

HEALTH SURAKSHA - TOP UP PLUS

Eligibility

- This policy covers persons in the age group 5-65 years. The maximum entry age is restricted upto 65 years. However there will be no exit-age for ceasing of the cover.
- Children covered from 91 days onwards if both parents are covered under same policy.
- The policy offers option of covering on individual sum insured basis and on family floater basis.
- This policy can be issued to an individual and/or family.
- The family includes self, spouse, dependent children and dependent parents. Dependent parents have to be covered under separate family floater policy.
- Parents shall include Your (Policyholder) dependant parents. Your (Policyholder) spouse's parents shall not be covered

Policy Period

The policy will be issued for 1 year /2 years period

Benefits

Claims under this Policy shall be payable only if the aggregate of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person exceeds the Deductible applicable on per Policy Year basis.

The policy pays for the benefits mentioned below, in excess of the deductible opted by you.

- In-patient Treatment – Covers medical expenses for hospitalization due to an illness or accident. We will pay for the medical expenses for room rent, boarding expenses, nursing, intensive care unit, medical practitioner(s), anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices or equipments if implanted internally during a surgical procedure,
- Pre-Hospitalization - The medical expenses incurred due to an illness in 60 days immediately before the insured person was hospitalized,
- Post-Hospitalization - The medical expenses incurred in 90 days immediately after the insured person was discharged post hospitalization,
- Day care procedures – The medical expenses for 140 day care procedures which do not require 24 hours hospitalization due to technological advancement in medical science.
- Domiciliary Treatment - The medical expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required hospitalisation.
- Organ Donor - The medical expenses on harvesting the organ from the donor.
- Emergency Ambulance – Expenses up to Rs. 2000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital.

Key Definitions

- Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/ treatment, within 48 months prior to the commencement of his first being covered under an Max Suraksha Plus policy with Us.
- Any One Illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.
- Deductible means a cost-sharing requirement under a health insurance policy that provides that We will not be liable for a specified rupee amount (as opted and mentioned in Policy Schedule. On Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) of the covered expenses, which will apply before any benefits are payable by Us. A Deductible does not reduce the Sum Insured.

Exclusions

- a. Deductible - We are not liable for any payment unless the medical expenses exceed the deductible. Deductible shall be applicable per policy year basis.
- b. Waiting Periods - We are not liable for any treatment which begins during waiting periods except if any insured person suffers an accident.
- c. 30 days Waiting Period - A waiting period of 30 days will apply to all claims unless:
 - i. The Insured Person has been insured under an Health Suraksha – Top up Plus Policy continuously and without any break in the previous Policy Year, or
 - ii. If the Insured person renews with Us and increases the sum insured (other than as a result of the application of Cumulative Bonus) or

changes his deductible, then this exclusion shall only apply in relation to the amount by which the sum insured has been increased or deductible has been changed.

- d. Specific Waiting Periods: The illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third policy year the insured person has been insured under an Health Suraksha – Top up Plus policy continuously and without any break:
 - i. Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumours, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumours unless malignant.
 - ii. Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.
 - iii. If the insured person renews with Us and increases the sum insured (other than as a result of the application of Cumulative Bonus) or changes his deductible, then this exclusion shall only apply in relation to the amount by which the sum insured has been increased or deductible has been changed.
- e. Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Health Suraksha – Top up Plus policy with Us.
 - i. If the Insured person renews with Us and increases the Sum Insured (other than as a result of the application of Cumulative Bonus) or changes his deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or deductible has been changed.
- f) We will not make any payment 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 unless expressly stated to the contrary in this Policy:
 - 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 while sane or insane.
 - 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.
 - iv. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v. Treatment of Obesity and any weight control program.
 - vi. Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
 - vii. Venereal disease, sexually transmitted disease or Illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
 - viii. Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean

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section) except in the case of ectopic pregnancy in relation to benefit inpatient treatment only.

