



my:health Hospital Cash Benefit Add On

Prospectus

Key features of the policy:

1. Multiple Hospital Cash Options ranging from Rs 500 to Rs 10000 available under this policy.
2. Any age entry option with lifetime renewal
3. Unique plan with coverage for Hospital Cash Benefit anywhere in the world
4. Wellness features like Fitness discount@ renewal etc for maintenance of health
5. Various discount options to like family discount, online policy discount, long term policy discount, loyalty discount
6. Long term policy options up to 3 years with attractive premium rate
7. Option to pay yearly premium in 3,6 and 12 equal installments

Covers Under the policy:

Section A: Coverage

1. Hospital Cash benefit

We will pay Sum Insured on **Medically Necessary Hospitalization** (including In-patient Care AYUSH Treatment taken in an AYUSH Hospital) of an **Insured Person** due to **Illness** or **Injury** sustained or contracted during the **Policy Period**. The payment is subject to per day benefit **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule for up to maximum of 30 days.

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

Insuring Clause

In consideration of payment of additional Premium, it is hereby declared and agreed that We will pay under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy. These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Hospital Cash benefit - Global:

If You avail this option, We will pay Sum Insured in accordance with Table A, under Section A1 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 Insured

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

2. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under **Section E: Waiting Periods** will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

Waiting period modification options

Option	Conditions	Waiting period
Option 1	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	36 Months
Option 2	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	24 Months
	Waiting Period for Preexisting conditions	24 Months
Option 3	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	12 Months
	Waiting Period for Preexisting conditions	12 Months
Option 4	General Waiting Period	30 Days
	Waiting Period for listed illnesses and Procedures	No waiting Period
	Waiting Period for Preexisting conditions	No waiting Period

Section C: Renewal Benefits

1. my: Health Active



A. 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 **Our HDFC ERGO Mobile App** from wearable device linked to **Your Policy** number

OR

- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked through **Our HDFC ERGO Mobile App** from wearable device linked to **Your Policy** number
- Fitness discount @ **Renewal** is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discount

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 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 the end of 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 of each Insured Person will be tracked and accumulated. Such discount will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to terms corresponding to expiring Policy.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ **Renewal** will be applied only on **Renewal of Policy with Us**.

Illustration

	Number of fitness weeks accumulated at the end of policy year			Discount on renewal premium
	Year 1	Year 2	Year 3	
Annual Policy 1 Insured Person	15	NA	NA	3%
Multi Year Policy 1 Insured Person (3 year tenure)	15	20	10	3+6+2=11%
2 Insured Persons on floater basis (3 year tenure)	Insured 1-15 Insured 2-10	Insured 1-30 Insured 2-15	Insured 1-20 Insured 2-15	Insured 1-(3+7.5+6)=16.5% Insured 2-(2+3+3)= 8 %

B. Health Incentive

This Program encourages Insured Persons 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 from first inception of the Policy with Us provided that;

- Insured Person** shall undergo medical tests and/or BMI check-up as listed 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** on **HDFC ERGO Mobile**.
- If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding **Pre-Existing Disease** or **Obesity** as applicable on **Renewal** of the Policy with **Us**.
- If the test parameters at subsequent renewal are 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
- The test reports received to avail the health incentive benefit shall not be utilised for re underwriting the policy

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol



Cardiovascular Diseases	ECG
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 year.
- For Policies covering more than one Insure Person, tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

C. Wellness services:

The services listed below are available to all Insured persons through **Our Network Provider** on Our mobile application only. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

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** mobile application as a chat service or as a call back facility.

ii. Online Wellness services

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

Disclaimer applicable to Wellness Services

It is agreed and understood that Our 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 E: Waiting Periods & Exclusions

1. Waiting Periods

All claims payable will be subject to the waiting periods specified below:

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/treatment 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

	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone, 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
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.

i. General Exclusions **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 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. **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. 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).
- xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. 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.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. **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.
- xxviii. Treatment taken on Outpatient basis
- xxix. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxx. 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.
- xxxi. 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.
- xxxii. 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
- xxxiii. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

General Conditions

1. Entry Age:



Base Cover

Proposer	Adult Dependent	Child/Children
Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
Maximum Entry Age – Lifetime Entry	Maximum Entry Age - Lifetime Entry	Maximum Entry Age - 25 years

Optional covers:

Proposer	Adult Dependent	Child/Children
Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
Maximum Entry Age – Lifetime Entry	Maximum Entry Age - Lifetime Entry	Maximum Entry Age - 25 years

