i Can
Customer Information Sheet

HDFC ERGO HEALTH

Description is illustrative and not exhaustive

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	iCan – Enhance	
What am I covered for:	**A. Second Opinion** Second opinion by a Medical Practitioner from Our panel, for Cancer diagnosed during the policy period. **B. MyCare** **i. Standard Plan** **Conventional treatments** Medical Expenses towards treatment of Cancer are covered. **(Covered as Inpatient or Outpatient or Daycare)** • Chemotherapy • Radiotherapy • Organ transplantation, as part of Cancer treatment • Surgeries for excision of cancerous tissue or removal of organs/ tissues (Onco-surgery) **ii. Advanced Plan (in addition to Standard)** Proton Treatment • Immunotherapy including immunology agents e.g. Interferon, TNF etc. • Personalised & Targeted therapy • Hormonal Therapy or Endocrine manipulation • Stem cell transplantation, Bone marrow transplantation **Common to both Standard and Advance plans** **i. Pre-Hospitalization** - Medical Expenses incurred in 30 days immediately before the date of admission in the Hospital. **ii. Post-Hospitalization** - Medical Expenses incurred in 60 days immediately after insured person is discharged from the Hospital **iii. Emergency Ambulance** - Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency. **iv. Follow up care post treatment** - Expenses incurred on medical examination twice a year, provided treatment for Cancer has been discontinued basis recommendation of Medical Practitioner for atleast six months with "No evidence of disease (NED)". **C. CritiCare Benefit :** On first diagnosis of Cancer of specified severity, lumpsum payment of 60% of the opted Sum Insured. **D. FamilyCare Benefit :** On occurrence of either of the below (whichever is earlier) during the policy period, • Advanced metastatic Cancer (Stage IV) OR • Recurrence of Cancer Lumpsum payment of 100% of the opted Sum Insured	Section 1. A. Section 1. B. Section 1. B.i. Section 1 B.ii. Section 1 B.iii. Section 1 B.iv. Section 1 B.v. Section I C. Section I D.
What are the major exclusions in the policy:	*(Note: the below is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)* Pre-existing condition for existing symptoms of cancer. Any treatment other than for Cancer; 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, circumcisions, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non-allopathic treatment, Convalescence, Hospice care, palliative care, Experimental, investigational or unproven treatment devices and pharmacological regimens, Prosthetic and other devices which are self-detachable /removable without surgery.	Section II. C.
Waiting Period	120 days waiting period from policy commencement date for all claims in the policy.	Section II A.
Payout basis	• Reimbursement of the covered expenses upto specified limits. • Fixed amount for Criticare benefit & FamilyCare benefit as per specified limits.	Section III. E.
Loss Sharing	Not Applicable	

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

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Renewal Conditions	• 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 realisation of premium. • Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.	Section III. m.
Renewal Benefits	NA	
Cancellation	This policy would be cancelled, and no claim or refund would be due to you if: • You have not correctly disclosed details about current and past health status OR • Have otherwise encouraged or participated in any fraudulent claim under the policy.	Section III. Q.
Claims	• **For Cashless Service:** List of network hospitals is available on the following link http://www.hdfcergohealth.com/our-hospital-network.aspx • **For Reimbursement of Claims** For Criticare benefit & familycare benefit, payment will be transferred to the customer account, details of which are shared by policyholder in the application form. On receipt of the complete set of claim documents, we will make payment for the admissible amount, along with a settlement statement within 30 days of receipt of last necessary document. Intimation and submission of claim documents is as follows: • **Intimation –** Planned hospitalization - 48 hours prior to an event which might give rise to a claim Emergency Hospitalization – No later than 24 hours of the event Diagnosis of first occurrence or Death due to cancer – within 14 days of the incident. • **Submission of Claim Documents –** The duly signed claim form and all the information/documents required to be submitted to us within 15 days of the completion of the treatment.	Section III. E.
Policy Servicing / Grievances/ Complaints	• **Policy Servicing / Grievances / Complaints** – you may contact us at any of our Branches. You can also reach us on: Toll Free – 1800 102 0333 Email – customerservice@hdfcergohealth.com • **IRDAI/(IGMS/Call Centre):** For complaint registration – login at http://www.igms.irda.gov.in/ • **Ombudsman** Refer section VI for details	Section. VI.
Insured's Rights	• Implied renewability: This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or in a 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 • Migration and Portability: E-mail ID – customerservice@hdfcergohealth.com Address – Claims Department HDFC Ergo Health Insurance Ltd. Plot 404-405, ILABS centre, Udyog Vihar Phase III, Gurgaon- 122016 , Haryana • Turn Around Time (TAT) for issue of Pre Authorization and settlement of Reimbursement is as under: Issue of Pre Authorization – Within 48 hours and 24 hours only for any emergency situation Settlement of Reimbursement – Within 30 days on receipt of complete set of documents.	Section V.
Insured's Obligations	• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid/ or cancellation of the policy.	

