A plan that values your employees' health as much as you do.

HDFC Life Group Health Shield

A Non Linked, Non Participating Fixed Benefit, Group Health Insurance Plan

A health insurance that protects your employees and their families from the rising costs of medical treatment that may arise due to today's stressful lifestyles.

Cancer Cover | Cardiac Cover | Personal Accidental Cover

HDFC Life

Sar utha ke jiyo!

As your business grows and expands, it is imperative that you retain your quality employees and loyal customers. Besides offering attractive remuneration, you can also offer them health benefits as a retention tool. Similarly, for loyal customers, you can offer a range of health benefits so as to enhance the overall value proposition to your valued customers.

We at HDFC Life present a plan that helps you to offer a flexible health insurance package designed to suit every health related need.

KEY HIGHLIGHTS

Daily Hospital Cash Benefit (DHCB)

2.5% & **5%** of DHCB Sum Insured payable daily, in case admitted in **Non ICU** & **ICU** room respectively

Surgical Benefit

Get **Lump Sum** payout in case you have undergone any of **138 Surgeries** specified

Critical Illness Benefit

Get **Lump Sum** payout in case diagnosed with upto **29 Critical illnesses** specified

Personal Accident Benefit

Get **coverage** against Accidental Death, Total Permanent Disability and Partial Permanent Disability

Cancer Benefit

Get **Lump Sum** payout in case diagnosed with Cancer

Cardiac Benefit

Get **Lump Sum** payout in case diagnosed with any of **17** conditions specified

SPECIAL FEATURES

- HDFC Life Group Health Shield is a fixed benefit, Group Health Insurance Plan that provides the following benefits available under 2 variants – a) One Year Renewable Group Health Plan & b) Single Premium Credit Linked Plan:
  - Daily Hospital Cash Benefit
  - Surgical Benefit
  - Critical Illness Benefit
  - Cancer Cover
  - Cardiac Cover
  - Personal Accident Cover
- The plan has been designed for organizations, to enable them to offer Health Insurance Benefit to their Employees / Members to ensure their health expenses are taken care off in case of any medical emergency
- You have the flexibility to choose from a range of benefit options. You or your Member can choose a single benefit option or combination of benefit options offered under this plan.
- You have the flexibility to set up the scheme either on Compulsory or Voluntary participation basis where the premium can be paid by You or the Members or Jointly in an agreed proportion

AGE CRITERIA

Eligibility Criteria		
Minimum Entry Age (last birthday)	Benefit Option	Minimum Entry Age
	Daily Hospital Cash Benefit Surgical Benefit	1 year
	Critical Illness Critical Illness excluding Cancer Critical Illness excluding Cardiac Critical Illness excluding Cancer and Cardiac Cancer Cover Cardiac Cover	18 years
	Personal Accidental Cover	1 year
Maximum Entry Age (last birthday)	One Year Renewable-69 years; For Single Premium Credit Linked -	
	Benefit Option	Maximum Entry Age
	Daily Hospital Cash Benefit Surgical Benefit	68 years
	Critical Illness Critical Illness excluding Cancer Critical Illness excluding Cardiac Critical Illness excluding Cancer and Cardiac Cancer Cover Cardiac Cover Personal Accidental Cover	69 years
Maximum Renewal Age (last birthday)	One Year Renewable-69 years; For Single Premium Credit Linked	
Maximum Cover Ceasing Age (last birthday)	70 years	

POLICY TERM AND COVERAGE TERM

Eligibility Criteria		
Minimum Group Size	7	
Maximum Group Size	No limit	
Member Cover Term	One Year Renewable -1 Year (Yearly Renewable); Single Premium Credit Linked – 1 year to 5 years;	
	Benefit Option	Minimum Policy Term
	Daily Hospital Cash Benefit Surgical Benefit	2 years
	Personal Accidental Cover	1 year
	Critical Illness Critical Illness excluding Cancer Critical Illness excluding Cardiac Critical Illness excluding Cancer and Cardiac Cancer Cover Cardiac Cover	1 year
Premium Payment Mode	Single Premium Credit Linked – Single Premium, One Year Renewable -Annual, Half Yearly, Quarterly, Monthly	