Add on Covers:

my:health Hospital Cash Benefit Add on

Proposer	Adult Dependent	Child/Children
Minimum Entry Age – 18 Years	Minimum Entry Age – 18 Years	Minimum Entry Age – 91 days
Maximum Entry Age – Lifetime Entry	Maximum Entry Age - Lifetime Entry	Maximum Entry Age - 25 years

2. Type of Policy:

The policy has both the options of Individual & Floater Sum Insured

3. Coverage for Dependents

- **Individual Sum Insured Option:** Self, spouse, dependent children*, parents, parent in laws, siblings, uncle, aunt, nephew, niece, grandson, granddaughter, daughter in law, son in law can be covered under this option
- **Floater Sum Insured Option:** Self, Spouse, dependent children* and dependent parents/parents in law can be covered under floater option



* Dependent children: A child is considered a dependent for insurance purposes until his 25th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposer.

4. Policy period

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

5. Sum Insured Options (Per day benefit)

- Rs 500
- Rs 1,500
- Rs 2,500
- Rs 5,000
- Rs 10,000
- Rs 1,000
- Rs 2,000
- Rs 3,000
- Rs 7,500

6. 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.

7. 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, we shall not be liable for any treatment availed for an Illness or Accident during the Grace Period
- For Renewals received after completion of 30 days Grace Period, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section E will start afresh. All the Renewal benefits earned on the previous Policy will lapse.
- All eligible claims reported in the 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
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8. 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 of this schedule.

- a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c) No loading shall apply on renewals based on individual claims experience
- d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the company

9. Portability

The **Insured Person** will have the option to port the Policy to other insurers by applying to such **Insurer** to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to **Portability**. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

10. Cancellation

- 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.
- 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.
- 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.
- 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.

11. 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

- i.
- 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).
- iii. 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**.
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii. 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

12. Discounts:

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
Online Policy Discount	A discount of 5% on the premium shall be offered for all policies purchased



	online/ through website/direct channels of the Company.
Long term policy discount	A discount of 7.5%and 12.5%shall be offered on premium, in case a policy is purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option
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
Loyalty Discount	If insured has purchased polices 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

Total maximum discount of all mentioned above, should not exceed 20% of the total premium per policy

13. 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.

14. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

15. Additional Benefits:

- Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy, except for Personal Accident Section.

16. Claims Procedure:

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 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization
Particulars to be provided to Us for Claim notification	a. Policy Number, b. Name of the Insured person(s) named in the Policy schedule availing treatment, c. Nature of disease/illness/injury, d. Name and address of the attending Medical Practitioner/Hospital e. Date of admission & probable date of discharge



Claims documents	<ul style="list-style-type: none"> a. Claim Form duly signed by the insured; b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating Medical Practitioner d. certificate from treating Medical Practitioner's specifying the diagnosis, duration and etiology e. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable f. NEFT details & cancelled cheque
Condonation of delay	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

• **Claim Settlement (Provision for Penal Interest)**

- i. The **Company** shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. All claim payments shall be on reimbursement basis
- iii. All claims payment will be made by **Us** in Indian rupees and into Indian Bank accounts only
- iv. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the **Policyholder** from the date of receipt of intimation to the date of payment of claim at a rate 2% above the **Bank Rate**.
- v. 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 **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- vi. **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

Redressal of Grievance :

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

Website: www.hdfcergo.com

Contact us: 022 6158 2020/ 022 6234 6234

Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234

E-mail: care@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 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6158 2020/ 022 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - 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: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

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://igms.irda.gov.in/>.

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

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.

Insurance is the subject matter of solicitation

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

Premium Table attached as an annexure

Annexure I - List of Non-Medical Expenses



S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY



my: health hospital cash benefit (add-on) – Base cover Premium Rates exclusive of taxes

Sum Insured 500										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	240	360	432	492	360	432	492	600	768	60
18-35	259	389	467	531	389	467	531	648	830	65
36-45	344	516	619	705	516	619	705	860	1,101	86
46-50	421	631	757	862	631	757	862	1,051	1,346	105
51-55	546	819	983	1,120	819	983	1,120	1,366	1,748	105
56-60	798	1,196	1,436	1,635	1,196	1,436	1,635	1,994	2,552	105
61-65	1,253	1,879	2,255	2,569	1,879	2,255	2,569	3,132	4,009	105
66-70	1,956	2,934	3,521	4,010	2,934	3,521	4,010	4,891	6,260	105
71-75	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
76-80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
>80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105

