



my:health Koti Suraksha

Prospectus

Key features of the policy:

1. Single policy with Health and Personal Accident Cover Sections.
2. Multiple sum insured options ranging from 10,000 to 10 crores available under Personal Accident Cover.
3. Comprehensive policy with optional add-ons for Critical Illness and Hospital Cash benefits
4. Entry age limit of 65 years with lifetime renewal
5. Unique plan with coverage for hospitalization expenses anywhere in the world for listed Critical Illness
6. Wellness features like Fitness discount@ renewal, Health incentives for maintenance of health
7. Preventive health checkup on every renewal
8. Various discount options to like family discount, online policy discount, long term policy discount, loyalty discount.
9. Various optional covers available such as Medical Evacuation, overseas treatment for major illnesses, non-medical expense cover etc
10. Long term policy options up to 3 years with attractive premium rate
11. Option to pay premium in monthly, quarterly, half-yearly and annual installments

Coverage

Section A – Health

I. Hospitalization Expenses

We will pay under below listed Covers on **Medically Necessary Hospitalization** of an **Insured Person** due to **Illness** or **Injury** sustained or contracted during the **Policy Period** and subject to terms and conditions as listed below.

1. Medical Expenses

- i. **Room Rent** and boarding charges
- ii. **Intensive Care Unit** charges
- iii. Consultation fees & Nursing charges
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures conducted within same hospital where Insured Person is admitted
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

a. Special Conditions;

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. UIN: my:health Koti Suraksha - HDFHLIP21131V012021.

The Claims under 1. Medical Expenses are subject to terms and conditions given below.

- i. **Room Rent & Proportionate deduction: Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges
- ii. **Procedure Sub-limits:** The Claim under Cover 1 – Medical Expenses is subject to Sub-limits for **Illnesses** as mentioned below. The maximum amount payable under the **Policy** for all coverage put together under Section A shall be subject to maximum amount as mentioned in the Table I below.

Table I

Procedure	Sub-Limits (Rs)
Cataract per eye	75,000
Surgeries for – Benign - Tumors / Cysts / Nodule / Polyp	75,000
Stone in Urinary System	75,000
Hernia Related	75,000
Appendisectomy	75,000
Hysterectomy	75,000
Fissures / Piles / Fistulas	75,000
Cellulites / Abscess	75,000

iii. Mental Illness

The Coverage for Mental illness is applicable if done in **Mental Health Establishment** and is subject to the provisions contained in the Mental Health Care Act, 2017, as amended from time to time and other applicable laws and Regulations

Sum Insured options available:

- Rs. 50 lacs
- Rs. 1 Crore

2. Home Healthcare

Insured Person can avail **Hospitalization** at Home under Home Healthcare for **Medically Necessary Treatment of Illnesses**, if prescribed by treating **Medical Practitioner**. We will pay Medical Expenses incurred as admissible under A(I)(1) for treatment of such **Illness** where availed.

This Cover can be availed through **Cashless Facility** only as procedure given under Claims Procedure – Section A - VI.



3. Domiciliary Hospitalization

We will pay the **Medical Expenses** incurred on **Domiciliary Hospitalization** of the **Insured Person** prescribed by treating **Medical Practitioner** provided that:

- i. the condition of the **Insured Person** is such that he/she could not be removed to a **Hospital** or
- ii. the **Medical Necessary Treatment** is taken at Home on account of non-availability of room in **Hospital**

4. Pre-Hospitalization cover

We will pay for the **Medical Expenses** incurred during the 60 days immediately before **Hospitalization** of an **Insured Person**, provided that such **Medical Expenses** are incurred for the same **Illness/Injury** for which subsequent **Hospitalization** was required and Claim under Section A1, A2, A3 or A6 is admissible under the **Policy**.

5. Post-Hospitalization cover

We will pay for the **Medical Expenses** incurred upto 180 days from the date Insured Person is discharged from Hospital provided that such costs are incurred in respect of the same **Illness/Injury** for which the earlier **Hospitalization** was required and Claim under Section A1, A2, A3 or A6 is admissible under the **Policy**

6. Day Care Procedures

We will pay for the **Medical Expenses** under Section A.I.1 on **Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment**.

7. Road Ambulance

For each admissible Claim under Section A.I.1 and A.I.6, We will pay for expenses incurred on Road Ambulance Services if **Insured Person** is required;

- i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- ii. or from one **Hospital** to another **Hospital**



- iii. or from **Hospital** to Home (within same City) following **Hospitalization**

Sum Insured options available:

- Rs.2,000
- Rs.10,000

8. Organ Donor Expenses

We will pay **Medical Expenses** covered under Section A.I.1 towards organ donor's **Hospitalization** for harvesting of the donated organ where an **Insured Person** is the recipient subject to condition that;

- The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable Laws and/or Regulations.
- Hospitalization** Claim under Section A1 is admissible under the **Policy** for the **Insured Person**
- The Organ Donor's **Pre-Hospitalization** and **Post-Hospitalization** expenses are excluded under the Policy
- Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

9. Alternative Treatments

We will indemnify the **Medical Expenses** covered under Section 1.A.I.1 only on In-patient care of **Insured Person** in an **AYUSH Hospital** upto the limits specified in the policy schedule only for the below mentioned **Alternative Treatments** prescribed by **Medical Practitioner**

- Ayurvedic
- Unani
- Siddha
- Homeopathy
- Yoga & Naturopathy

II. Value added Services under Section A

i. Health Coach:

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

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



- Psychological counselling

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 centres,
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

III. my:health Active

1. Preventive Health Check-Up

Insured Person will be entitled for below list of tests after completion of each **Policy Year/Renewal** at our **Network Provider** ;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report
- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of **Insured Person**

Procedure for availing this benefit

- You** 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 as available from time to time.

2. 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 **Our HDFC ERGO Mobile App** and **Your Policy** number OR
- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Our HDFC ERGO Mobile App** and **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 Discounts

No. of Healthy Weeks Accumulated during the Policy Year	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%

Maximum discount offered each Policy Year on account of Healthy Weeks will be 10% subject to Insured Person meeting the criteria as mentioned in above.

Steps to accumulate Healthy Weeks

1. The **HDFC ERGO Mobile App** must be downloaded on the mobile.
2. **You** can start accumulating Healthy Weeks by tracking physical activity through the wearable device linked to **Our HDFC ERGO Mobile App** and **Your Policy** number

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** and for **Insured Person(s)** covered under expiring Policy
- **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 **Policy Year** will be applied on **Renewal** Premium of subsequent year and for **Insured Person(s)** covered under expiring Policy
 - The maximum discount offered each Policy Year will be 10% subject to maximum 20% for two Year Policy and 30% for three Years Policy.
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- For Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accrued. 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 coverage corresponding to expiring **Policy**.
- In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the premium corresponding to the **Sum Insured of the expiring Policy**.
- Fitness discount @ Renewal will be applied only on **Renewal of Policy with Us** and only if accrued.

3. Health Incentives

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 on 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 **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 **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

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 corresponding to expiring Policy Sum Insured and for **Insured Person** covered under the expiring Policy
- **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 and for **Insured Person** covered under the expiring Policy
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading where ever applicable will be applied on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.
- Medical Underwriting loading will be discounted only on **Renewal of Policy** with **Us** and only for **Insured Person** covered under such expiring Policy
- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

4. Cumulative Bonus

On Renewal of this Policy with the Company without a break, a sum equal to 50% of the Base Sum Insured of the expiring Policy shall be provided as Cumulative Bonus irrespective of any claims and shall be available under the Renewed Policy subject to the following conditions:

- i. **Cumulative Bonus** can be accumulated upto 100% of Basic **Sum Insured**.
- ii. **Cumulative Bonus** applied will be applicable only to **Insured Person(s)** covered under the expiring Policy and who continue to remain insured on **Renewal**.

In policies with a 2/3 year Policy Period, the application of above guidelines of Cumulative bonus shall be post completion of each policy year.

This benefit is not applicable if Optional Cover 2, **Aggregate Deductible** is opted under Section A of the **Policy**

IV. Optional Covers under Section A

Insuring Clause

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses under below listed Covers subject to waiting periods, limits, Procedure sub-limits, **Co-payment, Deductible** and **Aggregate Deductible** as specified on the Schedule of Coverage in the Policy Schedule.

Subject to otherwise all other terms, conditions, exclusions and waiting periods applicable to the **Policy**.

These Covers are optional and applicable only if opted for and upto the **Sum Insured** or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Non-Medical Expenses cover

We will pay for **Non-Medical Expenses** up to the limit mentioned in Schedule of Coverage in the Policy Schedule for claims admissible under Section A.I



In view of this Cover, Exclusion (xxx) of V. What is not covered, shall stand covered up to the extent mentioned above.

Sum Insured Available

Upto 5% of admissible claim amount

2. Aggregate deductible

On availing this option, the Insured Person shall bear an amount equal to the **Aggregate Deductible** specified in the **Schedule of Coverage** on **Policy Schedule** for all admissible claim amounts assessed by **Us** in respect of all claims made by **Insured Person** in a **Policy Year**. The liability of the Company to pay the admissible Claim under that Policy Year will commence only once Aggregate Deductible has been exhausted.

Special Conditions applicable to this Cover

- i. This Cover can be opted only at first inception of the **Policy** and is not available at **Renewal**
- ii. Once the **Aggregate Deductible** option is availed by the **Insured Person**, it cannot be opted out of at subsequent **Renewal**.

Options Available

Rs5 lakh/10 lakh/25 lakh

3. Emergency Worldwide Coverage

On availing this option, We will pay Medical Expenses under Section A on Medically Necessary Hospitalization of an Insured Person outside India due to **life threatening situation**, up to limits specified in the Schedule of Coverage on Policy Schedule, provided that :

- i. The treatment is Medically Necessary and has been certified as **life threatening Situation** by a Medical Practitioner, where such treatment cannot be postponed until the **Insured Person** has returned to India.
- ii. The Medical Expenses payable shall be limited to coverage under A.I - 1, 5 and 6 only.

and subject to waiting period and exclusions mentioned under V. What is not covered.

Sum Insured Available

25% of Base Sum Insured subject to a maximum of Rs25 lacs.