- ix. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- x. Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xi. Expenses for donor screening, or, save as and to the extent provided for in benefit Organ donor, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii. Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures other than hairline fractures and dislocations of the mandible and extremities.
- xiii. Treatment of nasal concha resection; circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv. Experimental, investigational or unproven treatment, devices and pharmacological regimens.
- xvi. Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
- xvii. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii. Any non allopathic treatment.
- xix. All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae 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. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, surcharge, discharge, administration, registration, documentation and filing.
- xxi. Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, 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 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.
- xxii. 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 shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxiii. The costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period.
- xxiv. The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, nebulizer and similar products.
- xxv. Any treatment or part of a treatment that is not of a reasonable charge, or

not medically necessary; drugs or treatments which are not supported by a prescription including medicines/ treatment taken beyond the prescribed limit.

xxvi. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxvii. Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

Sum Insured (Rs.): 2.00; 3.00; 4.00; 5.00; 7.50 and 10.00 Lacs

Deductible (Rs.): 1.00; 2.00; 3.00; 4.00 and 5.00 Lacs

Requirement

Completed proposal form

Pre-Policy Checkup

Pre-Policy Checkup at our network may be required based upon the age, deductible and sum insured as mentioned below.

Deductible (Rs.)	100,000	200,000	300,000	400,000	500,000
Sum Insured (Rs.)	1,000,000				
18-45 Yrs	Nil	Nil	Nil	Nil	Nil
46-55 Yrs	Nil	Nil	Nil	Nil	Nil
56-60 Yrs	Cat 2	Cat 2	Cat 2	Cat 2	Cat 2
61-65 Yrs	Cat 5	Cat 5	Cat 5	Cat 5	Cat 4
Sum Insured (Rs.)	750,000				
18-45 Yrs	Nil	Nil	Nil	Nil	Nil
46-55 Yrs	Nil	Nil	Nil	Nil	Nil
56-60 Yrs	Cat 2	Cat 2	Cat 2	Cat 2	Cat 2
61-65 Yrs	Cat 5	Cat 5	Cat 5	Cat 5	Cat 4
Sum Insured (Rs.)	500,000				
18-45 Yrs	Nil	Nil	Nil	Nil	-
46-55 Yrs	Nil	Nil	Nil	Nil	-
56-60 Yrs	Cat 1	Cat 1	Cat 1	Cat 1	-
61-65 Yrs	Cat 4	Cat 4	Cat 3	Cat 3	-
Sum Insured (Rs.)	400,000				
18-45 Yrs	Nil	Nil	Nil	-	-
46-55 Yrs	Nil	Nil	Nil	-	-
56-60 Yrs	Cat 1	Cat 1	Cat 1	-	-
61-65 Yrs	Cat 4	Cat 3	Cat 3	-	-
Sum Insured (Rs.)	300,000				
18-45 Yrs	Nil	Nil	-	-	-
46-55 Yrs	Nil	Nil	-	-	-
56-60 Yrs	Cat 1	Cat 1	-	-	-
61-65 Yrs	Cat 3	Cat 3	-	-	-
Sum Insured (Rs.)	200,000				
18-45 Yrs	Nil	-	-	-	-
46-55 Yrs	Nil	-	-	-	-
56-60 Yrs	Cat 1	-	-	-	-
61-65 Yrs	Cat 3	-	-	-	-

Cat 1	ME, RUA, FBS, CBC, Lipids, ECG
Cat 2	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, HbA1c, Sr Creat, PSA (males), USG abd (females)
Cat 3	ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females)
Cat 4	ME, RUA, FBS, CBC, Lipids, TMT, LFT, Sr Creat, PSA (males), USG Abd (females)
Cat 5	ME, RUA, FBS, CBC, Lipids, TMT, HbA1c, LFT, RFT, PSA (males), USG Abd (females)
ME-Medical Examination (Report), CBC-Complete Blood Count, ECG-Electro Cardio Gram, FBS-Fasting Blood Sugar, Lipids-Lipid Profile, Sr Creatinine-Serum Creatinine, PSA-Prostate Specific antigen, RUA-Routine Urine Examination, TMT-Treadmill Test, USG-Ultrasonogram, SGOT-Serum Glutamic Oxaloacetic Transaminase, TC-Total Cholesterol, LFT-Liver Function Test, RFT – Renal Function Test	

We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.



