

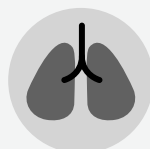


Take it easy!

AROGYA SANJEEVANI POLICY, HDFC ERGO



A SIMPLE & EASY HEALTH INSURANCE



Arogya Sanjeevani Policy, HDFC ERGO

INTRODUCTION

This policy has been designed to have a standard product with common policy wordings across the industry. The Product offers coverage against expenses incurred during Hospitalization, Day care procedures including Pre and Post Hospitalization and AYUSH treatment. This policy covers specialized treatments like Stem cell Treatments and Robotic Surgeries etc covered up to 50% of Sum Insured.

Key features of the policy:

- Multiple sum insured options ranging from Rs. 1 Lakh to Rs. 5 Lakhs available under this policy
- Comprehensive policy covering Hospitalization expenses with life time renewal
- Option to pay premium - Monthly, Quarterly, Half Yearly, Annually
- Cashless Hospitalization in 10,000 + network provider hospitals in India*

COVERAGE

Hospitalization

Medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs. 5,000/-, per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day.

Other Expenses

1. Dental treatment, necessitated due to disease or injury
2. Plastic surgery necessitated due to disease or injury
3. All the day care treatments

Road Ambulance

Expenses incurred on road Ambulance subject to a maximum of Rs. 2,000/- per hospitalisation.

AYUSH Treatment

Medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Pre Hospitalization

Medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admission.

Post Hospitalisation

Medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital.

Other Procedures

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital **up to 50% of Sum Insured**, specified in the policy schedule, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries

- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Cataract Treatment

Medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.

CUMULATIVE BONUS (CB)

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), subject to maximum of 50% of the sum insured under the current policy year**

WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

Pre-Existing Diseases

Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us, subject to the same being declared at the time of application and accepted by us.

First Thirty Days Waiting Period

Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

Specific Waiting Period

Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

A 24 Months waiting period – for below mentioned ailments and procedures

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies

Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer.

48 Months waiting period for

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

Pre Policy Check ups

The PPC tests required will be as per the below PPC grid. This grid may be subject to change based on the company policy in future & will be guided by our experience

Pre Policy Underwriting Matrix:

Single Member Individual

Sum Insured	< 45 Yrs	46 to 55 Yrs	56 to 60 Yrs	Above 60 Yrs
Rs. 1 Lakh to Rs. 5 Lakhs	Set 1	Set 1	Set 2	Set 2

Family Floater & Multi Member Individual SI Proposals

PED	Sum Insured	< 45 Yrs	46 to 55 Yrs	56 to 60 Yrs	Above 60 Yrs
No	Rs. 1 Lakh to Rs. 5 Lakhs	NA	Set 1	Set 2	Set 2
Yes*	Rs. 1 Lakh to Rs. 5 Lakhs	Set 1	Set 1	Set 2	Set 2

*Additional tests may be requested depending on the medical condition declared

- Set 1: ME, RUA, CBC, Sr Creatinine, Lipid Profile, SGPT, GGTP, SGOT, HBA1C, ECG
- Set 2 : Set 1, HBsAg, TMT/2D Echo, USG Abdomen & Pelvis, Chest X-Ray, CEA

Medical tests:

ME = Medical Examination (Report)	CBC = Complete Blood Count
ECG = Electro Cardio Gram	FBS = Fasting Blood Sugar
Lipids = Lipid Profile	Sr Creatinine = Serum Creatinine
CEA = Carcino embryogenic Antigen	RFT = Renal Function Test
RUA = Routine Urine Examination	TMT = Treadmill Test
USG = Ultrasonogram	SGPT = Serum Glutamic Pyruvic Transaminase
GGT = Gamma-Glutamyl Transpeptidase	HBsAg = Hepatitis B Surface Antigen
	2D ECHO-2D Echocardiogram

Guidelines for Pre Policy Check ups

- Pre Policy Checkup will be conducted at our Network provider
- When PPC is conducted at our Network provider, 50% of the Medical test charges will be reimbursed on acceptance of proposal.
- If Proposal is declined post PPC, 100% of Medical charges will be borne by proposer
- Medical Reports are considered valid for up to 3 months
- In case of any positive health declaration on the proposal form the relevant medical tests shall be advised in addition to the above grid tests

