

HDFC ERGO General Insurance Company Limited

Frequently Asked Question's (FAQ's)

WHAT IS THIS PLAN ALL ABOUT

HDFC ERGO my:health Suraksha is a comprehensive health insurance plan which covers your medical expenses incurred due to hospitalization involving more than 24 hours. The plan also covers your pre and post hospitalization expenses, day care procedures, domiciliary treatment, organ donor expenses, emergency ambulance and non-allopathic treatments.

WHAT ARE THE CHECKS TO BE DONE AFTER RECEIVING THE POLICY?

Check the correctness and completeness of below points in the policy schedule:

- Insured's Name or Proposer's Name (Salutation, Gender, Spelling)
- Correspondence Address (House number, Street name, Locality, Pincode, City, Village, Landmark, etc.)
- Mobile Number, Landline Number and Personal E-mail ID
- Policy Period
- Coverage or Sum Insured Details
- Date of Birth of insured

my:health Mobile App

Features:

- Health Calculators
- Vaccination
- Blood Donations
- Physical Activities
- Reliable offers, discounts on services and consultation
- Complete data security
- Cashless OPD and reimbursement
- Improved interactions

Download the App now

WOULD I RECEIVE ANY CONFIRMATION ON THE CHANGES DONE IN MY POLICY?

You would receive an endorsed policy schedule reflecting the changes made in the policy details on your correspondence address as per policy. Same would be captured in the policy under the section "List of endorsements".

DO I GET INCOME TAX BENEFIT?

Yes, you can avail a Tax benefit under Section 80D of Income Tax Act 1961 (Subject to change in Income Tax law). Tax certificate is provided along with the policy copy. You can mail the same on your registered Email Id through Insurance Portfolio Organiser, online.

HOW DO I RENEW MY POLICY?

You can renew your policy through any of the below options:

- Visit our website www.hdfcergo.com and go to the Instant Renewal section
- Give us a missed call on **1800 315 7272** and get quick assistance from Renewal expert
- Call us on **022 6234 6234 / 0120 6234 6234** and renew instantly
- Courier the Cheque / Demand Draft in favour of "HDFC ERGO General Insurance Company Ltd" to our Customer service office
- Visit our nearest branch or contact your agent

WHAT IS THE CLAIM PROCEDURES?

1. DETAILS TO KEEP HANDY WHILE REGISTERING A CLAIM

- Policy Number
- Nature of disease/illness
- Brief history of diagnosis (first diagnosis date is mandatory)

2. HOW DO I FILE MY CLAIM?

- For Reimbursement claim intimation, customer should visit www.hdfcergo.com > Help > Claim registration OR Send duly signed claim form along with required documents to below address
HDFC ERGO General Insurance company Ltd, 5th floor, Tower 1, Stellar IT Park, C-25, Sector-62, Noida, UP, India - 201301.
- For preauth claim write to us preauth@hdfcergo.com

3. WHAT ARE THE BASIC DOCUMENTS REQUIRED IN CASE OF A CLAIM?

- Duly filled and signed claim form (available on our website)
- Copy of Photo ID proof of insured and claimant
- Discharge card and original discharge summary
- Consultation note/ Relevant treatment papers
- All relevant medical reports along with supporting invoices and doctors requisition advising the same
- Original and final hospitalisation bills with detailed breakup
- Pharmacy bills along with prescriptions

Please note: This is not an exhaustive list. Additional docs may be required on case to case basis.

HOW TO TRACK MY CLAIM STATUS?

You can track your claim status through any of the options below:

- Visit our website www.hdfcergo.com -> Help -> Track your claim section
- Download mobile app, link your policy and track real time status
- Visit Mobile App (IPO): Login into online insurance portfolio organizer (IPO) on the home page of our website www.hdfcergo.com

Kindly mention your claim number and/or policy/reference number in the correspondence

HOW TO CONTACT US?

For claim /Policy Related please calls us at 022 6234 6234 /0120 6234 6234 or Visit the Help Section on www.hdfcergo.com

Convenience at your fingertips

On the HELP section of our website, you can:



Get Policy Copy/
80D Tax Certificate



Make Changes on Policy



Track Claim Status



Update Contact Details

INSURING CLAUSE

In consideration of payment of **Premium** by You and **realized by Us, We** will provide insurance cover to the **Insured Person(s)** under this Policy up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the Policy Schedule.

This **Policy** is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this **Policy**.

DEFINITIONS

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer Section – D, Definitions.

SECTION A: HOSPITALIZATION COVER

We will pay under below listed Covers On **Medically Necessary Hospitalization** of an **Insured Person** due to **Illness** or **Injury** sustained or contracted during the Policy Period. The payment is subject to **Sum Insured** and limits including **Cumulative Bonus** if applicable as specified on the Schedule of Coverage in the Policy Schedule. Subject to otherwise terms and conditions of the Policy.

1. Medical Expenses

- i. **Room rent**, boarding and Nursing charges
- ii. **Intensive Care Unit** charges
- iii. Consultation fees
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule.

a) Mental Healthcare

If an Insured Person is hospitalized for any **Mental Illness** contracted during the Policy period We will pay **Medical Expenses** under Section A in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that;

- i. The **Hospitalization** is prescribed by a **Medical Practitioner** for **Mental Illness**

- ii. The **Hospitalization** is done in **Mental Health Establishment**

2. Home Healthcare

Insured Person can avail Hospitalization at home under Home Healthcare for **Illnesses** including but not limited to following **Medically Necessary Treatment**, if prescribed by under Section A1 treating **Medical Practitioner**. We will pay **Medical Expenses** incurred for treatment of **such Illness** where opted.

Gastroenteritis, Bronchopneumonia, Respiratory tract infection, Chemotherapy, Pancreatitis, Dengue, COPD management, Hepatitis, Fever management

This Cover can be availed through **Cashless Facility** only as procedure given under Claims Procedure - Section F.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

3. Domiciliary Hospitalization

We will pay the **Medical Expenses** incurred on **Domiciliary Hospitalization** of the **Insured Person** provided that:

- i. It has been prescribed by the treating **Medical Practitioner** and
- ii. The condition the **Insured Person** is such that he/she could not be removed to a **Hospital** or
- iii. The **Medical Necessary Treatment** is taken at Home on account of non-availability of room in **Hospital**

Expenses incurred on Domiciliary **Hospitalization** in respect to following treatment are excluded under the Policy

- a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, at every sub title,
- b. Arthritis, Gout and Rheumatism,
- c. Chronic Nephritis and Nephritic Syndrome,
- d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
- e. Diabetes Mellitus and Insipidus,
- f. Epilepsy,
- g. Hypertension,
- h. Psychiatric or Psychosomatic Disorders of all kinds,
- i. Pyrexia of unknown Origin.

- j. Post **Hospitalization** Expenses are excluded if **Insured Person** opts for Domiciliary **Hospitalization**

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

4. Pre-Hospitalization cover

We will pay for the **Medical Expenses** incurred during

the 60 days immediately before **Hospitalization** of an **Insured Person**, provided that such **Medical Expenses** are incurred for the same **Illness/Injury** for which subsequent **Hospitalization** was required and Claim under Section A1 or A6 is admissible under the **Policy**.

Where Insured Person has opted for *Home Healthcare* treatment under Section A2, **Pre-Hospitalization** expenses are payable up to 60 days prior to start of the Medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule.

5. Post-Hospitalization cover

We will pay for the **Medical Expenses** incurred upto 180 days from the date Insured Person is discharged from Hospital provided that such costs are incurred in respect of the same **Illness/Injury** for which the earlier **Hospitalization** was required and Claim under Section A1 or A6 is admissible under the **Policy**.

Where **Insured Person** has opted for *Home Healthcare* treatment under Section A2, Post **Hospitalization** expenses are payable up to 180 days post completion of the medical treatment.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

6. Day Care Procedures

We will pay for the **Medical Expenses** under Section A1 on **Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care Treatment**.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

7. Road Ambulance

We will pay for expenses incurred on Road Ambulance Services if **Insured Person** is required;

i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)

ii. or from one **Hospital** to another **Hospital**

iii. of from **Hospital** to Home (within same City) following **Hospitalization**

provided that Claim under Section A1 and A6 is admissible under the **Policy**.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

8. Organ Donor Expenses

We will pay **Medical Expenses** as listed under Section A1 towards organ donor's **Hospitalization** for harvesting of the donated organ where an **Insured Person** is the recipient, provided that;

- The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and rules.