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Premium Rates

One Year Gross Premiums (excl. Tax)

Individual	SI -10 Lac				
	Deductible				
	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
Age Band					
0-17	4,910	4,635	4,320	3,985	3,725
18-35	6,735	6,410	5,955	5,460	5,135
36-45	8,105	7,570	7,140	6,575	6,190
46-50	14,545	13,645	12,810	11,795	11,110
51-55	15,270	14,330	13,455	12,390	11,660
56-60	16,975	15,325	14,635	13,735	12,310
61-65	24,520	22,130	20,220	16,780	13,485
66-70	33,050	29,825	27,255	22,620	18,185
>70	49,845	42,740	39,050	32,410	26,055

Individual	SI -7.5 Lac				
	Deductible				
	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
Age Band					
0-17	3,500	3,335	3,195	2,505	2,320
18-35	4,800	4,535	4,390	3,915	3,205
36-45	5,780	5,455	5,245	4,695	4,115
46-50	10,370	9,790	9,475	8,425	7,380
51-55	10,890	10,280	9,950	8,845	7,745
56-60	12,600	11,900	10,705	9,290	8,135
61-65	18,200	15,945	14,335	12,445	10,900
66-70	24,530	21,485	19,325	16,775	14,695
>70	36,405	30,790	27,690	24,035	21,055

Individual	SI -5 Lac			
	Deductible			
	1 Lac	2 Lac	3 Lac	4 Lac
Age Band				
0-17	2,090	1,970	1,790	1,430
18-35	2,870	2,705	2,460	1,985
36-45	3,455	3,255	2,915	2,380
46-50	6,200	5,845	5,300	4,210
51-55	8,260	6,510	6,010	5,050
56-60	9,590	7,530	6,975	5,580
61-65	15,680	12,005	11,405	9,125
66-70	21,570	16,510	15,685	12,550
>70	24,760	19,060	18,110	14,485

Individual	SI -4 Lac			SI -3 Lac		SI -2 Lac
	Deductible					
	1 Lac	2 Lac	3 Lac	1 Lac	2 Lac	1 Lac
Age Band						
0-17	1,785	1,530	1,315	1,450	1,100	980
18-35	2,450	2,100	1,805	1,875	1,625	1,275
36-45	2,950	2,525	2,170	2,550	2,075	1,430
46-50	5,295	4,795	4,530	4,250	3,690	2,470
51-55	7,420	5,610	5,395	6,390	4,770	3,550
56-60	8,610	6,520	6,290	7,420	5,540	4,120
61-65	13,250	10,655	10,290	12,130	9,060	6,730
66-70	18,700	14,655	14,155	16,690	12,460	9,260
>70	21,440	17,255	16,665	19,700	15,170	12,150

1 Adult + 1 Child	SI -10 Lac			
	Deductible			
	2 Lac	3 Lac	4 Lac	5 Lac
Age Band				
18-35	8,950	8,320	7,635	7,175
36-45	10,110	9,505	8,750	8,230
46-50	16,185	15,175	13,970	13,150
51-55	16,870	15,820	14,565	13,700
56-60	17,865	17,000	15,910	14,350
61-65	24,670	22,585	18,955	15,525
66-70	32,365	29,620	24,795	20,225
>70	45,280	41,415	34,585	28,095

1 Adult + 1 Child	SI -7.5 Lac			
	Deductible			
	2 Lac	3 Lac	4 Lac	5 Lac
Age Band				
18-35	6,355	6,135	5,345	4,475
36-45	7,275	6,990	6,125	5,385
46-50	11,610	11,220	9,855	8,650
51-55	12,100	11,695	10,275	9,015
56-60	13,720	12,450	10,720	9,405
61-65	17,765	16,080	13,875	12,170
66-70	23,305	21,070	18,205	15,965
>70	32,610	29,435	25,465	22,325

