	6.33	3.52
41-45	11.71	6.44
46-50	21.48	9.86
51-55	39.40	17.06
56-60	54.94	23.67
61-65	83.09	36.59
66-70	142.90	64.90
Above 70	249.77	115.49

Comprehensive Suraksha

Age Band	Male	Female
18-25	2.33	1.60
26-30	3.75	3.06
31-35	5.14	4.37
36-40	9.41	8.18
41-45	17.13	14.86
46-50	30.48	21.79
51-55	54.67	34.09
56-60	77.32	42.56
61-65	115.86	57.98
66-70	194.94	91.29
Above 70	332.54	148.10

Multi-Pay Suraksha Elite

Age Band	Male	Female
18-25	1.64	0.83
26-30	2.98	1.72
31-35	4.33	2.72
36-40	7.56	5.06
41-45	14.56	9.82
46-50	29.63	18.82
51-55	60.71	35.06
56-60	87.63	46.06
61-65	130.94	67.40
66-70	210.71	110.17
Above 70	339.28	182.54

Multi-Pay Suraksha Supreme

Age Band	Male	Female
18-25	2.10	1.06
26-30	3.75	2.18
31-35	5.48	3.48
36-40	9.37	6.52
41-45	17.56	12.40
46-50	34.94	23.44
51-55	70.63	43.52
56-60	101.90	57.67
61-65	155.67	86.71
66-70	264.52	150.17
Above 70	456.35	265.41

HDFC ERGO General Insurance



Multi-Pay Suraksha Supreme Comprehensive

Age Band	Male	Female
18-25	2.60	1.48
26-30	4.52	2.83
31-35	6.41	4.29
36-40	11.22	8.02
41-45	20.63	14.82
46-50	39.59	26.98
51-55	77.13	48.40
56-60	111.52	64.36
61-65	168.94	94.75
66-70	284.75	160.29
Above 70	487.19	278.14



my: health Critical Suraksha Plus – Optional cover Rate Charts on per mille basis (Exclusive of taxes)

Preventive Health Check-Up

Age Band	Gross Rate
18-25	0.18
26-30	0.18
31-35	0.18
36-40	0.18
41-45	0.21
46-50	0.21
51-55	0.21
56-60	0.21
61-65	0.21
66-70	0.21
Above 70	0.21



**Pre-Diagnosis
Cover**

Section	CI - Male				CI - Female				Multi CI - Male				Multi CI - Female			
	Age Band	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System
18 – 25	0.48	1.14	0.60	0.64	0.48	0.56	0.45	0.64	0.52	1.29	0.64	0.68	0.45	0.56	0.41	0.60
26 – 30	0.72	1.91	0.83	0.83	1.10	0.95	0.72	0.83	0.79	2.37	0.95	0.95	0.95	0.95	0.64	0.83
31 – 35	0.95	2.64	1.14	0.95	1.72	1.22	1.02	0.95	1.10	3.41	1.33	1.10	1.56	1.33	0.95	0.98
36 – 40	1.60	4.72	1.79	1.83	3.18	1.95	1.75	1.83	1.79	5.95	1.98	2.02	2.95	2.29	1.64	1.68
41 – 45	2.86	9.02	2.90	2.98	6.02	3.63	3.02	2.82	3.17	11.59	3.21	3.29	5.56	4.48	2.79	2.63
46 – 50	5.32	17.06	4.63	4.09	9.02	5.82	4.25	3.32	6.32	23.52	5.52	4.86	10.25	8.79	4.82	3.75
51 – 55	10.48	31.75	7.86	5.21	13.52	10.59	6.67	3.94	13.56	47.36	10.13	6.71	17.59	17.67	8.67	5.09
56 – 60	15.29	44.09	11.06	7.52	14.25	15.25	8.63	5.06	20.06	67.79	14.48	9.82	19.59	26.67	11.82	6.90
61 – 65	23.09	64.67	18.63	10.09	16.25	23.79	13.02	5.56	30.94	100.21	24.94	13.48	24.36	43.25	19.52	8.25
66 – 70	37.52	103.71	39.40	14.94	20.48	40.67	24.44	6.32	51.40	159.52	54.02	20.44	33.67	76.71	40.21	10.32
Above 70	61.03	166.39	83.59	22.16	25.83	69.65	46.05	7.20	85.49	254.00	117.28	31.05	46.57	136.19	83.08	12.94

Post diagnosis Support

Molecular Gene Expression Profiling Test

Age Band	CI		Multi CI	
	Male	Female	Male	Female
18-25	0.48	0.48	0.52	0.45
26-30	0.72	1.10	0.79	0.95
31-35	0.95	1.72	1.10	1.56
36-40	1.60	3.18	1.79	2.95
41-45	2.86	6.02	3.17	5.56
46-50	5.32	9.02	6.32	10.25
51-55	10.48	13.52	13.56	17.59
56-60	15.29	14.25	20.06	19.59
61-65	23.09	16.25	30.94	24.36
66-70	37.52	20.48	51.40	33.67
Above 70	61.03	25.83	85.49	46.57