- **Hospitalization** Claim under Section A1 is admissible under the **Policy**

- The Organ Donor's **Pre-Hospitalization** and **Post-Hospitalization** expenses are excluded under the Policy

- Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

9. Alternative Treatments

We will pay **Medical Expenses** as listed under Section A1 on **Hospitalization of Insured Person** for following **Alternative Treatments** prescribed by **Medical Practitioner**

Ayurvedic, Unani, Siddha, Homeopathy provided that;

i. The procedure performed on the **Insured Person** cannot be carried out on Outpatient basis

ii. The treatment has been undertaken in a government **Hospital** or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health or authorised medical council of the respective country/state as applicable

iii. In the event of admissible Claim under this Cover, no Claim shall be admissible under Section A 1 for Allopathic treatment of same **Illness or Injury**

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If **Co-payment** under Section C-14 is opted and specified in the Schedule of Coverage in the Policy Schedule

SECTION B: RENEWAL BENEFITS

1. Preventive Health Check-Up

After every block of every four consecutive, continuous and Claim free **Policy Years** with **Us**, We will pay towards cost of **Preventive Health Check - up** to specified percentage (as mentioned on the Schedule of Coverage) of Sum Insured for those Insured Persons who were Insured under the previous 4 Policy years with Us.

Other terms and Conditions applicable to this Benefit

- This benefit will not be carried forward if not utilized.

- Eligibility to avail Health Check-up will be in accordance to lower of expiring Policy Sum Insured or Renewed Policy Sum Insured.

- This cover is applicable only to **Insured Person** covered under all four Policy Years and who continue to remain insured in the subsequent **Policy Year/Renewal**.

• Availing of Claim under this Cover will not impact the Sum Insured or the eligibility for **Cumulative Bonus**

2. Cumulative Bonus

On each **Renewal** of the Policy with **Us**, We will apply 5% of Basic Sum Insured under expiring Policy as **Cumulative Bonus** in the **Policy** provided that;

- i. There has been no claim under the **Policy** in expiring year under Section A
- ii. **Cumulative Bonus** will be reduced at the same rate as accrued in the event of admissible Claim under Section A of the **Policy**.
- iii. **Cumulative Bonus** can be accumulated upto 50% of Basic **Sum Insured**.
- iv. **Cumulative Bonus** applied will be applicable only to **Insured Person** covered under expiring Policy and who continue to remain insured on **Renewal**.
- v. In case of multi year policies, **Cumulative Bonus** that has accrued for the second and third Policy Year will be credited on **Renewal**. Accrued **Cumulative Bonus** may be utilized in case of any Claim during Policy tenure

3. my: Health Active

A. Fitness discount @ Renewal

Insured Person can avail discount on **Renewal** Premium by accumulating Healthy Weeks as per table given below.

One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through **Your** wearable device linked to **Our my: health mobile app** and **Your Policy** number OR
- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Our my: health mobile app** and **Your Policy** number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded.

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
1-4	0.50%
5-8	1.00%
9-12	2.00%
13-16	3.00%
17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The **my: Health App** must be downloaded on the mobile.

Step 2 - **You** can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to **Our my: health mobile app** and **Your Policy** number

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities **Insured Person** engages in.

Application of Fitness discount @ Renewal

• **Annual Policy**: Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring **Policy Year** will be applied on the **Renewal** Premium for expiring **Policy Sum Insured** and for **Insured Person** covered under expiring Policy

• **Multi Year Policy**:

o Fitness discount earned on yearly basis will be accumulated till Policy End date.

o On **Renewal** of the Policy, total discount amount accrued each **Policy Year** will be applied on **Renewal** Premium of subsequent year and for **Insured Person** covered under expiring Policy

• For Policies covering more than one **Insured Person**, Healthy Weeks for each **Insured Person** will be tracked and accrued. Such discount will be applicable on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.

• Premium will be discounted to the extent applicable to coverage corresponding to expiring **Policy**.

• In case of Increase in Sum Insured at **Renewal**, discount amount will be applied on the premium corresponding to expiring **Policy Sum Insured** .

• Fitness discount @ Renewal will be applied only on **Renewal of Policy** with **Us** and only if accrued.

B. Health Incentive

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, **Insured Person** having **Pre-Existing Diseases** or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied on first inception of the Policy with **Us** provided that;

i. **Insured Person** shall undergo medical tests and/or BMI check-up as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).

ii. Medical test shall be done at Your own cost through our **Network Provider** on **Our my: health mobile App**.

iii. If the test parameters are within normal limits, **We** will apply 50% discount on the Medical Underwriting loading applied for corresponding **Pre-Existing Disease** or Obesity as applicable on **Renewal** of the Policy with **Us**.

iv. If the test parameters at subsequent **Renewal** are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero

Table A

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the **Renewal** Premium corresponding to expiring Policy Sum Insured and for **Insured Person** covered under expiring Policy

- **Multi Year Policy:**

- Discount amount earned on yearly basis will be accumulated till Policy End date.

- On Renewal of the Policy, total discount amount accrued each year will be applied on **Renewal** Premium of subsequent year and for **Insured Person** covered under expiring Policy

- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading where ever applicable will be applied on individual **Renewal** Premium for both Individual and Floater Sum Insured basis Policies.

- Medical Underwriting loading will be discounted only on **Renewal of Policy** with **Us** and only for **Insured Person** covered under such expiring Policy

- Discount on Medical Underwriting loading under this cover is applicable only on next **Renewal** and cannot be utilized if Policy not renewed with us.

C. Wellness services:

The services listed below are available to all **Insured Person** through **Our Network Provider** on **Our my: health mobile app** only. Availing of services under this Section will not impact the Sum Insured or the eligibility for **Cumulative Bonus**.

i. Health Coach:

An **Insured Person** will have access to Health Coaching services in areas such as: Disease management, Activity and fitness, Nutrition, Weight management.

These services will be available through **Our my: health mobile app** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centres.

- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips

- **Specialized programs:** like stress management, Pregnancy Care, Work life balance management.

These services will be available through **Our my: health mobile app**

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my:health mobile app and Wellness services intention is not to provide specific medical advice but rather to provide users with information to better understand their health and their diagnosed disorders. The information is not a substitute for professional medical care by a qualified doctor or other health care professional.

The information provided is general in nature and is not specific to you. You must never rely on any information obtained using this app for any medical diagnosis or recommendation for medical treatment or as an alternative to medical advice from

your physician or other professional healthcare provider. If you think you may be suffering from any medical condition you should seek immediate medical attention.

Reliance on any information on this App is solely at your own risk. HDFC EGRO General Insurance Company Limited do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations, any decision made or action taken or not taken in reliance upon the information.

SECTION C: OPTIONAL COVERS

Insuring Clause

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Preventive Health Check-Up - Booster

On opting this Cover, **Insured Person** will be entitled for Health Check-up after each **Policy Year** with **Us** irrespective of Claims made under the Policy in accordance with options given below.

- i. We will reimburse the cost of **Preventive Health Check-up** up to limits mentioned on the Schedule of Coverage. Or
- ii. Insured Person shall have the option to undergo Health Check-Up at our Network Service Provider in accordance to criteria given below.

Sum Insured - Upto Rs. 2 Lacs

Tests - Medical Examination Report, Complete Blood Count Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram

Sum Insured - Rs. 3 Lacs and above

Tests - Chest X Ray, 2D echo/ Stress test, PSA for Males, PAP smear for Females, Medical Examination Report, Complete Blood Count, Urine R, Fasting Blood Sugar, Serum Creatinine, Lipid Profile, Electro Cardio Gram

Other Terms and Conditions applicable to this Cover

- This benefit will not be carried forward if not utilized within 60 days of Policy Anniversary/**Renewal** date.
- On opting this Cover, Renewal Benefit 1, Preventive Health Check-up under Section B stands deleted.

2. Parent and Child care Cover - Basic

We will pay to the **Insured Person** subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

I. Parent Care

- i. **Medical Expenses** under Section A1 for **Maternity Expenses** limited up to 2 deliveries or 1 delivery and 1 termination or 2 terminations during the lifetime of the Insured Person

- ii. **OPD Treatment** in Pre-natal and Post-natal period provided

Claim under Maternity Expenses is admissible under the Policy.

II. Child Care

We will pay/cover following expenses towards Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

i. We will pay **Medical Expenses** listed under Section A1 within Sum Insured for **Parent Care** towards treatment of a **New Born Baby** as per limit mentioned on Schedule of Coverage.

ii. **New Born Baby Cover** – We will cover **New Born Baby** immediately after the birth as per original terms of the Policy on receipt of completed proposal form and Premium received within 90 days of birth of Baby and subject to acceptance by Us.

If this Cover is opted, General exclusion ix) under General Exclusions, Section E, stands deleted.

Exclusions applicable to this Cover.

i. **Pre-Hospitalization and post-Hospitalization** expenses are not payable under this cover

ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section A1 only.

iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

3. Parent and Child care Cover – Booster

We will pay to the **Insured Person** subject to waiting period as mentioned in the Schedule of Coverage on the Policy Schedule under Covers as given below.