1 Adult + 1 Child	SI -5 Lac			SI -4 Lac		SI -3 Lac
	Deductible					
	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
Age Band						
18-35	3,780	3,440	2,770	2,935	2,525	2,240
36-45	4,330	3,895	3,165	3,360	2,890	2,690
46-50	6,920	6,280	4,995	5,630	5,250	4,305
51-55	7,585	6,990	5,835	6,445	6,115	5,385
56-60	8,605	7,955	6,365	7,355	7,010	6,155
61-65	13,080	12,385	9,910	11,490	11,010	9,675
66-70	17,585	16,665	13,335	15,490	14,875	13,075
>70	20,135	19,090	15,270	18,090	17,385	15,785

2 Adult	SI -10 Lac			
	Deductible			
	2 Lac	3 Lac	4 Lac	5 Lac
Age Band				
18-35	9,615	8,930	8,190	7,705
36-45	11,350	10,710	9,860	9,285
46-50	21,835	20,495	18,870	17,780
51-55	22,930	21,530	19,825	18,655
56-60	24,515	23,415	21,975	19,695
61-65	35,410	32,350	26,850	21,580
66-70	47,720	43,605	36,195	29,095
>70	68,385	62,480	51,860	41,685

2 Adult	SI -7.5 Lac			
	Deductible			
	2 Lac	3 Lac	4 Lac	5 Lac
Age Band				
18-35	6,805	6,580	5,875	4,805
36-45	8,185	7,865	7,040	6,170
46-50	15,665	15,160	13,480	11,810
51-55	16,450	15,915	14,150	12,390
56-60	19,045	17,125	14,865	13,015
61-65	25,510	22,940	19,910	17,440
66-70	34,380	30,920	26,840	23,510
>70	49,260	44,300	38,460	33,685

2 Adult	SI -5 Lac			SI -4 Lac		SI -3 Lac
	Deductible					
	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
Age Band						
18-35	4,060	3,690	2,975	3,145	2,705	2,845
36-45	4,885	4,375	3,565	4,420	3,795	3,630
46-50	8,770	7,950	6,310	7,670	7,250	5,905
51-55	9,765	9,015	7,575	8,975	8,630	7,630
56-60	11,295	10,465	8,370	10,430	10,065	8,865
61-65	18,005	17,105	13,690	17,050	16,465	14,495
66-70	24,765	23,525	18,825	23,450	22,650	19,935
>70	28,590	27,165	21,730	27,610	26,665	24,270



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2A + 1 C	SI - 10 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	12,155	11,295	10,365	9,745
36-45	13,890	13,075	12,035	11,325
46-50	24,375	22,860	21,045	19,820
51-55	25,470	23,895	22,000	20,695
56-60	27,055	25,780	24,150	21,735
61-65	37,950	34,715	29,025	23,620
66-70	50,260	45,970	38,370	31,135
>70	70,925	64,845	54,035	43,725

2A + 2 C	SI - 5 Lac			SI - 4 Lac		SI - 3 Lac
	Deductible					
Age Band	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
18-35	6,090	5,535	4,460	4,720	4,060	3,655
36-45	7,325	6,565	5,350	5,680	4,880	4,670
46-50	11,690	10,600	8,415	9,590	9,060	7,380
51-55	13,020	12,020	10,095	11,220	10,790	9,540
56-60	13,555	12,555	10,510	11,735	11,320	9,970
61-65	21,610	20,530	16,425	19,180	18,520	16,310
66-70	29,720	28,230	22,590	26,380	25,480	22,430
>70	34,310	32,600	26,075	31,060	29,995	27,305

2A + 1 C	SI - 7.5 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	8,625	8,325	7,305	6,075
36-45	10,005	9,610	8,470	7,440
46-50	17,485	16,905	14,910	13,080
51-55	18,270	17,660	15,580	13,660
56-60	20,865	18,870	16,295	14,285
61-65	27,330	24,685	21,340	18,710
66-70	36,200	32,665	28,270	24,780
>70	51,080	46,045	39,890	34,955

