

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Energy	
What am I covered for:	<p>This Policy offers cover to individuals with Type 1, Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT) and/or Hypertension</p> <p>a. In-patient Treatment - Covers hospitalization expenses if hospitalized for a period of more than 24 hrs.</p> <p>b. Pre-Hospitalisation - Medical expenses incurred in 30 days before the hospitalisation.</p> <p>c. Post-Hospitalisation - Medical expenses incurred in 60 days after discharge from the hospital.</p> <p>d. Day-Care procedures - Medical expenses for day care procedures.</p> <p>e. Organ Donor - Medical expenses on harvesting the organ from the donor for organ transplantation.</p> <p>f. Ambulance Cover - Upto Rs. 2,000 per hospitalisation, for utilizing ambulance service to transport an insured person to hospital in case of an emergency.</p> <p>g. Shared Accommodation Benefit - If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, Section 3 C xiii) of Policy wordings will be waived off.</p> <p>h. Restore Benefit - Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and Cumulative Bonus (if applicable) during the Policy Year. The Restore Sum Insured can be used for all claims under Inpatient Benefit. If the Restore Sum Insured is not utilized in a Policy Year, it will expire.</p> <p>i. HbA1C Checkup benefit - Under this benefit, we will reimburse an amount of up to INR 750 on an each claim towards the expenses of HbA1C checkup on submission of original payment receipt to us</p>	<p>Section 1.a.</p> <p>Section 1.b.</p> <p>Section 1.c.</p> <p>Section 1.d.</p> <p>Section 1.e.</p> <p>Section 1.f.</p> <p>Section 1.g.</p> <p>Section 2.h.</p> <p>Section 2.i</p>
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, treatment of obesity and any weight control program, congenital external diseases, defects or anomalies, genetic disorder; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, surgery for nasal septum deviation, circumcisions, laser treatment for correction of eye due to refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non allopathic treatment.</p>	Section 3 C.
Waiting Period	<ul style="list-style-type: none"> 24 months for specific illness/ surgeries in the first two years and is not applicable in subsequent renewals Pre-existing conditions will be covered after a waiting period of 24 months. <p>Note: Any condition or illness, complication or ailment arising out of or connected to the condition of Type 1 Diabetes, Type 2 Diabetes Mellitus or Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) or Hypertension, shall not be considered as part of this waiting period and shall be covered from Day 1.</p> <p>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.</p>	<p>Section 3 A.i</p> <p>Section 3 A.ii</p>
Payout basis	Payout on indemnity payment basis.	Section 1
Cost Sharing	<p>Optional Basis</p> <p>If Policy Schedule shows that a Co-payment is effective and a claim has been admitted under Section 1 then, a Co-payment of 20% would apply on the amount claimed and claim payment, if any, shall only be in excess of that sum.</p>	Section 5 s
Renewal Conditions	<ul style="list-style-type: none"> Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and has been realized. Grace period of 30 days is provided for renewing the policy. Any claim incurred during the break-in period will not be payable under this policy. 	Section 5 n
Renewal Benefits	<ul style="list-style-type: none"> Wellness Discount: Wellness discount upto 25% based on management of disease through wellness programme. Wellness Incentive: Renewal incentive for re-imbursement of expenses incurred on health subject to policy terms and conditions. Cumulative Bonus: 10% increase in your annual inpatient benefit sum insured for every claim free year, subject to a maximum of 100%. In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year. 	<p>Section 4.I</p> <p>Section 4.I</p> <p>Section 4.II</p>

Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice without refund of premium.	Section 5 j & k
How to Claim	Please contact our designated TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Our TPA within 24 hours of the event. For any claim related query, information or assistance You can also contact Our Toll Free Line at 1800-102-0333 or visit Our website www.hdfcergohealth.com or e-mail Us at customerservice@hdfcergohealth.com .	Section 5 e, f, g, h & i Section 7.

Note: Pre-Policy Check-up at our network is compulsory under this Policy. We will reimburse 100% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of Pre-Policy Check-up.

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

HDFC ERGO Health Insurance Limited (Formerly known as Apollo Munich Health Insurance Company Limited.) • Central Processing Centre: 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurugram-122016, Haryana • Corp. Off. 1st Floor, SCF-19, Sector-14, Gurugram-122001, Haryana • Registered Off. 101, First Floor, Inizio, Cardinal Gracious Road, Chakala, Opposite P & G Plaza, Andheri (East), Mumbai, Maharashtra 400069 India • Tel: +91-124-4584333 • Fax: +91-124-4584111 • Website: www.hdfcergohealth.com • Email: customerservice@hdfcergohealth.com • For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. • Tax laws are subject to change • IRDAI Registration Number - 131 • CIN: U66030MH2006PLC331263

This Policy offers cover to individuals with Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT), Type 1 diabetes and/or Hypertension. The insurance cover is subject to the terms, conditions and exclusions of this Policy, your payment of premium and realization thereof by us and your statements in the proposal form which is the basis of this Policy.

The insured person will be covered upto the Sum Insured limit under this policy.

Section 1. Benefits

The following benefits are available to the Insured Person who suffers an Illness or Accident during the Policy Period which requires Hospitalisation on an Inpatient basis or a treatment defined as a Day Care Procedure.