Note: Pre-Policy Check-up at our network may be required based upon the age and Basic Sum Insured. We will reimburse 100% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 90 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

iCan Enhance
Policy Wording

HDFC Ergo Health Insurance Limited will cover all Insured Person(s) under this Policy subject to the terms, conditions & exclusions under the policy.

IMPORTANT NOTES -

- This policy offers coverage ONLY for Cancer, provided it occurs for the first time during the Policy Period.
- The Sum Insured applicable for each benefit has been mentioned in the Schedule of Benefit (refer annexure I).
- Refer to section IV of the Policy Wordings for the definitions (wherever applicable) to understand the benefits.

Section I. Benefits covered in the Policy

A. Second Opinion

The Insured can request for a second opinion, on first diagnosis of Cancer. It will be provided through our panel of medical practitioners who may access artificial intelligence, deep analytics & cognitive software.

The opinion will be directly sent to the insured person by the medical practitioner. This benefit can be availed once on first occurrence of Cancer.

B. MyCare Benefit

Eligible Medical Expenses towards treatment of Cancer are covered.

Please Note, this benefit is applicable for Cancer as defined in Def. 4 in section IV of this policy

iCan offers two plan options, as per plan option selected & displayed on Policy Schedule following expenses are covered. Refer Schedule of Benefits (Annexure I) for details –

	Standard Plan	Advanced Plan
1.	Treatments for Cancer availed in appropriate care setup like **IN-PATIENT or OUT-PATIENT or DAYCARE** are covered.	In addition to coverage under standard plan, following **Advanced treatments** are also covered - • Proton beam therapy • Immunotherapy including immunology agents e.g. Interferon, TNF etc. • Personalised & Targeted therapy • Hormonal Therapy or Endocrine manipulation • Stem cell transplantation
	A. Conventional treatments **Following treatments are covered** • Chemotherapy • Radiotherapy • Organ transplantation, as part of Cancer treatment • Surgeries for excision of cancerous tissue or removal of organs/ tissues (Onco-surgery)	
	B. Pre-hospitalization expenses incurred in the 30 days immediately before the date of admission in the Hospital.	
	C. Post - hospitalization expenses incurred during 60 days immediately after insured person is discharged from the Hospital.	
	D. Emergency Ambulance - Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to the limit as per schedule of benefits.	
	E. Follow Up care Post treatment - Expenses incurred on medical examination twice a year, provided treatment for Cancer has been discontinued basis recommendation of Medical Practitioner for atleast six months with "No evidence of disease (NED)".	

C. CritiCare Benefit

Please Note –

a. This benefit is applicable for "**Cancer of Specified Severity**", any reference of "Cancer" in this section refers to Cancer of Specified Severity (Refer Def. 5 in section IV of this policy)

b. Eligible claim amount under this benefit is over and above the "MyCare" Sum insured & is payable only ONCE under the policy, including renewals.

c. CritiCare Benefit is applicable for ONLY those Insured Person(s) who are 18 years and above on Policy Commencement Date.

On first diagnosis of Cancer of specified severity during the policy period, We will pay the Insured person lumpsum amount equivalent to 60% of the Sum Insured.

Important terms you should know

Inpatient Treatment means the treatment for Cancer where Insured Person has to stay in a Hospital for more than 24 hours.

Date of Diagnosis refers to the date of histopathology report, basis which Medical Practitioner confirms the initial diagnosis of Cancer.

Sum Insured means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

Outpatient Treatment means the treatment 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.

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, &

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.

Commencement Date means the commencement date of this Policy as specified in the Policy Schedule. On renewal, it considered as commencement date of Renewal policy.

Recurrence of Cancer is defined as the return of cancer of specified severity with same cellular morphology (as diagnosed earlier) at the same site or elsewhere, after treatment completion evidenced

Conditions applicable-

- If the first diagnosis of Cancer is identified as Advanced Metastatic Cancer, the Insured person will be eligible for FamilyCare Benefit & NO payment shall be made under CritiCare benefit.

