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**HIT & FIT  
HEALTH  
INSURANCE**

**my:health Suraksha**

## my:health Suraksha Silver Smart, Gold Smart & Platinum Smart Plans

### Key features of the policy:

- ◆ Multiple sum insured options ranging from Rs. 3 Lacs to Rs. 75 Lacs available under this policy
- ◆ Any age entry option with lifetime renewal
- ◆ Exclusive covers like Air ambulance cover, Recovery benefit, Infertility cover
- ◆ Wellness features like Fitness discount@ renewal, Health incentives for maintenance of health
- ◆ Flexi benefits like choosing room rent capping, co pay in order to avail discounts on premium
- ◆ Various discount options to like family discount, long term policy discount, loyalty discount
- ◆ Long term policy options up to 3 years with attractive premium rate
- ◆ Option to pay yearly premium in 3, 6 and 12 equal installments

### Coverage

#### SECTION A: HOSPITALIZATION COVER

Pays for Medically necessary hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period.

#### 1. Medical Expenses

- Room rent, boarding and Nursing charges
- Intensive Care Unit charges
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### a. Mental Healthcare

Pays for Medical Expenses in case of hospitalization for any Mental Illness contracted during the Policy Period in accordance with the Mental Healthcare Act 2017, subsequent amendments and other applicable laws and rules provided that:

- The Hospitalization is prescribed by a Medical Practitioner for Mental Illness
- The Hospitalization is done in Mental Health Establishment

#### 2. Home Healthcare

Pays for Hospitalization at home for Illnesses including but not limited to following Medically necessary treatment, if prescribed by treating Medical Practitioner. We will pay Medical Expenses incurred for treatment of such Illness where opted.

- ◆ Gastroenteritis
- ◆ Bronchopneumonia
- ◆ Respiratory tract infection
- ◆ Chemotherapy
- ◆ Pancreatitis
- ◆ Dengue
- ◆ COPD management
- ◆ Hepatitis
- ◆ Fever management

This Cover can be availed through Cashless Facility only through our network service provider

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### 3. Domiciliary Hospitalization

Pays for Medical Expenses incurred on Domiciliary Hospitalization of the Insured Person provided that:

- It has been prescribed by the treating Medical Practitioner  
and
- the condition the Insured Person is such that he/she could not be removed to a Hospital  
or
- the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Expenses incurred on Domiciliary Hospitalization in respect to following treatment are excluded under the Policy

- a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- b. Arthritis, Gout and Rheumatism,
- c. Chronic Nephritis and Nephritic Syndrome,
- d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
- e. Diabetes Mellitus and Insipidus,
- f. Epilepsy,
- g. Hypertension,
- h. Psychiatric or Psychosomatic Disorders of all kinds,
- i. Pyrexia of unknown Origin.
- j. Post Hospitalization Expenses are excluded if Insured Person opts for Domiciliary Hospitalization

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### **4. Pre-Hospitalization cover**

Pays for 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 Hospitalization Cover is admissible under the Policy.

Where Insured Person has opted for *Home Healthcare* treatment Pre-Hospitalization expenses are payable up to 60 days prior to start of the Medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### **5. Post-Hospitalization cover**

Pays for Medical Expenses incurred upto 180 days from the day 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 Hospitalization Cover is admissible under the Policy

Where Insured Person has opted for *Home Healthcare* treatment, Post Hospitalization expenses are payable up to 180 days post completion of the medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### **6. Day Care Procedures**

Pays for Medical Expenses on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### **7. Road Ambulance**

Pays 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. of from Hospital to Home (within same City) following Hospitalization

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### **8. Organ Donor Expenses**

Pays for Medical Expenses towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided 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 rules.
- ◆ Hospitalization Claim under Section A1 is admissible under the Policy
- ◆ 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

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### **9. Alternative Treatments**

We will pay Medical Expenses on Hospitalization of Insured Person for following Alternative Treatments prescribed by Medical Practitioner

- ◆ Ayurvedic
- ◆ Unani
- ◆ Siddha
- ◆ Homeopathy

provided that;

- i. The procedure performed on the Insured Person cannot be carried out on Outpatient basis
- ii. The treatment has been undertaken in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board or authorised medical council of the respective country/state as applicable
- iii. In the event of admissible Claim under this Cover, no Claim shall be admissible for Allopathic treatment of same Illness or Injury Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Optional cover of Co-payment is opted for.