Amount in
INR

Sum Insured 1,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	480	720	864	984	720	864	984	1,200	1,536	120
18-35	518	778	933	1,063	778	933	1,063	1,296	1,659	130
36-45	688	1,032	1,239	1,411	1,032	1,239	1,411	1,721	2,202	172
46-50	841	1,262	1,514	1,724	1,262	1,514	1,724	2,103	2,691	210
51-55	1,093	1,639	1,967	2,240	1,639	1,967	2,240	2,731	3,496	210
56-60	1,595	2,393	2,871	3,270	2,393	2,871	3,270	3,988	5,105	210
61-65	2,506	3,759	4,511	5,137	3,759	4,511	5,137	6,265	8,019	210
66-70	3,912	5,869	7,042	8,021	5,869	7,042	8,021	9,781	12,520	210
71-75	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
76-80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
>80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210

Amount in
INR

Sum Insured 1,500										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	720	1,080	1,296	1,476	1,080	1,296	1,476	1,800	2,304	180
18-35	778	1,167	1,400	1,594	1,167	1,400	1,594	1,944	2,489	194
36-45	1,032	1,549	1,858	2,116	1,549	1,858	2,116	2,581	3,304	258



46-50	1,262	1,892	2,271	2,586	1,892	2,271	2,586	3,154	4,037	315
51-55	1,639	2,458	2,950	3,360	2,458	2,950	3,360	4,097	5,244	315
56-60	2,393	3,589	4,307	4,905	3,589	4,307	4,905	5,982	7,657	315
61-65	3,759	5,638	6,766	7,706	5,638	6,766	7,706	9,397	12,028	315
66-70	5,869	8,803	10,564	12,031	8,803	10,564	12,031	14,672	18,780	315
71-75	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
76-80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
>80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315

Amount in
INR

Sum Insured 2,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	960	1,440	1,728	1,968	1,440	1,728	1,968	2,400	3,071	240
18-35	1,037	1,555	1,867	2,126	1,555	1,867	2,126	2,592	3,318	259
36-45	1,376	2,065	2,478	2,822	2,065	2,478	2,822	3,441	4,405	344
46-50	1,682	2,523	3,028	3,448	2,523	3,028	3,448	4,205	5,383	421
51-55	2,185	3,278	3,933	4,479	3,278	3,933	4,479	5,463	6,992	421
56-60	3,190	4,786	5,743	6,540	4,786	5,743	6,540	7,976	10,209	421
61-65	5,012	7,518	9,021	10,274	7,518	9,021	10,274	12,530	16,038	421
66-70	7,825	11,737	14,085	16,041	11,737	14,085	16,041	19,562	25,040	421
71-75	12,957	19,436	23,323	26,562	19,436	23,323	26,562	32,393	41,463	421
76-80	12,957	19,436	23,323	26,562	19,436	23,323	26,562	32,393	41,463	421
>80	12,957	19,436	23,323	26,562	19,436	23,323	26,562	32,393	41,463	421

Amount in
INR

Sum Insured 2,500										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,200	1,800	2,160	2,460	1,800	2,160	2,460	2,999	3,839	300
18-35	1,296	1,944	2,333	2,657	1,944	2,333	2,657	3,241	4,148	324
36-45	1,721	2,581	3,097	3,527	2,581	3,097	3,527	4,302	5,506	430
46-50	2,103	3,154	3,785	4,311	3,154	3,785	4,311	5,257	6,729	526
51-55	2,731	4,097	4,916	5,599	4,097	4,916	5,599	6,828	8,740	526
56-60	3,988	5,982	7,179	8,176	5,982	7,179	8,176	9,970	12,762	526
61-65	6,265	9,397	11,277	12,843	9,397	11,277	12,843	15,662	20,047	526
66-70	9,781	14,672	17,606	20,051	14,672	17,606	20,051	24,453	31,300	526
71-75	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
76-80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526



>80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
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Amount in
INR

Sum Insured 3,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,440	2,160	2,592	2,951	2,160	2,592	2,951	3,599	4,607	360
18-35	1,555	2,333	2,800	3,189	2,333	2,800	3,189	3,889	4,977	389
36-45	2,065	3,097	3,717	4,233	3,097	3,717	4,233	5,162	6,607	516
46-50	2,523	3,785	4,542	5,173	3,785	4,542	5,173	6,308	8,074	631
51-55	3,278	4,916	5,900	6,719	4,916	5,900	6,719	8,194	10,488	631
56-60	4,786	7,179	8,614	9,811	7,179	8,614	9,811	11,964	15,314	631
61-65	7,518	11,277	13,532	15,411	11,277	13,532	15,411	18,794	24,057	631
66-70	11,737	17,606	21,127	24,062	17,606	21,127	24,062	29,343	37,560	631
71-75	19,436	29,154	34,984	39,843	29,154	34,984	39,843	48,589	62,194	631
76-80	19,436	29,154	34,984	39,843	29,154	34,984	39,843	48,589	62,194	631
>80	19,436	29,154	34,984	39,843	29,154	34,984	39,843	48,589	62,194	631