D. FamilyCare Benefit

Please Note –

a) We will pay a lumpsum benefit amount equivalent to 100% of the Sum Insured towards this benefit on occurrence of either of the below (whichever is earlier) during the policy period,
   i) Advanced metastatic Cancer (Stage IV) OR
   ii) Recurrence of Cancer
b) Sum Insured under this benefit is Over and above "MyCare" Sum insured & is payable only ONCE under this policy (including renewals).
c) FamilyCare Benefit is applicable for ONLY those Insured Persons who are 18 years and above on Policy Commencement Date.

Conditions applicable-

- If the cancer is diagnosed as Advanced Metastatic Cancer within 12 months after the first diagnosis of Cancer of specified severity as stated under CritiCare benefit and We have made payment under CritiCare benefit, then the amount paid under CritiCare benefit shall be subtracted from FamilyCare benefit payout
- If the first diagnosis of Cancer is identified as Advanced Metastatic Cancer, the Insured person will be eligible for FamilyCare Benefit & NO payment shall be made under Criticare benefit.

by histopathological confirmation of no remaining cancer cells and after a period of continuous follow up during following 24 months when cancer was not detected.

Advanced Metastatic Cancer means the diagnosis of Stage IV (based on TNM classification) or advanced metastatic cancer, evidenced by spread of cancer to other organs or parts of the body which are not directly connected with each other basis confirmation by histopathological evidence &/or radiological evidence like PET, CT, MRI. Spread of cancer to lymph nodes only is not covered under this definition.

Eligible claim amount under Criticare benefit is always 60% of the sum insured

Eligible claim amount under FamilyCare benefit is always 100% of the sum insured

Section II. Special terms and conditions

A. Waiting Period

120 days waiting period shall apply from commencement date of the policy to all claims in the policy provided the customer has been continuously covered without any break

B. Portability

1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
   (a) Any health insurance plan with an Indian non life insurer as per guidelines on portability, OR
   (b) Any other similar health insurance plan from Us,

Then:

   (a) The waiting periods specified in Section II A) of the Policy stand deleted; AND:
   (b) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued Sum Insured under the previous health insurance policy.
2) The reduction in the waiting period specified above shall be applied subject to the following:
   (a) We will only apply the reduction of the waiting period if We have received the details and claim history from the previous Indian insurance company (if applicable);
   b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
   c) We will retain the right to underwrite the proposal as per Our underwriting guidelines.
   d) 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.
   e) The application for portability has been received by Us atleast 45 days before the policy renewal date of the existing policy.

C. General exclusions

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

i) Any Treatment other than for Cancer.
ii) Pre-existing condition for cancer for which insured had existing signs & symptoms, and/or was diagnosed, and/ or received consultation, investigation, treatment or admission anytime prior to the date on which the policy was issued.
iii) "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.
iv) Non Allopathic treatment
v) 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 due to cancer.
vi) Experimental, investigational or unproven treatment devices and pharmacological regimens.
vii) Admission primarily for diagnostic purposes.
viii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long term nursing care or custodial care, hospice care, palliative care.
ix) Preventive care, any physical, examinations or testing.
x) Any external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
xi) Unnecessary medical expenses :
   - Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as incidental services and supplies of similar nature.
   - Vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia
xii) Treatment availed outside India or at a healthcare facility which is NOT a Hospital
xiii) Congenital external diseases, defects or anomalies
xiv) Specified healthcare providers (Hospitals /Medical Practitioners)
   - Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
   - Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
   - Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by treating doctors prescription.
   - Charges related to a Hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
xv) Any non medical expenses mentioned on our website - http://www.hdfcergohealth.com/download-forms/List-of-Non-Medical-Expenses.pdf
xvi) Substance abuse and de-addiction programs:
   Abuse or the consequences of the abuse of intoxicants or hallucinogenic

substances such as intoxicating drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

xvii) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, , strikes;

xviii) Nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;

Section III. 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 Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to admissibility of any claim under this Policy.

The premium for the policy will remain the same for the policy period as mentioned in policy schedule. Policy will be issued for one year and the Sum Insured & benefits will be applicable on Policy Year basis.

b. Geography

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

c. Insured Person

Only those persons named as Insured Persons in the Policy Schedule shall be covered under this Policy. Any Insured Person in the policy has the option to migrate to individual health insurance policy or family floater policy with us at the time of renewal subject to underwriting with all the accrued continuity benefits waiver of waiting period, exclusions under that policy etc. provided the policy has been maintained without a break as per portability guidelines prescribed by IRDA.

