

HDFC ERGO Health Insurance Limited will cover all Insured Persons under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

### Section I. Inpatient Benefits

The following benefits are available to all Insured Persons who suffer an Illness or Accident during the Policy Period which requires Hospitalisation on an Inpatient basis or treatment defined as a Day Care Procedure or treatment defined as Domiciliary Treatment. Any claims made under these benefits will impact eligibility for Cumulative Bonus, Multiplier Benefit and Health Checkup.

| We will cover the Medical Expenses for:   | We will not cover treatment, costs or expenses for*:<br>*The following exclusions apply in addition to the waiting periods and general exclusions specified in Section 3 A and C   | Important terms You should know  |
|---|--|--|
| a. In-Patient Treatment<br>Treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.  | <ol style="list-style-type: none"> <li>1. Prosthetics and other devices NOT implanted internally by surgery.</li> <li>2. Hospitalisation for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc are not payable.</li> <li>3. Treatment availed outside India.</li> <li>4. Treatment at a healthcare facility which is NOT a Hospital.</li> </ol>  | <p><b>Sum Insured</b> means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.</p> <p><b>In-patient Care</b> means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.</p> <p><b>Day Care treatments</b> means those medical treatment, and/or surgical procedure listed in Appendix 1 which is</p> <ol style="list-style-type: none"> <li>1. undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement, and</li> <li>2. which would have otherwise required a Hospitalisation of more than 24 hours, Treatment normally taken on an Out-patient basis is not included in the scope of this definition.</li> </ol> <p><b>OPD Treatment</b> means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.</p> <p><b>Medical Practitioner</b> means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.</p> <p><b>Shared accommodation</b> means a Hospital room with two or more patient beds.</p> <p><b>Single occupancy or any higher accommodation and type</b> means a Hospital room with only one patient bed.</p> |
| b. Pre-hospitalisation expenses for consultations, investigations and medicines incurred upto 30 days before Hospitalisation.   | <ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under 1a) and 1 d).</li> <li>2. Any conditions which are NOT the same as the condition for which Hospitalisation was required.</li> <li>3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.</li> </ol>   |  |
| c. Post-hospitalisation expenses for consultations, investigations and medicines incurred upto 60 days after discharge from Hospitalisation.  | <ol style="list-style-type: none"> <li>3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.</li> </ol>  |  |
| d. Day Care Procedures  | <ol style="list-style-type: none"> <li>1. Out-Patient Treatment</li> <li>2. Treatment at a healthcare facility which is NOT a Hospital.</li> </ol>   |  |
| e. Domiciliary Treatment<br>Medical treatment for an Illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:<br><ol style="list-style-type: none"> <li>1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or,</li> <li>2. The patient takes treatment at home on account of non availability of room in a Hospital.</li> </ol> | <ol style="list-style-type: none"> <li>1. Treatment of less than 3 days (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable if treatment period is greater than 3 days)</li> <li>2. Post-Hospitalisation expenses</li> <li>3. The following medical conditions: <ol style="list-style-type: none"> <li>a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,</li> <li>b. Arthritis, Gout and Rheumatism,</li> <li>c. Chronic Nephritis and Nephritic Syndrome,</li> <li>d. Diarrhoea and all type of Dysenteries including Gastroenteritis,</li> <li>e. Diabetes Mellitus and Insupidus,</li> <li>f. Epilepsy,</li> <li>g. Hypertension,</li> <li>h. Psychiatric or Psychosomatic Disorders of all kinds,</li> <li>i. Pyrexia of unknown origin.</li> </ol> </li> </ol> |  |
| f. Organ Donor<br>Medical treatment of the organ donor for harvesting the organ.  | <ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under 1a).</li> <li>2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended).</li> <li>3. The organ donor's Pre and Post-Hospitalisation expenses.</li> </ol>   |  |
| g. Emergency Ambulance<br>Expenses incurred on an ambulance in an emergency, subject to lower of actual expenses or Rs. [x] per Hospitalisation.  | <ol style="list-style-type: none"> <li>1. Claims which have NOT been admitted under 1a) and 1d).</li> <li>2. A non- Emergencies.</li> <li>3. NON registered healthcare or ambulance service provider ambulances.</li> </ol>  |  |

| Sum Insured            | Amount per hospitalisation (Rs) |
|------------------------|---------------------------------|
| 200,000 to 15,00,000   | 2000/-                          |
| 20,00,000 to 50,00,000 | 5000/-                          |