I. Parent Care

i. Medical Expenses for a delivery (including cesarean section) on Hospitalization or the lawful medical termination of pregnancy during the Policy Period.

ii. OPD Treatment in Pre-natal and post-natal period up to the limit of this cover, provided Claim under **Maternity Expenses** is admissible under the Policy

iii. Infertility Treatment: **Medical Expenses** listed under Section A1 incurred for infertility treatment, assisted reproductive treatments like IVF undertaken on advice of a Medical Practitioner, up to 50% of Normal Delivery Sum Insured under this Cover. This cover is applicable for both Male and Female Insured Person

II. Child Care

We will pay following expenses towards Child Care for **New Born Baby** under this cover if Claim for **Maternity Expenses** is admissible under the Policy.

i) **New Born baby cover:**

We will pay **Medical Expenses** listed under Section A1 towards treatment of a **New Born Baby** within the limit of Sum Insured under this Cover as mentioned in Schedule of Coverage on the Policy Schedule

ii) **Vaccination Charges:**

We will pay expenses incurred on vaccination for **New Born Baby** as per National Immunization Schedule until **New Born Baby** completes 1 year of age subject of sub limit of Sum Insured Sum Insured under this Cover.

If opted, this cover General exclusion ix), x), xx) under General Exclusions, Section E and Optional Cover 2 “Parent and Child Cover – Basic” under Section C stands deleted.

III. Waiting Period modification Option

On availing this option, Waiting Period listed under Section E 1, iv, will stand modified as mentioned in the Schedule of Coverage on the Policy Schedule.

All other terms and conditions of the Parent & Child Care Cover - Booster shall remain unaltered.

Exclusions applicable to this Cover.

i. Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover

ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section A1 only.

iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

4. Air Ambulance Cover

We will pay for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by a **Medical Practitioner**, from the site of first occurrence of the **Illness/Accident** to the nearest **Hospital**, that ground transportation cannot provide. Claim would be reimbursed up to the actual expenses subject to a maximum of **Sum Insured** as specified on the Schedule of Coverage in the Policy Schedule.

Exclusion:

We will not pay for return transportation to the Insured Person's home by air ambulance

5. Recovery Benefit

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule upon **Medically Necessary Hospitalization** of an **Insured Person** exceeding 10 consecutive and continuous days and for which Claim is admissible under Section A – Hospitalization Cover.

This benefit is not applicable if Medical treatment is taken under Section A2 - Home Healthcare and A3 – Domiciliary Hospitalization

6. Sum Insured Rebound

We will add to the Sum Insured, an amount equivalent to the admissible Claim amount, subject to maximum of Basic Sum Insured, on subsequent **Hospitalization** of the **Insured Person** during Policy Year subject to;

i. Total of Basic Sum Insured under Hospitalization Cover, Cumulative/Extended Cumulative Bonus (if applicable) earned and Sum Insured Rebound will be available to all Insured Persons for all claims under Section A during the current Policy

Year and subject to the condition that a single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and the Cumulative/Extended Cumulative Bonus (if opted) earned

ii. In case of treatment for Chemotherapy and Dialysis, Sum Insured Rebound will be applicable only once in lifetime of Policy

i. This cover will be applicable annually for policies with term more than one year.

ii. Any unutilized amount of Sum Insured Rebound cannot be carried over to next **Policy Year or Renewal Policy**

iii. The Sum Insured Rebound can be utilized for Claims under Section A only.

Illustration 1							
Time	Claim No.	Sum Insured available	Cumulative Bonus available	Admissible Claim amount	SI Rebound Available	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
5 months		50,000	30,000	1,40,000	0	0	80,000
9 months	2	0	0	2,50,000	3,00,000	3,00,000	2,50,000
11 months	3	0	0	70,000	50,000	3,00,000	50,000

Illustration 2							
Time	Claim No.	Sum Insured available	Cumulative Bonus	Admissible Claim amount	SI Rebound	Total SI Rebound till date	Payable amount
3 months	1	3,00,000	30,000	2,50,000	0	0	2,50,000
6 months	2	50,000	30,000	1,40,000	2,50,000	2,50,000	1,40,000
9 months	3	0	0	2,50,000	=250,000-60,000+50,000 =240,000	3,00,000	2,40,000
11 months	4	0	0	70,000	0	3,00,000	0

7. Outpatient Dental Treatment

After three consecutive and continuous **Policy Years** with Us, We will pay 50% of **Medical Expenses** incurred by Insured Person towards **Dental Treatment** prescribed by **Medical Practitioner** up to the amount as mentioned in the Schedule of Coverage on the Policy Schedule. Claim under this Section can be availed only through our **Network Provider**. The Cover is applicable only to Insured Person covered under three consecutive and continuous Policy Years and who continue to remain insured in the subsequent **Policy Year/Renewal**

The Coverage is applicable only towards cost of X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same.

Claim under this Section will not affect **Cumulative Bonus** under Section B2, condition ii. **Exclusions specific to Outpatient Dental Treatment**

i. Cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury due to an accident or cancer

8. External Medical Aids

After every two consecutive and continuous **Policy Year** with Us, We will pay up to 50% of cost incurred towards

following Medical Expenses subject to maximum of **Sum Insured** as mentioned in the Schedule of Coverage, on the Policy Schedule;

- i. One pair of spectacles or one pair of contact lenses,
- ii. A hearing aid

Other terms

- The Cover is applicable only to Insured Person covered under two consecutive and continuous Policy Years and who continue to remain insured in the subsequent **Policy Year/ Renewal**

- Under a Family Floater Policy, **Our** liability shall be limited to either one pair of spectacles or contact lenses or hearing aid per family.

- Medical Expenses incurred under this Cover shall be prescribed by our **Network Provider** and is payable only once after block of every two consecutive and continuous Policy Year with Us.

- Claim under this Section will not affect **Cumulative Bonus** under Section B2, condition ii

9. Major Illness Hospitalization Expenses

We will pay for Medical Expenses incurred and admissible under Section A1, up to additional Sum Insured equivalent to **Basic Sum Insured**, on **Medically necessary Hospitalization** of Insured Person for **Major illnesses** listed below whose diagnosis first commence/occurs after the applicable waiting period from commencement of the first Policy with Us, subject to the following;

- i. Waiting Period – The coverage is subject to Waiting Period as mentioned on Schedule of Coverage on the Policy Schedule

- ii. Claim for each **Major Illness** is payable only once during the lifetime of **Policy** with Us. However, **Insured Person** will continue to be covered under this Section for other **Major Illnesses**.

- iii. Claim under this Cover is admissible only when total of **Basic Sum Insured** is completely utilized.

- iv. The additional Sum Insured under this Cover is exclusive and specific for the treatment of the first occurrence of the above Critical Illness undertaken in a Hospital/Nursing Home as an in-patient and will not be available for other illnesses/ hospitalization.

Major Illness Covered

1. Cancer of specified severity
2. Open Chest CABG
3. Myocardial Infarction (First Heart Attack of specific severity)
4. Kidney Failure requiring regular dialysis
5. Multiple Sclerosis with Persisting Symptoms
6. Major Organ/Bone Marrow Transplant
7. Stroke resulting in permanent symptoms
8. Surgery of Aorta
9. Primary (Idiopathic) Pulmonary Hypertension

10. Non-Medical Expenses cover

We will pay for **Non-Medical Expenses** up to the limit mentioned in Schedule of Coverage in the Policy Schedule on **Medically necessary Hospitalization** of Insured Person for claims admissible under Section A1, 2 and 3.

In view of this Cover, Exclusion xxi) of Section E2, shall stand covered up to the extent mentioned above.

11. Waiting period Modification Option

On availing this option, **Waiting Periods** listed under Section E 1 – i, ii and iii will stand modified as mentioned in Schedule of Coverage for following Sections;

Section A – Hospitalization Cover, Section C4 – Air Ambulance, Section C5 – Recovery Benefit, Section C9 – Major Illness Hospitalization Expenses, Section C17 – Hospital Cash, Section C18 – Global Health Cover

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

12. Extended Cumulative Bonus

On availing this cover, **Cumulative Bonus** percentage mentioned under Section B2 – Cumulative Bonus will stand modified as mentioned in Schedule of Coverage on the Policy Schedule subject to;

i. Once the Extended **Cumulative Bonus** benefit is availed by the Insured Person, it cannot be opted out at subsequent **Renewal**.

ii. All other terms and Conditions of Renewal Benefits Section B, ii shall remain unaltered.

13. Room Rent Modification Option

On availing this option, limits specified under Section A1 i and Aii will stand modified as below.

i. **Room Rent**, boarding and Nursing – limit of 1% of the Basic Sum Insured subject to maximum of Rs. 5,000 per day

ii. Intensive care unit – limit of 2% of the Basic Sum Insured subject to maximum of Rs. 10,000 per day

Proportionate deduction:

In case expenses incurred on i and ii above exceed respective applicable limits, expenses incurred under Section A1, iii and iv, shall be paid in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges

14. Co-Payment

On availing this option, **Co-Payment** as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible claim after **Deductible/Excess** wherever applicable under the Policy. Once the **Co-Payment** option is availed by the Insured Person, it cannot be opted out of at subsequent **Renewal**.