4. Overseas Treatment

On availing this Option, We will pay the **Medical Expenses** incurred outside India under Sections and covers mentioned below for **Major illnesses**, whose diagnosis first commence/occurs after the applicable waiting period from commencement of the first Policy with Us.

Coverage under Section:

I. Hospitalization Expenses		III. Optional Covers	
1	Medical Expenses	1	Non-Medical Expenses cover
4	Pre-Hospitalization cover	8	Medical Evacuation
5	Post-Hospitalization cover		
6	Day Care Procedures		
7	Road Ambulance		
8	Organ Donor Expenses		
9	Alternative Treatments		

5. Waiver of Disease Capping:

On availing this option, Procedure Sub-Limits listed under Section A.I.1.a – Medical Expenses, shall stand deleted under the Policy.

6. Waiver of Room Rent:

On availing this option, the limits specified with respect to Room Rent/Boarding charges under Section A.I.1.a.i – Medical Expenses shall stand deleted under the Policy.

7. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under Section A.V.I.i shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule.
All other terms and Conditions of the Policy shall remain unaltered.

Options Available:

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

8. Medical Evacuation

We will pay for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by a **Medical Practitioner**, from the site of first occurrence of the **Illness/Accident** to the nearest **Hospital** that ground



transportation cannot provide. Claim would be reimbursed up to the actual expenses subject to a maximum of **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule.

Specific Exclusion:

We will not pay for return transportation to the Insured Person’s home by air ambulance

Sum Insured Available

UptoRs5 lacs

9. Sum Insured Rebound

We will add to the Sum Insured, an amount equivalent to the Claim amount paid under Basic **Sum Insured**, subject to maximum of Basic Sum Insured, on subsequent **Hospitalization** of the **Insured Person** during Policy Years subject to;

- i. Total Sum Insured added under this cover will not exceed the Basic Sum Insured in a Policy Year
- ii. Total of Basic Sum Insured under Hospitalization Cover, Cumulative Bonus earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section A during the current Policy Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative Bonus earned.
- iii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of **Policy**
- iv. This cover will be applicable annually for policies with term more than one year.
- v. Any unutilized amount of Sum Insured Rebound cannot be carried over to next **Policy Year** or **Renewal Policy**
- vi. Sum Insured Rebound can be utilized for Claims under Section A.I only.
- vii. This Cover is not applicable if Optional Cover 2, **Aggregate Deductible** is opted under Section A of the Policy

Illustration 1

Time	Claim no.	Sum Insured available	Cumulative Bonus available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
5 months		50,000	30,000	1,40,000	0	0	80,000
9 months	2	0	0	2,50,000	3,00,000	3,00,000	2,50,000
11 months	3	0	0	70,000	50,000	3,00,000	50,000

Illustration 2

Time	Claim no.	Sum Insured available	Cumulative Bonus Available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	=250,000- 60,000+50,000 =240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

10. Waiver of Co-Payment

On availing this option, applicable **Co-Payment** stands waived under the Policy.

11. Cumulative Bonus – Booster

On availing this cover, **Cumulative Bonus** percentage mentioned under Section A.III.4 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;

- i. Once the **Cumulative Bonus- Booster** benefit is availed by the Insured Person, it cannot be opted out at subsequent **Renewal**.
- ii. All other terms and Conditions of Section A.III.4. Cumulative Bonus shall remain unaltered.

V. What is not covered - Section A.

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

1. Co-payment & Waiting Periods

Claims under the Policy are covered subject to Co-payment & waiting Period as specified below:

i) Co-payment

- a. **Insured Person** shall bear specified percentage of admissible Claim amount under each and every Claim, where Co-payment is applicable and as specified in the Schedule of Coverage in the Policy Schedule.
- b. The **Co-payment** in respect of **Insured Person** with **Pre-existing diseases** will be applicable only during waiting period applicable to **Pre-existing diseases**.

ii) 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.

iii) 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.

Illnesses

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



Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear	Benign Hyperplasia of Prostate	
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

ii) 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. Permanent Exclusions

We will not make any payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy**:

- i. **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. Aggregate Deductible - We are not liable for Claims/Claim amount falling within **Aggregate Deductible** limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule.
- xviii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xix. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xx. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).
- xxi. Congenital external diseases, defects or anomalies,
- xxii. Stem cell harvesting.
- 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 attached and also 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 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.

VI. Claims Procedure – Section A - Health

1. Notification of a Claim

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
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 Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	<ul style="list-style-type: none"> i. The health card issued by Us ii. KYC documents iii. The Policy Number iv. Name of the Policyholder v. Name and address of Insured Person in respect of whom the request is being made vi. Nature of the Illness/Injury and the treatment/Surgery required vii. Name and address of the attending Medical Practitioner 				<p>Following particulars in addition to those listed under Hospitalization Claim:</p> <ul style="list-style-type: none"> i. Treatment details



<i>n</i>	viii. Hospital where treatment/ Surgery is proposed to be taken or / Hospital where the Insured person is admitted ix. Proposed /Actual Date of admission		ii. Preferred date and time for initial assessment	
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the Insured person(s) named in the Policy schedule availing treatment iii. Nature of disease/ Illness/Injury iv. Name and address of the attending Medical Practitioner/Hospital v. Date of admission & probable date of discharge vi. Approximate Claim Expenses vii. Any other relevant information as required		Not Applicable	Following particulars in addition to those listed under Hospitalization Claim: Probable date of start of treatment
<i>Process for obtaining Pre-Authorization</i>	i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; <ul style="list-style-type: none"> • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or <ul style="list-style-type: none"> • Reject the request for pre-authorization specifying reasons for the rejection. 	i. We shall send Release Of Information form to the Insured Person for signature and consent. ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices iii. If these details are not provided in full or are insufficient for Us to consider		On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process: <ol style="list-style-type: none"> i. Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient ii. Verify the past medical history of the patient iii. Complete physical examination of the patient iv. Check if the patient requires any equipment,



		<p>the request, We will request additional information or documentation</p> <p>iv. On receipt of the complete documents We may</p> <ul style="list-style-type: none"> • issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization specifying reasons for the rejection 		<p>devices etc</p> <p>v. Share the care plan and treatment cost estimation with Us.</p> <p>v. On receipt of the complete documents We may;</p> <ul style="list-style-type: none"> • issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable <p>or</p> <ul style="list-style-type: none"> • reject the request for pre-authorization under Home Healthcare specifying reasons for the rejection. On rejection of Pre-Authorization under Home Healthcare, Claim procedure under Cashless treatment or Reimbursement may be followed.
List of Claim documents	Not Applicable		As enlisted below	Not Applicable
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			



2. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Original invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer. ***
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer (NOC in favor of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s)).

3. Conditions for obtaining Cashless facility

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.



- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified 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

4. Payment of a Claim

- 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. 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..
- iii. If requested by Us, 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.
- iv. 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

Section B – Personal Accident

I – Coverage

1 – Accidental Death

I. Accidental Death

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**, if **Insured Person** sustains **Injury** due to **Accident** during the **Policy Period**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

i. Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Policy Period** or;



b. after and as a result of any **Catastrophic Event** during **Policy Period**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

ii. *Comatose*

If **Insured Person** sustains **Injury** during **Policy Period** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims. The Company's liability during the lifetime of the **Policy** will not exceed the Base **Sum Insured** in respect of the Cover

II. Specific Conditions applicable to Cover 1 – Accidental Death

The Coverage under this Section terminates on admissibility of Claim equal to the **Sum Insured**

Sum Insured Available

Rs 10,000 – 10 Crores

III. Optional Cover applicable to Cover 1 – Accidental Death

i. Burns

If **Insured Person** sustains **Injury** during **Policy Period**, which solely and directly results into burns, **We** will pay in accordance with benefit table below subject to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**;

Description	% of Base Sum Insured payable
a. Head	
i. Third degree burns of 8% or more of the total head surface area	100%
ii. Second degree burns of 8% or more of the total head surface	50%
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%



v.	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi.	Second degree burns of 2% or more, but less than 5% of the total head surface area	0%
b. Rest of the Body		
i.	Third degree burns of 20% or more of the total body surface area	100%
ii.	Second degree burns of 20% or more of the total body surface area	50%
iii.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi.	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific conditions applicable to Burns

- i. If the **Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest **Sum Insured** (as per defined Description) only.
- ii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iii. This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover..

Sum Insured Available

Upto INR 10 lacs

2 – Permanent Disabelement

I. Permanent Total Disablement

If **Insured Person** sustains **Injury** during **Policy Period**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay the Sum Insured in

accordance to the Benefit table below as opted and mentioned in the **Schedule of Coverage** on **Policy Schedule** provided such disablement is certified by the **Medical Practitioner**

i. Benefit Table A

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance of Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

ii. Benefit Table B

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the	50%

	total and permanent loss of use of such Limb)	
12	Permanent Total Loss of Sight of one eye	50%

iii. Benefit Table C

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%

20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

iv. Benefit Table D

S.No	The Disablement	% of Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	<i>Big – one joint</i>	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%



23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%
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II. Terms and Conditions applicable to Cover 2 – Permanent Disablement

- i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **BaseSum Insured** subject to maximum of **Sum Insured** payable for the loss of the said members.
- ii. Benefit under item 23 of Table D shall be determined by the independent **Medical Practitioner** who will certify the percentage of **BaseSum Insured** payable taking into consideration the nature of the **Injury** and disability in conjunction with the stated percentages **BaseSum Insured** for more specific injuries shown in the Table of Benefits.
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.
- v. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **BaseSum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

3 – Temporary Total Disablement

I. Temporary Total Disablement – Accident Only

If **Insured Person** sustains **Injury** during **Policy Period**, which solely and directly results in **Temporary Total Disablement**, **We** will pay the weekly benefit up to maximum of **Sum Insured** as specified in the **Schedule of Coverage** on the **Policy Schedule** for each continuous period of **Temporary Total Disablement**.

II. Temporary Total Disablement – Accident and Illness

If during Policy Period, **Insured Person**;

- a) Sustain **injury**
- b) Contracts **Illness**

Which solely and directly results in **Temporary Total Disablement**, **We** will pay the weekly benefit up to maximum of **Sum Insured** as specified in the **Schedule of Coverage** on the **Policy Schedule** for each continuous period of **Temporary Total Disablement**.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under VI –What is not covered

III. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

- i. If **Injury** sustained or **Illness** (as applicable) suffered is in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the

Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.