| <p>h. Daily Cash for choosing shared Accommodation<br/>Daily cash amount will be payable per day as per table below, if the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.</p> <table border="1" data-bbox="119 504 486 672"> <tr> <th>Sum Insured</th> <th>Limit (Rs)</th> </tr> <tr> <td>200,000 to 5,00,000</td> <td>Rs.500 per day maximum Rs.3,000</td> </tr> <tr> <td>7,00,000 to 50,00,000</td> <td>Rs.800 per day maximum Rs.4,800</td> </tr> </table>   | Sum Insured   | Limit (Rs) | 200,000 to 5,00,000 | Rs.500 per day maximum Rs.3,000 | 7,00,000 to 50,00,000 | Rs.800 per day maximum Rs.4,800 | <ol style="list-style-type: none"> <li>Daily Cash Benefit for days of admission and discharge.</li> <li>Daily Cash Benefit for time spent by the Insured Person in an intensive care unit</li> <li>Claims which have NOT been admitted under 1a).</li> </ol> | <p><b>Newborn Baby</b> means baby born during the Policy Period and is aged upto 90 days.</p> |
|--|---|------------|---------------------|---------------------------------|-----------------------|---------------------------------|--|---|
| Sum Insured  | Limit (Rs)  |            |                     |                                 |                       |                                 |  |   |
| 200,000 to 5,00,000  | Rs.500 per day maximum Rs.3,000   |            |                     |                                 |                       |                                 |  |   |
| 7,00,000 to 50,00,000  | Rs.800 per day maximum Rs.4,800   |            |                     |                                 |                       |                                 |  |   |
| <p>i. Newborn baby<br/>Medical Expenses for any medically necessary treatment described at 1a) while the Insured Person (the Newborn baby) is Hospitalised during the Policy Period as an inpatient provided a proposal form is submitted for the insurance of the newborn baby within 90 days after the birth, and We have accepted the same and received the premium sought. Under this benefit, Coverage for newborn baby will incept from the date, the premium has been received. The coverage is subject to the policy exclusions, terms and conditions.</p> <p>This Benefit is applicable if Maternity benefit is opted and We have accepted a maternity claim under this Policy.</p> | <ol style="list-style-type: none"> <li>Claims which have NOT been admitted under Maternity Expenses.</li> <li>Claims other than Section those available in Section 1</li> </ol> |            |                     |                                 |                       |                                 |  |   |

### Section 2.

Additional Benefit not related to Sum Insured: The following benefit is available to all Insured Persons during the Policy Period. Any claims made under this benefit will not impact eligibility for a Cumulative Bonus, Multiplier Benefit and Health Checkup, if opted.

conditions mentioned below. Additionally the 24 months waiting period shall also be applicable to surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer.

|   |  |
|---|--|
| <p><b>a. E-Opinion in respect of a Critical Illness</b></p> <ul style="list-style-type: none"> <li>The Insured Person suffers a Critical Illness during the Policy Period; and</li> <li>He requests an E-opinion; and The Insured Person can choose one of Our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.</li> </ul> <p>“Critical Illness” includes Cancer, Open Chest CABG, First Heart Attack, Kidney Failure, Major Organ/Bone Marrow Transplant, Multiple Sclerosis, Permanent Paralysis of Limbs and Stroke</p> | <ol style="list-style-type: none"> <li>More than one claim for this benefit in a Policy Year.</li> <li>More than one claim for the same Critical Illness.</li> </ol> <p>Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.</p> |
|---|--|

| Sl No | Organ / Organ System | Illness   | Treatment  |
|-------|----------------------|---|--|
| a     | ENT                  | <ul style="list-style-type: none"> <li>Sinusitis</li> <li>Rhinitis</li> <li>Tonsillitis</li> </ul>  | <ul style="list-style-type: none"> <li>Adenoidectomy</li> <li>Mastoidectomy</li> <li>Tonsillectomy</li> <li>Tympanoplasty</li> <li>Surgery for nasal septum deviation</li> <li>Nasal concha resection</li> </ul> |
| b     | Gynaecological       | <ul style="list-style-type: none"> <li>Cysts, polyps including breast lumps</li> <li>Polycystic ovarian disease</li> <li>Fibroids (fibromyoma)</li> </ul> | <ul style="list-style-type: none"> <li>Dilatation and curettage (D&amp;C)</li> <li>Myomectomy for fibroids</li> </ul>  |
| c     | Orthopaedic          | <ul style="list-style-type: none"> <li>Non infective arthritis</li> <li>Gout and Rheumatism</li> <li>Osteoarthritis and Osteoporosis</li> </ul>           | <ul style="list-style-type: none"> <li>Surgery for prolapsed inter vertebral disk</li> <li>Joint replacement surgeries</li> </ul>  |