SUM INSURED

Benefit Options	Min. Sum Insured	Max. Sum Insured
Daily Hospital Cash Benefit	Rs. 10,000	Rs. 2,00,000
Surgical Benefit	Rs. 10,000	Rs. 25,00,000
Critical Illness Benefit (29 CI)		Rs. 50,00,000
Critical Illness excluding Cancer Benefit (28 CI)		
Critical Illness excluding Cardiac Benefit (27 CI)		
Critical Illness excluding Cancer and Cardiac Benefit (26 CI)		
Cancer Cover		
Cardiac Cover		
Personal Accident Benefit		

- You or your Member shall have the flexibility to choose different Sum Insured for different benefit options
- You as a Master Policyholder or your Members / Employees can choose the benefit options subject to the conditions specified below:

BENEFIT OPTIONS

Benefit Option	Benefit Description	Limitation on Choice
A	Daily Hospital Cash Benefit (DHCB)	
B	Surgical Benefit (SB)	
C	Critical Illness Benefit (29 CI)	Only one out of Benefit Options C, D, E, and F can be chosen
D	Critical Illness excluding Cancer Benefit (28 CI)	
E	Critical Illness excluding Cardiac Benefit (27 CI)	
F	Critical Illness excluding Cancer and Cardiac Benefit (26 CI)	
G	Cancer Cover	Not available with Option C and E
H	Cardiac Cover	Not available with Option C and D
I	Personal Accidental Cover (PAC)	

The choice of benefit options can be exercised by both the master policyholder as well as the member. This choice shall be governed by the provisions of scheme rules.

The choice of various benefit options shall be subject to conditions stated in the "Limitations on Choice" column of the above table.

Where multiple benefit options are chosen, the benefits payable under each benefit option shall be independent of benefits payable under other benefit options.

DAILY HOSPITAL CASH BENEFIT (DHCB)

1. This benefit is paid in case of hospitalization due to any injury, sickness or disease
2. The benefit shall be payable after the completion of each medically necessary continuous hospitalization for more than 24 hours as a result of injury, sickness or disease
3. In case of Hospitalization, the Member shall receive 2.5% of DHCB Sum Insured per day in case admitted in a Non ICU room or 5% of DHCB Sum Insured per day in case admitted in an ICU room for each day of hospitalisation beginning from the second day

4. Benefit payable towards any claim shall not exceed Unclaimed DHCB Sum Insured. Unclaimed Benefit Sum Insured shall mean the Benefit Option Sum Insured as reduced by any claims already made for the Benefit Option since the date of Commencement of Risk or the date of renewal of coverage, whichever is later.
5. The coverage for the Member shall cease for the remaining Member Cover Term in case 100% of DHCB Sum Insured is exhausted against claims.
6. However, coverage under other benefit options (if any) shall continue to be in force till the end of Member Cover Term
7. Renewal of this benefit shall be as per Board Approved Underwriting Policy (BAUP)

SURGICAL BENEFIT OPTION (SB)

1. Surgical Benefit shall be payable, if the Member has undergone any medically necessary surgery out of the 138 covered surgeries (specified in Annexure 2), during the Member Cover Term and the surgery has been performed:
    - by a qualified surgeon for a surgical operation
    - at a hospital due to injury or sickness for covered surgical procedures advised by medical practitioner (defined in Annexure 2)
2. In case the Member has undergone any of the specified surgeries, a fixed percentage of SB Sum Insured shall be payable on the basis of the category of the surgery as shown below:

Category**	% of Surgical Benefit Sum Insured
1	100%
2	60%
3	40%
4	20%

** Surgeries are listed in Annexure 2

3. If more than one Surgery is performed on the Member, through the same incision or by making different incisions, during the same surgical session, the claim shall be payable for one surgery only
4. The Member shall not be allowed to claim for the same surgery more than once. However, multiple claims from the same category can be made
5. The Member shall be entitled to make multiple claims up to a maximum of 100% of SB Sum Insured during the Member Cover Term
6. Coverage for the Member shall cease for the remaining Member Cover Term in case 100% of SB Sum Insured is exhausted
7. However, coverage under other benefit Options(if any) shall continue to be in force till the end of Member Cover Term
8. Benefit payable towards any claim shall not exceed the Unclaimed SB Sum Insured. Unclaimed Benefit Sum Insured shall mean the Benefit Option Sum Insured as reduced by any claims already made for the Benefit Option since the date of Commencement of Risk or the date of renewal of coverage, whichever is later.
9. Renewal of this benefit shall be as per BAUP