- ii. In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by an independent Medical Practitioner who certifies:
 - a. the date upon which the **Insured Person** recovered; or
 - b. the date upon which the **Insured Person** recovered as far as he/she ever will; or
 - c. the date from which the **Insured Person** is declared to have suffered Permanent Total Disablement
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

Sum Insured Available

- Rs 500 – 1 lacs
- Number of weeks – Up to 104 weeks

4 – Broken Bones

I. Broken Bones

If **Insured Person** sustains **Injury** during **Policy Period**, which solely and directly results into Fracture, certified by **Medical Practitioner**, We will pay in accordance to the Benefit table below up to maximum **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**;

	Fracture	% of Sum Insured payable
1)	Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	 100 75 50
2)	Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	 100 50 30 20
3)	Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures	 50 40 30 20

	c) Multiple fractures, at least one complete d) All other fractures	
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	40 30 20 12
5)	Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	30 20 16 8
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures	20 10
7)	Colles type fracture to the Lower Arm: a) Compound b) Other	20 10
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx): a) All compression fractures b) All spinous, transverse process or pedicle fractures c) All other vertebral fractures	20 20 10
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	16 12 8 4

II. Specific Conditions applicable to Broken Bones

The Claims under this Section are payable subject to:

- i. Extent and nature of fracture as certified by **Medical Practitioner**.
- ii. The total amount payable under this Cover, in respect of more than one fracture due to the same **Injury**, will be calculated by adding the various benefits together, but shall not exceed the **Sum Insured** under this Cover.



- iii. This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

Sum Insured Available

Rs 1 lac – 25 lacs

5– Emergency Medical Expenses

I. Emergency Medical Expenses

We will pay **Medical Expenses** listed below for an **Emergency Care** of an **Insured Person** due to an **Injury** sustained during the Policy Period up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule**, subject to **Co-Payment, Deductible and Sub-limit** as applicable and within India only.

Medical Expenses

1. **Room Rent** and boarding charges in the event of **Hospitalization of Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization of Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** in India only
10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
 - to the nearest **Hospital**
 - from one **Hospital** to another **Hospital**
 - or from **Hospital** to Home (within same City)
11. **Room Rent & Proportionate deduction**: In the event of **Hospitalization, Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** (excluding medicines and drugs) incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges

Note pertaining specifically to AYUSH Treatments only:



Medical expenses pertaining only to Emergency In-patient care AYUSH treatment sustained due to an Injury is also covered under 'Emergency Medical Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

Sum Insured Available

Rs 50,000 – 1 Cr

II. Optional Covers under Emergency Medical Expenses

i. Emergency Medical Expenses - Global

On availing this option, **We** will pay **Medical Expenses** under I. Emergency Medical Expenses, incurred anywhere in world.

Options Available

Rs 7, 50,000 – 75 lacs

ii. Co-payment

On availing this option, **Co-Payment** will be applicable as mentioned in the Schedule of Coverage on the Policy Schedule on all Claims under Cover 6 – Emergency Medical Expenses

Options Available

- 10%
- 15%
- 20%

6 – Hospital Cash – Accident only

I. Hospital Cash – Accident Only

If Insured Person sustains Injury, which within month of its occurrence, results in **Medically Necessary**;

- Hospitalization**
- Domiciliary **Hospitalization**
- In-patient care Hospitalization** for Alternative Treatments



Of an **Insured Person within India**, We will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

II. Specific Conditions applicable to Cover Hospital Cash – Accident only

For the purpose of application of **Time Deductible**, successive **Hospital stays** with less than sixty days between each one for a same cause, shall be deemed as one **Hospitalization** event.

Sum Insured Available

Rs (500 -20,000) per day

III. Optional Covers applicable to Cover Hospital Cash – Accident only

i. Companion Benefit

In the event of admissible Claim under this Cover, **We** will pay additional **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** towards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. Hospital Cash –ICU

We will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of **Hospitalization** of **Insured Person** in the **Intensive Care Unit**.

iii. Time Deductible Modification Option

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy Schedule** will be applied on each and every admissible Claim under the **Policy**.

iv. Hospital Cash – Global

On availing this option, we will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** on **Medically Necessary Hospitalization** of an **Insured Person** outside India due to **Injury** sustained during **Policy Period**.



7 - Chauffeur Benefit

I. Chauffeur Benefit

If Insured Person sustains **Injury** during the Policy Period which results in **Temporary Total Disablement** or **Temporary Partial Disablement**, We will indemnify the **Insured Person** towards daily cost of hire of a transportation or driver to maintain the mobility of **Insured Person**. The Coverage is applicable for period of disablement subject to maximum number of days and **Sum Insured** specified in the Schedule of Coverage on the Policy Schedule.

II. Specific Conditions applicable to Chauffeur Benefit

- i. This cover is applicable only on certification of Travel by **Medical Practitioner**.
- ii. In the event of Claim admissible under this Cover, no claim shall be payable under Cover 3 – Temporary Total Disablement
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **BaseSum Insured** in respect of the Cover.

Options Available

- Rs 250/500/750/1000 per day
- 7/15/30 days

II. Value added Services under Section B – Personal Accident

i. Health Coach:

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

- Disease management
- Activity and fitness
- Nutrition
- Weight management
- Psychological counselling
- Depression counselling

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 centres.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** stress management, Pregnancy Care, Work life balance management.

III. Optional Covers under Section 2 – Personal Accident

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses 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 upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. Preventive Health Check-up

Insured Person will be entitled for below list of tests after completion of each **Policy Year/Renewal** at our **Network Provider**;

- Chest X Ray
- 2D echo/ Stress test
- PSA for Males
- PAP smear for Females
- Medical Examination Report
- Complete Blood Count Urine R
- Fasting Blood Sugar
- Serum Creatinine
- Lipid Profile
- Electro Cardio Gram

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized within 60 days of Policy anniversary date.
- The test reports received under this benefit will not be utilized for re-underwriting the coverage of **Insured Person**

Procedure for availing this benefit

- You** 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 as available from time to time.



ii. Last Rites

On availing this option, **We** will pay the **Sum Insured** towards Last Rites of **Insured Person** in the event of admissible Claim under Cover 1 – Accidental Death.

The Coverage for this Optional cover terminates on admissibility of Claim equal to the **Sum Insured**

Sum Insured Available

Up to Rs 50,000

iii. Dependent Children Education Benefit

We will pay the **Sum Insured** towards education of **Dependent Children**, in the event of Claim admissible under Cover 1 – Accidental Death.

Conditions applicable to Dependent Children Education Benefit

- 1) This Coverage is applicable only to living **Dependent Children**
- 2) The **Sum Insured** for this Cover is the total claim amount payable for all **Dependent Children** combined
- 3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the **Sum Insured**

iv. Renewal Premium Benefit

In the event, Claim for **Insured Policy Holder** becomes admissible under Cover 1 – Accidental Death, **We** will pay the **amount** equivalent to the Renewal premium of the Coverage of all other **Insured Person** covered in the same policy as mentioned in the Schedule of Coverage on the Policy Schedule.

Conditions applicable to Renewal Premium Benefit

- i. Renewal Premium benefit will only be in respect of Coverage under Section B – Personal Accident
- ii. The Benefit will be payable irrespective of whether Policy is renewed or not.

Sum Insured Available

Upto 2.5 lacs

v. Parental Care Benefit

We will pay the **Sum Insured** towards parental care of **Dependent Parents**, in the event of Claim admissible under Cover 1 – Accidental Death.

Conditions applicable to Parental Care Benefit



- 1) This Coverage is applicable only to living **Dependent Parents**
- 2) The **Sum Insured** for this Cover is the total claim amount payable for both **Dependent Parents** combined
- 3) The Coverage for this Optional cover terminates on admissibility of Claim equal to the **Sum Insured**

vi. Medical Evacuation

We will indemnify the **Insured Person** for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the **Accident** to the nearest **Hospital**, that ground transportation cannot provide provided Claim is admissible under any of the Cover 1 to 9 of this Section.

Conditions applicable to Medical Evacuation

The Claim under this cover is admissible only once in a **Policy Year** irrespective of number of Claims becoming admissible under any of the Cover 1 to 9 of this Section.

Sum Insured Available

UptoRs5 lacs

IV. What is not Covered – Personal Accident

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**;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- ii. 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, Chemical, Biological attack** or weapons/materials or radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Death or Disability suffered by the **Insured Person** on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives) using a motorized vehicle or bicycle
- v. Death or Disability caused by or arising from or in consequence of or contributed to **Nuclear, Chemical or Biological** attack/weapons, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).



- vi. Any **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide while mentally sound or suffering from **Mental illness**
- vii. From engaging in or participation in naval, military or air force operation.
- viii. **Injury** sustained whilst or as a result of participation as a professional in **Hazardous** or **Adventure sports**
- ix. Breach of Law: Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. **Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xi. **Injury** sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Specific Exclusions applicable to Cover 3, II – Temporary Total Disablement due to Illness and Cover 5, Emergency Medical Expenses

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

I. Waiting Periods

Claims under the Policy are covered subject to waiting Period as 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/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.

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

i. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc
Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear		
Endometriosis	Prolapsed Uterus	Rectal Prolapse
Varicocele	Retinal detachment	Glaucoma
Nasal polypectomy	Hysterectomy	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.