MAJOR EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

- Expenses related to any admission primarily for diagnostics and evaluation purposes.
- Rest Cure, rehabilitation and respite care, admission primarily for enforced bed rest and not for receiving treatment.
- Obesity / Weight Control-Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - Surgery to be conducted is upon the advice of the Doctor
 - The surgery/Procedure conducted should be supported by clinical protocols
 - The member has to be 18 years of age or older and
 - Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity-related cardiomyopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes
- Change-of-Gender treatments-Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- Cosmetic or plastic Surgery-Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports-Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
7. Breach of law-Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
9. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure
10. Refractive Error-Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
11. Sterility and Infertility-Expenses related to sterility and infertility. This includes any type of sterilization, Assisted Reproduction, Gestational Surrogacy and Reversal of sterilization
12. Maternity Expenses-Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
13. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
14. Any expenses incurred on Domiciliary Hospitalization and OPD treatment
15. Treatment taken outside the geographical limits of India
 - For complete exclusions please refer to the policy document.

Table Of Benefits

Name	Arogya Sanjeevani Policy, HDFC ERGO
Product Type	Individual/Floater
Category of Cover	Indemnity
Sum insured	INR On Individual basis – Sum Insured shall apply to each individual family member. On Floater basis – Sum Insured shall apply to the entire family Min Rs. 1 Lakh subject to a max of Rs. 5 Lakhs in the multiples of Rs. 50,000/- (PAN Card Copy mandatory for Rs. 1 Lakh and Rs. 2 Lakhs Sum Insured.)
Policy Period	1 year
Eligibility	Policy can be availed by persons between the age of 18 years and 65years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse ii. Parents and Parents-in-law iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/ doctors fee	1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs. 5000/- per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of Rs. 10,000/-, per day
Cataract Treatment	Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured, during each Policy year as specified in the policy schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 4 years
Cumulative bonus	Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co Pay	5% co pay on all claims

Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

Payment of Claim

All claims under the policy shall be payable in Indian currency only.

Claim Documents to be Submitted

The claim is to be supported with the following documents and submitted within the prescribed time limit.

1. Duly Completed claim form.
2. Photo Identity proof of the patient.
3. Medical practitioner's prescription advising admission.
4. Original bills with itemized break-up.
5. Payment receipts.
6. Discharge summary including complete medical history of the patient along with other details.
7. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner.
8. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
9. Sticker/Invoice of the Implants, wherever applicable.
10. MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
11. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
12. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines.
13. Legal heir/succession certificate, wherever applicable.
14. Any other relevant document required by Company for assessment of the claim.

GENERAL TERMS & CONDITIONS

1. Disclosure of Information

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

2. Cancellation

- a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Yr
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- b) The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

3. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

4. Portability

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

5. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person.

At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

If not renewed within Grace Period after due renewal date, the Policy shall terminate.

6. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (not with standing any terms contrary else where in the Policy)

- i. Grace Period of 15 days would be given to pay the installment premium due for the Policy.

During such grace period, Coverage will not be available from the installment premium payment due date till the date of receipt of premium by Company.

The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.

No interest will be charged If the installment premium is not paid on due date.

In case of installment premium due not received within the grace Period, the Policy will get cancelled.

7. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

8. Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

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

9. Change of Sum Insured

Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

Gross Premium (Excluding GST)

Sum Insured	100,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	3,475	NA	NA	NA	NA	NA	NA	NA
18-35	4,484	6,726	7,847	8,968	5,381	6,054	6,726	1,121
36-45	5,329	7,993	9,325	10,657	6,394	7,194	7,993	1,332
46-50	6,961	10,441	12,182	13,922	8,353	9,397	10,441	1,740
51-55	10,828	16,242	18,949	21,656	12,994	14,618	16,242	1,740
56-60	12,375	18,562	21,656	24,750	14,850	16,706	18,562	1,740
61-65	17,016	25,523	29,777	34,031	20,419	22,971	25,523	1,740
66-70	21,656	32,484	37,898	43,312	25,987	29,236	32,484	1,740
71-75	27,844	41,766	48,726	55,687	33,412	37,589	41,766	1,740
76-80	27,844	41,766	48,726	55,687	33,412	37,589	41,766	1,740
>80	27,844	41,766	48,726	55,687	33,412	37,589	41,766	1,740