### Section 3. Special Terms and Conditions

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

#### A. Waiting Period

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

- We are not liable for any claim arising due to treatment and admission within 30 days from Policy Commencement Date except claims arising due to an Accident.
- A waiting period of 24 months from Policy Commencement Date shall apply to the treatment, whether medical or surgical, of the disease/

| Sl No | Organ / Organ System  | Illness   | Treatment   |
|-------|---|---|---|
| d     | Gastrointestinal  | <ul style="list-style-type: none"> <li>Calculus diseases of gall bladder including Cholecystitis</li> <li>Pancreatitis</li> <li>Fissure/fistula in anus, hemorrhoids, pilonidal sinus</li> <li>Ulcer and erosion of stomach and duodenum</li> <li>Gastro Esophageal Reflux Disorder (GERD)</li> <li>All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded)</li> <li>Perineal Abscesses</li> <li>Perianal Abscesses</li> </ul> | <ul style="list-style-type: none"> <li>Cholecystectomy</li> <li>Surgery of hernia</li> </ul>                    |
| e     | Urogenital  | <ul style="list-style-type: none"> <li>Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.</li> <li>Benign Hyperplasia of prostate</li> </ul>  | <ul style="list-style-type: none"> <li>Surgery on prostate</li> <li>Surgery for Hydrocele/ Rectocele</li> </ul> |
| f     | Eye   | <ul style="list-style-type: none"> <li>Cataract</li> </ul>  | Nil   |
| g     | Others  | Nil   | <ul style="list-style-type: none"> <li>Surgery of varicose veins and varicose ulcers</li> </ul>                 |
| h     | General (Applicable to all organ systems/ organs/ disciplines whether or not described above) | <ul style="list-style-type: none"> <li>Internal tumors, cysts, nodules, polyps, skin tumors</li> </ul>  | <ul style="list-style-type: none"> <li>NIL</li> </ul>   |

iii) 48 months waiting period from Policy Commencement Date for all Pre-existing Conditions declared and/or accepted at the time of application.

PI Note: Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

### B. Reduction in waiting periods

1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:

- any health insurance plan with an Indian non life insurer as per guidelines on portability, OR
- any other similar health insurance plan from Us,

Then:

- The waiting periods specified in Section 3 A i), ii) and iii) of the Policy stand deleted; AND
- The waiting periods specified in the Section 3 A i), ii) and iii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND

- If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.
- 2) The reduction in the waiting period specified above shall be applied subject to the following:
- We will only apply the reduction of the waiting period if We have received the database and claim history related information as mandated under portability guidelines from the previous Indian insurance company (if applicable);
  - We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
  - We will retain the right to underwrite the proposal.
  - We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

### C. General exclusions

We will not pay for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

#### Non Medical Exclusions

i) War or similar situations:

Treatment directly or indirectly arising from or consequent upon 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) Breach of law:

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) Dangerous acts (including sports):

An 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 in a professional or semi professional nature.

#### Medical Exclusions

iv) Substance abuse and de-addiction programs:

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) Treatment for correction of eye sight due to refractive error.

vii) Cosmetic, aesthetic and re-shaping treatments and surgeries:

- 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.
- Circumcisions (unless necessitated by Illness or injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.

viii) Types of treatment, defined Illnesses/ conditions/ supplies:

- Non allopathic treatment.
- Conditions for which treatment could have been done on an Out-patient basis without any Hospitalization.
- Experimental, investigational or unproven treatment devices and pharmacological regimens.
- Admission primarily for diagnostic purposes not related to illness for which Hospitalization has been done.