#### 10. Air Ambulance Cover

Pays 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

##### Exclusion:

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

#### 11. Recovery Benefit

Pays as specified amount upon Medically necessary hospitalization of an Insured Person exceeding 10 consecutive and continuous days and for which Claim is admissible,

This benefit is not applicable if Medical treatment is taken under Home Healthcare and Domiciliary Hospitalization

#### 12. Sum Insured Rebound

Pays an amount equivalent to the admissible Claim amount, subject to maximum of Basic Sum Insured, on subsequent Hospitalization of the Insured Person during Policy Year subject to;

- i. Total of Basic Sum Insured under Hospitalization Cover, Cumulative/Extended Cumulative Bonus (if applicable) 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/Extended Cumulative Bonus (if opted) earned
- ii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy
  - i. This cover will be applicable annually for policies with term more than one year.
  - ii. Any unutilized amount of Sum Insured Rebound cannot be carried over to next Policy Year or Renewal Policy
  - iii. The Sum Insured Rebound can be utilized for Claims under Hospitalization Cover only.

Illustration							
Time	Claim no.	Sum Insured available	Cumulative Bonus	Admissible Claim amount	SI Rebound	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

## SECTION B: RENEWAL BENEFITS

#### 1. Cumulative Bonus

On each Renewal of the Policy with Us, 10%/ 25% of Basic Sum Insured under expiring Policy shall be applied as Cumulative Bonus in the Policy provided that;

1. There has been no claim under the Policy in expiring year under Section A
2. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible Claim under Section A of the Policy.
3. Cumulative Bonus can be accumulated upto 100% / 200% of Basic Sum Insured.
4. Cumulative Bonus applied will be applicable only to Insured Person covered under expiring Policy and who continue to remain insured on Renewal.
5. In case of multiyear policies, Cumulative Bonus that has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy tenure

#### 2. Preventive Health Check-Up - Booster

Insured Person will be entitled for Health Check up every year, at our Network Service Provider as per list of tests given below irrespective of Claims made under the Policy.

##### List of Tests

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

- ◆ This benefit will not be carried forward if not utilized within 60 days of Policy Anniversary/Renewal date.

**3. my: Health Active**

**A. Fitness discount @ Renewal**

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

One Healthy Week can be accumulated by;

- ◆ Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to Our my: health 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 my: health 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	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

**Steps to accumulate Healthy Weeks**

Step 1 - The my: Health Mobile App must be downloaded on the mobile.

Step 2 - You can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to Our my: health 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 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 covered under expiring Policy
- ◆ 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 expiring Policy Sum Insured .
- ◆ Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

**B. Health Incentive**

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

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

- i. 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).
- ii. Medical test shall be done at Your own cost through our Network Provider on Our my: health mobile App.
- iii. 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.
- iv. 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	EKG
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 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 expiring Policy
- ◆ 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 expiring Policy Sum Insured.
- ◆ Fitness discount @ Renewal will be applied only on Renewal of Policy with Us and only if accrued.

### C. Wellness services:

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

#### i. Health Coach:

An Insured Person will have access to Health Coaching services in areas such as:

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

These services will be available through Our my: health 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:** like stress management, Pregnancy Care, Work life balance management.

These services will be available through Our my: health mobile app

#### **Disclaimer applicable to my: health Mobile app and associated services**

*It is agreed and understood that Our my:health 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 EGRO 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.*

## SECTION C: OPTIONAL COVERS

### 1. Parent and Child care Cover – Booster

Pays for the expenses arising out of pregnancy, infertility treatment and childbirth as per details mentioned below:

#### 1. Parent Care

- Maternity Expenses:** Medical Expenses for a delivery (including caesarean section) on Hospitalization or the lawful medical termination of pregnancy during the Policy Period.
- OPD Treatment:** In Pre-natal and post-natal period up to the limit of this Cover provided Claim under Maternity Expenses is admissible under the Policy.
- Infertility Treatment:** Pays for Medical Expenses incurred for infertility treatment, assisted reproductive treatments like IVF undertaken on advice of a Medical Practitioner. This cover is applicable for both Male and Female Insured Person.

#### 2. Child Care

Pays for Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

##### a) **New Born baby cover:**

Pays for **Medical Expenses** towards treatment of a **New Born Baby**

##### b) **Vaccination Charges:**

Pays for expenses incurred on vaccination for **New Born Baby** as per National Immunization Schedule until **New Born Baby** completes 1 year of age

#### 3. Waiting Period modification Option

Provides option to modify Waiting Period for Parent and Child Care Booster to 3 years

#### **Exclusions applicable to this Cover.**

- Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover
- Expenses related to ectopic pregnancy shall not be paid under this cover and will be covered as a part of expenses under Hospitalization cover only.
- Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

## 2. Non-Medical Expenses cover

Pays for Non-Medical Expenses on Hospitalization of Insured Person for all admissible claims as applicable.