Sum Insured	150,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	3,767	NA	NA	NA	NA	NA	NA	NA
18-35	4,861	7,291	8,506	9,722	5,833	6,562	7,291	1,215
36-45	5,776	8,664	10,108	11,552	6,931	7,798	8,664	1,444
46-50	7,546	11,318	13,205	15,091	9,055	10,187	11,318	1,886
51-55	11,738	17,606	20,541	23,475	14,085	15,846	17,606	1,886
56-60	13,414	20,122	23,475	26,829	16,097	18,109	20,122	1,886
61-65	18,445	27,667	32,278	36,889	22,134	24,900	27,667	1,886
66-70	23,475	35,213	41,081	46,950	28,170	31,691	35,213	1,886
71-75	30,182	45,273	52,819	60,365	36,219	40,746	45,273	1,886
76-80	30,182	45,273	52,819	60,365	36,219	40,746	45,273	1,886
>80	30,182	45,273	52,819	60,365	36,219	40,746	45,273	1,886

Sum Insured	200,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	4,025	NA	NA	NA	NA	NA	NA	NA
18-35	5,194	7,790	9,089	10,387	6,232	7,011	7,790	1,298
36-45	6,171	9,257	10,800	12,343	7,406	8,331	9,257	1,543
46-50	8,062	12,093	14,109	16,124	9,674	10,884	12,093	2,016
51-55	12,541	18,811	21,947	25,082	15,049	16,930	18,811	2,016
56-60	14,332	21,499	25,082	28,665	17,199	19,349	21,499	2,016
61-65	19,707	29,561	34,488	39,414	23,649	26,605	29,561	2,016
66-70	25,082	37,623	43,893	50,164	30,098	33,860	37,623	2,016
71-75	32,248	48,372	56,434	64,496	38,698	43,535	48,372	2,016
76-80	32,248	48,372	56,434	64,496	38,698	43,535	48,372	2,016
>80	32,248	48,372	56,434	64,496	38,698	43,535	48,372	2,016

Sum Insured	250,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	4,275	NA	NA	NA	NA	NA	NA	NA
18-35	5,517	8,275	9,654	11,033	6,620	7,447	8,275	1,379
36-45	6,555	9,833	11,472	13,111	7,866	8,850	9,833	1,639
46-50	8,563	12,845	14,986	17,127	10,276	11,561	12,845	2,141
51-55	13,321	19,981	23,312	26,642	15,985	17,983	19,981	2,141
56-60	15,224	22,836	26,642	30,448	18,269	20,552	22,836	2,141
61-65	20,933	31,399	36,633	41,866	25,120	28,259	31,399	2,141
66-70	26,642	39,963	46,623	53,284	31,970	35,967	39,963	2,141
71-75	34,254	51,381	59,944	68,508	41,105	46,243	51,381	2,141
76-80	34,254	51,381	59,944	68,508	41,105	46,243	51,381	2,141
>80	34,254	51,381	59,944	68,508	41,105	46,243	51,381	2,141

Sum Insured	300,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	4,496	NA	NA	NA	NA	NA	NA	NA
18-35	5,802	8,703	10,154	11,604	6,962	7,833	8,703	1,451
36-45	6,895	10,342	12,065	13,789	8,273	9,308	10,342	1,724
46-50	9,007	13,510	15,762	18,013	10,808	12,159	13,510	2,252
51-55	14,010	21,015	24,518	28,020	16,812	18,914	21,015	2,252
56-60	16,012	24,018	28,020	32,023	19,214	21,616	24,018	2,252
61-65	22,016	33,024	38,528	44,032	26,419	29,722	33,024	2,252
66-70	28,020	42,031	49,036	56,041	33,625	37,828	42,031	2,252
71-75	36,026	54,040	63,046	72,053	43,232	48,636	54,040	2,252
76-80	36,026	54,040	63,046	72,053	43,232	48,636	54,040	2,252
>80	36,026	54,040	63,046	72,053	43,232	48,636	54,040	2,252