CRITICAL ILLNESS (CI) BENEFIT

- In case a Member is diagnosed on first occurrence of any of the covered Critical Illnesses or undergoing any of the surgeries specified below during the Member Cover Term, 100% of the CI Benefit Sum Insured shall be payable, provided the illness/ condition has occurred for the first time
- All covered critical illnesses and surgeries shall be collectively referred as Covered critical illnesses

- Benefit shall be payable provided the member survives for a period of 30 days following the date of occurrenceof Critical Illness
- You have the option to choose any one from the 4 Critical Illness Benefit Options available under the plan as mentioned below:
    - Critical Illness Benefit (Option C): Includes 29 CIs specified across Category A, B and C
    - Critical Illness excluding Cancer Benefit (Option D):Includes 28 CIs specified across Category A and C
    - Critical Illness excluding Cardiac Benefit (Option E): Includes 27 CIs specified across Category B and C
    - Critical Illness excluding Cancer and Cardiac Benefit (Option F): Includes 26 CIs specified in Category C

LIST OF COVERED CRITICAL ILLNESSES

<table>
<tr><th>CATEGORY A
(Cardiac Related)</th><th>Category B
(Cancer Related)</th><th colspan="2">Category C (Others)</th></tr>
<tr><td rowspan="7">1. Myocardial Infarction (First Heart Attack of specific severity)</td><td rowspan="14">1. Cancer of Specified Severity</td><td>1. Kidney failure requiring regular dialysis</td><td>2. Stroke resulting in permanent symptoms</td></tr>
<tr><td>3. Alzheimer's Disease</td><td>4. Apallic Syndrome</td></tr>
<tr><td>5. Coma of specified severity</td><td>6. End Stage Liver Failure</td></tr>
<tr><td>7. End Stage Lung Failure</td><td>8. Loss of Independent Existence</td></tr>
<tr><td>9. Blindness</td><td>10. Third Degree Burns</td></tr>
<tr><td>11. Major Head Trauma</td><td>12. Parkinson's Disease</td></tr>
<tr><td>13. Permanent paralysis of limbs</td><td>14. Multiple Sclerosis with persisting symptoms</td></tr>
<tr><td rowspan="7">2. Open Heart Replacement or Repair of Heart Valves[1]</td><td>15. Motor Neuron Disease with permanent symptoms</td><td>16. Benign Brain Tumour</td></tr>
<tr><td>17. Major Organ/ Bone Marrow Transplant</td><td>18. Progressive Scleroderma</td></tr>
<tr><td>19. Muscular Dystrophy</td><td>20. Poliomyelitis</td></tr>
<tr><td>21. Loss of Limbs</td><td>22. Deafness</td></tr>
<tr><td>23. Loss of Speech</td><td>24. Medullary Cystic Disease</td></tr>
<tr><td>25. Systematic lupus Erythematosus with Renal Involvement</td><td>26. Aplastic Anaemia</td></tr>
</table>

Please refer to Annexure 3 for definitions of Covered Critical Illnesses

1. The insured Member must survive for a period of 30 days following the date of occurrence of the covered critical illness
2. This Benefit shall be payable only once to the Member. Once the Critical Illness Benefit is paid, the benefit shall cease for the Member.
3. However, other benefits if opted for shall continue for the remaining Member Cover Term
4. If the diagnosis of the covered critical illness is made within the Member Cover Term and the Survival Period crosses the end of Member Cover Term, a valid claim arising as a result of such diagnosis shall not be denied

1. If a claim is made for this condition, in addition to satisfying the definitions and exclusion criteria, the procedure or surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and must be supported by relevant imaging findings & evidenced by established diagnostic reports.

CANCER COVER

1. Cancer Cover offers lump sum payout on diagnosis of Early Stage Cancer, Carcinoma-in-situ or Major Stages of Cancer, during the Member Cover Term, provided the Member survives for a period of 7 days from the date of diagnosis of the condition. The benefit payable is as follows:

In the event of Diagnosis of	% Cancer Cover Sum Insured payable
Early Stage cancer or Carcinoma-in-situ (CIS)	25
Major Cancer	100 less Early Stage Cancer or CIS claims, if any

2. Multiple claims can be made for diagnosis of Early Stage Cancer or Carcinoma-in-situ (CIS):
   - occurring in a different body organ, part or system and
   - not being classified as Secondary Cancer or Metastasis.