We will cover the Medical Expenses for:	We will not cover treatment, costs or expenses for*: *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
<p>a. In-Patient Treatment.</p> <p>Treatment costs where Insured Person has to stay in a Hospital for more than 24 hours. This includes:</p> <ul style="list-style-type: none"> • Hospital room rent or boarding • Nursing • Intensive Care Unit • Medical Practitioners (Fees) • Anaesthesia • Blood • Oxygen • Operation theatre • Surgical appliances • Medicines, drugs & consumables • Diagnostic procedures 	<ol style="list-style-type: none"> 1. Prosthetics and other devices NOT implanted internally by surgery 2. Treatment availed outside India 3. Treatment at a healthcare facility which is NOT a Hospital. 4. Treatment for which hospitalization is not necessary 	<p>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.</p> <p>In-patient Treatment means 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.</p>
<p>b. Pre-Hospitalization expenses for consultations, investigations and medicines incurred upto 30 days before Hospitalisation.</p> <p>c. Post-Hospitalization expenses for consultations, investigations and medicines incurred upto 60 days after discharge from Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a) and 1d). 2. Any conditions which are NOT the same as the condition for which Hospitalisation was required. 3. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place 	<p>Day Care treatments means those medical treatment, and/or surgical procedure listed in Annexure I which is</p> <ol style="list-style-type: none"> (i) undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hours because of technological advancement, and (ii) which would have otherwise required a Hospitalisation of more than 24 hours, <p>Treatment normally taken on an Out-patient basis is not included in the scope of this definition.</p>
<p>d. Day Care Procedures</p> <p>Medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a Hospital/day care centre for less than 24 hours because of technological advancement, which would have otherwise required a hospitalisation of more than 24 hours.</p> <p>Indicative list of Day Care Treatments/ Procedures</p> <ol style="list-style-type: none"> 1) Cancer Chemotherapy 2) Liver biopsy 3) Coronary angiography 4) Haemodialysis 5) Operation of cataract 6) Nasal sinus aspiration <p>Refer to Annexure I for complete list of Day Care Treatments/Procedures</p>	<ol style="list-style-type: none"> 1. Out-Patient Treatment 2. Admission for the purpose of only administration of any drug/ medication/formulation other than cancer chemotherapy. 3. Treatment at a healthcare facility which is NOT a Hospital 	
<p>e. Organ Donor</p> <p>Medical treatment of the organ donor for harvesting the organ i.e. cost of surgery to remove organs from a donor in the case of transplant surgery</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a). 2. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended). 3. The organ donor's Pre and Post-Hospitalisation expenses. 	
<p>f. Ambulance Cover</p> <p>Expenses incurred on an ambulance in case of an emergency, subject to Rs. 2000 per Hospitalisation.</p>	<ol style="list-style-type: none"> 1. Claims which have NOT been admitted under 1a) and 1d). 2. Ambulance services of NON registered healthcare or ambulance service provider 	

g. Shared Accommodation Benefit If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, Section 3 C xiii) of Policy wordings will be waived off.	
Section 2. Other Benefits	
h. Restore benefit Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and cumulative Bonus (if applicable) during the Policy Year. The Total amount (Basic sum insured, cumulative bonus and Restore sum insured) will be available to the insured person for all claims under In-patient Benefit during the current Policy Year and subject to the condition that single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the cumulative bonus (if applicable). Conditions for Restore benefit: a. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in Section 1. b. The Sum Insured will be restored only once in a Policy Year. c. If the restored sum insured is not utilised in a policy year, it shall not be carried forward to any subsequent policy year.	
i. HbA1C Checkup Benefit Under this benefit, we will reimburse an amount of up to INR 750 on an each claim towards the expenses of HbA1C checkup on submission of original payment receipt to us subject to 1) The date of tests should be in the Policy period. 2) A maximum of two claims can be made in a Policy year. 3) A minimum of 3 months gap should be there between the two tests 4) In Gold variant, HbA1C checkups done as part of wellness benefit (Section 4.I of Policy Wordings) will not be considered for this benefit.	

Section 3. Special terms and conditions

Waiting Period

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

- i) A waiting period of 24 months from the first Policy Commencement Date will be applicable to illnesses /diagnoses/surgical procedures mentioned in the table below.

However this waiting period will not be applicable where the underlying cause is cancer(s).

Sl No	Organ / Organ System	Illness/diagnoses and any other related complications (irrespective of treatments medical or surgical)	Surgeries/procedures (irrespective of any illness / diagnosis other than cancers)
a.	Ear, Nose and Throat (ENT)	<ul style="list-style-type: none"> Sinusitis Rhinitis Tonsillitis 	<ul style="list-style-type: none"> Adenoidectomy Mastoidectomy Tonsillectomy Tympanoplasty Surgery for nasal septum deviation Surgery for Turbinate hypertrophy Nasal concha resection Nasal polypectomy

b.	Gynaecological	<ul style="list-style-type: none"> cysts, polyps including breast lumps Polycystic ovarian disease Fibromyoma Adenomyosis Endometriosis Prolapsed Uterus 	<ul style="list-style-type: none"> Hysterectomy
c.	Orthopaedic	<ul style="list-style-type: none"> Non infective arthritis Gout and Rheumatism Osteoarthritis Ligament, Tendon and Meniscal tear Prolapsed inter vertebral disk 	<ul style="list-style-type: none"> Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> Cholecystitis Pancreatitis Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum Cirrhosis (However Alcoholic cirrhosis is permanently excluded) Perineal and Perianal Abscess Rectal Prolapse 	<ul style="list-style-type: none"> Cholecystectomy Surgery of hernia
e.	Urogenital	<ul style="list-style-type: none"> Calculus diseases of Urogenital system including Kidney, ureter, bladder stones Benign Hyperplasia of prostate Varicocele 	<ul style="list-style-type: none"> Surgery on prostate Surgery for Hydrocele/ Rectocele
f.	Eye	<ul style="list-style-type: none"> Cataract Retinal detachment Glaucoma 	NIL
g.	Others	NIL	<ul style="list-style-type: none"> Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/organs whether or not described above)	Benign tumors of Non infectious etiology.e.g. cysts, nodules, polyps, lump, growth, etc.	NIL

ii) A waiting period of 24 months from policy commencement date will be applicable for all Pre-existing Conditions. The Pre-existing condition must be declared at the time of application.

Any condition or illness, complication or ailment arising out of or connected to the below mentioned conditions shall not be considered as part of this waiting period.

- Type 2 Diabetes Mellitus
- Impaired Fasting Glucose (IFG)
- Impaired Glucose Tolerance (IGT)
- Type 1 Diabetes
- Hypertension

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.

A. Reduction in waiting periods

- 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 issued by the insurance regulator, OR
 - any other similar health insurance plan from Us,

Then:

- The waiting periods specified in section 3 A i) and ii) of the Policy stands waived; AND:
- The waiting periods specified in the Section 3 A i) and, ii) 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 is more than the Sum Insured applicable

Important terms You should know

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the base Sum Insured and any other accrued sum insured under the previous health insurance policy.