- e. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
  - f. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
  - g. Admission primarily for 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.
  - h. 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, and similar products.
  - i. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
  - j. Genetic disorders, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), sleep-apnoea.
  - k. Congenital external diseases, defects or anomalies.
  - l. Stem cell Therapy or surgery, or growth hormone therapy.
  - m. Venereal disease, sexually transmitted disease or illness;
  - n. Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
  - o. 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 in relation to a claim under Section 1.a for In-patient Treatment only.
  - p. 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.
  - q. Expenses for organ donor screening other than that as provided in Section 1.f, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
  - r. 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 treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
  - s. Dental treatment and surgery of any kind, other than accident and requiring Hospitalisation.
- ix) Unnecessary medical expenses:
- a. 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.
  - b. Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- x) Specified healthcare providers (Hospitals /Medical Practitioners)
- a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
  - b. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
  - c. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by a prescription.
- d. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xi) Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
  - xii) Any non medical expenses mentioned in Annexure II

#### Section 4. General Conditions

##### a. Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) in so far as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.

##### b. Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian rupees within India.

##### c. Insured Person

Only those persons named as Insured Persons in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

##### d. Loadings & Discounts

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 7 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7days, 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 and additional premium (if any).

##### Please Note:

The application of loading does not mean that the illness/ condition, for which loading has been applied, would be covered from inception. Any waiting period as mentioned in Section 3 A i),ii) & iii) above or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable. Please visit our nearest branch to refer our underwriting guidelines, if required.

We will provide a family discount of 5% if 2 dependent members are covered and 10% if 3 or more dependent members are covered under a single policy. An additional discount of 7.5% is provided in case the Insured Person is paying 2 years premium in advance as a single premium.

### e. Notification of Claim

|     | Treatment, Consultation or Procedure:  | HDFC ERGO Health Insurance Limited must be notified:                                    |
|-----|--|---|
| i)  | If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:                 | Immediately and in any event at least 48 hours prior to the Insured Person's admission. |
| ii) | If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency: | Within 24 hours of the Insured Person's admission to Hospital.                          |

### f. Cashless Service:

|     | Treatment, Consultation or Procedure:   | Treatment, Consultation or Procedure Taken at: | Cashless Service is Available:  | Notice period for the Insured Person to take advantage of the cashless service*:                           |
|-----|---|--|---|--|
| i)  | Any planned treatment, consultation or procedure for which a claim may be made:               | Network Hospital                               | We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital. | Immediately and in any event at least 48 hours prior to the start of the Insured Person's Hospitalisation. |
| ii) | Any treatment, consultation or procedure for which a claim may be made taken in an Emergency: | Network Hospital                               | We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital. | Within 24 hours of the start of the Insured Person's Hospitalisation.                                      |

\* Written notice must be accompanied by full particulars.

### g. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf will provide Us with any documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the either of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Original bills with detailed breakup of charges (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- Original payment receipts
- All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- Discharge Summary containing details of, Date of admission and discharge, detailed clinical history, detailed past history, procedure details and details of treatment taken
- Invoice/Sticker of the Implants.
- A precise diagnosis of the treatment for which a claim is made.
- A detailed list of the individual medical services and treatments provided and a unit price for each.
- Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

- Obstruction history/ Antenatal card
- Previous treatment record along with reports, if any
- Indoor case papers
- Treating doctors certificate regarding the duration & etiology
- MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury

**h.** The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

### i. Claims Payment

- We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits thereunder shall be permitted.
- We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

### j. Non Disclosure or Misrepresentation:

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:

- 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 30 day notice by sending an endorsement to Your address shown in the Schedule without refunding the Premium amount; and
- the claim under such Policy if any, shall be rejected/repudiated forthwith.

### k. Dishonest or Fraudulent Claims:

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- 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 30 day notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and
- all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.

### I. Other Insurance

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause. This clause shall only apply to indemnity sections of the policy.

### m. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

### n. Renewal

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

- a) We are NOT under any obligation to:
  - i) Send renewal notice or reminders.
  - ii) Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.
- b) We will not apply any additional loading on your policy premium at renewal based on claim experience.
- c) 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, the cost of such medicals would be borne by You and upon acceptance of your request We shall refund 100% of the expenses incurred on medical tests. 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.

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing condition.

### o. Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

### p. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement.

- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person or entity is authorised to receive any notice on Our behalf unless explicitly stated in writing by Us.