II. Permanent Exclusions

We will not make any payment for any claim in respect of any **Insured Person**, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy**:

- i. **Investigation & Evaluation:** Code Excl04
 - b. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - c. 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 Excl12
- x. Treatments received in health spas, 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. 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. Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. 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. Excl16
- xiv. **Sterility and Infertility** Code – Excl17 - Expenses related to sterility and infertility. This includes:
 - e. Any type of contraception, sterilization
 - f. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - g. Gestational Surrogacy
 - h. 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 weapons/materials, chemical and biological 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 etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xxviii. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxix. 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.
- xxx. 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.
- xxxv. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
- xxxi. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

IV. Claims Procedure – Personal Accident

1. Notification of a Claim

Procedure	Cashless Hospitalization	Cashless claims for	Reimbursement Claims
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		Hospitalizations outside India	
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 Hospitalization.	Within 24 hours of the Emergency Hospitalization.	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier.
Particulars to be provided to us for claim notification	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. First Information Report and Final Police report, wherever is necessary 4. Any other supporting documents as may be required by the Company 5. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format. 		
Accidental Death	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication 		
Permanent Disablement	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 5. Original Discharge summary from the Hospital Medical reports, case histories, investigation reports,treatmentpapers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 		
Temporary Total Disablement	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. 7. Leave certificate from the employer (If Employed) 8. Fitness certificate from Medical practitioner 9. Insured's own Indian bank cancelled cheque copy and bank details in attached 		

	format
Hospital Cash-Accident Only	<ol style="list-style-type: none"> 1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit 2. First consultation letter from treating Medical Practitioner 3. Certificate from treating Medical Practitioner, specifying the duration and etiology 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Broken Bones	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 4. Original Discharge summary from the hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.
Burns	<ol style="list-style-type: none"> 1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns 2. Attested copy of FIR. (If any) 3. All X-Ray / Investigation reports and films supporting to disability.
Medical Evacuation	<ol style="list-style-type: none"> 1. Consultation note or Emergency Room's Medical Practitioner medical report 2. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 3. All relevant Original Invoices for the expenses incurred towards ambulance facility. 4. A covering letter from claimant mentioning the details of loss.
Emergency Medical Expenses	<ol style="list-style-type: none"> 1. Consultation note or Emergency Room's Medical Practitioner medical report. 2. Relevant treatment papers or Discharge Summary. 3. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 5. All relevant Original Invoices for the expenses incurred.
Dependent Child Education Benefit	<ol style="list-style-type: none"> 1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 2. Relevant Treatment Papers OR Discharge Summary. . 3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 5. Death certificate 6. Final police investigation report



	<p>7. Post-mortem Report or Coroner's Report</p> <p>8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.</p>
Particulars to be provided for pre-authorization	<p>i. Policy Number</p> <p>ii. Name of the Insured person(s) named in the Policy schedule availing treatment</p> <p>iii. Nature of disease/Illness/Injury</p> <p>iv. Name and address of the attending Medical Practitioner/Hospital</p> <p>v. Date of admission & probable date of discharge</p> <p>vi. Approximate Claim Expenses</p> <p>vii.</p>
	Any other relevant information as required
<i>Process for obtaining Pre-Authorization</i>	<p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;</p> <ul style="list-style-type: none"> • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable <p>or</p> <p>Reject the request for pre-authorization specifying reasons for the rejection.</p>
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

2. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by hospital).
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of hospitalization in any non-network hospital of HDFC ERGO GIC or certificate from hospital authorities providing facilities available including number of beds.
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**



- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Original invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Proposer carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Proposer.
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy(-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of proposer, the same document requirement would be for nominee/legal heir of proposer (NOC in favor of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s)).

3. Conditions for obtaining Cashless facility

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified 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

4. Payment of a Claim

- 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. 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.
- iii. If requested by Us, 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.



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

General Conditions

1. Entry Age:

Base Cover

Proposer	Adult Dependent	Child/Children
<ul style="list-style-type: none"> Minimum Entry Age – 18 Years Maximum Entry Age – 65 Years 	<ul style="list-style-type: none"> Minimum Entry Age – 18 Years Maximum Entry Age - 65 Years 	<ul style="list-style-type: none"> Minimum Entry Age – 91 days Maximum Entry Age - 25 years

Optional covers:

Proposer	Adult Dependent	Child/Children
<ul style="list-style-type: none"> Minimum Entry Age – 18 Years Maximum Entry Age – 65 Years 	<ul style="list-style-type: none"> Minimum Entry Age – 18 Years Maximum Entry Age - 65 Years 	<ul style="list-style-type: none"> Minimum Entry Age – 91 days Maximum Entry Age - 25 years

Add on Covers:

my:health Critical Illness Add on

Proposer	Adult Dependent
<ul style="list-style-type: none"> Minimum Entry Age – 18 Years Maximum Entry Age – Lifetime Entry 	<ul style="list-style-type: none"> Minimum Entry Age – 18 Years Maximum Entry Age - Lifetime Entry

my:healthHospital Cash Benefit Add on

Proposer	Adult Dependent	Child/Children



<ul style="list-style-type: none"> • Minimum Entry Age – 18 Years • Maximum Entry Age – Lifetime Entry 	<ul style="list-style-type: none"> • Minimum Entry Age – 18 Years • Maximum Entry Age – Lifetime Entry 	<ul style="list-style-type: none"> • Minimum Entry Age – 91 days • Maximum Entry Age – 25 years
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2. Type of Policy:

Individual Sum Insured

- Section A – Health Cover
- Section B – Personal Accident
- Add – On Cover – my:health Critical Illness Add On

Floater Sum Insured

- Section A – Health Cover
- Add – On Cover - my:healthHospital Cash Benefit Add on

3. Coverage for dependents:

• **Individual Sum Insured Option:**

• Proposer	• 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	• Brother in law

- **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. **Co-payment –Mandatory** 20% Co-Payment for all lives with PED at inception (if applicable), and lives with age at entry above 60 years (if applicable)
6. **Sum Insured – Add on covers**

my:health Critical Illness Add on	Rs 1 Lac to 5crs in multiples of 1 Lac
my:health Daily Cash Benefit Add on	Per Day benefit <ul style="list-style-type: none"> • 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

7. Pre-Policy Check Up

Section A – Health Cover

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

Pre Policy and Financial Underwriting Matrix

Sum Insured in INR	Up to 17 Yrs	18 yrs to 45 Yrs	45 to 60 years	Age >61 yrs	Financial Underwriting
50 Lacs and 1 Cr	NA	Tele UW	Set 1	Set 2	Applicable

- Set 1: ME, RUA, CBC, Sr.Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG, HBsAg , TMT/2D Echo, USG Abdomen & Pelvis, Chest X ray, CEA
- Set 2 :Set 1 + PSA (Males), Pap Smear & Sonomamography (Females), Microalbumin, BUN, Sr Uric Acid, ANA

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	

For proposals where, Single Person is to be insured, he/she shall be required to undergo Pre Policy Checkup as given below.

Sum Insured	Upto 17 Yrs	18 yrs to 45 Yrs
Any Sum insured	No Pre Policy Check required	Set 1

Guidelines for Pre Policy Check ups

- 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 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
 - i. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on **Renewal with Us**

8. Discount

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 our website directly from the Company.
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, , a discount of 5% is offered on premium of my: health Koti Suraksha product, subject to maximum of INR 250.



Long Term Policy Discount	A discount of 7.5% and 10% shall be offered on premium, in case a policy is Purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option
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Maximum cap on Family, Online, Loyalty and Employee discounts combined is 20%.

9. 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 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the **Insured Person** and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover **or**
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

10. Non-Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - a) cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by Us at **Our** sole discretion, upon 15-day notice by sending an endorsement to **Your** address shown in the Schedule and
 - b) the claim under such Policy if any, shall be prejudiced.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;



- a) Permanently exclude the disease/condition and continue with the Policy
- b) Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
- c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause 10 i above.

11. Condition Precedent to Admission of Liability

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

12. Multiple Policies (Applicable to Section A - Health)

- i. In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the **Insurer** chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen **Policy**.
- ii. **Insured Person** having multiple policies shall also have the right to prefer claims under this **Policy** for the amounts disallowed under any other policy / policies even if the **Sum Insured** is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this **Policy**.
- iii. If the amount to be claimed exceeds the **Sum Insured** under a single **Policy**, the **Insured Person** shall have the right to choose **Insurer** from whom he/she wants to claim the balance amount.
- iv. Where an **Insured Person** has policies from more than one **Insurer** to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen **Policy**.

13. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

14. Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the



Policy shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

15. Moratorium Period

After completion of 5 continuous years under the policy, no look back to be applied. This period of 5 years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

16. Fraud

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

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

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

- a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

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

17. Geography

Section A - Health



This Policy provides coverage in India, except under the policies with Emergency Worldwide Coverage and Overseas treatment as may be specified in the on the Schedule of Coverage in the Policy Schedule.

Section B – Personal Accident

This Policy provides coverage Worldwide, except under the covers specifically mentioning as covered in India only under the terms and conditions.

18. Loadings

- I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
- III. Loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with **Us** or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy. However, increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned under **Section A.III. 3 – Health Incentives**
- IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to **Us** within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

19. 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

- i. 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.
- ii. 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.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. 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.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.
- i.

20. Grace Period



- i. A **Grace Period** of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during **Grace Period** will not be covered and will be treated as **Pre-existing diseases**.
- ii. Policies for which Premium is received after the **Grace Period** shall be issued as a fresh policy.
- iii. For Policies on instalment basis, Grace Period is available as given below.
- iv. 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).

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

21. Portability (Applicable to Section A – Health)

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.

22. Migration (Applicable to Section A – Health)

The **Insured Person** will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for **Migration** of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on **Migration**. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

23. Endorsements

The following endorsements are permissible during the Policy Period:

Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)



- ii. Rectification in gender of the Insured Person
- iii. Rectification in relationship of the Insured Person with the Proposer
- iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- v. Change in the correspondence address of the Proposer(if this does not impact the premium)
- vi. Change in Nominee Details
- vii. Change in Height, weight, marital status (if this does not impact the premium)
- viii. Change in bank details
- ix. Any other non-financial endorsement

Financial Endorsements – which result in alteration in premium

- x. Change in Age/date of birth
- xi. Change in Height, weight
- xii. Addition of Insured Person (New Born Baby or newly wedded spouse)
- xiii. Deletion of Insured Person on death or Marital separation
- xiv. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth certificate / marriage certificate as the case may be for addition of Insured person.

24. Cancellation

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

25. Premium Tier (Applicable to Section A only)

For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the **Insured Person** in the proposal form. Classification of cities would be as under:

- **Tier 1a:** Delhi and NCR region
- **Tier 1b:** Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Vadodara
- **Tier 2:** Rest of India

Conditions:

- i. On payment of Tier 1a premiums, **Insured Person** can avail treatment all over India without any **co-payment**.
- ii. On payment of Tier 1b premium, **Insured Person** can avail treatment at Tier1b cities and Tier 2 cities without any **Co-Payment**. However, if Insured Person avails a treatment in Tier 1a cities, 20% **Co-Payment** shall be applicable on admissible claim amount.
- iii. On payment of Tier 2 premium, **Insured Person** can avail treatment at Tier 2 cities without any **Co-Payment**. However, if Insured Person avails a treatment in Tier 1a or Tier1b cities, 20% **Co-Payment** shall be applicable on admissible claim amount.
- iv. **Co-Payment** under ii and iii above will not be applied if **Insured Person** opts for **Hospitalization** with **Room Rent** up to Rs. 5,000 per day or on **Hospitalization** for **Medically Necessary** treatment following an **Accident**

26. 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. 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).
- ii. 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

27. 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.