- The reduction in the waiting period specified above shall be applied subject to the following:

- We will only apply reduction of the waiting period if We have received the database and past claim history related information from the previous Indian insurance company (if applicable) as mandated under portability guidelines issued by insurance regulator;
- 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 per the previous health insurance policy even if You have submitted all documentation and information to Us.
- We will retain the right to underwrite the proposal as per Our underwriting guidelines.
- 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 directly or indirectly 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) Any Insured Person committing or attempting to commit a breach of law with criminal intent.
- iii) Intentional self-injury or attempted suicide while sane or insane.
- iv) 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

- v) Treatment of illness or injury as a consequence of the use of alcohol, tobacco, narcotic or psychotropic substances.
- vi) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia
- vii) Treatment availed outside India
- viii) Treatment at a healthcare facility which is NOT a Hospital.
- ix) Treatment of obesity and any weight control program.
- x) Treatments for correction of eye sight due to refractive error (few examples of the treatments: fametolaser, lasik).
- xi) Cosmetic, aesthetic and re-shaping treatments and surgeries:
 - a. 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.
 - b. 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.
- xii) Types of treatment, defined illnesses/ conditions/ supplies:
 - a. Non allopathic treatment.
 - b. Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.
 - c. Charges related to peritoneal dialysis, including supplies
 - d. Admission primarily for administration of monoclonal antibodies or IV immunoglobulin infusion.
 - e. Experimental, investigational or unproven treatment devices and pharmacological regimens.
 - f. Admission primarily for diagnostic and evaluation purposes only
 - g. Any diagnostic expenses which is not related and not incidental to any illness which is not covered in this Policy
 - h. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long-term nursing care, custodial care, safe confinement, de-addiction, general debility or exhaustion ("run-down condition").
 - i. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment);
 - j. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements
 - k. Provision or fitting of hearing aids, cochlear implant, 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.
 - l. Parkinson and Alzheimer's disease, sleep-apnoea

- m. External congenital diseases, defects or anomalies, genetic disorder
- n. Stem cell therapy or surgery, or growth hormone therapy.
- o. Venereal disease, sexually transmitted disease or illness;
- p. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- q. Any expense attributable directly or indirectly to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or child birth (including caesarean section), except in the case of ectopic pregnancy in relation to a claim under 1a) for In-patient Treatment only.
- r. Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same.
- s. Birth control, and similar procedures including complications arising out of the same.
- t. The expense incurred by the Insured Person on organ donation.
- u. 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.
- v. Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- w. Expense related to pancreatic islet transplantation.
- xiii) Any non-medical expenses mentioned on our website (<http://www.hdfcergohealth.com/download-forms/List-of-Non-Medical-Expenses.pdf>). (Annexure II of Policy Wordings)
- xiv) 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.
- xv) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.
- xvi) Any specific time bound exclusion(s) not exceeding 48 months applied by Us and specified in the Schedule and accepted by the insured.
- xvii) Admission for administration of Intra-articular or Intra-lesional injections, Monoclonal antibodies (few examples of monoclonal antibodies: Rituximab/ Infliximab/ Trastuzumab, few examples of Trade names of monoclonal antibodies: Remicade, Rituxan, Herceptin), Supplementary medications (example: Zolendronic acid, examples of Trade names of supplementary medications: Zometa, Reclast) or IV immunoglobulin infusion
- xviii) Any kind of service charge, surcharge, admission fees, registration fee levied by Hospital

Section 4. Renewal Benefits

I. Wellness Programme for Diabetes and Hypertension

Variant1. Silver Plan

- a) To avail Wellness Benefit You may choose to undergo a medical check-up twice in a Policy Period as per grid below at a diagnostic center which is approved by Us. Please note that the costs incurred for these tests will have to be borne by You.

Medical check-up reports have to be submitted to Us in time as per below defined timelines. Any reports submitted after these timelines will not be accepted/considered for wellness benefit.

Medical Check-up Grid:

Period	Diagnostic Tests
Half yearly check-up	HbA1c, Blood pressure Monitoring, BMI, Diabetologist/Cardiologist Consultation
Annual check-up	HbA1c, SMA 12, Total Cholesterol : HDL Cholesterol, ECG, Blood pressure Monitoring, BMI, Diabetologist/ General Practitioner Consultation

***SMA 12** - FBS, Total Cholesterol, Creatinine, High-density lipoprotein (HDL), Low-density lipoprotein (LDL), Triglycerides (TG), Total Protein, Serum Albumin, Gamma-glutamyltransferase (GGT), serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), Billirubin

Timelines for submitting the Medical Check-up reports:

Medical Check-up	Reports should be submitted in:
Half yearly check-up	4th or 5th months of the policy year
Annual check-up	8th or 9th months of the policy year

b) Based on medical check-up results incentive points would be calculated as per table below, this shall be the basis for deciding appropriate level of reduction in renewal premiums and the renewal incentive..

Examination Type	Reading	Points
HbA1c (%) – Half Yearly Examination	Upto 5.99	5
	6.00 - 6.50	2
	6.51 – 8.00	1
HbA1c (%) – Annual Examination	Upto 5.99	5
	6.00 - 6.50	2
	6.51 - 8.00	1
Blood Pressure – Half Yearly Examination	110-120/70-80	5
	121-139/80-89	2
	140-150/90-100	1
Blood Pressure - Annual Examination	110-120/70-80	5
	121-139/80-89	2
	140-150/90-100	1
Body Mass Index (BMI) - Annual Examination	18.00 – 23.00	5
	23.01 – 27.49	2
	27.50 - 34	1
Total Cholesterol : HDL Cholesterol ratio	upto 4.0	2
	4.01 to 5.00	1
Diagnostic test undertaken	Both (Annual + Half Yearly)	3
	Either (Annual or Half Yearly)	1
Diabetologist consultation/ General Practitioner	One Visit	2

c) On the completion of all the above stated medical check- ups during the policy year and based on the findings, We may decide to

- continue with the published premium and loading (if applicable at the time of inception), or
- charge a reduced premium after applying Wellness discount if earned based on the incentive points mentioned in the above table

Variant 2 : Gold Plan

a) We will conduct Your medical check-up twice in a Policy Period as per grid below.

Period	Diagnostic Tests
Half yearly check-up	HbA1c, Blood pressure Monitoring, BMI, Diabetologist/ Consultation
Annual check-up	HbA1c, SMA 12, Total Cholesterol : HDL Cholesterol, ECG, Blood pressure Monitoring, BMI, Diabetologist Consultation General Practitioner

***SMA 12** - FBS, Total Cholesterol, Creatinine, High-density lipoprotein (HDL), Low-density lipoprotein (LDL), Triglycerides (TG), Total Protein, Serum Albumin, Gamma-glutamyltransferase (GGT), serum glutamic oxaloacetic transaminase (SGOT), serum glutamic pyruvic transaminase (SGPT), Billirubin

b) The medical check-up shall be conducted by empanelled medical centre and the cost of the same shall be borne by Us. If You choose to undertake medical check-up from a diagnostic center which is approved by Us, We will reimburse upto Rs.2000/- against actual diagnostic bill and You shall provide Us with medical check-up reports in time during Policy Period as per below defined timelines. Any reports submitted after these timelines will not be accepted/considered for wellness benefit.