## 3. Extended Cumulative Bonus

Provides option to enhance cumulative bonus cover, however the same once opted for, cannot be opted out at subsequent Renewal.

## 4. Room Rent Modification Option

On availing this option, limits specified will stand modified as below for Hospitalization cover

- i. Room Rent, boarding & Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day
- ii. Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day

### Proportionate deduction:

In case expenses incurred on i and ii above exceed respective applicable limits, expenses incurred under Hospitalization Cover shall be paid in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment is opted and specified in the Schedule of Coverage in the Policy Schedule .

This cover is available for Sum Insured up to Rs. 5 Lacs only

## 5. Co-Payment

Provides an option such that the Co-Payment amount will applied on each and every claim under all hospitalization covers, wherever applicable under the Policy. Once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

## WAITING PERIODS & EXCLUSIONS (ALSO APPLICABLE FOR HOSPITAL CASH OPTIONAL COVER)

### 1. Waiting Periods

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

- i) **General waiting period:** claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.
- ii) **Waiting Period for listed illnesses and Procedures:** 24 months for all Illnesses and Surgical Procedures listed below however this waiting period will not be applicable where the underlying cause is cancer(s).

#### a. Illnesses

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

#### b. Surgical Procedures

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

#### iii) Waiting Period for Pre-existing conditions:

A waiting period of 36 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.

#### iv) Waiting Period for Parent & Child Care Cover-Booster

A waiting period of 48 months shall apply for all Claims under Parent & Child Care Cover - Booster

### 2. General Exclusions

No payment shall be made for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following

- i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

- ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.
- iv) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- v) Treatment of Obesity and any weight control program.
- vi) sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").
- vii) Congenital external diseases, defects or anomalies,
- viii) Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or Illness;
- ix) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- x) treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
- xi) Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xii) Dental Treatment and surgery of any kind, unless requiring Hospitalization.
- xiii) Treatment and supplies 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).
- xiv) Circumcisions (unless necessitated by Illness or Injury an forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.
- xv) Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of Medically Necessary Treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
- xvi) Experimental, investigational or Unproven treatments, devices and pharmacological regimens.
- xvii) Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done and Conditions for which In patient Hospitalization is not warranted.
- xviii) Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xix) Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required Hospitalization; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.
- xx) Vaccination including inoculation and immunisations (Except post bite treatment),
- xxi) Non-Medical expenses such as charges for admission, discharge, registration, Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and medical supplies including elastic stockings, diabetic test strips, Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing. Full list of Non-Medical expenses is available at [www.hdfcergo.com](http://www.hdfcergo.com).
- xxii) Vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxiii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,
- xxiv) Treatment taken on Outpatient basis
- xxv) The provision or fitting of hearing aids, spectacles or contact lenses.
- xxvi) Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products. optometric therapy.
- xxvii) 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.
- xxviii) Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxix) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form

## GENERAL CONDITIONS

### 1. Entry Age:

#### Base Cover

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

#### Optional covers:

Proposer	Adult Dependent	Child/Children
<ul style="list-style-type: none"> <li>• Minimum Entry Age – 18 Years</li> <li>• Maximum Entry Age – Lifetime Entry</li> <li>• Parent &amp; Child Care Cover – Basic &amp; Booster – Entry Age Up to 45 Years</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum Entry Age – 18 Years</li> <li>• Maximum Entry Age - Lifetime Entry</li> <li>• Parent &amp; Child Care Cover – Basic &amp; Booster – Entry Age Up to 45 Years</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum Entry Age – 91 days</li> <li>• Maximum Entry Age – 25 years</li> </ul>

**Add on Covers:**

**my:health Critical Illness Add on**

Proposer	Adult Dependent
• Minimum Entry Age – 18 Years	• Minimum Entry Age – 18 Years
• Maximum Entry Age – 65 years	• Maximum Entry Age – 65 years

**my:health Hospital Cash Benefit Add on**

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

**2. Type of Policy:**

- ◆ Individual Sum Insured Option under base policy and my:health Critical Illness Add on
- ◆ Floater Sum Insured Option under base policy and my:health Hospital 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 provided he is financially dependent, on the proposer.