28. 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.

29. Claim Settlement (Provision for Penal Interest) – Applicable to Section A - Health

- 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. 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.
- iii. 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.
- iv. 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



30. Nomination:

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

31. Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that Our **HDFC ERGO Mobile App** and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC ERGO General Insurance Company Limited 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, any decision made or action taken or not taken in reliance upon the information.

32. Any Benefit/Indemnity payable by the Company, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

33. 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
- 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>

34. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the Insured as recorded in the Policy.

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.

IRDAI Regulation no 5- This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation

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.

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

Plans Under the policy: attached as an Annexure 1
Premium Table: attached as an Annexure 2

Annexure I – Plan Chart – Section A - Health

my: health Koti Suraksha				
S. No	Coverages	Koti Suraksha - Platinum	Koti Suraksha - Titanium	Koti Suraksha - Super top up
	Base Sum Insured	50 lacs and 1 cr	50 lacs and 1 cr	50 lacs and 1 cr
A. Hospitalization Cover				
Section A.I - Coverages				
1	Medical Expenses	Covered	Covered	Covered
i	Room Rent	Single Standard AC Room	Actuals	Actuals
ii	ICU	Actual	Actual	Actual
iii	Disease Capping	Applicable	Applicable	Applicable
2	Home Health Care	Covered	Covered	Covered
3	Domiciliary Hospitalization	Covered	Covered	Covered
4	Pre Hospitalization Cover	60 Days	60 Days	60 Days
5	Post Hospitalization Cover	180 days	180 days	180 days
6	Day Care Procedures	Covered	Covered	Covered
7	Road Ambulance	Up to 2,000	Up to 10,000	Up to 10,000
8	Alternative Treatment	Rs 50,000	At Actuals	At Actuals
9	Organ Donor Expenses	5% of Sum Insured	At Actuals	At Actuals
	Co-payment - 20%	20% - for PED and age > 60	20% - for PED and age > 60	Not Applicable
Section A.II - Value Added Services under Section A				
i	Health Coach	Covered	Covered	Covered
ii.	Wellness Services	Covered	Covered	Covered
Section A.III - my:health Active				
1	Preventive Health Checkup	Covered	Covered	Covered
2	Fitness Discount @renewal	Covered	Covered	Covered
3	Health Incentive	Covered	Covered	Covered
4	Cumulative Bonus	10% of Sum Insured ,maximum of 100%	Not Applicable	Not Applicable
Section A.IV - Optional Cover under Section A.I				
1	Non-Medical Expenses Cover	Optional Upto 5% of claim	Covered Upto 5% of claim	Covered Upto 5% of claim

		amount	amount	amount
2	Aggregate Deductible	Not Applicable	Not Applicable	Optional 5 lacs/10lacs/25lacs
3	Emergency Worldwide Coverage	Not Applicable	Covered 25% of Base SI, max upto 25 lacs	Covered 25% of Base SI, max upto 25 lacs
4	Overseas Treatment	Not Applicable	Covered	Covered
5	Waiver of Disease Capping	Optional	Waived	Waived
6	Waiver of Room Rent cap	Optional	Waived	Waived
7	Waiting Period modification option	Not Applicable	PED =3 Years	PED =3 Years
8	Medical Evacuation	Optional Upto 5 lac	Covered Upto 5 lac	Covered Upto 5 lac
9	Sum Insured Rebound	Not Applicable	Covered Upto the claim amount	Not Applicable
10	Waiver of Co-Payment	Not Applicable	Waived	Waived
11	Cumulative Bonus - Booster	Not Applicable	Covered 50% of Sum Insured, maximum of 100%	Not Applicable

Add – On Covers:

'my: health Koti Suraksha' offers following Add on Covers:

- my: health Hospital Cash Benefit Add-on: Daily cash benefit
- my:health Critical Illness: Comprehensive policy with coverage for 50 Critical Illnesses

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

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Platinum Plan

Tier 1a

Delhi/NCR

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	11,285	NA	NA	NA	NA	NA	NA	NA
18-35	14,456	21,684	25,298	28,912	17,347	19,516	21,684	3,615
36-45	17,110	25,665	29,942	34,219	20,532	23,098	25,665	4,278
46-50	22,172	33,258	38,801	44,344	26,607	29,932	33,258	5,544
51-55	28,634	42,951	50,109	57,268	34,361	38,656	42,951	5,544
56-60	33,035	49,552	57,811	66,070	39,642	44,597	49,552	5,544
61-65	45,151	67,727	79,014	90,302	54,182	60,954	67,727	5,544
66-70	57,268	85,901	1,00,217	1,14,534	68,721	77,311	85,901	5,544
71-75	73,422	1,10,133	1,28,488	1,46,844	NA*	99,120	1,10,133	5,544
76-80	73,422	1,10,133	1,28,488	1,46,844	NA*	99,120	1,10,133	5,544
>80	73,422	1,10,133	1,28,488	1,46,844	NA*	99,120	1,10,133	5,544

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	12,817	NA	NA	NA	NA	NA	NA	NA
18-35	16,434	24,650	28,758	32,866	19,720	22,185	24,650	4,109
36-45	19,460	29,189	34,054	38,918	23,351	26,270	29,189	4,866
46-50	25,232	37,848	44,156	50,463	30,278	34,063	37,848	6,309
51-55	32,601	48,901	57,051	65,201	39,121	44,011	48,901	6,309
56-60	37,568	56,352	65,744	75,136	45,082	50,717	56,352	6,309
61-65	51,384	77,076	89,922	1,02,768	61,661	69,369	77,076	6,309
66-70	65,201	97,800	1,14,100	1,30,400	78,240	88,020	97,800	6,309
71-75	83,622	1,25,432	1,46,338	1,67,243	NA*	1,12,889	1,25,432	6,309
76-80	83,622	1,25,432	1,46,338	1,67,243	NA*	1,12,889	1,25,432	6,309
>80	83,622	1,25,432	1,46,338	1,67,243	NA*	1,12,889	1,25,432	6,309

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	9,136	NA	NA	NA	NA	NA	NA	NA
18-35	11,683	17,525	20,445	23,366	14,020	15,772	17,525	2,922
36-45	13,815	20,722	24,175	27,629	16,578	18,650	20,722	3,454
46-50	17,881	26,821	31,291	35,761	21,457	24,139	26,821	4,471
51-55	23,072	34,607	40,375	46,142	27,686	31,146	34,607	4,471
56-60	26,678	40,017	46,686	53,355	32,013	36,015	40,017	4,471
61-65	36,410	54,615	63,717	72,819	43,692	49,153	54,615	4,471
66-70	46,142	69,213	80,748	92,284	55,371	62,292	69,213	4,471
71-75	59,118	88,677	1,03,457	1,18,236	NA*	79,810	88,677	4,471
76-80	59,118	88,677	1,03,457	1,18,236	NA*	79,810	88,677	4,471
>80	59,118	88,677	1,03,457	1,18,236	NA*	79,810	88,677	4,471

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Platinum Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	10,367	NA	NA	NA	NA	NA	NA	NA
18-35	13,272	19,907	23,225	26,542	15,926	17,916	19,907	3,319
36-45	15,702	23,553	27,478	31,403	18,842	21,198	23,553	3,926
46-50	20,339	30,508	35,592	40,677	24,407	27,457	30,508	5,085
51-55	26,258	39,386	45,950	52,514	31,509	35,448	39,386	5,085
56-60	30,319	45,478	53,058	60,637	36,383	40,931	45,478	5,085
61-65	41,417	62,125	72,479	82,833	49,700	55,912	62,125	5,085
66-70	52,514	78,771	91,899	1,05,028	63,017	70,894	78,771	5,085
71-75	67,311	1,00,966	1,17,794	1,34,621	NA*	90,870	1,00,966	5,085
76-80	67,311	1,00,966	1,17,794	1,34,621	NA*	90,870	1,00,966	5,085
>80	67,311	1,00,966	1,17,794	1,34,621	NA*	90,870	1,00,966	5,085

Tier 2

Rest of India

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	7,802	NA	NA	NA	NA	NA	NA	NA
18-35	9,962	14,942	17,433	19,923	11,954	13,448	14,942	2,491
36-45	11,769	17,653	20,596	23,538	14,123	15,888	17,653	2,943
46-50	15,217	22,825	26,629	30,433	18,260	20,543	22,825	3,805
51-55	19,618	29,427	34,331	39,236	23,542	26,484	29,427	3,805
56-60	22,731	34,097	39,779	45,462	27,278	30,687	34,097	3,805
61-65	30,984	46,475	54,221	61,966	37,180	41,828	46,475	3,805
66-70	39,236	58,853	68,662	78,471	47,083	52,968	58,853	3,805
71-75	50,239	75,358	87,917	1,00,476	NA*	67,822	75,358	3,805
76-80	50,239	75,358	87,917	1,00,476	NA*	67,822	75,358	3,805
>80	50,239	75,358	87,917	1,00,476	NA*	67,822	75,358	3,805

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	8,846	NA	NA	NA	NA	NA	NA	NA
18-35	11,309	16,962	19,789	22,616	13,570	15,266	16,962	2,828
36-45	13,370	20,054	23,396	26,738	16,043	18,049	20,054	3,343
46-50	17,301	25,951	30,276	34,602	20,761	23,356	25,951	4,326
51-55	22,320	33,479	39,059	44,639	26,784	30,132	33,479	4,326
56-60	25,819	38,728	45,182	51,637	30,982	34,855	38,728	4,326
61-65	35,229	52,843	61,650	70,457	42,274	47,559	52,843	4,326
66-70	44,639	66,958	78,117	89,277	53,566	60,262	66,958	4,326
71-75	57,185	85,778	1,00,074	1,14,370	NA*	77,200	85,778	4,326
76-80	57,185	85,778	1,00,074	1,14,370	NA*	77,200	85,778	4,326
>80	57,185	85,778	1,00,074	1,14,370	NA*	77,200	85,778	4,326