Timelines for submitting the Medical Check-up reports:

Medical Check-up	Reports should be submitted in:
Half yearly check-up	4th or 5th months of the policy year
Annual check-up	8th or 9th months of the policy year

c) We will not reimburse any amount in lieu of the medical check-up, if You choose not to undergo any of the medical checkups.

d) We shall obtain and retain Your medical reports. A copy of the medical check-up reports shall be sent to You for your reference.

e) Based on medical check-up results incentive points would be calculated as per table below, this shall be the basis for deciding appropriate level of reduction in renewal premiums.

Examination Type	Reading	Points
HbA1c (%) – Half Yearly Examination	Upto 5.99	5
	6.00 - 6.50	2
	6.51 – 8.00	1
HbA1c (%) – Annual Examination	Upto 5.99	5
	6.00 - 6.50	2
	6.51 - 8.00	1
Blood Pressure – Half Yearly Examination	110-120/70-80	5
	121-139/80-89	2
	140-150/90-100	1
Blood Pressure - Annual Examination	110-120/70-80	5
	121-139/80-89	2
	140-150/90-100	1
Body Mass Index (BMI) - Annual Examination	18.00 – 23.00	5
	23.01 – 27.49	2
	27.50 - 34	1
Total Cholesterol : HDL Cholesterol ratio	upto 4.0	2
	4.01 to 5.00	1
Diagnostic test undertaken	Both (Annual + Half Yearly)	3
	Either (Annual or Half Yearly)	1
Diabetologist consultation/ General Practitioner	One Visit	2

f) On the completion of all the above stated medical check- ups during the policy year and based on the findings, We may decide to

- i. continue with the published premium and loading (if applicable at the time of inception), or
- ii. charge a reduced premium after applying Wellness discount if earned based on the incentive points mentioned in the above table

Wellness Benefit

- a) The appropriate level of discount in renewal premium and renewal incentive would be computed as per below table based on the incentive points calculated as per medical checkup results. Our decision in this regard shall be final and binding on the policyholder.

Points Earned	Discount	Renewal Incentive
29-32	25% discount on renewal premium	Reimbursement upto 25% of renewal premium towards expenses incurred on health care.
25-28	20% discount on renewal premium	Reimbursement upto 20% of renewal premium towards expenses incurred on health care.
16-24	10% discount on renewal premium	Reimbursement upto 10% of renewal premium towards expenses incurred on health care
8-15	5% discount on renewal premium	Reimbursement upto 5% of renewal premium towards expenses incurred on health care
Less than 8	No discount	No Reward

- i. Reimbursement under renewal incentive can be claimed once during the Policy Period on submission of original bills or proof of such expenses incurred during the Policy Period on the health of the Insured Person
- ii. Reimbursement can be claimed for the below mentioned health care expenses for Insured Person under the Policy.
 1. Consultation charges
 2. Medicines and drugs
 3. Diagnostic expenses
 4. Dental expenses
 5. Other miscellaneous Medical Expenses not covered under any medical insurance
- iii. We will not carry forward any un-claimed amount on subsequent renewal of policy with Us
- b) The revised premium and renewal incentive as per clause a) above shall be applicable only for the following Policy Year onwards and shall be reassessed at the end of each Policy Year.

II. Cumulative Bonus

- a. A 10% cumulative bonus will be applied on the base Sum Insured for next policy year under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with Us without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year
- b. If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 10% of the Sum Insured. There will be no impact on the Inpatient Sum Insured, only the accrued cumulative bonus will be decreased

Section 5. 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) insofar 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. The Policy will be issued for a period for 1 year and the Sum Insured & benefits will be applicable on Policy Year basis.

Premium payment options

The policy allows quarterly, half-yearly and annual premium payment options as modes of payment. We will offer half yearly and quarterly payment options only via Standing instruction that shall be taken from the customer to authorize the auto-deduction of the payment required. The premium rates that are proposed to be auto debited shall be informed upfront to the policy holder and the Authorization towards auto-deduction shall specify the amount for which the authorization is obtained along with the timelines of deduction.

Where there is a change either in the terms and conditions of the policy or in the premium rate, the authorization for auto-deduction shall be obtained afresh.

Please note that following conditions will be applied for Quarterly and Half-yearly premium payment options:

- a. In case of any Hospitalization claim, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person. This provision will not apply to claims arising under Wellness benefit and HbA1C Checkup benefit.
- b. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered. This provision will not apply to claims arising under Wellness benefit and HbA1C Checkup benefit.
- c. If payment towards the instalment premium is not received on or before the due date, a relaxation period of 7 days will be given to make the payment. If payment is not made within this period, policy will be terminated and no benefits shall be payable thereunder.
- d. Policyholder has an option to withdraw from the auto deduction mode at least 15 days prior to the due date of instalment premium. In this case, payment for the remaining instalments will have to be made at the time of withdrawal for the continuation of the Policy.
- e. There is no obligation on US to remind the insured person/Policy holder of the due dates

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

Any person named as Insured Person in the Schedule shall be covered under this Policy.

If an Insured Person dies, the Policy would automatically cease upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received IF AND ONLY IF there are no claims reported 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 issued by IRDA.

d. Loadings

We may apply a risk loading on the premium payable (based on the declarations made in the proposal form and the health status of the persons proposed for insurance) at the Commencement Date or on any renewal of the Policy with Us or on the receipt of a request for enhancing the Sum Insured. The maximum risk loading applicable for an individual will not exceed 100% per diagnosis / medical condition and an overall risk loading of 150% per individual.

We will send You the applicable risk loading or exclusion in writing. You shall give Us Your consent and the additional premium (if any), within 7 days of the issuance of Our letter. If You neither accept Our letter nor revert to Us within 7 days, We will cancel Your application and refund the premium paid within the next 7 days.. We will issue Policy only after getting Your consent.

PI 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) above or specifically mentioned on the Policy Schedule shall be applied on illness/condition, as applicable.

e. Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
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:	Notice period for the Insured Person to take advantage of the cashless service*: *Written notice must be accompanied by full particulars.
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.
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.

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 or Our TPA 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 the following. Please note that in case of a non-disclosure or/and a fraud suspicion we may ask for additional documentation/reports which are not listed below.

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- Original Bills (including but not limited to pharmacy purchase bill, consultation bill, and diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.