**4. Policy period**

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

**5. Add on covers**

**my:health Critical Illness Add on**

Multiple optional plans to cover - 9/12/ 15/ 18/ 25/ 40/ 51 Critical Illnesses

- ◆ 90 days waiting period shall apply from the commencement of the policy period to all claims under the policy
- ◆ 7 days survival period shall be apply from the date of occurrence of illness, medical event or surgical procedure.

**my:health Hospital Cash Benefit Add on**

**Provides a daily cash benefit for admissible hospitalization of Insured person**

- ◆ Hospital cash allowance for every 24 hrs. Hospitalisation in a regular hospital room, maximum upto 30 days
- ◆ 2 times of the base hospital cash benefit, for hospitalisation in ICU

**6. Pre Policy Check ups**

The PPC tests required will be as per the below PPC grid.

Sum Insured will be total of Base Sum Insured and optional/add-on covers which are offered on benefit basis

**Pre Policy and Financial Underwriting Matrix**

Sum Insured in INR	Upto 17 Yrs	18 Yrs to 45 Yrs	45 Yrs to 60 Yrs	Age >61 Yrs	Financial Underwriting
3 Lacs to 10 Lacs	NA	NA	Set 1	Set 2	Not Applicable
12.5 Lacs - 20 Lacs	NA	NA	Set 2	Set 3	Not Applicable
25 Lacs to 75 Lacs	NA	Set 1	Set 2	Set 3	Applicable

- ◆ Set 1: ME, RUA, CBC, SrCreatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG
- ◆ Set 2 : Set 1, HBsAg, TMT/2D Echo, USG Abdomen & Pelvis, Chest X ray, CEA
- ◆ Set 3 : Set 2, PSA (Males), Pap Smear & Sonomamography (Females), Microalbumin, BUN, Sr Uric Acid, ANA

**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
Upto 20 Lacs	No Pre Policy Check required	Set 1
25 Lacs and Above	No Pre Policy Check required	Set 2

**Guidelines for Pre Policy Check ups**

- ◆ Pre Policy Checkup will be conducted at our Network provider
- ◆ Where ever Pre Policy Checkup 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 Checkupoutside our Network provider, 50% of the Medical test charges will be reimbursed on acceptance of Proposal.

- ◆ If Proposal is declined post Pre Policy Checkup, 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

## 7. Premium Tier

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, Varodara
- ◆ **Tier 2:** Rest of India

### Conditions:

- i. On payment of Tier 1a premiums, an Insured Person can avail treatment all over India without any co-payment.
- ii. On payment of Tier 1b premium, an Insured Person can avail treatment at Tier1b cities and Tier 2 cities without any Co-Payment. However if an 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, an Insured Person can avail treatment at Tier 2 cities without any Co-Payment. However if an 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 an Insured Person opts for Hospitalization with Room Rent up to Rs. 2,500 per day or on Hospitalization for Medically Necessary treatment following an Accident

## 8. Premium Payment Option

- i. **Insured Person** shall have the option to pay **Policy** premium in total at the inception of **Policy** or in installments as per options as below:

Options	Installment Premium Option
Option 1	Annual
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

- ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.
- iii. Grace Period of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable. Claim related to any Illness diagnosed during the Grace Period will not be admissible under the Policy.
- iv. If case of non-receipt of Installment Premium on the Installment due date or before expiry of the grace period, the Policy shall stand cancelled and the Premium for unexpired period will be refunded as below
  - a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable
  - b. For all other Premium Payment options, 50% of current installment premium will be refunded when the current period is less than 6 months in to the Policy Year. For installment after 6 months, no refund will be payable.
  - c. No refund of any premium in case of any claim during Policy Year.

## 9. Discounts

<b>Family Discount</b>	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
<b>Loyalty Discount</b>	If insured has purchased polices for more than 1 product from us, 2.5% discount of my:health Suraksha premium is offered

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

### Other Discounts

**Long term policy discount** - A discount of 7.5% and 12.5% shall be offered on premium, in case a policy is Purchased for 2-year and 3-year tenure respectively with Annual Premium Payment option

This benefit is not available for instalment premiumpayment options.

Premium will be as per the corresponding age of that particular year.