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Titanium Plan

Tier 1a
Delhi/NCR

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	34,464	NA	NA	NA	NA	NA	NA	NA
18-35	47,269	70,903	82,719	94,535	56,723	63,814	70,903	11,822
36-45	64,194	96,292	1,12,337	1,28,386	77,033	86,661	96,292	16,051
46-50	96,615	1,44,924	1,69,075	1,93,228	1,15,939	1,30,430	1,44,924	24,156
51-55	1,44,484	2,16,725	2,52,845	2,88,964	1,73,381	1,95,052	2,16,725	24,156
56-60	1,86,533	2,79,802	3,26,431	3,73,064	2,23,837	2,51,818	2,79,802	24,156
61-65	2,64,541	3,96,814	4,62,945	5,29,080	NA*	3,57,129	3,96,814	24,156
66-70	3,62,329	5,43,493	6,34,074	7,24,655	NA*	NA*	NA*	24,156
71-75	5,01,880	7,52,818	8,78,288	10,03,757	NA*	NA*	NA*	24,156
76-80	5,01,880	7,52,818	8,78,288	10,03,757	NA*	NA*	NA*	24,156
>80	5,01,880	7,52,818	8,78,288	10,03,757	NA*	NA*	NA*	24,156

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	41,461	NA	NA	NA	NA	NA	NA	NA
18-35	59,241	88,860	1,03,671	1,18,479	71,090	79,973	88,860	14,814
36-45	86,532	1,29,799	1,51,429	1,73,061	1,03,839	1,16,818	1,29,799	21,635
46-50	1,38,634	2,07,951	2,42,609	2,77,265	1,66,360	1,87,154	2,07,951	34,661
51-55	2,18,413	3,27,621	3,82,222	4,36,823	2,62,095	2,94,857	3,27,621	34,661
56-60	2,91,960	4,37,941	5,10,929	5,83,918	3,50,353	3,94,145	4,37,941	34,661
61-65	4,18,051	6,27,076	7,31,588	8,36,099	NA*	NA*	NA*	34,661
66-70	5,83,697	8,75,544	10,21,469	11,67,391	NA*	NA*	NA*	34,661
71-75	8,22,901	12,34,351	14,40,075	16,45,799	NA*	NA*	NA*	34,661
76-80	8,22,901	12,34,351	14,40,075	16,45,799	NA*	NA*	NA*	34,661
>80	8,22,901	12,34,351	14,40,075	16,45,799	NA*	NA*	NA*	34,661

Tier 1b
Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	26,353	NA	NA	NA	NA	NA	NA	NA
18-35	36,596	54,894	64,042	73,190	43,915	49,406	54,894	9,153
36-45	50,942	76,413	89,146	1,01,881	61,130	68,770	76,413	12,738
46-50	78,449	1,17,675	1,37,284	1,56,896	94,140	1,05,906	1,17,675	19,614
51-55	1,19,569	1,79,353	2,09,244	2,39,135	1,43,484	1,61,417	1,79,353	19,614
56-60	1,56,589	2,34,885	2,74,029	3,13,176	1,87,905	2,11,394	2,34,885	19,614
61-65	2,22,768	3,34,154	3,89,842	4,45,534	NA*	NA*	NA*	19,614
66-70	3,07,338	4,61,006	5,37,839	6,14,672	NA*	NA*	NA*	19,614
71-75	4,28,620	6,42,929	7,50,084	8,57,238	NA*	NA*	NA*	19,614
76-80	4,28,620	6,42,929	7,50,084	8,57,238	NA*	NA*	NA*	19,614
>80	4,28,620	6,42,929	7,50,084	8,57,238	NA*	NA*	NA*	19,614

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HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Titanium Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	32,055	NA	NA	NA	NA	NA	NA	NA
18-35	46,691	70,035	81,708	93,379	56,030	63,031	70,035	11,676
36-45	70,479	1,05,720	1,23,337	1,40,956	84,576	95,147	1,05,720	17,622
46-50	1,15,913	1,73,870	2,02,848	2,31,824	1,39,095	1,56,481	1,73,870	28,981
51-55	1,86,227	2,79,342	3,25,897	3,72,452	2,23,473	2,51,406	2,79,342	28,981
56-60	2,52,237	3,78,355	4,41,413	5,04,471	NA*	3,40,518	3,78,355	28,981
61-65	3,62,230	5,43,345	6,33,902	7,24,458	NA*	NA*	NA*	28,981
66-70	5,09,002	7,63,501	8,90,753	10,18,001	NA*	NA*	NA*	28,981
71-75	7,21,751	10,82,627	12,63,064	14,43,500	NA*	NA*	NA*	28,981
76-80	7,21,751	10,82,627	12,63,064	14,43,500	NA*	NA*	NA*	28,981
>80	7,21,751	10,82,627	12,63,064	14,43,500	NA*	NA*	NA*	28,981

Tier 2

Rest of India

Sum Insured	50,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	22,369	NA	NA	NA	NA	NA	NA	NA
18-35	31,404	47,106	54,956	62,806	37,685	42,397	47,106	7,855
36-45	44,630	66,945	78,100	89,258	53,556	60,249	66,945	11,160
46-50	70,003	1,05,005	1,22,502	1,40,002	84,004	94,503	1,05,005	17,503
51-55	1,08,278	1,62,416	1,89,484	2,16,553	1,29,934	1,46,174	1,62,416	17,503
56-60	1,43,318	2,14,978	2,50,804	2,86,633	1,71,979	1,93,477	2,14,978	17,503
61-65	2,04,370	3,06,556	3,57,645	4,08,737	NA*	NA*	NA*	17,503
66-70	2,83,465	4,25,197	4,96,062	5,66,927	NA*	NA*	NA*	17,503
71-75	3,97,288	5,95,930	6,95,251	7,94,573	NA*	NA*	NA*	17,503
76-80	3,97,288	5,95,930	6,95,251	7,94,573	NA*	NA*	NA*	17,503
>80	3,97,288	5,95,930	6,95,251	7,94,573	NA*	NA*	NA*	17,503

Sum Insured	1,00,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	27,474	NA	NA	NA	NA	NA	NA	NA
18-35	40,676	61,012	71,182	81,349	48,811	54,911	61,012	10,172
36-45	63,047	94,571	1,10,330	1,26,090	75,656	85,112	94,571	15,764
46-50	1,05,780	1,58,670	1,85,115	2,11,557	1,26,935	1,42,801	1,58,670	26,448
51-55	1,72,408	2,58,613	3,01,713	3,44,813	2,06,890	2,32,750	2,58,613	26,448
56-60	2,35,708	3,53,562	4,12,488	4,71,414	NA*	NA*	3,53,562	26,448
61-65	3,39,204	5,08,805	5,93,605	6,78,404	NA*	NA*	NA*	26,448
66-70	4,78,782	7,18,172	8,37,869	9,57,562	NA*	NA*	NA*	26,448
71-75	6,81,620	10,22,429	11,92,833	13,63,237	NA*	NA*	NA*	26,448
76-80	6,81,620	10,22,429	11,92,833	13,63,237	NA*	NA*	NA*	26,448
>80	6,81,620	10,22,429	11,92,833	13,63,237	NA*	NA*	NA*	26,448

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at **1800 2666 400**.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1a

Delhi/NCR

Sum Insured	45,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	9,448	NA	NA	NA	NA	NA	NA	NA
18-35	12,852	19,277	22,490	25,702	15,422	17,350	19,277	3,214
36-45	17,351	26,026	30,363	34,701	20,821	23,423	26,026	4,338
46-50	26,010	39,015	45,517	52,019	31,212	35,113	39,015	6,503
51-55	38,735	58,102	67,786	77,469	46,482	52,292	58,102	6,503
56-60	50,216	75,325	87,878	1,00,431	60,259	67,791	75,325	6,503
61-65	70,953	1,06,430	1,24,167	1,41,905	NA*	95,786	1,06,430	6,503
66-70	96,948	1,45,422	1,69,659	1,93,895	NA*	NA*	NA*	6,503
71-75	1,34,045	2,01,068	2,34,579	2,68,090	NA*	NA*	NA*	6,503
76-80	1,34,045	2,01,068	2,34,579	2,68,090	NA*	NA*	NA*	6,503
>80	1,34,045	2,01,068	2,34,579	2,68,090	NA*	NA*	NA*	6,503

Sum Insured	40,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,113	NA	NA	NA	NA	NA	NA	NA
18-35	6,893	10,340	12,063	13,786	8,272	9,306	10,340	1,724
36-45	9,246	13,869	16,180	18,491	11,095	12,481	13,869	2,312
46-50	13,774	20,661	24,103	27,547	16,528	18,594	20,661	3,444
51-55	20,427	30,641	35,748	40,855	24,513	27,577	30,641	3,444
56-60	26,604	39,906	46,557	53,207	31,924	35,915	39,906	3,444
61-65	37,447	56,171	65,533	74,894	NA*	50,554	56,171	3,444
66-70	51,040	76,560	89,320	1,02,080	NA*	NA*	NA*	3,444
71-75	70,439	1,05,658	1,23,267	1,40,877	NA*	NA*	NA*	3,444
76-80	70,439	1,05,658	1,23,267	1,40,877	NA*	NA*	NA*	3,444
>80	70,439	1,05,658	1,23,267	1,40,877	NA*	NA*	NA*	3,444

Sum Insured	25,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	1,862	NA	NA	NA	NA	NA	NA	NA
18-35	2,424	3,636	4,242	4,848	2,909	3,273	3,636	606
36-45	3,167	4,750	5,542	6,334	3,800	4,275	4,750	792
46-50	4,596	6,894	8,043	9,192	5,516	6,205	6,894	1,149
51-55	6,697	10,045	11,720	13,394	8,036	9,041	10,045	1,149
56-60	8,895	13,342	15,566	17,789	10,674	12,008	13,342	1,149
61-65	12,318	18,477	21,557	24,636	NA*	16,629	18,477	1,149
66-70	16,609	24,914	29,066	33,219	NA*	NA*	NA*	1,149
71-75	22,734	34,100	39,784	45,467	NA*	NA*	NA*	1,149
76-80	22,734	34,100	39,784	45,467	NA*	NA*	NA*	1,149
>80	22,734	34,100	39,784	45,467	NA*	NA*	NA*	1,149