Premium Rates

Two Year Gross Premiums (excl. Tax)

Individual	SI - 10 Lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
0-17	8,838	8,343	7,776	7,173	6,705
18-35	12,123	11,538	10,719	9,828	9,243
36-45	14,589	13,626	12,852	11,835	11,142
46-50	27,636	25,926	24,339	22,411	21,109
51-55	29,013	27,227	25,565	23,541	22,154
56-60	33,101	29,884	28,538	26,783	24,005
61-65	47,814	43,154	39,429	32,721	26,296
66-70	64,448	58,159	53,147	44,109	35,461
>70	97,198	83,343	76,147	63,200	50,807

2A + 1 C	SI - 5 Lac			SI - 4 Lac		SI - 3 Lac
	Deductible					
Age Band	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
18-35	5,135	4,670	3,760	3,980	3,425	3,460
36-45	5,960	5,355	4,350	5,255	4,515	4,245
46-50	9,845	8,930	7,095	8,505	7,970	6,520
51-55	10,840	9,995	8,360	9,810	9,350	8,245
56-60	12,370	11,445	9,155	11,265	10,785	9,480
61-65	19,080	18,085	14,475	17,885	17,185	15,110
66-70	25,840	24,505	19,610	24,285	23,370	20,550
>70	29,665	28,145	22,515	28,445	27,385	24,885

Individual	SI - 7.5 Lac				
	Deductible				
Age Band	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac
0-17	6,300	6,003	5,751	4,509	4,176
18-35	8,640	8,163	7,902	7,047	5,769
36-45	10,404	9,819	9,441	8,451	7,407
46-50	19,703	18,601	18,003	16,008	14,022
51-55	20,691	19,532	18,905	16,806	14,716
56-60	24,570	23,205	20,875	18,116	15,863
61-65	35,490	31,093	27,953	24,268	21,255
66-70	47,834	41,896	37,684	32,711	28,655
>70	70,990	60,041	53,996	46,868	41,057

2A + 2 C	SI - 10 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	14,425	13,400	12,285	11,555
36-45	17,030	16,065	14,790	13,930
46-50	27,295	25,620	23,590	22,220
51-55	28,660	26,910	24,780	23,320
56-60	30,895	29,280	26,135	23,700
61-65	39,840	36,390	30,205	24,275
66-70	53,690	49,055	40,720	32,730
>70	76,935	70,290	58,340	46,895

Individual	SI - 5 Lac			
	Deductible			
Age Band	1 Lac	2 Lac	3 Lac	4 Lac
0-17	3,762	3,546	3,222	2,574
18-35	5,166	4,869	4,428	3,573
36-45	6,219	5,859	5,247	4,284
46-50	11,780	11,106	10,070	7,999
51-55	15,694	12,369	11,419	9,595
56-60	18,701	14,684	13,601	10,881
61-65	30,576	23,410	22,240	17,794
66-70	42,062	32,195	30,586	24,473
>70	48,282	37,167	35,315	28,246

2A + 2 C	SI - 7.5 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	10,205	9,870	8,810	7,210
36-45	12,275	11,795	10,560	9,255
46-50	19,580	18,950	16,850	14,765
51-55	20,560	19,895	17,690	15,490
56-60	23,815	22,260	19,575	17,140
61-65	28,695	25,805	22,400	19,620
66-70	38,675	34,785	30,195	26,450
>70	55,420	49,840	43,265	37,895