Amount in
INR

Sum Insured 5,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	2,400	3,599	4,319	4,919	3,599	4,319	4,919	5,999	7,679	600
18-35	2,592	3,889	4,666	5,314	3,889	4,666	5,314	6,481	8,296	648
36-45	3,441	5,162	6,194	7,054	5,162	6,194	7,054	8,603	11,012	860
46-50	4,205	6,308	7,570	8,621	6,308	7,570	8,621	10,513	13,457	1,051
51-55	5,463	8,194	9,833	11,198	8,194	9,833	11,198	13,657	17,480	1,051
56-60	7,976	11,964	14,357	16,351	11,964	14,357	16,351	19,940	25,524	1,051
61-65	12,530	18,794	22,553	25,686	18,794	22,553	25,686	31,324	40,095	1,051
66-70	19,562	29,343	35,212	40,103	29,343	35,212	40,103	48,906	62,599	1,051
71-75	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
76-80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
>80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051

Amount in
INR

Sum Insured 7,500										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	3,599	5,399	6,479	7,379	5,399	6,479	7,379	8,998	11,518	900



18-35	3,889	5,833	6,999	7,972	5,833	6,999	7,972	9,722	12,444	972
36-45	5,162	7,743	9,291	10,582	7,743	9,291	10,582	12,905	16,518	1,290
46-50	6,308	9,462	11,355	12,932	9,462	11,355	12,932	15,770	20,186	1,577
51-55	8,194	12,291	14,749	16,798	12,291	14,749	16,798	20,485	26,221	1,577
56-60	11,964	17,946	21,536	24,527	17,946	21,536	24,527	29,911	38,286	1,577
61-65	18,794	28,191	33,830	38,528	28,191	33,830	38,528	46,986	60,142	1,577
66-70	29,343	44,015	52,818	60,154	44,015	52,818	60,154	73,359	93,899	1,577
71-75	48,589	72,884	87,461	99,608	72,884	87,461	99,608	1,21,474	1,55,486	1,577
76-80	48,589	72,884	87,461	99,608	72,884	87,461	99,608	1,21,474	1,55,486	1,577
>80	48,589	72,884	87,461	99,608	72,884	87,461	99,608	1,21,474	1,55,486	1,577

Amount in
INR

Sum Insured 10,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	4,799	7,199	8,638	9,838	7,199	8,638	9,838	11,998	15,357	1,200
18-35	5,185	7,777	9,333	10,629	7,777	9,333	10,629	12,962	16,591	1,296
36-45	6,882	10,324	12,388	14,109	10,324	12,388	14,109	17,206	22,024	1,721
46-50	8,411	12,616	15,139	17,242	12,616	15,139	17,242	21,027	26,915	2,103
51-55	10,925	16,388	19,666	22,397	16,388	19,666	22,397	27,313	34,961	2,103
56-60	15,952	23,928	28,714	32,702	23,928	28,714	32,702	39,881	51,047	2,103
61-65	25,059	37,589	45,106	51,371	37,589	45,106	51,371	62,648	80,189	2,103
66-70	39,125	58,687	70,424	80,205	58,687	70,424	80,205	97,811	1,25,199	2,103
71-75	64,786	97,179	1,16,615	1,32,811	97,179	1,16,615	1,32,811	1,61,965	2,07,315	2,103
76-80	64,786	97,179	1,16,615	1,32,811	97,179	1,16,615	1,32,811	1,61,965	2,07,315	2,103
>80	64,786	97,179	1,16,615	1,32,811	97,179	1,16,615	1,32,811	1,61,965	2,07,315	2,103



my: health hospital cash benefit (add-on) – Global Optional cover Premium Rates exclusive of taxes