15. Major Illness – Benefit

If the eldest **Insured Person** covered under the Policy suffers from **Major Illness** as listed below, whose diagnosis first commence/occurs after the applicable Waiting Period from commencement of first **Policy** with Us, **We** will pay **Sum Insured** as mentioned on the Schedule of Coverage.

The Coverage under this benefit shall cease to exist upon occurrence of any one Major Illness covered for which Claim is admitted by the Company.

Major Illness Covered

1. Cancer of specified severity
2. Open Chest CABG

3. Myocardial Infarction (First Heart Attack of specific severity)
4. Kidney Failure requiring regular dialysis
5. Major Organ/Bone Marrow Transplant
6. Multiple Sclerosis with Persisting Symptoms
7. Permanent Paralysis of Limbs
8. Stroke resulting in Permanent Symptoms
9. Surgery of Aorta
10. Primary (Idiopathic) Pulmonary Hypertension
11. Open Heart Replacement or Repair of Heart Valves

Survival Period

Claim under this Cover is payable only if **Insured Person** survives 30 days from the diagnosis, fulfillment of the definition of the **Major Illness** covered and with confirmatory diagnosis of the conditions covered while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

16. E-Opinion

We will pay expenses incurred towards second Medical Opinion availed from **Medical Practitioner** in respect of **Major Illness** covered and listed below under the Policy through our **Network Provider**.

The Coverage under this benefit shall cease to exist upon availing Second Opinion for any one Major Illness as listed below.

Major Illness Covered

1. Cancer of specified severity
2. Open Chest CABG
3. Myocardial Infarction (First Heart Attack of specific severity)
4. Kidney Failure requiring regular dialysis
5. Major Organ/Bone Marrow Transplant
6. Multiple Sclerosis with Persisting Symptoms
7. Permanent Paralysis of Limbs
8. Stroke resulting in Permanent Symptoms
9. Surgery of Aorta
10. Primary (Idiopathic) Pulmonary Hypertension
11. Open Heart Replacement or Repair of Heart Valves

Disclaimer - E-Opinion Services are being offered by Network providers through its portal/mail/App or what so ever electronic form to Policyholders/Insured of HDFC ERGO GENERAL INSURANCE COMPANY LIMITED. In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special consequential damages or any other damages whatsoever caused to the Policyholders/Insured of HDFC ERGO while receiving the services from Network providers.

17. Hospital Cash

We will pay per day Sum Insured up to maximum Number of days and in manner as specified in Schedule of Coverage on the Policy Schedule, for each continuous and completed period of 24 hours of **Medically Necessary Hospitalization** of an eldest **Insured Person** in the **Policy** and for which Claim is admissible under Section A – Hospitalization Cover.

18. Global Health Cover

On availing this Cover, We will pay the Expenses incurred outside India under Sections and Covers given below.

Section A: Hospitalization Cover			
A1	Medical Expenses	A7	Road Ambulance
A4	Pre-Hospitalization cover	A8	Organ Donor Expenses
A5	Post-Hospitalization cover	A9	Alternative Treatments
A6	Day Care Procedures		

Section C: Optional Covers			
C1	Preventive Health Check-Up - Booster	C8	External Medical Aids
C2	Parent and Child care Cover - Basic	C9	Major Illness Hospitalization Expenses
C3	Parent and Child care Cover – Booster	C10	Non-Medical Expenses cover
C4	Air Ambulance Cover	C15	Major Illness – Benefit
C5	Recovery Benefit	C16	E-Opinion
C6	Sum Insured Rebound	C17	Hospital Cash
C7	Outpatient Dental Treatment		

Global Cover is applicable subject to following terms and conditions

- i. Global coverage for expenses towards all the listed covers is applicable and effective only if mentioned on the Schedule of Coverage in the Policy Schedule.
- ii. A **Deductible** of USD 100 will apply for expenses under all the respective covers separately for each and every claim.
- iii. Claims on Reimbursement basis will be payable in INR only.
- iv. All other terms and conditions of the respective Section and Covers under the policy shall remain unaltered

SECTION D: DEFINITIONS

The terms defined below have the meanings as described 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

1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age or Aged** means completed years as at the Policy Commencement Date.
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
4. **Alternative treatments** means forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.

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

7. **Condition Precedent** means a policy term or condition upon which the Insurer’s liability under the policy is conditional upon

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

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

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

9. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured

10. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

11. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum 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

12. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is

- i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
- ii) which would have otherwise required **Hospitalization** of more than 24 hours,

Treatment normally taken on an Out-patient basis is not included in the scope of this definition

13. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of **Hospital** cash policies, which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the sum insured.

14. **Dependents** means only the family members listed below:

- a) **Your** legally married spouse as long as she continues to be married to You
- b) **Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
- c) **Your** natural parents or parents that have legally adopted You, and **Your** parent in laws

15. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

16. **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.

17. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:

I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or

II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

18. **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.

19. **Family Floater** means a Policy described as such in the Policy Schedule where under You and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.

20. **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.

21. **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 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 nursing staff under its employment round the clock,
- 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 will make these accessible to the insurance company's authorized personnel.

22. **Hospitalization** means admission in a **Hospital** for a minimum period 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.

23. **Illness/ illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

(a) Acute condition - Acute condition is 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 - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

24. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

25. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.

26. **Insured Person** means the persons named in the Policy Schedule and insured under the Policy.

27. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

28. **ICU (Intensive Care Unit) Charges** means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

29. **Maternity Expenses** means

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).
- b. Expenses towards lawful medical termination of pregnancy during the policy Period.

30. **Major Illness** means:

1. **Cancer of specified severity**

A malignant tumour 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumours in the presence of HIV infection.

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:

- a. Angioplasty and/or any other intra-arterial procedures

3. Myocardial Infarction (First Heart Attack of specified 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:

- a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- b. New characteristic electro cardiogram 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.

4. Kidney failure requiring regular dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of:

- a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,

- b. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- a. Other stem-cell transplants
- b. Where only islets of langerhans are transplanted

6. Multiple Sclerosis with persisting symptoms

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. Other causes of neurological damage such as SLE and HIV are excluded.

7. 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.

8. Stroke resulting in permanent symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae.

- a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation 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.

9. Surgery of Aorta

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

10. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11. Open Heart Replacement or Repair of Heart Valves

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.

31. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

32. **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 Medical practitioners in the same locality would have charged for the same medical treatment.

33. **Medically Necessary treatment** 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** suffered 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.

34. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical practitioner for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council

Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

Medical Practitioner (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

35. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;

36. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;

37. **my: Health App** is proprietary App of HDFC ERGO General Insurance Company. With my: Health App you can:

o Access **Your** Policy Details

• Manage **Your** policy, download **Your** policy schedule and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.

o Policy Endorsement made easy

• By submitting a request to us through my:Health App, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.

o Effortless Claims Management

• Now you can Submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.

o Stay Active – Short Walks, Big Benefits

• The App tracks **Your** steps, fitness session and lets you earn incentive on renewal discount on **Your** policy.

38. **Newborn Baby** means baby born during the Policy Period and is Aged up to 90 days

39. **Network Provider** means Hospitals or health care

providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.

40. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network

41. **Non-Medical Expenses** – Are expenses other than those defined as Medical Expenses and which are listed on our website www.hdfcergo.com

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

43. **OPD Treatment**. OPD treatment means the one in which the Insured visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

44. **Portability** means transfer by an individual health insurance policy holder (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.

45. **Pre Existing Disease** 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

46. **Preventive Health Check-up** - Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

47. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

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

49. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued

50. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

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

52. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person, provided that:

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

53. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:

- i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
- ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.

54. **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

55. **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

56. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**

57. **Reasonable and 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.

58. **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 Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of **Your** Dependents during the Policy Year.

59. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Hospital** or **Day Care Centre** by a medical practitioner.

60. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

61. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited.

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

SECTION E: WAITING PERIODS AND EXCLUSIONS

1. Waiting Periods

Claims under the Policy are covered subject to waiting Period as specified below.