- All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries.
- 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 (detailed break up).
- 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 Doctor's invoice.
- All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made
- All investigation, treatment and follow up records pertaining to the past ailment(s) related to the claim since their first diagnoses or detection on a case to case basis
- Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- Copy of settlement letter from other insurance company or TPA
- Stickers and invoice of implants used during surgery
- Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- Legal heir certificate
- 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 shall 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 or Our TPA has 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 Insured Person under this Policy. Receipt of payment by Insured Person shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Insured Person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance) Payments under this Policy shall only be made in Indian Rupees within India.
- No assignment of this Policy or the benefits under the Policy shall be permitted.
- Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability directly to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency.
- We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 30 days of receipt of last necessary documents.

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 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 existing bank rate the bank rate fixed by Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

- vi) 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) at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule or the Policy may be modified by Us with the consent of the customer; 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) at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule or the Policy may be modified by Us with the consent of the customer without any refund of premium; and
- all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.

l. 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 balance of the claimed amount as per the limits and according to terms of the respective Policy. 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.

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 issued by IRDAI

- iii) We will not apply any additional loading on your policy premium at renewal based on claim experience.

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.

Premium at renewal will change with the change in the Age band of the insured or changes in the applicable tax rate.

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. 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.

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. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the Policy

Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

- ii) We shall terminate this Policy for the reasons as specified under aforesaid section 5 j) (Non Disclosure or Misrepresentation) & section 5 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. In case of Dishonest or Fraudulent claims the premium paid will not be refunded.

s. Co-Payment

If opted and mentioned on the Policy Schedule that a Co-payment is effective, and a claim has been admitted under Section 1 then, the insured person shall bear 20% of the eligible claim amount payable under the

Policy and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

I. 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 6. 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 it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been 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. **Co-Payment** means a cost-sharing requirement applicable under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum Insured.
- Def. 9. **Congenital Anomaly** means to a condition which is present since birth, and which is abnormal in reference to form, structure or position.
 - I. **Internal Congenital Anomaly** - Which is not in the visible and accessible parts of the body
 - II. **External Congenital Anomaly** - Which is in the visible and accessible parts of the body
- Def. 10. **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 of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- Def. 11. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
- Def. 12. **Day Care Centre** means any institution established for day care treatment of sickness and / or injuries or a medical set-up within 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 criteria as under:-
 - I. Has qualified nursing staff under its employment
 - II. Has qualified medical practitioner (s) in charge;
 - III. Has a fully equipped operation theatre of its own where surgical procedures are carried out-

IV. Maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

- Def. 13. **Day Care Treatment** 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. 14. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- Def. 15. **Disclosure of information** norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 16. **Emergency Care** means management for an illness or injury 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. 17. **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 Conditions. Coverage is not available for the period for which no premium is received.
- Def. 18. **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 the Clinical Establishments (Registration & Regulations) Act 2010 or under the enactments specified under the schedule of Section 56 (1) of 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 those towns having a population of less than 10,00,000 and atleast 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 will make these accessible to the insurance company's authorized personnel.
- Def. 19. **Hospitalisation** or Hospitalised means admission in a hospital for a minimum of 24 In patient care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 20. **Hypertension** is defined as a repeatedly elevated blood pressure exceeding 140 over 90 mmHg i.e. a systolic pressure above 140 with a diastolic pressure above 90. (As per JNC 7 guidelines seventh report of the Joint National Committee).
- Def. 21. **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 means 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 means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests - it needs ongoing or long-term control or relief of symptoms - it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely - it recurs or is likely to recur.

- Def. 22. **Impaired Fasting Glucose (IFG)** is impaired level of glucose, a condition under which a person has a plasma glucose values between 110 and 125 mg/dl after overnight fasting.
- Def. 23. **Impaired Glucose Tolerance (IGT)** is a pre-diabetic state of hyperglycemia (Elevated blood sugar) where 2 hours after 75 gm oral glucose tolerance test the plasma glucose level is between 140 to 199 mg/dl
- Def. 24. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 25. **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. 26. **Insured Person** means the person named in the Schedule.
- Def. 27. **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. 28. **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. 29. **Maternity Expense** means
- I. Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalisation)
 - II. Expenses towards lawful medical termination of pregnancy during policy period.
- Def. 30. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issuance of any prescription or follow-up prescription
- Def. 31. **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. 32. **Medically Necessary** means any treatment, test, medication, or stay in hospital or part of stay in hospital which
- I. Is required for the medical management of the Illness or injury suffered by the Insured Person;
 - II. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - III. Must have been prescribed by a Medical Practitioner.
 - IV. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 33. **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 the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Def. 34. **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. 35. **Non Network Provider** means any hospital, day care centre or other provider that is not part of the Network.
- Def. 36. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 37. **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. 38. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure I and the Schedule (as the same may be amended from time to time).
- Def. 39. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 40. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer.
- Def. 41. **Pre-Hospitalisation 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. 42. **Post-Hospitalisation 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. 43. **Pre-existing Diseases** 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. 44. **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. 45. **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 by comparable providers, taking into account the nature of illness/ injury involved.
- Def. 46. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- Def. 47. **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. 48. **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. 49. **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 or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
- Def. 50. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 51. **Type 1 Diabetes** also called juvenile diabetes indicates a condition in which Beta cell of pancreas are destroyed wherein insulin is required for survival.
- Def. 52. **Type 2 Diabetes** also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin secretion. usually present at the time of type II diabetes is clinically manifested.

- Def. 53. **Unproven/Experimental** treatment is treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 54. **We/Our/Us means** the HDFC ERGO Health Insurance Ltd.
- Def. 55. **You/Your/Policyholder means** the person named in the Schedule who has concluded this Policy with Us.

Section 7. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Your TPA through:

- Website : www.hdfcergohealth.com
 - Email : customerservice@hdfcergohealth.com
 - Toll Free : 1800 102 0333
 - Fax : 1800 425 4077
 - Courier : Claims Department,
HDFC ERGO Health Insurance Ltd.,
Ground Floor, Srinilaya - Cyber Spazio,
Road No. 2, Banjara Hills, Hyderabad-500034, Telangana.
- or
- Claims Department,
HDFC ERGO Health Insurance Ltd.,
Central Processing Center, 2nd & 3rd Floor, iLABS Centre,
Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.

Section 7 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 :

- Our 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 Ltd., Central Processing Center, 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.

Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, AHMEDABAD - 380 001. Tel: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL - 462 003. Tel: 0755 - 2769201/ 9202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674 - 2596455/2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017. Tel: 0172 - 2706468/2772101 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel: 044 - 24333668/ 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002. Tel: 011 - 23234057/ 23232037 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI - 781 001. Tel: 0361 - 2132204/ 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel: 040 - 65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM - 682 015. Tel: 0484 - 2358759/ 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel: 033 - 22124339/ 22124346 Fax: 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001. Tel: 0522 - 2231331/ 2231330 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI - 400 054. Tel: 022 - 26106960/ 26106552 Fax : 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302 005. Tel: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411 030. Tel: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in
Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560 025. Tel: 080 - 26652049/ 26652048 Email: bimalokpal.bengaluru@ecoi.co.in	Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201 301. Tel: 0120 - 2514250/ 51/ 53 Email: bimalokpal.noida@ecoi.co.in
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800 006. Tel: 0612 - 2680952 Email id: bimalokpal.patna@ecoi.co.in	

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

Annexure I : Daycare Procedure

Daycare Procedures will include following Daycare Surgeries & Daycare Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles under general/spinal anesthesia
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
19. Removal of Keratosis Obturans

Operations on the nose & the nasal sinuses

20. Excision and destruction of diseased tissue of the nose
21. Operations on the turbinates (nasal concha)
22. Other operations on the nose under general/spinal anesthesia
23. Nasal sinus aspiration
24. Foreign body removal from nose

Operations on the eyes

25. Incision of tear glands
26. Other operations on the tear ducts
27. Incision of diseased eyelids
28. Excision and destruction of diseased tissue of the eyelid
29. Operations on the canthus and epicanthus
30. Corrective surgery for entropion and ectropion
31. Corrective surgery for blepharoptosis
32. Removal of a foreign body from the conjunctiva
33. Removal of a foreign body from the cornea
34. Incision of the cornea
35. Operations for pterygium
36. Other operations on the cornea
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball
40. Operation of cataract
41. Retinal detachment
42. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)
43. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)
44. Diathermy/ Cryotherapy to treat retinal tear
45. Anterior chamber Pancentesis/ Cyclodiathermy/ Cyclocryotherapy / goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma
46. Enucleation of the eye without implant
47. Dacryocystorhinostomy for various lesions of Lacrimal Gland

48. Laser photocoagulation to treat Retinal Tear

Operations on the skin & subcutaneous tissues

49. Incision of a pilonidal sinus
50. Other incisions of the skin and subcutaneous tissues
51. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
52. Local excision of diseased tissue of the skin and subcutaneous tissues
53. Other excisions of the skin and subcutaneous tissues
54. Simple restoration of surface continuity of the skin and subcutaneous tissues
55. Free skin transplantation, donor site
56. Free skin transplantation, recipient site
57. Revision of skin plasty
58. Other restoration and reconstruction of the skin and subcutaneous tissues
59. Chemosurgery to the skin
60. Destruction of diseased tissue in the skin and subcutaneous tissues
61. Reconstruction of deformity/defect in NailBed

Operations on the tongue

62. Incision, excision and destruction of diseased tissue of the tongue
63. Partial glossectomy
64. Glossectomy
65. Reconstruction of the tongue
66. Other operations on the tongue under general/spinal anesthesia

Operations on the salivary glands & salivary ducts

67. Incision and lancing of a salivary gland and a salivary duct
68. Excision of diseased tissue of a salivary gland and a salivary duct
69. Resection of a salivary gland
70. Reconstruction of a salivary gland and a salivary duct
71. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

72. External incision and drainage in the region of the mouth, jaw and face
73. Incision of the hard and soft palate
74. Excision and destruction of diseased hard and soft palate
75. Incision, excision and destruction in the mouth
76. Plastic surgery to the floor of the mouth
77. Palatoplasty
78. Other operations in the mouth under general /spinal anesthesia

Operations on the tonsils & adenoids

79. Transoral incision and drainage of a pharyngeal abscess
80. Tonsillectomy without adenoidectomy
81. Tonsillectomy with adenoidectomy
82. Excision and destruction of a lingual tonsil
83. Other operations on the tonsils and adenoids under general /spinal anesthesia

Trauma surgery and orthopaedics

84. Incision on bone, septic and aseptic
85. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
86. Suture and other operations on tendons and tendon sheath
87. Reduction of dislocation under GA
88. Arthroscopic knee aspiration
89. Adenoidectomy

Operations on the breast

90. Incision of the breast
91. Operations on the nipple
92. Excision of single breast lump

Operations on the digestive tract

93. Incision and excision of tissue in the perianal region
94. Surgical treatment of anal fistulas

95. Surgical treatment of haemorrhoids
96. Division of the anal sphincter (sphincterotomy)
97. Other operations on the anus
98. Ultrasound guided aspirations
99. Sclerotherapy etc.
100. Laprotomy for grading Lymphoma with Splenectomy/ Liver/ Lymph Node Biopsy
101. Therapeutic laparoscopy with Laser
102. Cholecystectomy and Choledoch - Jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct
103. Esophagoscopy, gastroscopy, dudenoscopy with polypectomy/ removal of foreign body/ diathermy of bleeding lesions
104. Lithotripsy/ Nephrolithotomy for renal calculus
105. Excision of renal cyst
106. Drainage of Pyonephrosis/ Perinephric Abscess
107. Appendicectomy with/ without Drainage

Operations on the female sexual organs

108. Incision of the ovary
109. Insufflation of the Fallopian tubes
110. Other operations on the Fallopian tube
111. Dilatation of the cervical canal
112. Conisation of the uterine cervix
113. Other operations on the uterine cervix
114. Incision of the uterus (hysterotomy)
115. Therapeutic curettage
116. Culdotomy
117. Incision of the vagina
118. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
119. Incision of the vulva
120. Operations on Bartholin's glands (cyst)
121. Laser therapy of cervix for various lesions of Uterus
122. Salpino-Oophorectomy via Laparoscopy

Operations on the prostate & seminal vesicles

123. Incision of the prostate
124. Transurethral excision and destruction of prostate tissue
125. Transurethral and percutaneous destruction of prostate tissue
126. Open surgical excision and destruction of prostate tissue
127. Radical prostatovesiculectomy
128. Other excision and destruction of prostate tissue
129. Operations on the seminal vesicles
130. Incision and excision of periprostatic tissue
131. Other operations on the prostate under general/spinal anesthesia

Operations on the scrotum & tunica vaginalis testis

132. Incision of the scrotum and tunica vaginalis testis
133. Operation on a testicular hydrocele
134. Excision and destruction of diseased scrotal tissue
135. Plastic reconstruction of the scrotum and tunica vaginalis testis
136. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