For example: If a person of age 45 years opts for a 3 years tenure policy, then premium will be calculated with age 45, 46 and 47 i.e., 1\* (36-45) and 2\* (46-50)

## 10. Additional Benefit

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

**Plans Under the policy: attached as an Annexure 1**

Sr No	Covers	Silver Smart	Gold Smart	Platinum Smart
	<b>Basic Sum Insured in Rs.</b>	3 Lacs / 4 Lacs / 5 Lacs	7.5 Lacs / 10 Lacs / 15 Lacs	20 Lacs / 25 Lacs / 50 Lacs / 75 Lacs
<b>Section A</b>	<b>Hospitalisation Cover</b>			
1	<b>Medical Expenses</b>	Covered	Covered	Covered
	<b>Room Rent</b>	At Actual	At Actual	At Actual
	<b>ICU</b>	At Actuals	At Actuals	At Actuals

Sr No	Covers	Silver Smart	Gold Smart	Platinum Smart
1.a	Mental Healthcare	Covered	Covered	Covered
2	Home Healthcare*	Covered	Covered	Covered
3	Domiciliary Hospitalisation	Covered	Covered	Covered
4	Pre-Hospitalisation cover	60 days	60 days	60 days
5	Post-Hospitalisation cover	180 Days	180 Days	180 Days
6	Day Care Procedures	Covered	Covered	Covered
7	Road Ambulance	SI 3L to 5 L - Rs. 2000	SI 7.5 L to 15 L - 3,500	SI 20 L to 50 L - 3,500 Above 50 L - 15,000
8	Organ Donor Expenses	Covered	Covered	Covered
9	Alternative Treatment	Covered	Covered	Covered
10	Air Ambulance Cover	Not Covered	upto Rs. 2 lacs	upto Rs. 5 Lacs
11	Recovery Benefit	Rs. 5,000	Rs. 15,000	Rs. 25,000
12	Sum Insured Rebound	Covered	Covered	Covered
<b>Section B</b>	<b>Renewal Benefits</b>			
1	Cumulative Bonus	10% at each claim free yr, max 100%	10% at each claim free yr, max 100%	25% at each claim free yr, max 200%
2	Preventive Health Check Up-Booster	Covered	Covered	Covered
3	my:Health Active	Covered	Covered	Covered
<b>Section C</b>	<b>Optional Covers</b>			
1	Parent and Child Care Cover - Booster	Optional—Upto 15,000 for Normal Delivery and 25,000 for C section Delivery— Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	Optional—Upto 15,000 for Normal Delivery and 25,000 for C section Delivery— Upto 25,000 for Normal Delivery and 40,000 for C section Delivery	Optional—Upto 25,000 for Normal Delivery and 40,000 for C section Delivery, Termination 25,000— Upto 50,000 for Normal Delivery and 75,000 for C section Delivery. Termination limit 50,000
1	Parent Care	–	–	–
i	Maternity Expenses	Covered	Covered	Covered
ii	Pre and Post Natal Expenses	Upto Parent Care Sum Insured	Upto Parent Care Sum Insured	Upto Parent Care Sum Insured
iii	Infertility Treatment	Upto 50% of Normal Delivery Sum Insured	Upto 50% of Normal Delivery Sum Insured	Upto 50% of Normal Delivery Sum Insured
2	Child Care	Covered	Covered	Covered
a	New Born Baby Cover	Upto Parent Care Sum Insured	Upto Parent Care Sum Insured	Upto Parent Care Sum Insured
b	Vaccination Charges	Rs. 5,000	Rs. 5,000	Rs. 5,000 Rs. 15,000
3	Waiting Period Modification option	Optional - 3 Yr	Optional - 3 Yr	Optional - 3 Yr
2	Non Medical Expenses cover	Optional	Optional	Optional
3	Extended Cumulative Bonus	Optional 25% subject to max 200% 50% subject to max 200%	Optional 25% subject to max 200% 50% subject to max 200%	Optional 50% subject to max 200%
4	Room Rent Modification option	Optional	Not Applicable	Not Applicable
5	Co-payment	10%/20%	15%/25%	15%/25%
	Entry Age	Any age Entry	Any age Entry	Any age Entry
	Renewal Age	Lifetime renewal	Lifetime renewal	Lifetime renewal
	Pre existing Waiting Period	3 years	3 years	3 years
	Parent and Child Care Booster - Waiting Period	4 years	4 years	4 years
	<b>Add on Covers</b>			
1	my:Health Critical Illness Add on	Optional	Optional	Optional
2	my:health Hospital Cash Add-on	1000, 2000 per day	3,000, 5,000 per day	3,000 5,000, 7,500 per day

\* Subject to change in tax laws

• Available in select cities

## **ANTI REBATE WARNING**

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs. 10 Lakhs.

Health mobile app - Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health 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 EGRO 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.

Renewal Fit discount - Terms and Conditions Apply.

Additional premium will be charged for optional cover.

## **HDFC ERGO General Insurance Company Limited**



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