- i) **General waiting period:** claim arising due to condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from Policy Commencement Date, except for the claims arising due to an Accident.
- ii) **Waiting Period for listed illnesses and Procedures:** 24 months for all Illnesses and Surgical Procedures listed below

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

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidneystone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) Waiting Period for Pre-existing conditions:

A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.

iv) Waiting Period for Parent and Child Care Cover- Basic/ Parent Child Cover - Booster (Section C, 2 and 3)

A waiting period of 48 months shall apply for all Claims under Parent and Child Care Cover – Basic/Parent and Child Cover - Booster

2. General Exclusions

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following **unless expressly stated to the contrary in this Policy:**

i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.

iv) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.

v) Treatment of Obesity and any weight control program.

vi) Sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").

vii) Congenital external diseases, defects or anomalies,

viii) Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or **Illness**;

ix) Pregnancy (including voluntary termination), miscarriage (except as a result of an **Accident** or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.

x) Treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,

xi) Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.

xii) **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization**.

xiii) Treatment and supplies 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).

xiv) Circumcisions (unless necessitated by **Illness** or **Injury** an forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.

xv) Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.

xvi) **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.

xvii) Admission primarily for diagnostic purposes not related to **Illness** for which **Hospitalization** has been done and Conditions for which In patient **Hospitalization** is not warranted.

xviii) Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

xix) Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required **Hospitalization**; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.

xx) Vaccination including inoculation and immunisations (Except post bite treatment),

xxi) **Non-Medical expenses** such as charges for admission, discharge, registration, 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 similar incidental services and supplies, and medical supplies including elastic stockings, diabetic test strips, Charges related to a **Hospital** stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing. Full list of Non-Medical expenses is available at www.hdfcergo.com.

xxii) Vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxiii) 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,

xxiv) Treatment taken on Outpatient basis

xxv) The provision or fitting of hearing aids, spectacles or contact lenses.

xxvi) Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products. optometric therapy.

xxvii) 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.

xxviii) Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxix) Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

SECTION F: CLAIMS PROCEDURE

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy , Health Card or our Website				
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier	Immediately on diagnosis of Illness
Particulars to be provided to Us for Claim notification	i. The health card issued by Us, ii. KYC documents, iii. The Policy Number, iv. Name of the Policyholder, v. Name and address of Insured Person in respect of whom the request is being made, vi. Nature of the Illness/ Injury and the treatment/Surgery required, vii. Name and address of the attending Medical Practitioner, viii. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted, ix. Proposed /Actual Date of admission				Following particulars in addition to those listed under Hospitalization Claim: i. Treatment details, ii. Preferred date and time for initial assessment
Particulars to be provided for pre-authorization	i. Policy Number, ii. Name of the Insured person(s) named in the Policy schedule availing treatment, iii. Nature of disease/Illness/Injury, iv. Name and address of the attending Medical Practitioner/Hospital, v. Date of admission & probable date of discharge, vi. Approximate Claim Expenses, vii. Any other relevant information as required			Not Applicable	Following particulars in addition to those listed under Hospitalization Claim: Probable date of start of treatment
Process for obtaining Pre-Authorization	<p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may:-</p> <ul style="list-style-type: none"> • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or • Reject the request for pre-authorization specifying reasons for the rejection. 	<p>i. We shall send Release Of Information form to the Insured Person for signature and consent.</p> <p>ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices.</p> <p>iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p> <p>iv. On receipt of the complete documents We may-</p> <ul style="list-style-type: none"> • issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization specifying reasons for the rejection 			<p>On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process:</p> <p>i. Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient</p> <p>ii. Verify the past medical history of the patient</p> <p>iii. Complete physical examination of the patient</p> <p>iv. Check if the patient requires any equipment, devices etc</p> <p>v. Share the care plan and treatment cost estimation with Us.</p>

Procedure	Cashless Hospitalization		Cashless claims for Hospitalizations outside India	Reimbursement Claims	Home Healthcare Claims
	Emergencies	Planned			
					vi. On receipt of the complete documents We may; <ul style="list-style-type: none"> • issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable or • reject the request for pre-authorization specifying reasons for the rejection.
List of Claim documents	Not Applicable			As enlisted below	Not Applicable

List of Documents for Reimbursement Claims:

- i. Duly signed, stamped and completed Claim Form
- ii. Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the **Network Provider's** Registration Certificate / Hospital registration no in case of **Hospitalization**
- v. Original Discharge Card / Day Care Summary / Transfer Summary
- vi. Original final Hospital Bill with all original deposit and final payment receipt
- vii. Original invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness**
- ix. All original diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic center
- x. All original medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiii. Pre and Post-Operative Imaging reports
- xiv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
- xv. Original invoice for Vaccination and payment receipt
- xvi. KYC documents

Conditions for obtaining Cashless facility:

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.

- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

SECTION G: GENERAL CONDITIONS

1. Free Look period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions.

- We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced).
- Cancellation will be allowed only if there are no admissible claims under the Policy as on date of Cancellation.
- Free Look period is not applicable on **Renewal**

2. Other Insurance / Contribution

If **Insured Person** has two or more policies to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the **Policy holder** has the right to require a settlement of claim under terms and conditions of any of his/her Policies.

3. 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, willfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the Policy may be modified by Us at **Our** sole discretion, upon 30 day notice by sending an endorsement to **Your** address shown in the Schedule and
- the claim under such Policy if any, shall be prejudiced.

4. Fraudulent claim

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

- The policy shall be cancelled ab-initio from the inception date or the **Renewal** date (as the case may be),
- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

5. Geography

This Policy only covers Medical Treatment taken within India, except under the policies with Global Health Cover as may be specified in the on the Schedule of Coverage in the policy Schedule.

6. Loadings

i. We may apply Medical Underwriting loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.

ii. The maximum Medical Underwriting loading shall not exceed 35% for each diagnosis / medical condition and a total of 100% for each **Insured Person**

iii. Medical Underwriting loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with Us or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy. However increase or decrease of discount in Medical Underwriting loading is subject to terms mentioned under **Section 3B – Health Incentives**

iv. We will inform You about the applicable Medical underwriting loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

7. Renewal:

i. This policy is ordinarily renewable for lifetime except on grounds of fraud, non-disclosure of material facts or misrepresentation as sought to be declared in the proposal form or non-cooperation by the insured

ii. We are not under any obligation to send renewal notice or reminders.

iii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum **Renewal** age of dependent children, a separate proposal form should be submitted to us at the time of **Renewal**. Credit of continuity/waiting periods, earned **Cumulative Bonus** and Healthy Weeks discount accrued for all the previous **Policy Years** would be extended in the **Renewal** under new Policy.

iv. You can apply for enhancement of Sum Insured or change in plan at the time of **Renewal** by submitting a fresh proposal form to Us. All waiting periods as defined in the Policy shall

apply afresh for the enhanced Sum Insured from the effective date of enhancement.

v. Premium payable on **Renewal** and on subsequent continuation of cover are subject to the provisions under condition 10.

8. Grace Period

i. A **Grace Period** of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during **Grace Period** will not be covered and will be treated as **Pre-existing diseases**.

ii. Policies for which Premium is received after the **Grace Period** shall be considered as a fresh policy.

9. Portability

Health Insurance portability can be availed under this Policy if;

i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company

ii. The proposed **Insured Person** was insured continuously and without a break under another retail or Group health insurance policy with Us.

Procedure to avail Portability:

a. The **Portability** of Policy can be availed of by submitting the completed Proposal form, portability annexure along with previous policy documents and **Renewal** notice of expiring policy, at least 45 days in advance, but not earlier than 60 days, from the expiry of the existing health insurance policy.

b. Policy can be ported on at the time of **Renewal** of the existing health insurance policy.

c. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.

d. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, all waiting periods under Section E shall be applicable on the increased Sum Insured.

e. Portability shall be applicable to the Sum Insured under previous Policy and to the Cumulative Bonus acquired under that Policy

f. We will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.

10. Endorsements

The following endorsements are permissible during the Policy Period:

1.1 Non-Financial Endorsements – which do not affect the premium

a. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

b. Rectification in gender of the Insured Person (if this does not impact the premium)*

c. Rectification in relationship of the Insured Person with the Proposer

d. Rectification of date of birth of the Insured Person (if this does not impact the premium)*

e. Change in the correspondence address of the Proposer (if this does not impact the premium)*

f. Change in Nominee Details

g. Change in Height, weight, marital status (if this does not impact the premium) *

h. Change in bank details

i. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

a. Change in Age/date of birth

b. Change in Height, weight

c. Addition of Insured Person (New Born Baby or newly wedded spouse)

d. Deletion of Insured Person on death or Marital separation

e. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

11. Cancellation (Other than free look Period)

You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded for that Policy Year.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	Policy Tenure		
	1 Year	2 Year	3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

i. When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable

ii. For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.

iii. In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

12. Premium Tier :

For the purpose of policy issuance, the premium will be computed basis the city of residence provided by the **Insured Person** in the proposal form. Classification of cities would be as under:

• **Tier 1a:** Delhi and NCR region

• **Tier 1b:** Mumbai, Mumbai Suburban and Navi Mumbai, Pune, Surat, Ahmedabad, Varodara

• **Tier 2:** Rest of India

Conditions:

i. On payment of Tier 1a premiums, an **Insured Person** can avail treatment all over India without any **co-payment**.

ii. On payment of Tier 1b premium, an **Insured Person** can avail treatment at Tier1b cities and Tier 2 cities without any **Co-Payment**. However if an Insured Person avails a treatment in Tier 1a cities, 20% **Co-Payment** shall be applicable on admissible claim amount.

iii. On payment of Tier 2 premium, an **Insured Person** can avail treatment at Tier 2 cities without any **Co-Payment**. **However if an Insured Person** avails a treatment in Tier 1a or Tier1b cities, 20% **Co-Payment** shall be applicable on admissible claim amount.

iv. **Co-Payment** under ii and iii above will not be applied If an **Insured Person** opts for **Hospitalization** with **Room Rent** up to Rs 2,500 per day or on **Hospitalization** for **Medically Necessary** treatment following an **Accident**

13. Premium Payment Option

i. Insured Person has the option to pay total premium at the commencement of policy or in instalments as per options below

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

ii. No Additional charges are levied if Premium is paid in Instalments.

iii. **Grace Period** shall be applicable as mentioned in the table above. Diagnosis of **Critical Illness**, Undergoing of **Surgical Procedure** or any Illness contracted during the **Grace Period** will not be admissible under the **Policy**.

iv. If case of non-receipt of Instalment Premium before expiry of the **Grace Period**, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below

a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable

b. For all other Premium Payment options, 50% of current instalment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.

c. No refund of Premium in case any claim is paid or payable during the **Policy Year**.

14. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

15. Withdrawal of the Product

- i. We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, You can choose to renew this policy under any of **Our** similar Health insurance products.
- iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on **Renewal with Us**.

16. Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents.
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the insured.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured.

In the cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, **We** will 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** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.

vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and **Hospitalization** records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.

vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim.

17. Contact Us

	Within India	Outside India
Claim Intimation:	Customer Service No : 022 6234 6234 / 0120 6234 6234 Reimbursement Claim intimation: Visit www.hdfcergo.com -> Help -> Claim registration	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline No. (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Sector 62, Noida – 0120 398 8360	HDFC ERGO General Insurance Co. Ltd. 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai - 400059, Ph-022 66383600

18. Grievance Redressal Procedure

- i. If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance as given below:

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	022 6234 6234 / 0120 6234 6234	NA	NA
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078

- ii. 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.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Indicative list of Day Care Procedures for my:health Suraksha

Sr No	Procedure Name
1	Coronary Angiography
2	Insert Non - Tunnel CV Cath
3	Insert PICC Cath (Peripherally Inserted Central Catheter)
4	Replace PICC Cath (Peripherally Inserted Central Catheter)
5	Insertion Catheter, Intra Anterior
6	Insertion of Portacath
7	Suturing Lacerated Lip
8	Suturing Oral Mucosa
9	Oral Biopsy In Case of Abnormal Tissue Presentation
10	Myringotomy With Grommet Insertion
11	Tymanoplasty (closure of An Eardrum Perforation reconstruction of The Auditory Ossicles)
12	Removal of A Tympanic Drain
13	Keratosi Removal Under GA
14	Operations On The Turbinates (nasal Concha)
15	Removal of Keratosi Obturans
16	Stapedotomy To Treat Various Lesions In Middle Ear
17	Revision of A Stapedectomy
18	Other Operations On The Auditory Ossicles
19	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)
20	Fenestration of The Inner Ear
21	Revision of A Fenestration of The Inner Ear
22	Palatoplasty
23	Transoral Incision And Drainage of A Pharyngeal Abscess
24	Tonsillectomy Without Adenoidectomy
25	Tonsillectomy With Adenoidectomy
26	Excision And Destruction of A Lingual Tonsil
27	Revision of A Tympanoplasty
28	Other Microsurgical Operations On The Middle Ear
29	Incision of The Mastoid Process And Middle Ear
30	Mastoidectomy
31	Reconstruction of The Middle Ear
32	Other Excisions of The Middle And Inner Ear
33	Incision (opening) And Destruction (elimination) of The Inner Ear
34	Other Operations On The Middle And Inner Ear

Sr No	Procedure Name
35	Excision And Destruction of Diseased Tissue of The Nose
36	Other Operations On The Nose
37	Nasal Sinus Aspiration
38	Foreign Body Removal From Nose
39	Other Operations On The Tonsils And Adenoids
40	Adenoidectomy
41	Labyrinthectomy For Severe Vertigo
42	Stapedectomy Under GA
43	Stapedectomy Under LA
44	Tympanoplasty (Type IV)
45	Endolymphatic Sac Surgery For Meniere's Disease
46	Turbineotomy
47	Endoscopic Stapedectomy
48	Incision And Drainage of Perichondritis
49	Septoplasty
50	Vestibular Nerve Section
51	Thyroplasty Type I
52	Pseudocyst of The Pinna - Excision
53	Incision And Drainage - Haematoma Auricle
54	Tympanoplasty (Type II)
55	Reduction of Fracture of Nasal Bone
56	Thyroplasty (Type II)
57	Tracheostomy
58	Excision of Angioma Septum
59	Turbinoectomy
60	Incision & Drainage of Retro Pharyngeal Abscess
61	Uvulo Palato Pharyngo Plasty
62	Adenoidectomy With Grommet Insertion
63	Adenoidectomy Without Grommet Insertion
64	Vocal Cord Lateralisation Procedure
65	Incision & Drainage of Para Pharyngeal Abscess
66	Tracheoplasty
67	Cholecystectomy
68	Choledcho-jejunosotomy
69	Duodenostomy

Sr No	Procedure Name
70	Gastrostomy
71	Exploration Common Bile Duct
72	Esophagoscopy.
73	Gastroscoy
74	Duodenoscopy with Polypectomy
75	Removal of Foreign Body
76	Diathery of Bleeding Lesions
77	Pancreatic Pseudocyst Eus & Drainage
78	RF Ablation For Barrett's Oesophagus
79	ERCP And Papillotomy
80	Esophagoscope And Sclerosant Injection
81	EUS + Submucosal Resection
82	Construction of Gastrostomy Tube
83	EUS + Aspiration Pancreatic CYST
84	Small Bowel Endoscopy (therapeutic)
85	Colonoscopy, lesion Removal
86	ERCP
87	Colonscopy Stenting of Stricture
88	Percutaneous Endoscopic Gastrostomy
89	Eus And Pancreatic Pseudo Cyst Drainage
90	ERCP And Choledochoscopy
91	Proctosigmoidoscopy Volvulus Detorsion
92	ERCP And Sphincterotomy
93	Esophageal Stent Placement
94	ERCP + Placement of Biliary Stents
95	Sigmoidoscopy W / Stent
96	Eus + Coeliac Node Biopsy
97	UGI Scopy And Injection of Adrenaline, Sclerosants Bleeding Ulcers
98	Incision of A Pilonidal Sinus / Abscess
99	Fissure In Ano Sphincterotomy
100	Surgical Treatment of A Varicocele And A Hydrocele of the Spermatic Cord
101	Orchidopexy
102	Abdominal Exploration In Cryptorchidism
103	Surgical Treatment of Anal Fistulas
104	Division of The Anal Sphincter (sphincterotomy)
105	Epididymectomy
106	Incision of The Breast Abscess
107	Operations On The Nipple
108	Excision of Single Breast Lump
109	Incision And Excision of Tissue In The Perianal Region
110	Surgical Treatment of Hemorrhoids
111	Other Operations On The Anus

Sr No	Procedure Name
112	Ultrasound Guided Aspirations
113	Sclerotherapy, Etc
114	Laparotomy For Grading Lymphoma With Splenectomy.
115	Laparotomy For Grading Lymphoma with Liver Biopsy
116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
117	Therapeutic Laparoscopy With Laser
118	Appendicectomy With Drainage
119	Appendicectomy without Drainage
120	Infected Keloid Excision
121	Axillary Lymphadenectomy
122	Wound Debridement And Cover
123	Abscess-decompression
124	Cervical Lymphadenectomy
125	Infected Sebaceous Cyst
126	Inguinal Lymphadenectomy
127	Incision And Drainage of Abscess
128	Suturing of Lacerations
129	Scalp Suturing
130	Infected Lipoma Excision
131	Maximal Anal Dilatation
132	Piles
133	A) Injection Sclerotherapy
134	B) Piles Banding
135	Liver Abscess- Catheter Drainage
136	Fissure In Ano- Fissurectomy
137	Fibroadenoma Breast Excision
138	Oesophageal Varices Sclerotherapy
139	ERCP - Pancreatic Duct Stone Removal
140	Perianal Abscess I&D
141	Perianal Hematoma Evacuation
142	Ugi Scopy And Polypectomy Oesophagus
143	Breast Abscess I&D
144	Feeding Gastrostomy
145	Oesophagoscopy And Biopsy of Growth Oesophagus
146	ERCP - Bile Duct Stone Removal
147	Ileostomy Closure
148	Colonoscopy
149	Polypectomy Colon
150	Splenic Abscesses Laparoscopic Drainage
151	Ugi Scopy And Polypectomy Stomach
152	Rigid Oesophagoscopy For FB Removal
153	Feeding Jejunostomy
154	Colostomy