137. Incision of the testes
138. Excision and destruction of diseased tissue of the testes
139. Unilateral orchidectomy
140. Bilateral orchidectomy
141. Orchidopexy
142. Abdominal exploration in cryptorchidism

143. Surgical repositioning of an abdominal testis
144. Reconstruction of the testis
145. Implantation, exchange and removal of a testicular prosthesis
146. Other operations on the testis under general /spinal anesthesia

Operations on the spermatic cord, epididymis and ductus deferens

147. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
148. Excision in the area of the epididymis
149. Epididymectomy
150. Reconstruction of the spermatic cord
151. Reconstruction of the ductus deferens and epididymis
152. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

153. Operations on the foreskin
154. Local excision and destruction of diseased tissue of the penis
155. Amputation of the penis
156. Plastic reconstruction of the penis
157. Other operations on the penis under general/spinal anesthesia

Operations on the urinary system

158. Cystoscopical removal of stones
159. Catheterisation of bladder

Other Operations

160. Lithotripsy
161. Coronary angiography
162. Haemodialysis
163. Radiotherapy for Cancer
164. Cancer Chemotherapy
165. Renal biopsy
166. Bone marrow biopsy
167. Liver biopsy
168. Biopsy of Temporal Artery for Various lesions
169. External Arterio-venous shunt
170. Endoscopic polypectomy

Operation on bone and joints

171. Surgery for ligament tear
172. Surgery for meniscus tear
173. Surgery for hemoarthrosis/ pyoarthrosis
174. Removal of fracture pins/ nails
175. Removal of metal wire
176. Closed reduction on fracture, luxation
177. Reduction of dislocation under GA
178. Epiphyseolysis with Osteosynthesis
179. Excision of Bursitis
180. Tennis elbow release
181. Excision of various lesions in Coccyx
182. Arthroscopic knee aspiration

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

Annexure II

S.No.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
	Toiletries/ Cosmetics/ Personal Comfort Or Convenience Items	
1	Anne French Charges	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Bottle	Not Payable
8	Brush	Not Payable
9	Cosy Towel	Not Payable
10	Hand Wash	Not Payable
11	Moisturiser Paste Brush	Not Payable
12	Powder	Not Payable
13	Razor	Payable
14	Towel	Not Payable
15	Shoe Cover	Not Payable
16	Beauty Services	Not Payable
17	Belts/ Braces	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
18	Buds	Not Payable
19	Barber Charges	Not Payable
20	Caps	Not Payable
21	Cold Pack/Hot Pack	Not Payable
22	Carry Bags	Not Payable
23	Cradle Charges	Not Payable
24	Comb	Not Payable
25	Disposables Razors Charges (for site preparations)	Payable
26	Eau-De-Cologne / Room Freshners	Not Payable
27	Eye Pad	Not Payable
28	Eye Sheild	Not Payable
29	Email / Internet Charges	Not Payable
30	Food Charges (Other Than Patient's Diet Provided)	
31	Foot Cover	Not Payable
32	Gown	Not Payable
33	Leggings	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.

34	Laundry Charges	Not Payable
35	Mineral Water	Not Payable
36	Oil Charges	Not Payable
37	Sanitary Pad	Not Payable
38	Slippers	Not Payable
39	Telephone Charges	Not Payable
40	Tissue Paper	Not Payable
41	Tooth Paste	Not Payable
42	Tooth Brush	Not Payable
43	Guest Services	Not Payable
44	Bed Pan	Not Payable
45	Bed Under Pad Charges	Not Payable
46	Camera Cover	Not Payable
47	Care Free	Not Payable
48	Cliniplast	Not Payable
49	Crepe Bandage	Not Payable/ Payable by
50	Curapore	Not Payable
51	Diaper Of Any Type	Not Payable
52	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/ TPA then payable)
53	Eyelet Collar	Not Payable
54	Face Mask	Not Payable
55	Flexi Mask	Not Payable
56	Gause Soft	Not Payable
57	Gauze	Not Payable
58	Hand Holder	Not Payable
59	Hansaplast/ Adhesive Bandages	Not Payable
60	Lactogen/ Infant Food	Not Payable
61	Slings	Reasonable costs for one sling in case of upper arm fractures may be considered
Items Specifically Excluded In The Policies		
62	Weight Control Programs/ Supplies/ Services	Not Payable
63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Not Payable
64	Dental Treatment Expenses That Do Not Require	Not Payable
65	Hormone Replacement Therapy	Not Payable
66	Home Visit Charges	Not Payable
67	Infertility/ Subfertility/ Assisted Conception	
68	Obesity (Including Morbid Obesity) Treatment	Not Payable
69	Psychiatric & Psychosomatic Disorders	Not Payable

70	Corrective Surgery For Refractive Error	Not Payable
71	Treatment Of Sexually Transmitted Diseases	Not Payable
72	Donor Screening Charges	Not Payable
73	Admission/Registration Charges	Not Payable
74	Hospitalisation For Evaluation/ Diagnostic	Not Payable
75	Expenses For Investigation/ Treatment Irrelevant	Not Payable
76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /Hiv/ Aids Etc Is Detected/ Directly Or Indirectly	Not payable as per HIV/AIDS exclusion
77	Stem Cell Implantation/ Surgery	Not Payable Except Bone Marrow Transplantation Where Covered By Policy
Items Which Form Part Of Hospital Services Where Separate Consumables Are Not		
78	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
79	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	Microscope Cover	Payable under OT Charges, not separately
81	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not separately
82	Surgical Drill	Payable under OT Charges, not separately
83	Eye Kit	Payable under OT Charges, not separately
84	Eye Drape	Payable under OT Charges, not separately
85	X-RAY Film	Payable under Radiology Charges, not as consumable
86	Sputum Cup	Payable under Investigation Charges, not as consumable
87	Boyles Apparatus Charges	Part of OT Charges, not separately
88	Blood Grouping And Cross Matching Of Donors	Part of Cost of Blood, not payable
89	Savlon	Not Payable-Part of Dressing Charges
90	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable - Part of Dressing charges
91	Cotton	Not Payable-Part of Dressing Charges
92	Cotton Bandage	Not Payable- Part of Dressing Charges
93	Micropore/ Surgical Tape	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	Blade	Not Payable