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

Addition of eligible members is allowed at renewal subject to the application being accepted by us and the premium received. Spouse can also be added during the policy period after the application has been accepted by Us and additional premium has been received and We have issued an endorsement confirming the addition of such person as an Insured Person.

d. Loadings & Discounts

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

e. Notification of Treatment

We must be informed of any event or occurrence that may give rise to a claim under this Policy –

i) Within 7 days of completion of treatment, consultation or procedure, and/ or

ii) Within 14 days of Date of Diagnosis of first occurrence of Cancer of specified severity and/ or

iii) Within 14 days of Date of Diagnosis of Advanced metastatic cancer OR Recurrence of Cancer.

Duly signed claim form and all the information/documents mentioned should be submitted within 15 days of the occurrence of the Incident.

For Cashless Service (In case of Cancer Therapies)

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
i)	If 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.	At least 48 hours before the planned treatment or Hospitalisation
ii)	If any treatment, consultation or procedure for which a claim may be made to be 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 after the treatment or Hospitalisation

f. Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf has to provide Us with the list of documentation, medical records and information mentioned below within 15 days of the event as mentioned above. We may request for medical records, documentation and information to establish the circumstances, its quantum or Our liability for the claim. We 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.

List of documentation as referred above will include but is not limited to the following:

i) Our claim form duly completed and signed for on behalf of the Insured Person.

ii) Original bills with detailed breakup of charges (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.

iii) Original payment receipts

iv) All original reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.

v) Original Discharge Summary containing details of Date of admission and discharge detailed clinical history, detailed past history, procedure details and details of treatment taken

vi) Medical certificate confirming the diagnosis/treatment of Cancer from Medical Practitioner.

vii) A precise diagnosis of the treatment for which a claim is made.

viii) A detailed list of the individual medical services and treatments provided and a unit price for each.

ix) Original Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

x) Indoor case papers on case to case basis if required.

g. 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 evaluating the admissibility of the claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

h. Claims Payment

i) We will be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

ii) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule).The assignment of benefits of the policy shall be subject to applicable law.

iii) 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 rate from the date of receipt of last necessary document(s) to the date of payment of claim For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

iv) 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

i. 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), , upon 30 day notice by sending an endorsement to Your address shown in the Policy 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.

j. 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), upon 30 day notice by sending an endorsement to Your address shown in the Policy Schedule without refund of premium; 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.

k. 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 will be applicable for the indemnity section of the policy.

l. 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.

m. Renewal

This Policy is ordinarily renewable for life except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

We are NOT under any obligation to:

i) Send renewal notice or reminders to You.

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 individual health insurance policy or family floater policy with Us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines prescribed by IRDA.

Sum Insured can be enhanced only at the time of renewal subject to underwriting as per the plan. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.

All applications for renewal of the Policy must be received by Us on or before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy.

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

n. Change of Policyholder

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

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

o. 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 Policy Schedule / endorsement

ii) Us, shall be delivered to Our address specified in the Policy Schedule.

iii) No insurance agents, brokers or other person/ entity is authorised to receive any notice on Our behalf.

p. 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 laws.

q. 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

1 Year Policy Period	
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 III i) (Non Disclosure or Misrepresentation) & section III i) (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 Policy Schedule, without refunding the Premium amount.

r. 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 IV. 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 or violet means.

Def. 2. **Advanced Metastatic** Cancer means the diagnosis of Stage IV (based on TNM classification) or advanced metastatic cancer, evidenced by spread of cancer to other organs or parts of the body which are not directly connected with each other basis confirmation by histopathological evidence &/or radiological evidence like PET, CT, MRI. Spread of cancer to lymph nodes only is not covered under this definition.

Def. 3. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing Home where treatment was taken.

Def. 4. **Cancer (Applicable to Section I.B. of this Policy)**

i) A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

ii) Please note the following is Included -

- Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.
- Any pre-cancerous change in the cells that are cytologically or histologically classified as high grade dysplasia or severe dysplasia.

Def. 5. **Cancer of specified severity (Applicable to Section I.C.& I.D. of this Policy)**

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii.Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv.All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v.All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi.Chronic lymphocytic leukaemia less than RAI stage 3

vii.Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii.All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

Def. 6. **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. 7. **Commencement** Date means the commencement date of this Policy as specified in the Policy Schedule.