### q. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian courts and subject to Indian law.

### r. Termination

- i) 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                  |                   | 2 Year Policy                  |                   |
|--------------------------------|-------------------|--------------------------------|-------------------|
| Length of time Policy in force | Refund of premium | Length of time Policy in force | Refund of premium |
| 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                 | 48.00%            |
|                                |                   | Upto 15 Months                 | 25.00%            |
|                                |                   | Upto 18 Months                 | 12.00%            |
|                                |                   | Exceeding 18 Months            | Nil               |

- ii) We shall terminate this Policy for the reasons as specified under aforesaid section 4 j) (Non Disclosure or Misrepresentation) & 4 k) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

### s. 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.

### Section 5. Other Important Terms You should know

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def.1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def.2. **Age or Aged** means completed years as at the Commencement Date.
- Def.3. **Alternative treatments** means the forms of treatment other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.
- Def.4. **Any One Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
- Def.5. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- Def.6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def.7. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

- Def.8. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- i. Internal Congenital Anomaly  
Congenital anomaly, which is not in the visible and accessible parts of the body.
  - ii. External Congenital Anomaly  
Congenital anomaly, which is in the visible and accessible parts of the body
- Def.9. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- Def.10. **Copayment** means a cost-sharing requirement under a health insurance Policy that provides that the policy holder / insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum Insured.
- Def.11. **Critical Illness** means Cancer of specified severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Permanent Paralysis of Limbs, Stroke resulting in Permanent Symptoms as defined below only:
1. **Cancer Of Specified Severity**
    - I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
    - II. The following are excluded –
      - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN 2 and CIN-3.
      - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
      - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
      - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
      - v. All Thyroid cancers histologically classified as T1NOMO (TNM Classification) or below;
      - vi. Chronic lymphocytic leukaemia less than RAI stage 3
      - vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification,
      - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1NOMO (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
      - ix. All tumors in the presence of HIV infection.
  2. **Open Chest CABG**
    - I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
    - II. The following are excluded:
      - i. Angioplasty and/or any other intra-arterial procedures
  3. **Myocardial Infarction (First Heart Attack of Specific Severity)**
    - I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
      - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
      - ii. New characteristic electrocardiogram changes
      - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
    - II. The following are excluded:
      - i. Other acute Coronary Syndromes
      - ii. Any type of angina pectoris
      - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
4. **Kidney Failure Requiring Regular Dialysis**
  - I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
5. **Major Organ/ Bone Marrow Transplant:**
  - I. The actual undergoing of a transplant of:
    - i. One of the following human organs - heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ or;
    - ii. Human bone marrow using haematopoietic stem cells.
 The undergoing of a transplant must be confirmed by specialist medical practitioner.
  - II. The following are excluded:
    - i. Other Stem-cell transplants
    - ii. Where only islets of langerhans are transplanted
6. **Multiple Sclerosis with Persisting Symptoms:**
  - I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
    - i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
    - ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
  - II. Other causes of neurological damage such as SLE and HIV are excluded.
7. **Permanent Paralysis of Limbs**  
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
8. **Stroke Resulting in Permanent Symptoms**  
Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source.  
Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.  
Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.  
The following are excluded:
  - i. Transient ischemic attacks (TIA)
  - ii. Traumatic injury of the brain
  - iii. Vascular diseases affecting only the eye or optic nerve or vestibular functions
- Def.12. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

- Def.13. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under-
- has qualified nursing staff under its employment;
  - has qualified medical practitioner/s in charge;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def.14. **Day Care treatments** means medical treatment, and/or surgical procedure which is:
- i) undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
  - ii) which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- Def.15. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- Def.16. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- Def.17. **Dependents** means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
  - ii) Your children Aged between 1 day and 25 years if they are unmarried and financially dependent with no independent source of income. Children Aged between 1 to 90 Days can be covered if Newborn Baby Benefit is added by payment of additional premium subject to policy terms and conditions.
  - iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Total Health Plan Policy, and
  - iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in the Total Health Plan Policy
  - v) All Dependent parents and Dependent in Laws must be financially dependent on You.
- Def.18. **Dependent Child** means a child (natural or legally adopted), who is unmarried, age between 91 days to 25 years, financially dependent on the primary insured or proposer and does not have his / her independent sources of income. Children Aged between 1 to 90 Days can be covered if Newborn Baby Benefit is added by payment of additional premium subject to policy terms and conditions.
- Def.19. **Disclosure of information norm** means the policy shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
- Def.20. **Domiciliary Hospitalisation** means medical treatment for an illness/ disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- I. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
  - II. The patient takes treatment at home on account of non-availability of room in a hospital.
- Def.21. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health
- Def.22. **Family Floater** means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def.23. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing diseases. Coverage is not available for the period for which no premium is received.
- Def.24. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
  - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii. has qualified medical practitioner(s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- Def.25. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def.26. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- I. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
  - II. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - ii. it needs ongoing or long-term control or relief of symptoms
    - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - iv. it continues indefinitely
    - v. it recurs or is likely to recur
- Def.27. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- Def.28. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def.29. **Insured Person** means You and the persons named in the Schedule.
- Def.30. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def.31. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.



