

CLAIMS PROCESS

- In case of hospitalization, intimation should be provided to the Company / TPA immediately and not less than 7 days
- In all other cases, the Company / TPA must be informed of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure being taken and the Company / TPA should pre-authorise such treatment, consultation or procedure
- Any documentation and information requested to establish the circumstances of the claim, its quantum or the Company's liability for the claim, should be submitted within 10 days of our request or discharge from Hospital or completion of treatment, whichever is earlier

RENEWALS

- Cumulative bonus of 5% for every claim-free year upto a maximum of 50%
- Pays upto 1% of Sum Insured, maximum upto Rs. 5000 for a Health Checkup after 4 consecutive claim-free years

TERMS & CONDITIONS

- Disclaimer: The above information is only indicative in nature. For details of the coverage and exclusions please refer to the policy wordings.
- Liability of the Company does not commence until the Company has accepted the proposal and full premium has been paid.
- The proposer has the option to choose his policy with or without coinsurance. Under the coinsurance option, we will coinsure the risk with Apollo Munich Health Insurance Company Limited, a registered and prominent stand-alone health insurance company which has expertise in underwriting and selling health insurance products. Furthermore, Apollo Munich is a joint venture between Asia's largest integrated healthcare provider, The Apollo Hospitals Group, and Germany based Munich Re's newest business segment, Munich Health.
- Anti-Rebating Warning: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to five hundred (500) Rupees.

HDFC ERGO General Insurance Company Limited

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**HDFC
ERGO****GENERAL INSURANCE****Har pal aapke saath****Health
Suraksha****HDFC
ERGO****GENERAL INSURANCE****Wellness for a happy family.**

HDFC ERGO brings to you **Health Suraksha**, a unique health insurance plan, providing optimum health coverage at an affordable price. Health Suraksha covers not only hospitalisation in the event of an accident or sickness but extends to cover pre and post-hospitalisation expenses, day care procedures, domiciliary treatment, organ donor expenses. Moreover, you get a renewal bonus for each claim-free year.

Get **"Health Suraksha"** today and protect your tomorrow.

PRODUCT HIGHLIGHTS

- Tax Benefit under section 80D*
- No Medical Check-up upto 45 years
- No sub limit (on any disease, room rent, hospital charges and doctor fees)
- Cashless Treatment at Network Hospital
- 5% bonus on Sum Insured for every claim-free year
- Covers persons upto 65 years of age
- Offers one year or two year policy coverage period
- Option to cover on individual sum insured basis and on family floater basis
- Provides coverage for spouse, dependent children and dependent parents under a single policy
- Avail a family discount of 10%, if 3 or more members of a family are covered under the same policy on Individual sum insured basis

(* Subject to the change in Tax Laws)

Children below 5 years would be covered provided both the parents are covered under our policy.

WHAT IS COVERED

- **In-patient Treatment** - Covers hospitalisation expenses due to an illness or accident. Pays for medical expenses incurred for room rent, boarding expenses, nursing, intensive care unit, medical practitioner, medicines or drugs and other related expenses
- **Pre-Hospitalisation** - Pays for medical expenses incurred due to an illness 60 days immediately before hospitalisation
- **Post-Hospitalisation** - Pays for medical expenses incurred 90 days immediately after the discharge post hospitalisation
- **Day care procedures** - Pays for medical expenses for 141 day care procedures which do not require 24 hours hospitalisation due to technological advancement
- **Domiciliary Treatment** - Pays for expenses incurred for medical treatment taken at home, on the advice of a physician
- **Organ Donor** - Pays for medical expenses for an organ donor's treatment in the event of organ transplantation
- **Emergency Ambulance** - Pays for expenses for utilizing ambulance services in an emergency
- **Ayush** - Pays for medical expenses for in-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy

WHAT IS NOT COVERED

- Any treatment within first 30 days of cover except any accidental injury
- Pre-existing conditions will not be covered for first 48 months
- Expenses arising from HIV or AIDS and related diseases.
- Mental disorder or insanity, cosmetic surgery, weight control treatment
- Abuse of intoxicant or hallucinogenic substance like drugs and alcohol
- Hospitalisation due to war / acts of war, nuclear, chemical / biological weapon & radiation of any kind
- Pregnancy, dental and external aids and appliances unless covered under specific plans
- 2 year exclusions for specific diseases
- Experimental, investigational or unproven treatment, devices and pharmacological regimens
- No sub limit not applicable for Ayurvedic/Homeopathic benefit

For a complete list of exclusions, kindly refer our policy wordings

PREMIUM TABLE (Inclusive of Service Tax & Edu. Cess)				
Sum Insured - 200,000 1 Year Policy				
Age	1 A	2 A	2 A 1 C	2 A 2 C
0-17	2,341	-	-	-
18-35	3,158	4,737	6,141	7,546
36-45	3,963	5,945	7,349	8,753
46-50	7,039	11,263	12,667	14,072
51-55	7,391	11,826	13,230	14,635
56-60	8,610	13,776	15,181	16,585
61-65	12,082	19,331	20,736	22,141
Sum Insured - 300,000 1 Year Policy				
Age	1 A	2 A	2 A 1 C	2 A 2 C
0-17	2,663	-	-	-
18-35	3,653	5,480	7,077	8,675
36-45	4,397	6,595	8,192	9,790
46-50	7,890	12,624	14,221	15,819
51-55	8,285	13,256	14,853	16,450
56-60	9,585	15,336	16,933	18,532
61-65	13,844	22,150	23,748	25,345
Sum Insured - 400,000 1 Year Policy				
Age	1 A	2 A	2 A 1 C	2 A 2 C
0-17	4,277	-	-	-
18-35	5,484	8,226	10,793	13,359
36-45	6,118	9,178	11,744	14,310
46-50	10,856	17,369	19,936	22,502
51-55	11,398	18,237	20,804	23,370
56-60	13,669	21,871	24,438	27,004
61-65	21,681	34,689	37,255	39,822
Sum Insured - 200,000 2 Year Policy				
Age	1 A	2 A	2 A 1 C	2 A 2 C
0-17	4,213	-	-	-
18-35	5,684	8,526	11,054	13,582
36-45	7,134	10,700	13,228	15,756
46-50	13,375	21,399	24,067	26,736
51-55	14,043	22,469	25,137	27,806
56-60	17,220	27,552	30,361	33,169
61-65	24,165	38,663	41,472	44,281
Sum Insured - 300,000 2 Year Policy				
Age	1 A	2 A	2 A 1 C	2 A 2 C
0-17	4,793	-	-	-
18-35	6,576	9,863	12,739	15,615
36-45	7,914	11,871	14,746	17,622
46-50	14,991	23,985	27,020	30,056
51-55	15,741	25,185	28,220	31,256
56-60	19,170	30,672	33,868	37,063
61-65	27,688	44,300	47,495	50,691
Sum Insured - 400,000 2 Year Policy				
Age	1 A	2 A	2 A 1 C	2 A 2 C
0-17	7,699	-	-	-
18-35	9,871	14,807	19,427	24,046
36-45	11,013	16,520	21,139	25,759
46-50	20,626	33,002	37,878	42,754
51-55	21,657	34,651	39,527	44,403
56-60	27,339	43,743	48,875	54,008
61-65	43,361	69,378	74,511	79,643

(1 A - 1 Adult; 2 A - 2 Adults; 2A 1C - 2 Adults & 1 Child; 2A 2C - 2 Adults & 2 Children)