Sr No	Procedure Name
155	Ileostomy
156	Colostomy Closure
157	Submandibular Salivary Duct Stone Removal
158	Pneumatic Reduction of Intussusception
159	Varicose Veins Legs - Injection Sclerotherapy
160	Rigid Oesophagoscopy For Plummer Vinson Syndrome
161	Pancreatic Pseudocysts Endoscopic Drainage
162	Zadek's Nail Bed Excision
163	Subcutaneous Mastectomy
164	Excision of Ranula Under GA
165	Rigid Oesophagoscopy For Dilatation of Benign Strictures
166	Eversion of Sac
167	Unilateral
168	Bilateral
169	Lord's Plication
170	Jaboulay's Procedure
171	Scrotoplasty
172	Circumcision For Trauma
173	Meatoplasty
174	Intersphincteric Abscess Incision And Drainage
175	Psoas Abscess Incision And Drainage
176	Thyroid Abscess Incision And Drainage
177	Tips Procedure For Portal Hypertension
178	Esophageal Growth Stent
179	Pair Procedure of Hydatid Cyst Liver
180	Tru Cut Liver Biopsy
181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
182	Excision of Cervical Rib
183	Laparoscopic Reduction of Intussusception
184	Microdocheotomy Breast
185	Surgery For Fracture Penis
186	Sentinel Node Biopsy
187	Parastomal Hernia
188	Revision Colostomy
189	Prolapsed Colostomy- Correction
190	Testicular Biopsy
191	Laparoscopic Cardiomyotomy (Hellers)
192	Sentinel Node Biopsy Malignant Melanoma
193	Laparoscopic Pyloromyotomy (Ramstedt)
194	Operations On Bartholin's Glands (cyst)
195	Incision of The Ovary
196	Insufflations of The Fallopian Tubes
197	Other Operations On The Fallopian Tube

Sr No	Procedure Name
198	Dilatation of The Cervical Canal
199	Conisation of The Uterine Cervix
200	Therapeutic Curettage With Colposcopy.
201	Therapeutic Curettage With Biopsy
202	Therapeutic Curettage With Diathermy
203	Therapeutic Curettage With Cryosurgery
204	Laser Therapy of Cervix For Various Lesions of Uterus
205	Other Operations On The Uterine Cervix
206	Incision of The Uterus (hysterectomy)
207	Local Excision And Destruction of Diseased Tissue of The Vagina And The Pouch of Douglas
208	Incision of Vagina
209	Incision of Vulva
210	Culdotomy
211	Salpingo-oophorectomy Via Laparotomy
212	Endoscopic Polypectomy
213	Hysteroscopic Removal of Myoma
214	D&C
215	Hysteroscopic Resection of Septum
216	Thermal Cauterisation of Cervix
217	Mirena Insertion
218	Hysteroscopic Adhesiolysis
219	LEEP
220	Cryocauterisation of Cervix
221	Polypectomy Endometrium
222	Hysteroscopic Resection of Fibroid
223	Lietz
224	Conization
225	Polypectomy Cervix
226	Hysteroscopic Resection of Endometrial Polyp
227	Vulval Wart Excision
228	Laparoscopic Paraovarian Cyst Excision
229	Uterine Artery Embolization
230	Laparoscopic Cystectomy
231	Hymenectomy (Imperforate Hymen)
232	Endometrial Ablation
233	Vaginal Wall Cyst Excision
234	Vulval Cyst Excision
235	Laparoscopic Paratubal Cyst Excision
236	Repair of Vagina (Vaginal Atresia)
237	Hysteroscopy, Removal of Myoma
238	TURBT
239	Ureterocoele Repair - Congenital Internal
240	Vaginal Mesh For Pop

Sr No	Procedure Name
241	Laparoscopic Myomectomy
242	Surgery For Sui
243	Repair Recto- Vagina Fistula
244	Pelvic Floor Repair (Excluding Fistula Repair)
245	URS + LL
246	Laparoscopic Oophorectomy
247	Normal Vaginal Delivery And Variants
248	Facial Nerve Glycerol Rhizotomy
249	Spinal Cord Stimulation
250	Motor Cortex Stimulation
251	Stereotactic Radiosurgery
252	Percutaneous Cordotomy
253	Intrathecal Baclofen Therapy
254	Entrapment Neuropathy Release
255	Diagnostic Cerebral Angiography
256	VP Shunt
257	Ventriculoatrial Shunt
258	Radiotherapy For Cancer
259	Cancer Chemotherapy
260	IV Push Chemotherapy
261	HBI - Hemibody Radiotherapy
262	Infusional Targeted Therapy
263	SRT - Stereotactic Arc Therapy
264	Sc Administration of Growth Factors
265	Continuous Infusional Chemotherapy
266	Infusional Chemotherapy
267	CCRT - Concurrent Chemo + Rt
268	2D Radiotherapy
269	3D Conformal Radiotherapy
270	IGRT - Image Guided Radiotherapy
271	IMRT - Step & Shoot
272	Infusional Bisphosphonates
273	IMRT - DMLC
274	Rotational Arc Therapy
275	Tele Gamma Therapy
276	FSRT - Fractionated Srt
277	VMAT - Volumetric Modulated Arc Therapy
278	SBRT - Stereotactic Body Radiotherapy
279	Helical Tomotherapy
280	SRS - Stereotactic Radiosurgery
281	X - Knife Srs
282	Gammaknife Srs
283	TBI - Total Body Radiotherapy

Sr No	Procedure Name
284	Intraluminal Brachytherapy
285	TSET - Total Electron Skin Therapy
286	Extracorporeal Irradiation of Blood Products
287	Telecobalt Therapy
288	Telecesium Therapy
289	External Mould Brachytherapy
290	Interstitial Brachytherapy
291	Intracavity Brachytherapy
292	3D Brachytherapy
293	Implant Brachytherapy
294	Intravesical Brachytherapy
295	Adjuvant Radiotherapy
296	Afterloading Catheter Brachytherapy
297	Conditioning Radiotherapy For Bmt
298	Nerve Biopsy
299	Muscle Biopsy
300	Epidural Steroid Injection
301	Extracorporeal Irradiation To The Homologous Bone Grafts
302	Radical Chemotherapy
303	Neoadjuvant Radiotherapy
304	LDR Brachytherapy
305	Palliative Radiotherapy
306	Radical Radiotherapy
307	Palliative Chemotherapy
308	Template Brachytherapy
309	Neoadjuvant Chemotherapy
310	Adjuvant Chemotherapy
311	Induction Chemotherapy
312	Consolidation Chemotherapy
313	Maintenance Chemotherapy
314	HDR Brachytherapy
315	Incision And Lancing of A Salivary Gland And A Salivary Duct
316	Excision of Diseased Tissue of A Salivary Gland And A Salivary Duct
317	Resection of A Salivary Gland
318	Reconstruction of A Salivary Gland And A Salivary Duct
319	Other Operations On The Salivary Glands And Salivary Ducts
320	Other Incisions of The Skin And Subcutaneous Tissues
	Surgical Wound Toilet (wound Debridement) And Removal of Diseased Tissue of The Skin And Subcutaneous Tissues
322	Local Excision of Diseased Tissue of The Skin And Subcutaneous Tissues
323	Other Excisions of The Skin And Subcutaneous Tissues
324	Simple Restoration of Surface Continuity of The Skin And Subcutaneous Tissues

Sr No	Procedure Name
325	Free Skin Transplantation, Donor Site
326	Free Skin Transplantation, Recipient Site
327	Revision of Skin Plasty
328	Other Restoration And Reconstruction of The Skin And Subcutaneous Tissues
329	Chemosurgery To The Skin
330	Destruction of Diseased Tissue In The Skin And Subcutaneous Tissues
331	Reconstruction of Deformity/defect In Nail Bed
332	Excision of Bursitis
333	Tennis Elbow Release
334	Incision, Excision And Destruction of Diseased Tissue of The Tongue
335	Partial Glossectomy
336	Glossectomy
337	Reconstruction of The Tongue
338	Other Operations On The Tongue
339	Surgery For Cataract
340	Incision of Tear Glands
341	Other Operations On The Tear Ducts
342	Incision of Diseased Eyelids
343	Excision And Destruction of Diseased Tissue of The Eyelid
344	Operations On The Canthus And Epicanthus
345	Corrective Surgery For Entropion And Ectropion
346	Corrective Surgery For Blepharoptosis
347	Removal of A Foreign Body From The Conjunctiva
348	Removal of A Foreign Body From The Cornea
349	Incision of The Cornea
350	Operations For Pterygium
351	Other Operations On The Cornea
352	Removal of A Foreign Body From The Lens of The Eye
353	Removal of A Foreign Body From The Posterior Chamber of The Eye
354	Removal of A Foreign Body From The Orbit And Eyeball
355	Correction of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
356	Correction of Eyelid Ptosis By Fascia Lata Graft (bilateral)
357	Diathermy/cryotherapy To Treat Retinal Tear
358	Anterior Chamber Paracentesis.
359	Anterior Chamber Cyclotherapy
360	Anterior Chamber Cyclocryotherapy
361	Anterior Chamber Goniotomy
362	Anterior Chamber Trabeculotomy
363	Anterior Chamber Filtering
364	Allied Operations to Treat Glaucoma