- Def.32. **Maternity Expense** means;
- I. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - II. expenses towards lawful medical termination of pregnancy during the policy period.
- Def.33. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- Def.34. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def.35. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or injury suffered by the Insured Person;
  - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
  - Must have been prescribed by a Medical Practitioner.
  - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def.36. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- Def.37. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
- Def.38. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
- Def.39. **Non Network Provider** means any Hospital, day care centre or other provider that is not part of the Network.
- Def.40. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def.41. **OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- Def.42. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure 1 and the Schedule (as the same may be amended from time to time).
- Def.43. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def.44. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def.45. **Portability** means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- Def.46. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice/ treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- Def.47. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - II. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def.48. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- I. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - II. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- Def.49. **Qualified Nurse** means a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def.50. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def.51. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- Def.52. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- Def.53. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
- Def.54. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def.55. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def.56. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def.57. **We/Our/Us** means the HDFC ERGO Health Insurance Limited.
- Def.58. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.
- Section IX. Claim Related Information**
- For any claim related query, intimation of claim and submission of claim related documents, You can contact HDFC ERGO Health Insurance Limited through:
- Website** : [www.hdfcergohealth.com](http://www.hdfcergohealth.com)  
**Email** : [customerservice@hdfcergohealth.com](mailto:customerservice@hdfcergohealth.com)  
**Toll Free** : 1800 - 102 - 0333  
**Fax** : 1800 - 425 - 4077  
**Courier** : Claims Department, HDFC ERGO Health Insurance Limited., Ground Floor, Srinilaya - Cyber Spazio, Road No. 2, Banjara Hills, Hyderabad-500034, Telangana.
- or** : Claims Department, HDFC ERGO Health Insurance Limited, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.

### Section X. Grievance Redressal Procedure

If you have a grievance that you wish us to redress, you may contact us with the details of Your grievance through:

**Website** : www.hdfcergohealth.com  
**Email** : customerservice@hdfcergohealth.com  
**Toll Free** : 1800-102-0333  
**Fax** : +91-124-4584111  
**Courier** : Any of Our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at **The Grievance Cell, HDFC ERGO Health Insurance Limited, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

### Address & Contact Details of Ombudsmen Centres

**Office of the Executive Council of Insurers**  
(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. **Tel:** 26106671/ 6889.  
**Email ID:** inscoun@ecoi.co.in **Website:** www.ecoi.co.in

If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.

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| <p><b>Office of the Insurance Ombudsman,</b><br/> 6th Floor, Jeevan Prakash Bldg,<br/> Tilak Marg, Relief Road,<br/> <b>AHMEDABAD - 380 001.</b><br/> <b>Tel:</b> 079 - 25501201/02/05/06<br/> <b>Email:</b> bimalokpal.ahmedabad@ecoi.co.in</p>                                       | <p><b>Office of the Insurance Ombudsman,</b><br/> 2nd Floor, Janak Vihar Complex, 6,<br/> Malviya Nagar, <b>BHOPAL - 462 003.</b><br/> <b>Tel:</b> 0755 - 2769201/ 9202<br/> <b>Fax:</b> 0755 - 2769203<br/> <b>Email:</b> bimalokpal.bhopal@ecoi.co.in</p>                |
| <p><b>Office of the Insurance Ombudsman,</b><br/> 62, Forest Park,<br/> <b>BHUBANESHWAR - 751 009.</b><br/> <b>Tel:</b> 0674 - 2596455/2596003<br/> <b>Fax:</b> 0674 - 2596429<br/> <b>Email:</b> bimalokpal.bhubaneswar@ecoi.co.in</p>  | <p><b>Office of the Insurance Ombudsman,</b><br/> SCO No.101-103,2nd Floor, Batra Building, Sector 17-D,<br/> <b>CHANDIGARH - 160 017.</b><br/> <b>Tel:</b> 0172 - 2706468/2772101<br/> <b>Fax:</b> 0172 - 2708274<br/> <b>Email:</b> bimalokpal.chandigarh@ecoi.co.in</p> |
| <p><b>Office of the Insurance Ombudsman,</b><br/> Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet,<br/> <b>CHENNAI - 600 018.</b><br/> <b>Tel:</b> 044 - 24333668/ 24335284<br/> <b>Fax:</b> 044 - 24333664<br/> <b>Email:</b> bimalokpal.chennai@ecoi.co.in</p> | <p><b>Office of the Insurance Ombudsman,</b><br/> 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <b>NEW DELHI - 110 002.</b><br/> <b>Tel:</b> 011 - 23234057/ 23232037<br/> <b>Fax:</b> 011 - 23230858<br/> <b>Email:</b> bimalokpal.delhi@ecoi.co.in</p>                 |