Individual	SI - 4 Lac			SI - 3 Lac		SI - 2 Lac
	Deductible					
Age Band	1 Lac	2 Lac	3 Lac	1 Lac	2 Lac	1 Lac
0-17	3,213	2,754	2,367	2,610	1,980	1,764
18-35	4,410	3,780	3,249	3,375	2,925	2,295
36-45	5,310	4,545	3,906	4,590	3,735	2,574
46-50	10,061	9,111	8,607	8,075	7,011	4,693
51-55	14,098	10,659	10,251	12,141	9,063	6,745
56-60	16,790	12,714	12,266	14,469	10,803	8,034
61-65	25,838	20,777	20,066	23,654	17,667	13,124
66-70	36,465	28,577	27,602	32,546	24,297	18,057
>70	41,808	33,647	32,497	38,415	29,582	23,693

HEALTH SURAKSHA - TOP UP PLUS

1 Adult + 1 Child	SI - 10 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	16,110	14,975	13,745	12,915
36-45	18,195	17,110	15,755	14,810
46-50	30,495	28,595	26,330	24,780
51-55	31,800	29,820	27,460	25,825
56-60	34,455	32,795	30,700	27,675
61-65	47,725	43,685	36,640	29,965
66-70	62,730	57,405	48,025	39,130
>70	87,915	80,405	67,120	54,475

2 Adult	SI - 5 Lac			SI - 4 Lac		SI - 3 Lac
	Deductible					
Age Band	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
18-35	7,308	6,642	5,355	5,661	4,869	5,121
36-45	8,793	7,875	6,417	7,956	6,831	6,534
46-50	16,663	15,105	11,989	14,573	13,775	11,220
51-55	18,554	17,129	14,393	17,053	16,397	14,497
56-60	22,025	20,407	16,322	20,339	19,627	17,287
61-65	35,110	33,355	26,696	33,248	32,107	28,265
66-70	48,292	45,874	36,709	45,728	44,168	38,873
>70	55,751	52,972	42,374	53,840	51,997	47,327

1 Adult + 1 Child	SI - 7.5 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	11,435	11,045	9,620	8,055
36-45	13,090	12,585	11,025	9,695
46-50	21,875	21,145	18,580	16,310
51-55	22,805	22,050	19,375	17,005
56-60	26,475	24,020	20,685	18,150
61-65	34,365	31,100	26,840	23,540
66-70	45,165	40,830	35,285	30,940
>70	63,310	57,140	49,440	43,345

2A + 1 C	SI - 10 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	21,880	20,330	18,660	17,540
36-45	25,000	23,535	21,665	20,385
46-50	46,060	43,195	39,770	37,450
51-55	48,140	45,165	41,585	39,115
56-60	52,375	49,915	46,770	42,075
61-65	73,620	67,340	56,275	45,750
66-70	97,625	89,285	74,500	60,405
>70	137,920	126,090	105,045	84,955

1 Adult + 1 Child	SI - 5 Lac		SI - 4 Lac		SI - 3 Lac	
	Deductible					
Age Band	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
18-35	6,805	6,190	4,985	5,285	4,545	4,035
36-45	7,795	7,010	5,695	6,050	5,200	4,845
46-50	13,045	11,830	9,410	10,615	9,900	8,120
51-55	14,305	13,180	11,005	12,165	11,545	10,170
56-60	16,620	15,365	12,295	14,220	13,560	11,910
61-65	25,350	24,000	19,205	22,285	21,360	18,775
66-70	34,135	32,350	25,885	30,085	28,895	25,405
>70	39,105	37,075	29,660	35,155	33,790	30,690

2A + 1 C	SI - 7.5 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	15,520	14,990	13,145	10,935
36-45	18,005	17,300	15,245	13,395
46-50	33,035	31,950	28,185	24,725
51-55	34,525	33,385	29,455	25,830
56-60	40,410	36,540	31,560	27,665
61-65	53,015	47,875	41,395	36,295
66-70	70,315	63,440	54,910	48,130
>70	99,330	89,530	77,570	67,975

2 Adult	SI - 10 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	17,307	16,074	14,742	13,869
36-45	20,430	19,278	17,748	16,713
46-50	41,487	38,941	35,853	33,782
51-55	43,567	40,907	37,668	35,445
56-60	47,804	45,659	42,851	38,405
61-65	69,050	63,083	52,358	42,081
66-70	93,054	85,030	70,580	56,735
>70	133,351	121,836	101,127	81,286