Post Diagnosis Assistance

Section	CI - Male				CI - Female				Multi CI - Male				Multi CI - Female			
Age Band	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other
18 – 25	0.48	1.14	0.60	0.64	0.48	0.56	0.45	0.64	0.52	1.29	0.64	0.68	0.45	0.56	0.41	0.60
26 – 30	0.72	1.91	0.83	0.83	1.10	0.95	0.72	0.83	0.79	2.37	0.95	0.95	0.95	0.95	0.64	0.83
31 – 35	0.95	2.64	1.14	0.95	1.72	1.22	1.02	0.95	1.10	3.41	1.33	1.10	1.56	1.33	0.95	0.98
36 – 40	1.60	4.72	1.79	1.83	3.18	1.95	1.75	1.83	1.79	5.95	1.98	2.02	2.95	2.29	1.64	1.68
41 – 45	2.86	9.02	2.90	2.98	6.02	3.63	3.02	2.82	3.17	11.59	3.21	3.29	5.56	4.48	2.79	2.63
46 – 50	5.32	17.06	4.63	4.09	9.02	5.82	4.25	3.32	6.32	23.52	5.52	4.86	10.25	8.79	4.82	3.75
51 – 55	10.48	31.75	7.86	5.21	13.52	10.59	6.67	3.94	13.56	47.36	10.13	6.71	17.59	17.67	8.67	5.09
56 – 60	15.29	44.09	11.06	7.52	14.25	15.25	8.63	5.06	20.06	67.79	14.48	9.82	19.59	26.67	11.82	6.90
61 – 65	23.09	64.67	18.63	10.09	16.25	23.79	13.02	5.56	30.94	100.21	24.94	13.48	24.36	43.25	19.52	8.25
66 – 70	37.52	103.71	39.40	14.94	20.48	40.67	24.44	6.32	51.40	159.52	54.02	20.44	33.67	76.71	40.21	10.32
Above 70	61.03	166.39	83.59	22.16	25.83	69.65	46.05	7.20	85.49	254.00	117.28	31.05	46.57	136.19	83.08	12.94

Second Medical Opinion

Section	CI - Male				CI - Female				Multi CI - Male				Multi CI - Female			
Age Band	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other
18 – 25	0.48	1.14	0.60	0.64	0.48	0.56	0.45	0.64	0.52	1.29	0.64	0.68	0.45	0.56	0.41	0.60
26 – 30	0.72	1.91	0.83	0.83	1.10	0.95	0.72	0.83	0.79	2.37	0.95	0.95	0.95	0.95	0.64	0.83
31 – 35	0.95	2.64	1.14	0.95	1.72	1.22	1.02	0.95	1.10	3.41	1.33	1.10	1.56	1.33	0.95	0.98
36 – 40	1.60	4.72	1.79	1.83	3.18	1.95	1.75	1.83	1.79	5.95	1.98	2.02	2.95	2.29	1.64	1.68
41 – 45	2.86	9.02	2.90	2.98	6.02	3.63	3.02	2.82	3.17	11.59	3.21	3.29	5.56	4.48	2.79	2.63
46 – 50	5.32	17.06	4.63	4.09	9.02	5.82	4.25	3.32	6.32	23.52	5.52	4.86	10.25	8.79	4.82	3.75
51 – 55	10.48	31.75	7.86	5.21	13.52	10.59	6.67	3.94	13.56	47.36	10.13	6.71	17.59	17.67	8.67	5.09
56 – 60	15.29	44.09	11.06	7.52	14.25	15.25	8.63	5.06	20.06	67.79	14.48	9.82	19.59	26.67	11.82	6.90
61 – 65	23.09	64.67	18.63	10.09	16.25	23.79	13.02	5.56	30.94	100.21	24.94	13.48	24.36	43.25	19.52	8.25
66 – 70	37.52	103.71	39.40	14.94	20.48	40.67	24.44	6.32	51.40	159.52	54.02	20.44	33.67	76.71	40.21	10.32
Above 70	61.03	166.39	83.59	22.16	25.83	69.65	46.05	7.20	85.49	254.00	117.28	31.05	46.57	136.19	83.08	12.94



**Loss of Job
Benefit**

Age Band	CI - Male				CI - Female				Multi CI - Male				Multi CI - Female			
	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other	Cancer	Heart	Nervous System	Other
18 – 25	0.27	0.85	0.42	0.46	0.27	0.35	0.27	0.46	0.35	1.12	0.46	0.50	0.27	0.38	0.23	0.42
26 – 30	0.50	1.58	0.65	0.65	0.73	0.69	0.54	0.65	0.62	2.19	0.77	0.77	0.77	0.77	0.46	0.65
31 – 35	0.73	2.23	0.96	0.77	1.27	0.96	0.85	0.77	0.92	3.23	1.15	0.92	1.38	1.15	0.77	0.81
36 – 40	1.35	4.12	1.62	1.65	2.62	1.65	1.58	1.65	1.62	5.77	1.81	1.85	2.77	2.12	1.46	1.50
41 – 45	2.54	8.00	2.69	2.77	5.19	3.12	2.81	2.62	2.96	11.38	3.00	3.08	5.35	4.27	2.58	2.42
46 – 50	4.92	15.35	4.42	3.88	8.15	5.12	4.04	3.12	6.12	23.31	5.31	4.65	10.04	8.58	4.62	3.54
51 – 55	9.85	28.65	7.65	5.00	12.62	9.46	6.46	3.73	13.35	47.15	9.92	6.50	17.38	17.46	8.46	4.88
56 – 60	14.27	39.92	10.85	7.31	13.35	13.69	8.42	4.85	19.85	67.58	14.27	9.62	19.38	26.46	11.62	6.69
61 – 65	21.46	58.69	18.42	9.88	15.38	21.46	12.81	5.35	30.73	100.00	24.73	13.27	24.15	43.04	19.31	8.04
66 – 70	34.96	94.23	39.19	14.73	19.62	36.85	24.23	6.12	51.19	159.31	53.81	20.23	33.46	76.50	40.00	10.12
Above 70	56.95	151.29	83.38	21.95	25.01	63.26	45.84	7.00	85.28	253.79	117.07	30.84	46.36	135.98	82.87	12.73