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| <p><b>Office of the Insurance Ombudsman,</b><br/> 2nd Floor, CC 27/2603, Pulinat Bldg.,<br/> M.G. Road, <b>ERNAKULAM-682 015.</b><br/> <b>Tel:</b> 0484 - 2358759/ 2359338<br/> <b>Fax:</b> 0484 - 2359336<br/> <b>Email:</b> bimalokpal.ernakulam@ecoi.co.in</p>                     | <p><b>Office of the Insurance Ombudsman,</b><br/> Hindustan Building, Annexe, 4th Floor,<br/> C.R.Avenue, <b>KOLKATA - 700072</b><br/> <b>Tel:</b> 033 - 22124339/ 22124346<br/> <b>Fax:</b> 22124341<br/> <b>Email:</b> bimalokpal.kolkata@ecoi.co.in</p>                        |
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| <p><b>Office of the Insurance Ombudsman,</b><br/> Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, <b>JAIPUR – 302 005.</b><br/> <b>Tel:</b> 0141 - 2740363<br/> <b>Email:</b> bimalokpal.jaipur@ecoi.co.in</p>   | <p><b>Office of the Insurance Ombudsman,</b><br/> 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet <b>PUNE – 411 030.</b><br/> <b>Tel:</b> 020 - 32341320<br/> <b>Email:</b> Bimalokpal.pune@ecoi.co.in</p>  |
| <p><b>Office of the Insurance Ombudsman,</b><br/> 24th Main Road, Jeevan Soudha Bldg.,<br/> JP Nagar, 1st Phase, Ground Floor<br/> <b>BENGALURU – 560 025.</b><br/> <b>Tel:</b> 080 - 26652049/ 26652048<br/> <b>Email:</b> bimalokpal.bengaluru@ecoi.co.in</p>                       | <p><b>Office of the Insurance Ombudsman,</b><br/> 4th Floor, Bhagwan Sahai Palace,<br/> Main Road, Naya Bans, Sector-15,<br/> <b>NOIDA – 201 301.</b><br/> <b>Tel:</b> 0120 - 2514250/ 51/ 53<br/> <b>Email:</b> bimalokpal.noida@ecoi.co.in</p>                                  |
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**IRDAI REGULATION :** This Policy is subject to regulation 12 of IRDAI (Protection of Policyholder’s Interests) Regulations 2017.

### Annexure I: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

#### Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear under general /spinal anesthesia

#### Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear under general /spinal anesthesia

#### Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

#### Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract
39. Retinal detachment

#### Operations on the skin & subcutaneous tissues

40. Incision of a pilonidal sinus
41. Other incisions of the skin and subcutaneous tissues
42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
43. Local excision of diseased tissue of the skin and subcutaneous tissues
44. Other excisions of the skin and subcutaneous tissues
45. Simple restoration of surface continuity of the skin and subcutaneous tissues
46. Free skin transplantation, donor site
47. Free skin transplantation, recipient site
48. Revision of skin plasty
49. Other restoration and reconstruction of the skin and subcutaneous

tissues

50. Chemosurgery to the skin
51. Destruction of diseased tissue in the skin and subcutaneous tissues

#### Operations on the tongue

52. Incision, excision and destruction of diseased tissue of the tongue
53. Partial glossectomy
54. Glossectomy
55. Reconstruction of the tongue
56. Other operations on the tongue