   Claim for recurrence of Early Stage Cancer or Carcinoma-in-situ (CIS) in the same body organ, body part or system shall not be payable.
3. If the diagnosis is made within the Member Cover Term and the survival period crosses the end point of Member Cover Term, a valid claim arising as a result of such a diagnosis shall not be denied
4. Benefit payable towards any claim shall not exceed the Unclaimed Cancer Cover Sum Insured. Unclaimed Benefit Sum Insured shall mean Benefit Option Sum Insured as reduced by any claims already made for the Benefit since the date of Commencement of Risk.
5. Member coverage under this benefit shall terminate once 100% of the Cancer Cover Sum Insured has been paid against all valid claims during the Member Cover Term.
6. However, coverage under other Benefit Options (if any) shall continue for the remaining Member Cover Term

CARDIAC COVER

1 In the event of the first occurrence/diagnosis/undergoing and subsequent recurrences of covered conditions/surgeries during the Member Cover Term while the coverage is in force, a lump sum payout (as a % of Cardiac Cover Sum Insured) shall be payable to the Member. The percentage of benefit payable shall be as specified in the table below:

Conditions / Procedures	% of Cardiac Cover Sum Insured
Group A: High Severity conditions	
➢ Myocardial Infarction (First Heart Attack – of Specific Severity) ➢ Open Chest CABG[2] ➢ Open Heart Replacement or Repair of Heart Valves[2] ➢ Major Surgery of Aorta[2] ➢ Cardiomyopathy ➢ Heart Transplant[2] ➢ Primary (Idiopathic) Pulmonary Hypertension	100%
Group B: Moderate Severity conditions	
➢ Implantable Cardioverter Defibrillator (ICD) [2] ➢ Surgery to place Ventricular Assist Devices or Total Artificial Hearts[2]	50%
Group C: Mild Severity conditions	
➢ Insertion of Pacemaker[2] ➢ Balloon Valvotomy or Valvuloplasty[2] ➢ Angioplasty[2] ➢ Surgery for Cardiac Arrhythmia[2] ➢ Minimally Invasive Surgery of Aorta[2] ➢ Pericardectomy[2] ➢ Infective Endocarditis[2] ➢ Pulmonary Thrombo Embolism[2]	25%

2. If a claim is made for this condition, in addition to satisfying the definitions and exclusion criteria, the procedure or surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and must be supported by relevant imaging findings & evidenced by established diagnostic reports.

2. The claim under this benefit option shall be paid only if the Member survives for a period of 30 days from the date of occurrence of covered conditions
3. Multiple claims can be made for condition/s falling under the Group B and C
4. In an event where more than one covered condition occurs simultaneously the claim shall be payable for only one covered condition
5. Cooling off periods applicable after occurrence of covered condition resulting into valid claim and corresponding benefit amount are given below:

Scenario 1: Recurrence of covered condition	
Cooling off period	365 days
Benefit amount	Nil

Scenario 2: Occurrence of other covered condition from the same or lower severity category	
Cooling off period	90 days
Benefit amount	Nil

Scenario 3: occurrence of other covered condition from higher severity category	
Cooling off period	90 days
Benefit amount	Applicable benefit amount less claims made during immediately preceding 90 days

Scenario 4: Occurrence of other covered condition not related to any disease/disorder of the heart or covered condition/s, claimed earlier. This must be certified by a cardiologist appointed by the Company. The cost of certification shall be borne by the company.	
Cooling off period	Nil
Benefit amount	Applicable benefit amount

The aforesaid cooling off period shall apply afresh on each valid claim.
For a given claim due to one of the 17 conditions covered under Cardiac Cover, the other 16 conditions are referred to as "other covered condition".

6. Member coverage under this benefit shall terminate once 100% of the Cardiac Cover Sum Insured has been paid against all valid claims during the Member Cover Term.
7. Benefit payable under each claim shall not exceed the Unclaimed Cardiac Cover Sum Insured. Unclaimed Benefit Sum Insured shall mean Benefit Option Sum Insured as reduced by any claims already made for the Benefit since the date of Commencement of Risk.
8. However, coverage under other Benefit Options (if any) shall continue for the remaining Member Cover Term

PERSONAL ACCIDENT COVER (PAC)

1. In case the Member has opted for this Benefit Option, the Benefit shall be paid out on the following events:
   a) Accidental Death,
   b) Accidental Total Permanent Disability(ATPD) and/or
   c) Accidental Partial Permanent Disability(APPD)
2. The Benefit shall be payable to the Member or his/her Nominee
3. In the event of Accidental Death of a Member, during the Member Cover Term, 100% of the PAC Sum Insured shall be payable to the Nominee

Accidental Death means death by or due to a bodily injury caused by an Accident, independent of all other causes of death. The Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Accidental Death must be caused within 180 days of any bodily injury. If the bodily injury occurred within the coverage period and the Accidental Death happens after the end of coverage period but within 180 days of bodily injury, a valid claim arising as a result of such Accidental Death shall not be denied.