Def. 8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 1. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

a) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body

b) External Congenital Anomaly- which is in the visible and accessible parts of the body

Def. 9. **Contribution** means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Def. 10. **Date of Diagnosis** refers to the date of histopathology report, basis which Medical Practitioner confirms the initial diagnosis of Cancer.

Def. 11. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup

with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under

i) has qualified nursing staff under its employment;

ii) has qualified medical practitioner/s in charge;

iii) has 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. 12. **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. 13. **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. 14. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 15. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 16. **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 and Regulation) 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:

- has qualified nursing staff under its employment round the clock,
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- Maintains daily records of patients and make these accessible to the insurance company's authorized personnel.

Def. 17. **Hospitalisation** or **Hospitalised** means admission in a Hospital for a minimum of 24 consecutive "In patient care" hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 18. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment

a) 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.

b) 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 rehabilitation for the inpatient or for the patient to be specially trained to cope with it
- it continues indefinitely
- it recurs or is likely to recur

Def. 19. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a medical practitioner.

Def. 20. **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. 21. **Inpatient Treatment** Expenses means the medical expenses incurred on 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.

Def. 22. **Insured Person means** You and the persons named in the Policy Schedule.

Def. 23. **Incentive 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. 24. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 25. **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. 26. **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suinffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 27. **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 licence.

Def. 28. **Network Provider** means Hospitals enlisted by an insurer, TPA or jointly by Insurer and TPA to provide medical services to an insured by a cashless facility

Def. 29. **Non Network means** any Hospital, day care centre or other provider that is not part of the Network

Def. 30. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any recognized modes of communication.

Def. 31. **Outpatient Treatment** means the treatment 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. 32. **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.

Def. 33. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice/ treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Def. 34. **Pre-Hospitalisation** Medical Expenses means the Medical expenses incurred during predefined number of days preceding the hospitalisation of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 35. **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:

iii. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
iv. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

Def. 36. **Policy** means and includes Your statements in the proposal form (which are the basis for this Policy), this fever Care Policy wording (including endorsements, if any), Annexure 1 and the Policy Schedule (as may be amended from time to time).

Def. 37. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule.

Def. 38. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 39. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 40. **Recurrence of Cancer** is defined as the return of cancer of specified severity with same cellular morphology (as diagnosed earlier) at the same site or elsewhere, after treatment completion evidenced by histopathological confirmation of no remaining cancer cells and after a period of continuous follow up during following 24 months when cancer was not detected.

Def. 41. **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.

Def. 42. **Room Rent** means the amount charged by a hospital towards room and boarding expenses and shall include the associated medical expenses.

Def. 43. **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. 44. **Surgery or Surgical Procedure** means manual and/ or operative procedure required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by medical practitioner

Def. 45. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

Def. 46. **Shared accommodation** means a Hospital room with two or more patient beds.

Def. 47. **TPA** means the third party administrator that We appoint from time to time as specified in the Policy Schedule.

Def. 48. **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 49. **We/Our/Us** means the HDFC Ergo Health Insurance Limited.

Def. 50. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

Section V. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact HDFC Ergo Health Insurance Ltd. 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
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad-500 034
or : HDFC Ergo Health Insurance Ltd.,
Central Processing Center, iLABS Centre, 2nd & 3rd Floor,
Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.

Section VI. Grievance Redressal Procedure

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

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

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

As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above mentioned toll free no and selecting suitable option provided on Our Interactive Voice Response (IVR) system.

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

Insurance Ombudsman

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 - 380001.** **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	

IRDA REGULATION No. 12: This policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulations, 2017

Annexure I

List of excluded expenses ("Non-Medical") under indemnity Policy are uploaded on our website.

Please log in to Http://www. hdfcergohealth.com/download-forms/List-of-Non-Medical-Expenses.pdf

Schedule of Benefits

Sum Insured (as opted and displayed on Policy Schedule) - INR 5,00,000; 10,00,000; 1500,000; 2000000; 2500000; 5000000	
A. Second Opinion	**Included**
B. MYCARE Benefit **i. Conventional/Advanced Treatment** **ii. Pre-Hospitalisation - 30 days** **iii. Post Hospitalisation - 60 days**	**Upto Sum Insured**
iv. Emergency Ambulance	INR 2000 per hospitalization
v. Follow up care post treatment	Upto INR 3000 twice a year
C. CRITICARE BENEFIT	Lumpsum payment equivalent to 60% of sum insured
D. FAMILYCARE BENEFIT	Lumpsum payment equivalent to 100% of sum insured

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 • UIN: APOHLIP18128V011718