Sr No	Procedure Name
365	Enucleation of Eye Without Implant
366	Dacryocystorhinostomy For Various Lesions of Lacrimal Gland
367	Laser Photocoagulation To Treat Retinal Tear
368	Biopsy of Tear Gland
369	Treatment of Retinal Lesion
370	Surgery For Meniscus Tear
371	Incision On Bone, Septic And Aseptic
372	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
373	Suture And Other Operations On Tendons And Tendon Sheath
374	Reduction of Dislocation Under Ga
375	Arthroscopic Knee Aspiration
376	Surgery For Ligament Tear
377	Surgery For Hemoarthrosis/pyoarthrosis
378	Removal of Fracture Pins/nails
379	Removal of Metal Wire
380	Closed Reduction On Fracture, Luxation
381	Reduction of Dislocation Under Ga
382	Epiphyseolysis With Osteosynthesis
383	Excision of Various Lesions In Coccyx
384	Arthroscopic Repair of Acl Tear Knee
385	Closed Reduction of Minor Fractures
386	Arthroscopic Repair of Pcl Tear Knee
387	Tendon Shortening
388	Arthroscopic Meniscectomy - Knee
389	Treatment of Clavicle Dislocation
390	Haemarthrosis Knee- Lavage
391	Abscess Knee Joint Drainage
392	Carpal Tunnel Release
393	Closed Reduction of Minor Dislocation
394	Repair of Knee Cap Tendon
395	Orif With K Wire Fixation- Small Bones
396	Release of Midfoot Joint
397	Orif With Plating- Small Long Bones
398	Implant Removal Minor
399	K Wire Removal
400	Closed Reduction And External Fixation
401	Arthrotomy Hip Joint
402	Syme's Amputation
403	Arthroplasty
404	Partial Removal of Rib
405	Treatment of Sesamoid Bone Fracture
406	Shoulder Arthroscopy / Surgery
407	Elbow Arthroscopy

Sr No	Procedure Name
408	Amputation of Metacarpal Bone
409	Release of Thumb Contracture
410	Incision of Foot Fascia
411	Partial Removal of Metatarsal
412	Repair / Graft of Foot Tendon
413	Revision/removal of Knee Cap
414	Amputation Follow-up Surgery
415	Exploration of Ankle Joint
416	Remove/graft Leg Bone Lesion
417	Repair/graft Achilles Tendon
418	Remove of Tissue Expander
419	Biopsy Elbow Joint Lining
420	Removal of Wrist Prosthesis
421	Biopsy Finger Joint Lining
422	Tendon Lengthening
423	Treatment of Shoulder Dislocation
424	Lengthening of Hand Tendon
425	Removal of Elbow Bursa
426	Fixation of Knee Joint
427	Treatment of Foot Dislocation
428	Surgery of Bunion
429	Tendon Transfer Procedure
430	Removal of Knee Cap Bursa
431	Treatment of Fracture of Ulna
432	Treatment of Scapula Fracture
433	Removal of Tumor of Arm Under GA
434	Removal of Tumor of Arm under RA
435	Removal of Tumor of Elbow Under GA
436	Removal of Tumor of Elbow Under RA
437	Repair of Ruptured Tendon
438	Decompress Forearm Space
439	Revision of Neck Muscle (torticollis Release)
440	Lengthening of Thigh Tendons
441	Treatment Fracture of Radius & Ulna
442	Repair of Knee Joint
443	External Incision And Drainage In The Region of The Mouth.
444	External Incision And Drainage in the Region of the Jaw.
445	External Incision And Drainage in the Region of the Face.
446	Incision of The Hard And Soft Palate
447	Excision And Destruction of Diseased Hard Palate
448	Excision And Destruction of Diseased Soft Palate
449	Incision, Excision And Destruction In The Mouth
450	Other Operations In The Mouth
451	Excision of Fistula-in-ano

Sr No	Procedure Name
452	Excision Juvenile Polyps Rectum
453	Vaginoplasty
454	Dilatation of Accidental Caustic Stricture Oesophageal
455	Presacral Teratomas Excision
456	Removal of Vesical Stone
457	Excision Sigmoid Polyp
458	Sternomastoid Tenotomy
459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
460	Excision of Soft Tissue Rhabdomyosarcoma
461	Mediastinal Lymph Node Biopsy
462	High Orchiectomy For Testis Tumours
463	Excision of Cervical Teratoma
464	Rectal-myomectomy
465	Rectal Prolapse (delorme's Procedure)
466	Detorsion of Torsion Testis
467	Eua + Biopsy Multiple Fistula In Ano
468	Construction Skin Pedicle Flap
469	Gluteal Pressure Ulcer-excision
470	Muscle-skin Graft, Leg
471	Removal of Bone For Graft
472	Muscle-skin Graft Duct Fistula
473	Removal Cartilage Graft
474	Myocutaneous Flap
475	Fibro Myocutaneous Flap
476	Breast Reconstruction Surgery After Mastectomy
477	Sling Operation For Facial Palsy
478	Split Skin Grafting Under Ra
479	Wolfe Skin Graft
480	Plastic Surgery To The Floor of The Mouth Under Ga
481	Thoracoscopy And Lung Biopsy
482	Excision of Cervical Sympathetic Chain Thoracoscopic
483	Laser Ablation of Barrett's Oesophagus
484	Pleurodesis
485	Thoracoscopy And Pleural Biopsy
486	Ebus + Biopsy
487	Thoracoscopy Ligation Thoracic Duct
488	Thoracoscopy Assisted Empyema Drainage
489	Haemodialysis
490	Lithotripsy/nephrolithotomy For Renal Calculus
491	Excision of Renal Cyst
492	Drainage of Pyonephrosis Abscess
493	Drainage of Perinephric Abscess
494	Incision of The Prostate
495	Transurethral Excision And Destruction of Prostate Tissue

Sr No	Procedure Name
496	Transurethral And Percutaneous Destruction of Prostate Tissue
497	Open Surgical Excision And Destruction of Prostate Tissue
498	Radical Prostatovesiculectomy
499	Other Excision And Destruction of Prostate Tissue
500	Operations On The Seminal Vesicles
501	Incision And Excision of Periprostatic Tissue
502	Other Operations On The Prostate
503	Incision of The Scrotum And Tunica Vaginalis Testis
504	Operation On A Testicular Hydrocele
505	Excision And Destruction of Diseased Scrotal Tissue
506	Other Operations On The Scrotum And Tunica Vaginalis Testis
507	Incision of The Testes
508	Excision And Destruction of Diseased Tissue of The Testes
509	Unilateral Orchiectomy
510	Bilateral Orchiectomy
511	Surgical Repositioning of An Abdominal Testis
512	Reconstruction of The Testis
513	Implantation, Exchange And Removal of A Testicular Prosthesis
514	Other Operations On The Testis
515	Excision In The Area of The Epididymis
516	Operations On The Foreskin
517	Local Excision And Destruction of Diseased Tissue of The Penis
518	Amputation of The Penis
519	Other Operations On The Penis
520	Cystoscopic Removal of Stones
521	Lithotripsy
522	Biopsy oftemporal Artery For Various Lesions
523	External Arterio-venous Shunt
524	Av Fistula - Wrist
525	Ursl With Stenting
526	Ursl With Lithotripsy
527	Cystoscopic Litholapaxy
528	ESWL
529	Bladder Neck Incision
530	Cystoscopy & Biopsy
531	Cystoscopy And Removal of Polyp
532	Suprapubic Cystostomy
533	Percutaneous Nephrostomy
534	Cystoscopy And "sling" Procedure

Sr No	Procedure Name
535	Tuna- Prostate
536	Excision of Urethral Diverticulum
537	Removal of Urethral Stone
538	Excision of Urethral Prolapse
539	Mega-ureter Reconstruction
540	Kidney Renoscopy And Biopsy
541	Ureter Endoscopy And Treatment
542	Vesico Ureteric Reflux Correction
543	Surgery For Pelvi Ureteric Junction Obstruction
544	Anderson Hynes Operation
545	Kidney Endoscopy And Biopsy
546	Paraphimosis Surgery
547	Injury Prepuce- Circumcision
548	Frenular Tear Repair
549	Meatotomy For Meatal Stenosis
550	Surgery For Fournier's Gangrene Scrotum
551	Surgery Filarial Scrotum
552	Surgery For Watering Can Perineum
553	Repair of Penile Torsion
554	Drainage of Prostate Abscess
555	Orchiectomy
556	Cystoscopy And Removal of Fb
557	RF Ablation Heart
558	RF Ablation Uterus
559	RF Ablation Varicose Veins
560	Renal Angiography
561	Peripheral Angiography
562	Percutaneous nephrolithotomy (PCNL)
563	Laryngoscopy Direct Operative with Biopsy
564	Treatment of Fracture of Long Bones
565	Treatment of Fracture of Short Bones
566	Treatment of Fracture of Foot
567	Treatment of Fracture of Hand
568	Treatment of Fracture of Wrist
569	Treatment of Fracture of Ankle
570	Treatment of Fracture of Clavicle
585	Chalazion Surgery
586	Circumcision Surgery