2A + 1 C	SI - 5 Lac		SI - 4 Lac		SI - 3 Lac	
	Deductible					
Age Band	2 Lac	3 Lac	4 Lac	3 Lac	2 Lac	
18-35	9,245	8,405	6,765	7,165	6,165	6,230
36-45	10,730	9,635	7,830	9,460	8,125	7,640
46-50	18,600	16,865	13,400	16,080	15,070	12,330
51-55	20,490	18,890	15,805	18,560	17,690	15,605
56-60	23,965	22,170	17,735	21,845	20,920	18,395
61-65	37,050	35,115	28,110	34,755	33,400	29,375
66-70	50,230	47,635	38,120	47,235	45,460	39,980
>70	57,690	54,735	43,785	55,345	53,290	48,435

2 Adult	SI - 7.5 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	12,249	11,844	10,575	8,649
36-45	14,733	14,157	12,672	11,106
46-50	29,764	28,804	25,612	22,439
51-55	31,255	30,239	26,885	23,541
56-60	37,138	33,394	28,987	25,379
61-65	49,745	44,733	38,825	34,008
66-70	67,041	60,294	52,338	45,845
>70	96,057	86,385	74,997	65,686

2A + 2 C	SI - 10 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	25,965	24,120	22,113	20,799
36-45	30,654	28,917	26,622	25,074
46-50	51,861	48,678	44,821	42,218
51-55	54,454	51,129	47,082	44,308
56-60	58,701	55,632	49,657	45,030
61-65	77,688	70,961	58,900	47,336
66-70	104,696	95,657	79,404	63,824
>70	150,023	137,066	113,763	91,445

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2A + 2 C	SI - 7.5 Lac			
	Deductible			
Age Band	2 Lac	3 Lac	4 Lac	5 Lac
18-35	18,369	17,766	15,858	12,978
36-45	22,095	21,231	19,008	16,659
46-50	37,202	36,005	32,015	28,054
51-55	39,064	37,801	33,611	29,431
56-60	45,249	42,295	37,193	32,566
61-65	55,955	50,320	43,680	38,259
66-70	75,416	67,831	58,880	51,578
>70	108,069	97,188	84,367	73,895

be reduced by 5% at the time of renewal.

Portability

If you are insured continuously and without interruption under any other individual health insurance policy (with high deductible) for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to Us on renewal, Health Suraksha – Top up Plus policy makes due allowances for 30 days waiting periods, 2 years waiting period for specific illness and treatments, and waiting period for coverage of pre-existing conditions. If the Insured person transfers from any other insurer and increases the sum insured or changes his deductible, then the portability benefits will be offered only in respect to the previous sum insured and deductible.

Terms of Renewal

- We offer renewal unless the insured person or any one acting on behalf of an insured person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the policy poses a moral hazard.
- Grace Period - Grace Period of 30 days for renewing the policy is provided.
- Waiting Period - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your Health Suraksha – Top up Plus policy.
- Renewal Premium – Renewal premium are subject to change with prior approval from IRDA.
- Sum Insured Enhancement – Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the sum insured waiting period will apply afresh in relation to the amount by which the sum insured has been enhanced. However the quantum of increase shall be at the discretion of the company.

2A + 2 C	SI - 5 Lac			SI - 4 Lac		SI - 3 Lac
	Deductible					
Age Band	2 Lac	3 Lac	4 Lac	2 Lac	3 Lac	2 Lac
18-35	10,962	9,963	8,028	8,496	7,308	6,579
36-45	13,185	11,817	9,630	10,224	8,784	8,406
46-50	22,211	20,140	15,989	18,221	17,214	14,022
51-55	24,738	22,838	19,181	21,318	20,501	18,126
56-60	26,432	24,482	19,969	22,883	22,074	19,442
61-65	42,140	40,034	32,029	37,401	36,114	31,805
66-70	57,954	55,049	44,051	51,441	49,686	43,739
>70	66,905	63,570	50,846	60,567	58,490	53,245

- The premium under individual coverage will be charged on the completed age of the individual insured member.
- The premium under floater coverage will be charged on the completed age of the oldest insured member.
- Family Discount of 10% if 3 or more family members are covered on Individual Sum Insured basis under 1 Adult plan in the same policy.
- Premium rates are subject to change with prior approval from IRDA.

