

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	Health Wallet	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	- 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 Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted Expenses in respect of: 1. Admission in Hospital for minimum 24 hours 2. Pre-Hospitalisation- Medical Expenses incurred in 60 days before the hospitalization 3. Post-Hospitalisation- Medical Expenses incurred in 90 days after the	B-1.1 B-1.2 B-1.3

		hospitalization	
		4. Day-Care procedures – Medical Expenses for Day care procedures	B-1.4
		5. Domiciliary Treatment- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.	B-1.5
		6. Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation	B-1.6
		7. Ambulance– Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency.	B-1.7
		8. Ayush Benefit - The Medical Expenses for in-patient care treatment taken under Ayurveda, Unani, Sidha, Homeopathy, Yoga & Naturopathy up to Sum Insured.	B-1.8
		9. Recovery - Lumpsum benefit of Rs 10,000 for hospitalization exceeding 10 consecutive days	B-1.9
		10. Worldwide Emergency Care – Covers emergency hospitalisation expenses outside India upto the specified limit hospitalisation exceeds 48 hrs.	B-1.10
		11. Restore Benefit - Re-instatement of the basic sum insured for future claims if the basic sum insured and multiplier benefit has been exhausted during the policy year.	B-2
		12. Preventive Health Check-up- Reimbursement of expenses incurred on preventive health check-up by an Insured Person	B-3
		13. Multiplier Benefit - 50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims	B-4
		14. Reserve Benefit - Covers expenses incurred on out-patient treatment, diagnostic procedures, consultations and	

		other incidental expenses such as co-payments, deductibles etc. 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. Deductible (Optional benefit) (Medical expenses are payable only if the aggregate of covered eligible expenses, in respect to Hospitalisation (s) in a Policy Year is in excess of the Deductible)	B-5 B-6
6	Exclusions (what the policy does not cover)	Non Medical Exclusions 1. 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. 2. 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 Medical Exclusions 3. Investigation & Evaluation: Code Excl04 i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	C.2.i C.2.ii C.2.i

		4. 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: 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. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	C.2.ii
		5. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) A. greater than or equal to 40 or 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: 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes	C.2.iii
		6. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics	C.2.iv

		of the body to those of the opposite sex	
		7. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner	C.2.v
		8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.	C.2.vi
		9. 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.	C.2.vii
		10. 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.	C.2.viii
		11. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.	C.2.ix
		12. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are	C.2.x

		treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. 13. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization 14. 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: i. War or similar situations: Treatment arising from or consequent upon 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 weapons/materials, chemical and	C.2.xi C.2.xii C.3.i
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		biological weapons, radiation of any kind. ii. Intentional self-injury or attempted suicide while sane or insane	C.3.ii
		Medical Exclusions: i. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule.	C.3.i
		ii. Any Insured Person's participation or involvement in naval, military or air force operation.	C.3.ii
		iii. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").	C.3.iii
		iv. Congenital external diseases, defects or anomalies,	C.3.iv
		v. Stem cell harvesting.	C.3.v
		vi. Investigative treatments for analysis and adjustments of spinal sub luxation, 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.3.vi
		vii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).	C.3.vii
		viii. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.	C.3.viii
		ix. 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.3.ix
		x. Vaccination including inoculation and immunisations (Except post Animal bite treatment)	C.3.x

		xi. 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 and other such items. Full list of NonMedical expenses is attached and also available at www.hdfcergo.com .	C.3.xi
		xii. Treatment taken on Outpatient basis	C.3.xii
		xiii. The provision or fitting of hearing aids, spectacles or contact lenses.	C.3.xiii
		xiv. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.	C.3.xiv
		xv. 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.	C.3.xv
		xvi. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). 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 attached and also available on www.hdfcergo.com .	C.3.xvi
		xvii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.	C.3.xvii
		xviii. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia	C.3.xviii

		xix. Treatment availed outside India, except for claims arising under Emergency Worldwide Care benefit xx. Treatment at a healthcare facility which is NOT a Hospital. xxi. Non allopathic treatments except for claims arising under AYUSH Treatment coverage xxii. Dental treatment and surgery of any kind, unless requiring Hospitalisation xxiii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. xxiv. 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. xxv. Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, ecast, etc.) or IV immunoglobulin infusion xxvi. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.	C.3.xix C.3.xx C.3.xxi C.3.xvii C.3.xxiii C.3.xxiv C.3.xxv
7	Waiting period - Time period during which specified diseases/treatments are not covered. - It is counted from the beginning of the policy	- Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) - Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for listed diseases/procedure - Pre-existing diseases: Covered after 36 months	C

	coverage.	Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	
8	Financial limits coverage of i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) ii. 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)	The policy will pay only up to the limits specified here under for the following diseases/ procedures: Base Cover (limits basis plan/sum insured chosen): 1. Emergency Ambulance: Upto Rs. 2K per hospitalisation 2. Recovery Benefit: Upto Rs 10K for hospitalisation exceeding consecutive 10 days (This benefit is not applicable if optional Deductible is chosen) 3. Worldwide Emergency Care : 50% of Sum Insured upto a maximum of Rs.20 lacs 4. Reserve Benefit: 5/10/15/20/25K Deductibles : 1. Aggregate Deductible (Optional Cover) : 2/3/5/10L	B-1.vii B-1.ix B-1.x B-5 B-6
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: <u>For Cashless Process :</u>	E

		i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital. <u>For Reimbursement Process :</u> TAT for Claim settlement – Within 15 days of claim intimation. Provide the details /web link for following: i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 011 6158 2020 / 022 6158 2020 iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form	
10	Policy Servicing	Call center number : Contact us at : 011 6158 2020 / 022 6158 2020	E

		Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.	
11	Grievances/Complaints	In case of any grievance the insured person may contact the Company through: • First Point of Contact : Call us at 022 6158 2020 / 011 6158 2020/www.hdfcergo.com • Level 1 (For lack of a response or if the response provided does not meet your expectation) : Write to The Complaints & Grievance Cell (C&G Cell) on the address mentioned below / email to grievance@hdfcergo.com / Call on 18002677444 (operational Monday - Saturday 9AM to 6PM) • Level 2 (If you're not satisfied with the resolution or if no response was received within 15 days) : Write to the Chief Grievance Officer on the address mentioned below / email to cgo@hdfcergo.com • Level 3 (In case grievance is not resolved at the above escalation levels) : Lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in • Senior Citizen Dedicated Helpline: 022 6158 2026 / seniorcitizen@hdfcergo.com Women Dedicated Helpline: 022 6158 2055 Grievance Redressal Escalation matrix: https://www.hdfcergo.com/customer-voice/grievances Ombudsman (If not satisfied with the redressal of grievance through above methods): https://bimabharosa.irdai.gov.in/	D.1.15
12	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.	D.1.14



		Process for free look cancellation: 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. <u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. <u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if	D.1.8 D.1.11 & D.1.12
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		any shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of 5 continuous years under the policy no look back to be applied. This period of 5 years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	D.1.5
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: <<<https://www.hdfcergo.com/download>>>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)