95	Apron	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	Torniquet	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	Orthobundle, Gynaec Bundle	Part of Dressing Charges
98	Urine Container	Not Payable
Elements Of Room Charge		
99	Luxury Tax	Actual tax levied by government is payable. Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	House Keeping Charges	Part of room charge not payable separately
102	Service Charges Where Nursing Charge Also	Part of room charge not payable separately
103	Television & Air Conditioner Charges	Payable under room charges not if separately levied
104	Surcharges	Part of Room Charge, Not payable separately
105	Attendant Charges	Not Payable - Part of Room Charges
106	IM IV Injection Charges	Part of nursing charges, not payable
107	Clean Sheet	Part Of Laundry/Housekeeping Not Payable Separately
108	Extra Diet Of Patient (Other Than That Which Forms	Patient Diet provided by hospital is payable
109	Blanket/Warmer Blanket	Not Payable- part of room charges
Administrative Or Non-Medical Charges		
110	Admission Kit	Not Payable
111	Birth Certificate	Not Payable
112	Blood Reservation Charges And Ante Natal	Not Payable
113	Certificate Charges	Not Payable
114	Courier Charges	Not Payable
115	Convenience Charges	Not Payable
116	Diabetic Chart Charges	Not Payable
117	Documentation Charges / Administrative Expenses	Not Payable
118	Discharge Procedure Charges	Not Payable
119	Daily Chart Charges	Not Payable
120	Entrance Pass / Visitors Pass Charges	Not Payable
121	Expenses Related To Prescription On Discharge	To be claimed by patient under Post Hosp where admissible
122	File Opening Charges	Not Payable
123	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
124	Medical Certificate	Not Payable
125	Maintenance Charges	Not Payable

126	Medical Records	Not Payable
127	Preparation Charges	Not Payable
128	Photocopies Charges	Not Payable
129	Patient Identification Band / Name Tag	Not Payable
130	Washing Charges	Not Payable
131	Medicine Box	Not Payable
132	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
133	Medico Legal Case Charges (Mlc Charges)	Not Payable
External Durable Devices		
134	Walking Aids Charges	Not Payable
135	Bipap Machine	Not Payable
136	Commode	Not Payable
137	CPAP/ CAPD Equipments	Device not payable
138	Infusion Pump - Cost	Device not payable
139	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
140	Pulseoxymeter Charges	Device not payable
141	Spacer	Not Payable
142	Spirometre	Device not payable
143	SPO2 PROBE	Not Payable
144	Nebulizer Kit	Not Payable
145	Steam Inhaler	Not Payable
146	Armsling	Not Payable
147	Thermometer	Not Payable (paid by patient)
148	Cervical Collar	Not Payable
149	Splint	Not Payable
150	Diabetic Foot Wear	Not Payable
151	Knee Braces (Long/ Short/ Hinged)	Not Payable
152	Knee Immobilizer/ Shoulder Immobilizer	Not Payable
153	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	Nimbus Bed Or Water Or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	Ambulance Collar	Not Payable
156	Ambulance Equipment	Not Payable
157	Microsheild	Not Payable
158	Abdominal Binder	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

Items Payable If Supported By A Prescription		
159	Betadine \ Hydrogen Peroxide\Spirit\Dettol	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	Private Nurses Charges-Special Nursing Charges	Post hospitalization nursing charges not Payable
161	Nutrition Planning Charges - Dietician Charges- Diet Charges	Patient Diet provided by hospital is payable
162	Alex Sugar Free	Payable -Sugar free variants of admissable medicines are not excluded
163	Creams Powders Lotions (Toiletries Are Not Payable,Only	Payable when prescribed
164	Digene Gel/ Antacid Gel	Payable when prescribed
165	ECG Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	Gloves	Sterilized Gloves payable /
167	HIV Kit	Payable - payable Pre operative screening
168	Listerine/ Antiseptic Mouthwash	Payable when prescribed
169	Lozenges	Payable when prescribed
170	Mouth Paint	Payable when prescribed
171	Nebulisation Kit	If used during hospitalization is payable reasonably
172	Neosprin	Payable when prescribed
173	Novarapid	Payable when prescribed
174	Volini Gel/ Analgesic Gel	Payable when prescribed
175	Zytee Gel	Payable when prescribed
176	Vaccination Charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
Part Of Hospital's Own Costs And Not Payable		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of
179	Scrub Solution/Sterillium	Not Payable - Part of Hospital's internal Cost
Others		
180	Vaccine Charges For Baby	Not Payable
181	Aesthetic Treatment / Surgery	Not Payable
182	TPA Charges	Not Payable
183	Visco Belt Charges	Not Payable
184	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
185	Examination Gloves	Not payable

186	Kidney Tray	Not Payable
187	Mask	Not Payable
188	Ounce Glass	Not Payable
189	Outstation Consultant's/ Surgeon's Fees	Not payable, except for telemedicine consultations where covered by policy
190	Oxygen Mask	Not Payable
191	Paper Gloves	Not Payable
192	Pelvic Traction Belt	Should be payable in case of PIVD requiring traction as this is generally not reused
193	Referral Doctor's Fees	Not Payable
194	ACCU Check (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	Pan Can	Not Payable

196	Sofnet	Not Payable
197	Trolley Cover	Not Payable
198	Urometer, Urine Jug	Not Payable
199	Ambulance	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	Urine Bag	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	Softovac	Not Payable
203	Stockings	Essential for case like CABG etc. where it should be paid.

Schedule of Benefits

Gold Plan:

Sum Insured – (Rs. In Lakhs)	2.00, 3.00, 5.00, 10.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered
1 b) Pre-hospitalization	Covered
1 c) Post-hospitalization	Covered
1 d) Day Care Procedures	Covered
1 e) Organ Donor	Covered
1 f) Ambulance Cover	Upto Rs.2000 per hospitalisation
1 g) Shared Accommodation Benefit	Covered
1 h) HbA1C Checkup Benefit	Covered
1 i) Restore Benefit	Covered
2 Wellness Programme for Diabetes and Hypertension	Covered

Silver Plan:

Sum Insured – (Rs. In Lakhs)	2.00, 3.00, 5.00, 10.00, 20.00, 25.00, 50.00
1 a) In-patient Treatment	Covered
1 b) Pre-hospitalization	Covered
1 c) Post-hospitalization	Covered
1 d) Day Care Procedures	Covered
1 e) Organ Donor	Covered
1 f) Ambulance Cover	Upto Rs.2000 per hospitalisation
1 g) Shared Accommodation Benefit	Covered
1 h) HbA1C Checkup Benefit	Covered
1 i) Restore Benefit	Covered
2 Wellness Programme for Diabetes and Hypertension	Covered

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