

Policy Wording

Serious Illness Booster

Preamble

We will provide coverage to the Insured Person(s) under this add-on subject to statements in the Proposal form, declarations, medical reports, payment of premium and the terms and conditions of this add-on and Base Product to which this add-on is attached.

Operating clause

1. Serious Illness Booster is an Add-on which can only function along with a Base Policy (Base Policy OR Base Product shall mean an active HDFC ERGO Retail Health Insurance policy to which this add-on is attached) with Base Sum Insured of ₹5Lac or more.
2. This Add-on is not available as a separate or a standalone product
3. This add-on shall be opted on all or none basis. Member level selection is not allowed while opting the add-on.
4. This Add-on can be opted only if all Insured Person(s) covered under the policy are aged less than or equal to 65 years at the time of opting for this add-on. However, there is no maximum age limit on renewals.
5. This Add-on can be opted only at inception or at the time renewal of Base Product. Once opted, Insured Person may opt out only at the time of renewal of this add-on. Once opted out, the Insured person can opt in again during another renewal.
6. The Add-on shall be in-force only if opted and the same shall be specifically mentioned in the Base Product's Policy Schedule.
7. Policy tenure of this Add-on shall be same as that of the Base Product
8. Geographical scope of coverage for this add-on shall be restricted to India only. Claims payable outside India shall not be considered under this add-on. In cases where the base policy has Global coverage and this add-on is in force, even then claims under this add-on shall be admissible for treatments taken in India only.
9. Where Sum Insured of Base Policy is on Individual / Multi-Individual basis then coverage under this add-on shall be on Individual basis.
10. Where Sum Insured of base policy is on Family Floater basis then coverage under this add-on shall be on Family Floater basis
11. All other general terms & conditions, exclusions, waiting periods clauses, eligibility rules, claim procedure and definitions applicable to the Base Product will apply to this add-on unless specifically stated otherwise in this document

Section A. Definitions

Section I. Standard definitions

Def. 1. Cancer of specified severity

- 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:
 - a. All tumors which are histologically described as carcinoma in situ, benign, premalignant, 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.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - c. Malignant melanoma that has not caused invasion beyond the epidermis;
 - d. 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
 - e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - f. Chronic lymphocytic leukemia less than RAI stage 3
 - g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - h. 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;

Def. 2. Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded: Angioplasty and/or any other intra-arterial procedures

Def. 3. **Kidney Failure requiring regular dialysis** means End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

Def. 4. Myocardial Infarction

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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- a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
 - c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
- a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

Def. 5. **Open Heart Replacement or Repair of Heart Valves**

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

Def. 6. **Major Organ/Bone Marrow Transplantation**

- I. The actual undergoing of a transplant of:
- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
 - b. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
- a. Other stem-cell transplants
 - b. Where only islets of Langerhans are transplanted

Def. 7. **Multiple Sclerosis with persisting symptom**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
- a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

Def. 8. **Permanent Paralysis of Limbs**

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

Def. 9. **Stroke resulting in permanent symptoms**

- I. Any cerebrovascular incident producing permanent neurological sequelae.

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- a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolization from an extracranial source.
 - b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
- a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

Section B. Benefits

I. Coverage under Serious Illness Booster

Under this add-on we shall provide coverage for medical treatment for only the below listed Serious Illnesses if diagnosed for the first time in the life of the Insured Person post inception of this Add-on

- a. Cancer of specified severity
- b. Open Chest CABG
- c. Kidney failure requiring regular dialysis
- d. Myocardial Infarction (First Heart Attack of specified severity)
- e. Open Heart Replacement or Repair of Heart Valves
- f. Major Organ/Bone Marrow Transplantation
- g. Multiple Sclerosis with persisting symptoms
- h. Permanent Paralysis of Limbs
- i. Stroke resulting in permanent symptoms

II. Specific conditions applicable to Serious Illness Booster

- a. Coverage under this add-on is on indemnity basis and upto 100% Base Sum Insured opted under the Base Policy.
- b. Coverage under this add-on shall be provided only if claim is admissible as per terms and conditions of the Base Policy.
- c. Under this add-on, we shall provide coverage for ONLY the below listed benefits and ONLY if the same are also applicable in the Base Policy. Terms and conditions for the below benefits shall be as stipulated in the Base Policy
 - i. Hospitalization Expenses
 - ii. Pre & Post Hospitalization Expenses
 - iii. Domiciliary Hospitalization expenses
 - iv. Home Healthcare expenses
 - v. Day Care Procedures
 - vi. Organ donor expenses
 - vii. AYUSH Treatments
 - viii. Robotic/Modern Treatments
 - ix. Road Ambulance Expenses
 - x. Air Ambulance Expenses
 - xi. Listed Non-medical expenses

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- d. Any co-pay, deductible or sub-limits that are applicable to the Base Policy shall apply to this add-on.
- e. There is a separate Sum Insured for this Add-on, thus claims payable under this Add-on shall not reduce the Sum Insured of the Base Policy.
- f. Maximum amount of claim payout under this Add-on in a policy year shall not exceed the applicable Base Sum Insured (at the start of that Policy Year) opted under the Base policy.
- g. The sequence of utilization of Sum Insured for claims under this add-on shall trigger immediately after the Base Sum Insured of the base plan is completely exhausted.
- h. The Sum Insured under this Add-on shall be replenished post completion of each policy year.