Loadings

- We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from commencement date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased sum insured).
- We will inform you about the applicable risk loading through a counter offer letter. you need to revert to us with consent and additional premium (if any), within 15 days of the issuance 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.
- Please note that we will issue policy only after getting your consent.

Termination

You may terminate this policy at any time by giving us written notice, and the policy shall terminate when such written notice is received. If no claim has been made under the policy, then we will refund premium in accordance with the table below:

1 Year Policy Period		2 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

We may at any time terminate this policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by you or any insured person or anyone acting on your behalf or on behalf of an insured person upon 30 days notice by sending an endorsement to your address shown in the schedule without refund of premium.

Renewal Incentives

Cumulative Bonus: Cumulative bonus of 5% of the Sum Insured for every claim free year accumulating up to 50%. In the event of a claim, the cumulative bonus shall

Free Look Period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Claim Procedure

All claims under this policy will be processed and settled by specified either the Third Party Administrator (TPA) licensed by IRDA or Us.

Intimation & Assistance – In case of any hospitalization or an event which might give rise to a claim, we request you to contact your designated TPA. Details of your designated TPA will be available on our website and will be provided in your Health Suraksha – Top up Plus policy kit.

Procedure to avail Cashless facility -

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

While availing Cashless facility

- Insured person is entitled for cashless facility only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website www.hdfcergo.com or the list provided along with Policy kit or call us on our toll free number at 1800-2700-700 (accessible from any Mobile and Landline), 1800-226-226 (accessible from any MTNL and BSNL Lines).
- Rejection of cashless facility in no way indicates rejection of the claim.

Procedure for Reimbursement of Medical Expenses

- Our TPA must be informed no later than 15 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.

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- Please send the duly signed claim form and all the information/documents mentioned therein to your designated TPA within 15 days of the occurrence of the Incident.
* Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, your designated TPA will send the cheque for the admissible amount, along with a settlement statement within 15 days.
- The cheque will be sent in the name of the Proposer.

Important Points for Claims Procedure:

- Payment will only be made for items covered under your policy in excess of the deductible and upto the limits therein.
- In the case of a covered hospitalization, the costs of which were not initially estimated to exceed the deductible but were subsequently found likely to exceed the deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /reimbursement provider immediately but not later than 15 days on knowing that the deductible is likely to be exceeded.

Case - Insured opting for 2 Adults plan on Family Floater Basis, Sum Insured 400000 and Deductible of Rs. 200000. The Policy Period was from 01-July-2010 to 30-June-2011

Example 1

Insured	Date of Hospitalisation	Claimed Amount	Payable Amount
Insured 1	10-Aug-2010	200,000	0 (200000 claim amount – 200000 Deductible)
Insured 1	10-Sep-2010	200,000	200000 (200000 claim amount – 0 (200000 Deductible applied to claim on 10-Aug-2010))

Example 2

Insured	Date of Hospitalisation	Claimed Amount	Payable Amount
Insured 1	10-Aug-2010	100,000	0 (100000 claim amount, deductible for the year remaining 200000-100000=100000)
Insured 1	10-Sep-2010	50,000	0 (50000 claim amount, deductible for the year remaining 200000-100000+50000 = 50000)
Insured 1	10-Oct-2010	60,000	10000 (60000 claim amount – 50000 deductible remaining for the year)

Tax Benefit

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

IRDA REGULATION NO 5 - This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Insurance is the subject matter of solicitation.

For more details on risk factors, terms & conditions, please read the sales brochure before concluding a sale.

Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.