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	45,00,000 in Excess of 5,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	6,963	NA	NA	NA	NA	NA	NA	NA
18-35	9,555	14,333	16,721	19,110	11,466	12,900	14,333	2,390
36-45	13,185	19,778	23,074	26,370	15,822	17,800	19,778	3,297
46-50	20,190	30,285	35,332	40,379	24,228	27,256	30,285	5,048
51-55	30,595	45,893	53,541	61,190	36,715	41,303	45,893	5,048
56-60	40,273	60,410	70,478	80,546	48,327	54,368	60,410	5,048
61-65	57,020	85,530	99,785	1,14,040	NA*	NA*	85,530	5,048
66-70	78,420	1,17,630	1,37,235	1,56,840	NA*	NA*	NA*	5,048
71-75	1,09,110	1,63,665	1,90,942	2,18,220	NA*	NA*	NA*	5,048
76-80	1,09,110	1,63,665	1,90,942	2,18,220	NA*	NA*	NA*	5,048
>80	1,09,110	1,63,665	1,90,942	2,18,220	NA*	NA*	NA*	5,048

Sum Insured	40,00,000 in Excess of 10,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	3,814	NA	NA	NA	NA	NA	NA	NA
18-35	5,169	7,754	9,046	10,338	6,203	6,979	7,754	1,293
36-45	7,068	10,601	12,368	14,135	8,481	9,541	10,601	1,767
46-50	10,730	16,096	18,778	21,460	12,876	14,486	16,096	2,683
51-55	16,171	24,257	28,299	32,342	19,406	21,831	24,257	2,683
56-60	21,405	32,107	37,458	42,809	25,685	28,896	32,107	2,683
61-65	30,162	45,243	52,783	60,323	NA*	NA*	45,243	2,683
66-70	41,352	62,028	72,366	82,703	NA*	NA*	NA*	2,683
71-75	57,400	86,100	1,00,450	1,14,799	NA*	NA*	NA*	2,683
76-80	57,400	86,100	1,00,450	1,14,799	NA*	NA*	NA*	2,683
>80	57,400	86,100	1,00,450	1,14,799	NA*	NA*	NA*	2,683

Sum Insured	25,00,000 in Excess of 25,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	1,452	NA	NA	NA	NA	NA	NA	NA
18-35	1,880	2,820	3,290	3,760	2,256	2,538	2,820	470
36-45	2,479	3,719	4,338	4,958	2,975	3,347	3,719	620
46-50	3,636	5,453	6,362	7,271	4,363	4,908	5,453	909
51-55	5,353	8,030	9,368	10,706	6,424	7,227	8,030	909
56-60	7,253	10,880	12,693	14,507	8,704	9,792	10,880	909
61-65	10,018	15,027	17,531	20,036	NA*	13,524	15,027	909
66-70	13,551	20,326	23,714	27,101	NA*	NA*	NA*	909
71-75	18,617	27,926	32,580	37,234	NA*	NA*	NA*	909
76-80	18,617	27,926	32,580	37,234	NA*	NA*	NA*	909
>80	18,617	27,926	32,580	37,234	NA*	NA*	NA*	909

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 2

Rest of India

Sum Insured	45,00,000 in Excess of 5,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	5,878	NA	NA	NA	NA	NA	NA	NA
18-35	8,133	12,200	14,233	16,266	9,760	10,980	12,200	2,034
36-45	11,434	17,151	20,009	22,867	13,720	15,435	17,151	2,859
46-50	17,810	26,715	31,167	35,619	21,372	24,043	26,715	4,453
51-55	27,361	41,042	47,882	54,722	32,834	36,937	41,042	4,453
56-60	36,417	54,626	63,730	72,834	43,700	49,163	54,626	4,453
61-65	51,653	77,479	90,392	1,03,305	NA	NA	NA	4,453
66-70	71,390	1,07,085	1,24,932	1,42,779	NA	NA	NA	4,453
71-75	99,793	1,49,689	1,74,637	1,99,586	NA	NA	NA	4,453
76-80	99,793	1,49,689	1,74,637	1,99,586	NA	NA	NA	4,453
>80	99,793	1,49,689	1,74,637	1,99,586	NA	NA	NA	4,453

Sum Insured	40,00,000 in Excess of 10,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	3,247	NA	NA	NA	NA	NA	NA	NA
18-35	4,426	6,639	7,745	8,851	5,311	5,975	6,639	1,107
36-45	6,152	9,227	10,765	12,303	7,382	8,305	9,227	1,538
46-50	9,486	14,229	16,600	18,971	11,383	12,806	14,229	2,372
51-55	14,480	21,720	25,340	28,960	17,376	19,548	21,720	2,372
56-60	19,388	29,083	33,930	38,777	23,266	26,174	29,083	2,372
61-65	27,355	41,033	47,871	54,710	NA*	NA*	NA*	2,372
66-70	37,676	56,514	65,933	75,351	NA*	NA*	NA*	2,372
71-75	52,528	78,792	91,924	1,05,056	NA*	NA*	NA*	2,372
76-80	52,528	78,792	91,924	1,05,056	NA*	NA*	NA*	2,372
>80	52,528	78,792	91,924	1,05,056	NA*	NA*	NA*	2,372

Sum Insured	25,00,000 in Excess of 25,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	1,273	NA	NA	NA	NA	NA	NA	NA
18-35	1,645	2,468	2,879	3,290	1,974	2,221	2,468	411
36-45	2,190	3,285	3,832	4,380	2,628	2,956	3,285	548
46-50	3,243	4,864	5,674	6,485	3,891	4,378	4,864	811
51-55	4,819	7,229	8,434	9,639	5,783	6,506	7,229	811
56-60	6,617	9,925	11,579	13,234	7,940	8,933	9,925	811
61-65	9,132	13,698	15,981	18,264	NA*	12,328	13,698	811
66-70	12,390	18,585	21,683	24,780	NA*	NA*	NA*	811
71-75	17,079	25,619	29,888	34,158	NA*	NA*	NA*	811
76-80	17,079	25,619	29,888	34,158	NA*	NA*	NA*	811
>80	17,079	25,619	29,888	34,158	NA*	NA*	NA*	811

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1a

Delhi/NCR

Sum Insured	95,00,000 in Excess of 5,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	13,396	NA	NA	NA	NA	NA	NA	NA
18-35	19,024	28,536	33,292	38,047	22,829	25,682	28,536	4,757
36-45	27,663	41,495	48,410	55,325	33,196	37,345	41,495	6,916
46-50	44,204	66,306	77,357	88,408	53,045	59,675	66,306	11,052
51-55	69,458	1,04,188	1,21,552	1,38,916	83,350	93,769	1,04,188	11,052
56-60	93,032	1,39,548	1,62,806	1,86,063	1,11,638	1,25,593	1,39,548	11,052
61-65	1,32,946	1,99,419	2,32,655	2,65,891	NA*	NA*	NA*	11,052
66-70	1,85,382	2,78,073	3,24,418	3,70,763	NA*	NA*	NA*	11,052
71-75	2,61,103	3,91,655	4,56,930	5,22,206	NA*	NA*	NA*	11,052
76-80	2,61,103	3,91,655	4,56,930	5,22,206	NA*	NA*	NA*	11,052
>80	2,61,103	3,91,655	4,56,930	5,22,206	NA*	NA*	NA*	11,052

Sum Insured	90,00,000 in Excess of 10,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	8,816	NA	NA	NA	NA	NA	NA	NA
18-35	12,467	18,700	21,817	24,933	14,961	16,830	18,700	3,117
36-45	18,071	27,106	31,623	36,141	21,685	24,395	27,106	4,518
46-50	28,800	43,200	50,400	57,599	34,560	38,880	43,200	7,201
51-55	45,181	67,771	79,066	90,361	54,217	60,994	67,771	7,201
56-60	60,599	90,898	1,06,048	1,21,197	72,719	81,808	90,898	7,201
61-65	86,489	1,29,733	1,51,355	1,72,977	NA*	NA*	NA*	7,201
66-70	1,20,501	1,80,751	2,10,876	2,41,001	NA*	NA*	NA*	7,201
71-75	1,69,616	2,54,424	2,96,828	3,39,232	NA*	NA*	NA*	7,201
76-80	1,69,616	2,54,424	2,96,828	3,39,232	NA*	NA*	NA*	7,201
>80	1,69,616	2,54,424	2,96,828	3,39,232	NA*	NA*	NA*	7,201

Sum Insured	75,00,000 in Excess of 25,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	5,382	NA	NA	NA	NA	NA	NA	NA
18-35	7,549	11,324	13,211	15,098	9,059	10,191	11,324	1,888
36-45	10,876	16,315	19,033	21,752	13,052	14,683	16,315	2,719
46-50	17,247	25,870	30,182	34,493	20,696	23,283	25,870	4,312
51-55	26,972	40,459	47,202	53,945	32,367	36,413	40,459	4,312
56-60	36,274	54,411	63,479	72,547	43,529	48,970	54,411	4,312
61-65	51,645	77,468	90,379	1,03,291	NA*	NA*	NA*	4,312
66-70	71,840	1,07,759	1,25,719	1,43,679	NA*	NA*	NA*	4,312
71-75	1,01,001	1,51,502	1,76,752	2,02,002	NA*	NA*	NA*	4,312
76-80	1,01,001	1,51,502	1,76,752	2,02,002	NA*	NA*	NA*	4,312
>80	1,01,001	1,51,502	1,76,752	2,02,002	NA*	NA*	NA*	4,312