#### Operations on the salivary glands & salivary ducts

57. Incision and lancing of a salivary gland and a salivary duct
58. Excision of diseased tissue of a salivary gland and a salivary duct
59. Resection of a salivary gland
60. Reconstruction of a salivary gland and a salivary duct
61. Other operations on the salivary glands and salivary ducts

#### Other operations on the mouth & face

62. External incision and drainage in the region of the mouth, jaw and face
63. Incision of the hard and soft palate
64. Excision and destruction of diseased hard and soft palate
65. Incision, excision and destruction in the mouth
66. Plastic surgery to the floor of the mouth
67. Palatoplasty
68. Other operations in the mouth under general/spinal anesthesia

#### Operations on the tonsils & adenoids

69. Transoral incision and drainage of a pharyngeal abscess
70. Tonsillectomy without adenoidectomy
71. Tonsillectomy with adenoidectomy
72. Excision and destruction of a lingual tonsil
73. Other operations on the tonsils and adenoids under general /spinal anesthesia

#### Trauma surgery and orthopaedics

74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

#### Operations on the breast

79. Incision of the breast
80. Operations on the nipple

#### Operations on the digestive tract

81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy etc.

#### Operations on the female sexual organs

88. Incision of the ovary
89. Insufflation of the Fallopian tubes
90. Other operations on the Fallopian tube
91. Dilatation of the cervical canal
92. Conisation of the uterine cervix
93. Other operations on the uterine cervix
94. Incision of the uterus (hysterotomy)
95. Therapeutic curettage
96. Culdotomy
97. Incision of the vagina
98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

- 99. Incision of the vulva
- 100. Operations on Bartholin's glands (cyst)

#### Operations on the prostate & seminal vesicles

- 101. Incision of the prostate
- 102. Transurethral excision and destruction of prostate tissue
- 103. Transurethral and percutaneous destruction of prostate tissue
- 104. Open surgical excision and destruction of prostate tissue
- 105. Radical prostatovesicectomy
- 106. Other excision and destruction of prostate tissue
- 107. Operations on the seminal vesicles
- 108. Incision and excision of periprostatic tissue
- 109. Other operations on the prostate

#### Operations on the scrotum & tunica vaginalis testis

- 110. Incision of the scrotum and tunica vaginalis testis
- 111. Operation on a testicular hydrocele
- 112. Excision and destruction of diseased scrotal tissue
- 113. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 114. Other operations on the scrotum and tunica vaginalis testis

#### Operations on the testes

- 115. Incision of the testes
- 116. Excision and destruction of diseased tissue of the testes
- 117. Unilateral orchidectomy
- 118. Bilateral orchidectomy
- 119. Orchidopexy
- 120. Abdominal exploration in cryptorchidism
- 121. Surgical repositioning of an abdominal testis
- 122. Reconstruction of the testis
- 123. Implantation, exchange and removal of a testicular prosthesis
- 124. Other operations on the testis under general /spinal anesthesia

#### Operations on the spermatic cord, epididymis and ductus deferens

- 125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 126. Excision in the area of the epididymis
- 127. Epididymectomy
- 128. Reconstruction of the spermatic cord
- 129. Reconstruction of the ductus deferens and epididymis
- 130. Other operations on the spermatic cord, epididymis and ductus deferens

#### Operations on the penis

- 131. Operations on the foreskin
- 132. Local excision and destruction of diseased tissue of the penis
- 133. Amputation of the penis
- 134. Plastic reconstruction of the penis
- 135. Other operations on the penis

#### Operations on the urinary system

- 136. Cystoscopic removal of stones

#### Other Operations

- 137. Lithotripsy
- 138. Coronary angiography
- 139. Haemodialysis
- 140. Radiotherapy for Cancer
- 141. Cancer Chemotherapy
- 142. Renal biopsy
- 143. Bone marrow biopsy
- 144. Liver biopsy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory.

#### Annexure II

**List of excluded expenses (non-medical) under indemnity policy are uploaded on our website.**

**Please login to <http://www.hdfcergohealth.com/download-forms/List-of-Non-Medical-Expenses.pdf>**

We would be happy to assist you. For any help contact us at: E-mail: [customerservice@hdfcergohealth.com](mailto:customerservice@hdfcergohealth.com) | Toll Free: 1800 102 0333

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