Amount in
INR

Sum Insured 500										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	120	180	216	246	180	216	246	300	384	30
18-35	130	194	233	266	194	233	266	324	415	32
36-45	172	258	310	353	258	310	353	430	551	43
46-50	210	315	378	431	315	378	431	526	673	53
51-55	273	410	492	560	410	492	560	683	874	53
56-60	399	598	718	818	598	718	818	997	1,276	53
61-65	626	940	1,128	1,284	940	1,128	1,284	1,566	2,005	53
66-70	978	1,467	1,761	2,005	1,467	1,761	2,005	2,445	3,130	53
71-75	1,620	2,429	2,915	3,320	2,429	2,915	3,320	4,049	5,183	53
76-80	1,620	2,429	2,915	3,320	2,429	2,915	3,320	4,049	5,183	53
>80	1,620	2,429	2,915	3,320	2,429	2,915	3,320	4,049	5,183	53

Amount in
INR

Sum Insured 1,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	240	360	432	492	360	432	492	600	768	60
18-35	259	389	467	531	389	467	531	648	830	65
36-45	344	516	619	705	516	619	705	860	1,101	86
46-50	421	631	757	862	631	757	862	1,051	1,346	105
51-55	546	819	983	1,120	819	983	1,120	1,366	1,748	105
56-60	798	1,196	1,436	1,635	1,196	1,436	1,635	1,994	2,552	105
61-65	1,253	1,879	2,255	2,569	1,879	2,255	2,569	3,132	4,009	105
66-70	1,956	2,934	3,521	4,010	2,934	3,521	4,010	4,891	6,260	105
71-75	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
76-80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105
>80	3,239	4,859	5,831	6,641	4,859	5,831	6,641	8,098	10,366	105

Amount in
INR

Sum Insured 1,500										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	360	540	648	738	540	648	738	900	1,152	90



18-35	389	583	700	797	583	700	797	972	1,244	97
36-45	516	774	929	1,058	774	929	1,058	1,290	1,652	129
46-50	631	946	1,135	1,293	946	1,135	1,293	1,577	2,019	158
51-55	819	1,229	1,475	1,680	1,229	1,475	1,680	2,048	2,622	158
56-60	1,196	1,795	2,154	2,453	1,795	2,154	2,453	2,991	3,829	158
61-65	1,879	2,819	3,383	3,853	2,819	3,383	3,853	4,699	6,014	158
66-70	2,934	4,402	5,282	6,015	4,402	5,282	6,015	7,336	9,390	158
71-75	4,859	7,288	8,746	9,961	7,288	8,746	9,961	12,147	15,549	158
76-80	4,859	7,288	8,746	9,961	7,288	8,746	9,961	12,147	15,549	158
>80	4,859	7,288	8,746	9,961	7,288	8,746	9,961	12,147	15,549	158

Amount in
INR

Sum Insured		2,000								
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	480	720	864	984	720	864	984	1,200	1,536	120
18-35	518	778	933	1,063	778	933	1,063	1,296	1,659	130
36-45	688	1,032	1,239	1,411	1,032	1,239	1,411	1,721	2,202	172
46-50	841	1,262	1,514	1,724	1,262	1,514	1,724	2,103	2,691	210
51-55	1,093	1,639	1,967	2,240	1,639	1,967	2,240	2,731	3,496	210
56-60	1,595	2,393	2,871	3,270	2,393	2,871	3,270	3,988	5,105	210
61-65	2,506	3,759	4,511	5,137	3,759	4,511	5,137	6,265	8,019	210
66-70	3,912	5,869	7,042	8,021	5,869	7,042	8,021	9,781	12,520	210
71-75	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
76-80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210
>80	6,479	9,718	11,661	13,281	9,718	11,661	13,281	16,196	20,731	210

Amount in
INR

Sum Insured		2,500								
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	600	900	1,080	1,230	900	1,080	1,230	1,500	1,920	150
18-35	648	972	1,167	1,329	972	1,167	1,329	1,620	2,074	162
36-45	860	1,290	1,549	1,764	1,290	1,549	1,764	2,151	2,753	215
46-50	1,051	1,577	1,892	2,155	1,577	1,892	2,155	2,628	3,364	263
51-55	1,366	2,048	2,458	2,800	2,048	2,458	2,800	3,414	4,370	263
56-60	1,994	2,991	3,589	4,088	2,991	3,589	4,088	4,985	6,381	263
61-65	3,132	4,699	5,638	6,421	4,699	5,638	6,421	7,831	10,024	263
66-70	4,891	7,336	8,803	10,026	7,336	8,803	10,026	12,226	15,650	263



71-75	8,098	12,147	14,577	16,601	12,147	14,577	16,601	20,246	25,914	263
76-80	8,098	12,147	14,577	16,601	12,147	14,577	16,601	20,246	25,914	263
>80	8,098	12,147	14,577	16,601	12,147	14,577	16,601	20,246	25,914	263