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 1b

Mumbai, Thane, Pune, Varodara, Ahmedabad, Surat

Sum Insured	95,00,000 in Excess of 5,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	9,940	NA	NA	NA	NA	NA	NA	NA
18-35	14,351	21,526	25,114	28,701	17,221	19,373	21,526	3,589
36-45	21,519	32,279	37,657	43,037	25,823	29,050	32,279	5,380
46-50	35,261	52,891	61,707	70,521	42,313	47,602	52,891	8,816
51-55	56,448	84,672	98,783	1,12,895	67,737	76,204	84,672	8,816
56-60	76,637	1,14,956	1,34,115	1,53,274	NA*	1,03,460	1,14,956	8,816
61-65	1,09,781	1,64,671	1,92,116	2,19,560	NA*	NA*	NA*	8,816
66-70	1,54,005	2,31,007	2,69,508	3,08,009	NA*	NA*	NA*	8,816
71-75	2,18,109	3,27,163	3,81,690	4,36,217	NA*	NA*	NA*	8,816
76-80	2,18,109	3,27,163	3,81,690	4,36,217	NA*	NA*	NA*	8,816
>80	2,18,109	3,27,163	3,81,690	4,36,217	NA*	NA*	NA*	8,816

Sum Insured	90,00,000 in Excess of 10,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	6,575	NA	NA	NA	NA	NA	NA	NA
18-35	9,436	14,154	16,513	18,871	11,323	12,738	14,154	2,360
36-45	14,085	21,128	24,649	28,170	16,902	19,015	21,128	3,522
46-50	22,999	34,498	40,248	45,997	27,599	31,048	34,498	5,750
51-55	36,741	55,112	64,297	73,482	44,090	49,601	55,112	5,750
56-60	49,965	74,947	87,438	99,929	NA*	67,452	74,947	5,750
61-65	71,463	1,07,194	1,25,059	1,42,925	NA*	NA*	NA*	5,750
66-70	1,00,148	1,50,222	1,75,259	2,00,296	NA*	NA*	NA*	5,750
71-75	1,41,729	2,12,593	2,48,025	2,83,457	NA*	NA*	NA*	5,750
76-80	1,41,729	2,12,593	2,48,025	2,83,457	NA*	NA*	NA*	5,750
>80	1,41,729	2,12,593	2,48,025	2,83,457	NA*	NA*	NA*	5,750

Sum Insured	75,00,000 in Excess of 25,00,000							
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	4,051	NA	NA	NA	NA	NA	NA	NA
18-35	5,750	8,624	10,062	11,499	6,900	7,762	8,624	1,438
36-45	8,510	12,765	14,892	17,020	10,212	11,489	12,765	2,128
46-50	13,802	20,704	24,154	27,605	16,563	18,633	20,704	3,451
51-55	21,962	32,943	38,433	43,923	26,354	29,648	32,943	3,451
56-60	29,960	44,940	52,430	59,920	NA*	40,446	44,940	3,451
61-65	42,724	64,086	74,767	85,448	NA*	NA*	NA*	3,451
66-70	59,756	89,633	1,04,572	1,19,511	NA*	NA*	NA*	3,451
71-75	84,443	1,26,665	1,47,776	1,68,886	NA*	NA*	NA*	3,451
76-80	84,443	1,26,665	1,47,776	1,68,886	NA*	NA*	NA*	3,451
>80	84,443	1,26,665	1,47,776	1,68,886	NA*	NA*	NA*	3,451

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart



my:health Koti Suraksha

Gross Premium (Excl. GST) for Section A. my:health Koti Suraksha - Super Top Up Plan

Tier 2

Rest of India

Sum Insured	95,00,000 in Excess of 5,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	8,448	NA	NA	NA	NA	NA	NA	NA
18-35	12,371	18,556	21,649	24,741	14,845	16,700	18,556	3,094
36-45	19,018	28,528	33,281	38,036	22,822	25,675	28,528	4,755
46-50	31,769	47,654	55,596	63,538	38,123	42,888	47,654	7,943
51-55	51,567	77,351	90,242	1,03,133	61,880	69,615	77,351	7,943
56-60	70,678	1,06,017	1,23,686	1,41,355	NA*	95,415	1,06,017	7,943
61-65	1,01,431	1,52,146	1,77,503	2,02,861	NA*	NA*	NA*	7,943
66-70	1,42,904	2,14,356	2,50,082	2,85,808	NA*	NA*	NA*	7,943
71-75	2,03,174	3,04,761	3,55,554	4,06,347	NA*	NA*	NA*	7,943
76-80	2,03,174	3,04,761	3,55,554	4,06,347	NA*	NA*	NA*	7,943
>80	2,03,174	3,04,761	3,55,554	4,06,347	NA*	NA*	NA*	7,943

Sum Insured	90,00,000 in Excess of 10,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	5,607	NA	NA	NA	NA	NA	NA	NA
18-35	8,152	12,227	14,265	16,303	9,782	11,004	12,227	2,039
36-45	12,463	18,695	21,810	24,926	14,956	16,825	18,695	3,116
46-50	20,734	31,101	36,285	41,468	24,881	27,991	31,101	5,184
51-55	33,576	50,364	58,757	67,151	40,291	45,327	50,364	5,184
56-60	46,099	69,149	80,673	92,198	NA*	62,234	69,149	5,184
61-65	66,047	99,070	1,15,581	1,32,093	NA*	NA*	NA*	5,184
66-70	92,948	1,39,422	1,62,659	1,85,895	NA*	NA*	NA*	5,184
71-75	1,32,041	1,98,062	2,31,072	2,64,082	NA*	NA*	NA*	5,184
76-80	1,32,041	1,98,062	2,31,072	2,64,082	NA*	NA*	NA*	5,184
>80	1,32,041	1,98,062	2,31,072	2,64,082	NA*	NA*	NA*	5,184

Sum Insured	75,00,000 in Excess of 25,00,000							Additional Child
Age	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	
0-17	3,476	NA	NA	NA	NA	NA	NA	NA
18-35	4,987	7,480	8,727	9,974	5,985	6,732	7,480	1,247
36-45	7,547	11,321	13,207	15,094	9,057	10,189	11,321	1,887
46-50	12,458	18,687	21,801	24,915	14,949	16,818	18,687	3,115
51-55	20,082	30,123	35,144	40,164	24,099	27,111	30,123	3,115
56-60	27,665	41,497	48,413	55,330	NA*	37,347	41,497	3,115
61-65	39,508	59,263	69,140	79,016	NA*	NA*	NA*	3,115
66-70	55,481	83,221	97,091	1,10,961	NA*	NA*	NA*	3,115
71-75	78,691	1,18,037	1,37,710	1,57,383	NA*	NA*	NA*	3,115
76-80	78,691	1,18,037	1,37,710	1,57,383	NA*	NA*	NA*	3,115
>80	78,691	1,18,037	1,37,710	1,57,383	NA*	NA*	NA*	3,115

*For this family composition, we advise you to kindly opt for individual Sum Insured policy instead of a family floater plan. To know more, contact us at 1800 2666 400.

HDFC ERGO General Insurance Company Limited

Premium Chart

my:health Koti Suraksha



my:health Koti Suraksha - Section B. Personal Accident

(Gross Rate before tax)

Base Covers

Accidental Death

Rate per mille

Accidental Death	0.57
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Optional Cover under Accidental Death

Rate per mille

Burns	0.51
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Emergency Medical Expenses (EME)

Amount in INR

Emergency Medical Expenses (EME)	1,023
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Emergency Medical Expenses (EME)	Amount in INR							
Sum Insured (INR)	10,000	50,000	3 lac	10 lac	15 lac	25 lac	50 lac	1 crore
Relativity	0.49	0.67	1.00	2.11	2.67	3.22	4.89	7.11

Note: Other Sum Insured options may be arrived at using standard interpolation method

Optional Covers under Emergency Medical Expenses

Amount in INR

Emergency Medical Expenses – Global	1,376
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Emergency Medical Expenses – Global	Amount in INR							
Sum Insured (INR) for EME	50,000	3 lac	10 lac	15 lac	25 lac	50 lac	1 crore	
Sum Insured (INR) for EME - Global	7.5 lac	7.5 lac	10 lac	15 lac	25 lac	50 lac	75 lac	
Relativity	0.79	1.00	1.83	2.43	2.96	4.57	6.35	

Note: Other Sum Insured options may be arrived at using standard interpolation method

Co-Payment/Deductible	Discount
10%	10%
15%	20%
20%	25%

Broken Bones

Rate per mille

Broken Bones	4.10
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Hospital Cash - Accident Only

Rate per mille of 10 days hospital cash benefit

Hospital Cash - Accident Only	40.92
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Hospital Cash - Accident Only	Rate per mille of 10 days hospital cash benefit					
Length of Stay (in days)	7	10	15	20	30	60
Relativity	0.78	1.00	1.20	1.38	1.53	1.65

Optional Covers under Hospital Cash - Accident Only

Companion Benefit	Loading (%)
Payout to normal room limit	
Half time	50%
1 time	100%

Hospital Cash - ICU	Relativity
Payout to normal room limit	
2 times	1.13
3 times	1.27
4 times	1.40
5 times	1.53
10 times	2.20

my:health Koti Suraksha - Section B. Personal Accident

(Gross Rate before tax)

Optional Covers under Hospital Cash - Accident Only

Time deductible modification option	
Number of Days	Discount (%)
3 days	5.0%
5 days	10.0%

Hospital Cash - Accident Global	
Payout to normal room limit	Loading (%)
2 times	60.0%
3 times	97.5%
5 times	172.5%

Chauffeur Benefit

Rate per INR 10 of Daily Benefit

Chauffeur Benefit	Rate per INR 10 of Daily Benefit
Chauffeur Benefit	7.30

Chauffeur Benefit	Rate per INR 10 of Daily Benefit		
Number of Days	7	15	30
Relativity	0.47	1.00	2.00
Chauffeur Benefit	7	15	30
Relativity	0.47	1.00	2.00

Optional Covers Under my:health Koti Suraksha - Section B. Personal Accident

(Gross Rate before tax)

Preventive Health Checkup	Gross Premium: All Sum Insureds
Age Band	
0-17	362
18-35	362
36-45	362
46-50	362
51-55	362
56-60	725
61-65	725
66-70	725
71-75	725
76-80	725
>80	725

Last Rites	Rate per mille
Last Rites	0.57

Dependent Children Education Benefit	Rate per mille
Dependent Children Education Benefit	0.57

Personal Accident Policy - Renewal Premium	Rate per mille
Personal Accident Policy - Renewal Premium	0.57

Parental Care Benefit	Rate per mille
Parental Care Benefit	0.57

Medical Evacuation - Illness & Accident	Amount per insured member in INR
Medical Evacuation - Illness & Accident	331.82