III. Waiting Periods Applicable to Serious Illness Booster

- i. All Waiting Periods that are applicable to the Base Policy shall apply afresh to this add-on from the date of inception of this add-on.
- ii. For coverage to trigger under this add-on, the first diagnosis of the listed Serious Illness must occur post completion of the applicable waiting periods
- iii. In case any Insured person is newly added to this Add-on, the waiting periods applicable to the Base Policy shall apply afresh only to such Insured person(s) from the time he/she is added.
- iv. In case the Base Sum Insured under the Base Policy is increased, then, all waiting periods shall apply afresh to the extent of increased Sum Insured portion under this add-on.

IV. Claim Illustration:

A. Sequence of Utilization of Sum Insured for this Add-on under any base product

1. Aggregate Deductible (if applicable)
2. Co-Payment (if applicable)
3. Base Sum Insured / Accelerated Base Sum Insured (if applicable)
4. Serious Illness Booster
5. Sum Insured linked with inflation (if Protector rider is in force)
6. Secure Benefit (if applicable)
7. Cumulative Bonus/ Plus Benefit/ Infinite Benefit/ Multiplier Benefit (if applicable)
8. Automatic Restore Benefit (if applicable)
9. Unlimited Restore (if applicable)

Illustration 1 : Consider an Optima Secure Plan Base policy with Base Sum Insured of INR 10 Lacs and INR 1 Lac deductible is opted, wherein there is a listed serious illness Hospitalization claim of INR 15 Lacs in the 2nd policy year with this Add-on.

1st Claim in 2nd policy year

Sr. No.	Particulars	Amount
A	Base Sum Insured	10 L
B	Claim amount	15 L
C	Deductible	1 L
D	Outstanding liability of company	14 L {15 L - 1 L (deductible)}
E	Claim paid from Optima Secure	10 L (Base Sum Insured)
F	Claim paid from Serious Illness Booster	4 L

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G	Sequence of claim pay-out logic	Deductible, Base policy Base Sum Insured shall be utilized post which Serious Illness booster shall trigger.
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2nd Claim in the same policy year i.e. 2nd policy year

Sr. No.	Particulars	Amount
A	Base Sum Insured	0 L
B	Claim amount	12 L
C	Deductible	0 L
D	Outstanding liability of company	12 L
E	Claim paid from Serious Illness Booster	6 L (Remaining Sum Insured)
F	Claim paid from Optima Secure	6 L (Secure benefit)
G	Sequence of claim pay-out logic	Post Serious illness booster, Secure benefit from Base policy shall trigger.

Illustration 2 : Consider an Optima Restore Base policy with Base Sum Insured of INR 10 Lacs and 1 Lac deductible is opted along with 20% Co-payment, wherein there is a listed serious illness Hospitalization claim of INR 18 Lacs in the 2nd policy year with this Add-on.

1st Claim in 2nd policy year

Sr. No.	Particulars	Amount
A	Base Sum Insured	10 L
B	Claim amount	18 L
C	Deductible	1 L
D	Co-Payment	20%
E	Outstanding liability of company	13.6L (18L -1L deductible = 17L & minus 20% Co-Payment on 17 Lacs)
F	Claim paid from Optima Restore	10 L (Base Sum Insured)
G	Claim paid from Serious Illness Booster	3.6 L
H	Sequence of claim pay-out logic	Deductible, Co-Payment, Base policy Base Sum Insured shall be utilized post which Serious Illness booster shall trigger.

2nd Claim in the same policy year

Sr. No.	Particulars	Amount
A	Base Sum Insured	0 L
B	Claim amount	25 L
C	Deductible	0 L
D	Co-Payment	20%
E	Outstanding liability of company	20L (20% Co-Payment on 25 Lacs)
F	Claim paid from Serious Illness Booster	6.4 L (Remaining Sum Insured)
G	Claim paid from Optima Restore	5L (Multiplier benefit)
H	Claim paid from Optima Restore	8.6 L (Restore benefit)
I	Sequence of claim pay-out logic	Post Serious illness booster, other benefits from Base policy shall trigger.



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