

Customer Information Sheet

my: health Suraksha

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

S. No.	Title	Description(Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of Insurance Product/Policy	my:health Suraksha	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> Admission in Hospital for minimum 24 hours Home Health Care (Medical Expenses incurred on availing treatment at Home) Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital) Pre-hospitalisation of 60 days (treatment prior to admission in hospital) Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge All Day Care procedures requiring less than 24 hours of hospitalization Road Ambulance cover expenses incurred on Road Ambulance Services Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient) 	<p>B-1.1</p> <p>B-1.2</p> <p>B-1.3</p> <p>B-1.4</p> <p>B-1.5</p> <p>B-1.6</p> <p>B-1.7</p> <p>B-1.8</p>

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		9. Alternative Treatment Hospitalization Expenses (Medical Expenses incurred for Inpatient Care under Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy)	B-1.9
		10. Preventive Health Check-up - Basic (Cost of a Preventive Health Check-up for the Insured Person will be paid)	B-II.1
		11. Cumulative Bonus	B-II.2
		12. my: Health Active (Program encourages to maintain good health & avail incentive)	B-II.3
		Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted.	
		1. Preventive Health Check-Up – Booster (Cost of Preventive Health Check-up for the Insured Person will be paid)	B-III.1
		2. Parent and Child care Cover – Basic (Cost of Maternity & Child Care expenses)	B-III.2
		3. Parent and Child care Cover – Booster (Cost of Maternity & Child Care expenses)	B-III.3
		4. Air Ambulance Cover (Cost of Air Ambulance transportation for Emergency Care)	B-III.4
		5. Recovery Benefit (Lumpsum payment to insured for Hospitalization exceeding 10 consecutive and continuous days)	B-III.5
		6. Sum Insured Rebound (Additional amount equivalent to the Claim amount)	B-III.6
		7. Outpatient Dental Treatment (Expenses incurred towards Dental Treatment)	B-III.7
		8. External Medical Aids (cost incurred towards listed medical aids)	B-III.8
		9. Major Illness Hospitalization Expenses (Additional Sum Insured on Hospitalization for listed Major illnesses)	B-III.9
		10. Non-Medical Expenses cover (Payment towards Non-Medical Expenses)	B-III.10
		11. Waiting period Modification Option (Modification of waiting period as specified in Section C of Policy Document)	B-III.11
		12. Extended Cumulative Bonus (Enhanced Cumulative Bonus percentage)	B-III.12
		13. Room Rent Modification Option (Modification of Room Rent limits specified under Section B of Policy Document)	B-III.13
		14. Co-Payment (Co-Payment as mentioned on the Schedule of Coverage will be applied)15.	B-III.14
		15. Major Illness – Benefit (Lump sum payment on diagnosis of listed illness)	B-III.15
		16. E-Opinion (Cost towards second MedicalOpinion)	B-III.16
		17. Hospital Cash (Per day Sum Insured up to maximum Number of Days specified in Schedule of Coverage for each day of hospitalization)	B-III.17

S. No.	Title	Description(Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		18. Global Health Cover (Cost of Medical Expenses incurred outside India)	B-III.18
		19. Surrogacy & Oocyte Donor Complications (Medical Expenses arising out of Surrogacy complications & Oocyte donor complications)	B-III.19
6	Exclusions (what the policy does not cover)	<p>1. Investigation & Evaluation: Code Excl04</p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or older and</p> <p>iv. Body Mass Index (BMI)</p> <p>A. greater than or equal to 40 or</p> <p>B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>1) Obesity-related cardiomyopathy</p> <p>2) Coronary heart disease</p> <p>3) Severe sleep apnea</p> <p>4) Uncontrolled type2 diabetes</p> <p>4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident,</p>	<p>C.1.II.i</p> <p>C.1.II.ii</p> <p>C.1.II.iii</p> <p>C.1.II.iv</p> <p>C.1.II.v</p>

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		<p>Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12</p> <p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization</p>	<p>C.1.II.vi</p> <p>C.1.II.vii</p> <p>C.1.II.viii</p> <p>C.1.II.ix</p> <p>C.1.II.x</p> <p>C.1.II.xi</p> <p>C.1.II.xii</p> <p>C.1.II.xiii</p> <p>C.1.II.xiv</p>

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		ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization 15. Maternity: Code – Excl18 i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period. Specific Exclusions: In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:	C.1.II.v
		a) War or any act of war, invasion, act of foreign enemy, (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, Chemical or Biological attack or weapons, radiation of any kind.	C.2.II.ii
		b) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.	C.2.II.iii
		c) Any Insured Person's participation or involvement in naval, military or air force operation.	
		d) Investigative treatment for Sleep-apnoea,general debility or exhaustion ("run-down condition").	C.2.II.iv
		e) Congenital external diseases, defects or anomalies,	C.2.II.v
		f) Stem cell harvesting.	C.2.II.vi
		g) Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).	C.2.II.vii
		h) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	C.2.II.viii
		i) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	C.2.II.ix
		j) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.	C.2.II.x