Sum Insured	350,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	4,843	NA	NA	NA	NA	NA	NA	NA
18-35	6,249	9,373	10,936	12,498	7,499	8,436	9,373	1,562
36-45	7,426	11,138	12,995	14,851	8,911	10,025	11,138	1,856
46-50	9,700	14,551	16,976	19,061	11,640	13,096	14,551	2,425
51-55	15,090	22,634	26,407	29,650	18,107	20,371	22,634	2,425
56-60	17,245	25,868	30,179	33,886	20,694	23,281	25,868	2,425
61-65	23,712	35,568	41,496	46,594	28,455	32,011	35,568	2,425
66-70	30,179	45,269	52,813	59,301	36,215	40,742	45,269	2,425
71-75	38,802	58,202	67,903	76,244	46,562	52,382	58,202	2,425
76-80	38,802	58,202	67,903	76,244	46,562	52,382	58,202	2,425
>80	38,802	58,202	67,903	76,244	46,562	52,382	58,202	2,425

Sum Insured	400,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,190	NA	NA	NA	NA	NA	NA	NA
18-35	6,698	10,046	11,721	13,395	8,037	9,042	10,046	1,674
36-45	7,959	11,938	13,928	15,917	9,550	10,744	11,938	1,990
46-50	10,397	15,595	18,194	20,794	12,476	14,036	15,595	2,599
51-55	16,173	24,259	28,302	32,346	19,407	21,833	24,259	2,599
56-60	18,483	27,725	32,346	36,966	22,180	24,952	27,725	2,599
61-65	25,414	38,122	44,475	50,829	30,497	34,309	38,122	2,599
66-70	32,346	48,518	56,605	64,691	38,815	43,667	48,518	2,599
71-75	41,587	62,381	72,778	83,174	49,905	56,143	62,381	2,599
76-80	41,587	62,381	72,778	83,174	49,905	56,143	62,381	2,599
>80	41,587	62,381	72,778	83,174	49,905	56,143	62,381	2,599

Sum Insured	450,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,449	NA	NA	NA	NA	NA	NA	NA
18-35	7,031	10,547	12,305	14,062	8,437	9,492	10,547	1,758
36-45	8,355	12,533	14,621	16,710	10,026	11,279	12,533	2,089
46-50	10,915	16,372	19,101	21,829	13,098	14,735	16,372	2,729
51-55	16,978	25,467	29,712	33,956	20,374	22,921	25,467	2,729
56-60	19,404	29,106	33,956	38,807	23,284	26,195	29,106	2,729
61-65	26,680	40,020	46,690	53,360	32,016	36,018	40,020	2,729
66-70	33,956	50,935	59,424	67,913	40,748	45,841	50,935	2,729
71-75	43,658	65,488	76,402	87,317	52,390	58,939	65,488	2,729
76-80	43,658	65,488	76,402	87,317	52,390	58,939	65,488	2,729
>80	43,658	65,488	76,402	87,317	52,390	58,939	65,488	2,729

Sum Insured	500,000							
Age-Band	1A	2A	2A 1C	2A 2C	1A 1C	1A 2C	1A 3C	Additional Child
0-17	5,698	NA	NA	NA	NA	NA	NA	NA
18-35	7,352	11,028	12,866	14,704	8,822	9,925	11,028	1,838
36-45	8,736	13,105	15,289	17,473	10,484	11,794	13,105	2,184
46-50	11,413	17,119	19,972	22,826	13,695	15,407	17,119	2,853
51-55	17,753	26,630	31,068	35,506	21,304	23,967	26,630	2,853
56-60	20,289	30,434	35,506	40,579	24,347	27,391	30,434	2,853
61-65	27,898	41,847	48,821	55,796	33,477	37,662	41,847	2,853
66-70	35,506	53,260	62,136	71,013	42,608	47,934	53,260	2,853
71-75	45,651	68,477	79,889	91,302	54,781	61,629	68,477	2,853
76-80	45,651	68,477	79,889	91,302	54,781	61,629	68,477	2,853
>80	45,651	68,477	79,889	91,302	54,781	61,629	68,477	2,853

Discounts:

Family Discount: A discount of 10% shall be offered if 2 or more of any of eligible family members are covered under an Individual Sum Insured policy with the Company.

Employee Discount: A discount of 10% will be offered to Employees of HDFC and ERGO Group companies in case the policies are bought through direct channels of the Company.

(The total discount offered under Employee discount, Online discount, Family discount and Loyalty discount shall not exceed 20%.)

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakhs Rupees.

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

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

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

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