Amount in
INR

Sum Insured 3,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	720	1,080	1,296	1,476	1,080	1,296	1,476	1,800	2,304	180
18-35	778	1,167	1,400	1,594	1,167	1,400	1,594	1,944	2,489	194
36-45	1,032	1,549	1,858	2,116	1,549	1,858	2,116	2,581	3,304	258
46-50	1,262	1,892	2,271	2,586	1,892	2,271	2,586	3,154	4,037	315
51-55	1,639	2,458	2,950	3,360	2,458	2,950	3,360	4,097	5,244	315
56-60	2,393	3,589	4,307	4,905	3,589	4,307	4,905	5,982	7,657	315
61-65	3,759	5,638	6,766	7,706	5,638	6,766	7,706	9,397	12,028	315
66-70	5,869	8,803	10,564	12,031	8,803	10,564	12,031	14,672	18,780	315
71-75	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
76-80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315
>80	9,718	14,577	17,492	19,922	14,577	17,492	19,922	24,295	31,097	315

Amount in
INR

Sum Insured 5,000										
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,200	1,800	2,160	2,460	1,800	2,160	2,460	2,999	3,839	300
18-35	1,296	1,944	2,333	2,657	1,944	2,333	2,657	3,241	4,148	324
36-45	1,721	2,581	3,097	3,527	2,581	3,097	3,527	4,302	5,506	430
46-50	2,103	3,154	3,785	4,311	3,154	3,785	4,311	5,257	6,729	526
51-55	2,731	4,097	4,916	5,599	4,097	4,916	5,599	6,828	8,740	526
56-60	3,988	5,982	7,179	8,176	5,982	7,179	8,176	9,970	12,762	526
61-65	6,265	9,397	11,277	12,843	9,397	11,277	12,843	15,662	20,047	526
66-70	9,781	14,672	17,606	20,051	14,672	17,606	20,051	24,453	31,300	526
71-75	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
76-80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526
>80	16,196	24,295	29,154	33,203	24,295	29,154	33,203	40,491	51,829	526

Amount in
INR

Sum Insured 7,500										
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Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	1,800	2,700	3,239	3,689	2,700	3,239	3,689	4,499	5,759	450
18-35	1,944	2,916	3,500	3,986	2,916	3,500	3,986	4,861	6,222	486
36-45	2,581	3,871	4,646	5,291	3,871	4,646	5,291	6,452	8,259	645
46-50	3,154	4,731	5,677	6,466	4,731	5,677	6,466	7,885	10,093	789
51-55	4,097	6,145	7,375	8,399	6,145	7,375	8,399	10,242	13,110	789
56-60	5,982	8,973	10,768	12,263	8,973	10,768	12,263	14,955	19,143	789
61-65	9,397	14,096	16,915	19,264	14,096	16,915	19,264	23,493	30,071	789
66-70	14,672	22,008	26,409	30,077	22,008	26,409	30,077	36,679	46,949	789
71-75	24,295	36,442	43,730	49,804	36,442	43,730	49,804	60,737	77,743	789
76-80	24,295	36,442	43,730	49,804	36,442	43,730	49,804	60,737	77,743	789
>80	24,295	36,442	43,730	49,804	36,442	43,730	49,804	60,737	77,743	789

Amount in INR

Sum Insured		10,000								
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	2A 2P	2A 2P 2C	Additional Child
0-17	2,400	3,599	4,319	4,919	3,599	4,319	4,919	5,999	7,679	600
18-35	2,592	3,889	4,666	5,314	3,889	4,666	5,314	6,481	8,296	648
36-45	3,441	5,162	6,194	7,054	5,162	6,194	7,054	8,603	11,012	860
46-50	4,205	6,308	7,570	8,621	6,308	7,570	8,621	10,513	13,457	1,051
51-55	5,463	8,194	9,833	11,198	8,194	9,833	11,198	13,657	17,480	1,051
56-60	7,976	11,964	14,357	16,351	11,964	14,357	16,351	19,940	25,524	1,051
61-65	12,530	18,794	22,553	25,686	18,794	22,553	25,686	31,324	40,095	1,051
66-70	19,562	29,343	35,212	40,103	29,343	35,212	40,103	48,906	62,599	1,051
71-75	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
76-80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051
>80	32,393	48,589	58,307	66,406	48,589	58,307	66,406	80,982	1,03,657	1,051