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		<p>k) Vaccination including inoculation and immunisations (Except post bite treatment),</p> <p>l) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.</p> <p>m) 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 an Insured Person's family, or stays with him,</p> <p>n) Treatment taken on Outpatient basis</p> <p>o) The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>p) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement method. Optometric therapy</p> <p>q) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription</p> <p>r) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intraoperatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on www.hdfcergo.com.</p> <p>s) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p> <p>t) Any type of Non-Allopathic treatment except mentioned under Section B-I-9 Alternative Treatments of Policy Document.</p>	<p>C.2.II.xi</p> <p>C.2.II.xii</p> <p>C.2.II.xiii</p> <p>C.2.II.xiv</p> <p>C.2.II.xv</p> <p>C.2.II.xvi</p> <p>C.2.II.xvii</p> <p>C.2.II.xviii</p> <p>C.2.II.xix</p> <p>C.2.II.xx</p>
7	Waiting period	<p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p>	<p>C.1.iii</p> <p>C.1.ii</p>

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	<ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage. 	<ul style="list-style-type: none"> 24 months for listed diseases/procedure <p>Pre-existing diseases: Covered after 24/36/48 months</p> <p>Parent and Child Care Cover - Basic/Parent and Child Cover – Booster : Covered after 24/36/48 months</p> <p>Major illness – Benefit (Optional Cover) - 90 days</p> <p>Surrogacy complications : 36 months</p> <p>Oocyte donor complications : 12 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>C.I.i B.III.2</p> <p>B.III.9</p> <p>B.III.19</p> <p>B.III.19</p>
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Base Cover:</p> <p>a. Road Ambulance (limits basis plan/ sum insured chosen): Up to 2/3.5/15K</p> <p>Optional Covers (limits basis plan / sum insured chosen) :</p> <p>b. Parent and Child Care Cover – Basic:</p> <ul style="list-style-type: none"> Normal : Up to 15/25/50/80K C-Sec : Up to 25/40/100/200K Termination : Up to 15/25/50/80K OPD Expenses – Up to 1.5/2.5/5/7K Child Care – Upto 2/3.5/6/10K <p>c. Parent and Child Care Cover – Booster –</p> <ul style="list-style-type: none"> Normal : Up to 15/25/35/50/75/80/100K C-Sec : Upto 25/40/50/75/100/150/200K Termination : Upto 15/20/25/35/50/75/80 /100K Vaccination Charges - upto 5/15/25K Infertility Treatment - Upto 50% of Normal Delivery Sum Insured Child Care - Up to limit of Sum Insured under Parent and Child care Cover. OPD Treatment : Up to limit of Sum Insured under Parent and Child care Cover <p>d. Air Ambulance : Up to 2/5/10L</p> <p>e. Recovery Benefit :Upto 1/2/3/4/5/7.5/10/15/25/40K</p> <p>f. Outpatient dental treatment : Upto 1% of SI; max 5/20K</p> <p>g. External Medical Aids : Upto 5/20K</p> <p>h. Room rent modification Option:</p> <ul style="list-style-type: none"> Room Rent/ Boarding & Nursing 1% of Sum Insured per day subject to a maximum of Rs.5,000/- per day 	<p>B.III.1</p> <p>B.III.2</p> <p>B.III.3</p> <p>B.III.4</p> <p>B.III.5</p> <p>B.III.6</p> <p>B.III.8</p> <p>B.III.13</p>

S. No.	Title	Description(Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<ul style="list-style-type: none"> • ICU Rent/Boarding & Nursing max up to 2% of Sum Insured per day subject to a maximum of Rs.10,000/- per day i. Major Illness – Benefit : 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only j. Hospital Cash - 500/1/1.5/2/2.5K max. of 30/60 days k. Cumulative Bonus – 5%/10% of Sum Insured upto 50%/100% l. Extended Cumulative Bonus – 10/25/50% of Sum Insured upto 100/200% m. Outpatient dental treatment - 1% of Sum Insured subject to maximum of 5/20K <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <ul style="list-style-type: none"> • 'Co-Payment' Options : 10%/15%/20%/25% <p>Deductibles :</p> <ul style="list-style-type: none"> • Global Health Cover (Optional Cover) : 100 USD (Per Claim) 	<p>B.III.15 B.III.17 B.III.2 B.III.12 B.III.7 B.III.14</p> <p>B.III.18</p>
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. <p>(Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us)</p> <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> i. TAT for Claim settlement – 30 days from the time the last necessary document is received. <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details / web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call (Within India) - : 022 6158 2020/ 022 6234 6234 Outside India : Toll Free No: 800 08250825 	