In lieu of lumpsum benefit amount for Accidental Death, the nominee may receive benefit as:

- Regular monthly Income equal to 1% of PAC Sum Insured payable for 10 years, or Part of Benefit amount as lump sum immediately on Accidental Death and regular monthly income @ 1% of balance benefit amount (i.e.,100% of PAC Sum Insured as reduced by part lump sum already paid) for 10 years depending upon the payout option chosen
- The choice of benefit payout as lumpsum or income or combination thereof can be exercised on or before the claim is made.

4. In the event of Accidental Total Permanent Disability(ATPD) of a member during the Member Cover Term, a regular monthly Income equal to 1% of PAC Sum Insured shall be payable for 10 years

ATPD means when the insured Member is totally, continuously and permanently disabled and meets either of the two definitions below:

Part 1: Unable to work:

Disability as a result of injury or accident and is thereby rendered totally incapable of being engaged in any work or any occupation or employment for any compensation, remuneration or profit and he/she is unlikely to ever be able to do so.

Part 2: Physical Impairments:

a) The Member suffers an injury/accident due to which there is total and irrecoverable loss of:

1) the use of two limbs; or

2) the sight of both eyes; or

3) the use of one limb and the sight of one eye; or

4) loss by severance of two or more limbs at or above wrists or ankles; or

5) sight of one eye and loss by severance of one limb at or above wrist or ankle

b) The disabilities as stated above in Part 1 and Part 2 must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a Medical Practitioner, be deemed permanent

c) This benefit shall commence upon the completion of this uninterrupted period of 6 months. However, for the disabilities mentioned in (d) and (e) under Part 2, such 6 months period would not be applicable and the benefit shall commence immediately

d) Injury means accidental physical bodily harm excluding illness and disease. It must be solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

e) Once the maximum benefit is claimed, the coverage under PAC benefit option shall terminate

5. Under **Accidental Partial Permanent Disability (APPD)**, in case any Insured Member sustains any bodily injury during the Member Cover Term, resulting solely and directly from accident:

a) 50% of the PAC Sum Insured shall be payable, if such injury shall, within 12 months of its occurrence be the sole and direct cause of the total and irrecoverable loss by physical separation of one entire hand or of one entire foot.

b) If such injury shall, within 12 months of its occurrence be the sole and direct cause of the Total and /or Partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Personal Accident Cover Sum Insured as indicated below shall be payable:

Accidental Partial Permanent Disability		Benefit as a % of Personal Accident Cover Sum Insured
1.	Permanent Total Loss of Hearing in both ears	75%
2.	Permanent Total Loss of use of one limb (hand / foot) other than by physical separation, or	50%
3.	Permanent Total Loss of Sight of one eye	
4.	Permanent Total Loss of use of four fingers and thumb of either hand	40%
5.	Permanent Total Loss of Hearing in one ear, or	25%
6.	Permanent Total Loss of the lens in one eye	
7.	Permanent Total Loss of use of four fingers of either hand, or	20%
8.	Permanent Total Loss of use of one thumb of either hand, or	
9.	Ankylosis of the elbow, hip or knee	
10.	Permanent Total Loss of use of all toes	15%
11.	Permanent Total Loss of one finger of either hand, or	10%
12.	Established non-union of fractured leg or kneecap	

- The disabilities as stated above must have lasted, without interruption, for at least 6 consecutive months and must, in the opinion of a Medical practitioner, be deemed permanent. However, for the disabilities mentioned in (a) above, such 6 months period would not be applicable and the benefit shall payable immediately.
- Once the PAC Sum Insured has been paid, the coverage under this benefit option shall terminate for the Member for the remaining Member Cover Term
- If ATPD occurs after APPD, then 1% of the remaining amount (100% of PAC Sum Insured – APPD Claims paid) shall be paid as a regular monthly income for 10 years
- In case Accidental Death happens after APPD, then the remaining amount (100% of PAC Sum Insured – APPD Claims paid) shall be paid as a lump sum to the Nominee
- No benefit shall be payable for Accidental Death and APPD following ATPD claim
- In lieu of lumpsum benefit amount for APPD, the Life Assured may receive benefit as:

➢ Regular monthly Income equal to 1% of Benefit amount payable for 10 years, or Part of Benefit amount as lump sum and a regular monthly income @ 1% of balance benefit amount (i.e.100% of APPD claim entitlement as reduced by part lump sum already paid) for 10 years depending upon the payout option chosen

➢ The choice of benefit payout as lumpsum or income or combination thereof can be exercised on or before the claim is made.

During the income period future income payments or part thereof can be surrendered in exchange for a lump sum. This lump sum shall be the discounted value of the future income payments at the prevailing revival interest rate charged by the company.

ACTIVE REWARDS DISCOUNT

An "Active Rewards" Discount shall be offered at each renewal of benefit option other than Personal Accidental Cover. We will offer the discount if the insured member achieves the average step count target on the mobile application provided by us (or affiliated with us). The discount percentage (%) would be applied on Gross Premium for Life Assured as per the table below:

Average Daily Step Count	Renewal Discount
Upto 5,000	0%
5,001 to 8,000	2%
8,001 to 10,000	5%
Above 10,000	8%

To avail this benefit, you need to download & register on the mobile app within 30 days of the policy risk start date. The average step count completed by an Insured member would be tracked on this mobile application.

Average daily step count for each policy quarter shall be registered. Quarterly prorated discount entitlement shall be ascertained for average daily step count achieved in each quarter. Discount on renewal shall be aggregate of all 4 quarterly discount entitlements.

While determining a discount, we shall not consider any step count that could have been manipulated to take advantage of this feature. We reserve the right to remove or reduce any count of steps if found to be achieved in unfair manner by manipulation.

Illustration

Coverage term: 1 year

	From Inception of coverage to 90 days	91 days to 180 days	181 days to 270 days	271 days to end of coverage
Average daily steps taken in the defined time period	6,000	9,000	5,500	4,500
Eligible discount for the period	2%	5%	2%	0%

Total discount on available on renewal premium: 2.25%

MATURITY BENEFIT

No benefit shall be payable on Maturity under this Master Policy

DEATH BENEFIT

No benefit is payable on Death other than Accidental Death as specified earlier. In case the Member passes away due to any Accident, where the Monthly Income Benefit is still being paid, the outstanding benefit payments shall continue to be paid to the nominee

SURRENDER BENEFIT

On surrender of **One Year Renewable Policy** before the completion of the term, the Surrender Value payable shall be 'premiums paid less expenses' multiplied by unexpired coverage term for which premiums have been paid.

On surrender of **Single Premium Policy** before the completion of the term, the Surrender Value shall get immediately acquired and shall be 70% of single premium paid multiplied by unexpired coverage term.

Expenses are defined in term and conditions below

No surrender value shall be payable with respect to Insured Member for whom valid claims are made during coverage term.

In case of termination of Master Policy, the individual Members of the group shall be given an option to continue the coverage as an individual policy till the expiry of individual Member Cover Term.

PAID UP BENEFIT

There is no paid up benefit applicable under the Master Policy

ADDITION & DELETION OF MEMBERS

For One Year Renewable Group Health

1. New members can join the Master Policy at any well defined date during the outstanding Member Cover Term to be covered for the rest of the Member Cover Term or be covered for full 1 year from their scheme joining date
2. The option to cover Members shall be subject to the BAUP
3. Premiums shall be collected in advance of cover being provided
4. Members joining during the policy year shall be charged the premium proportionate to the duration the Member is covered during the policy year
5. Existing members can leave the Master Policy at any point of time
6. Alterations of Benefit options shall be allowed subject to the BAUP

Single Premium Credit Linked Group Health

1) New members can join the Master Policy at any well defined date
2) Members will be covered for a period of 1 year to 5 years from the date of joining
3) The option to cover Members for the coverage term shall be subject to the BAUP
4) Existing members can leave the Master Policy at any point of time

POLICY RENEWAL FOR ONE YEAR RENEWABLE GROUP HEALTH

1. The Master Policy is yearly renewable
2. Renewal of coverage under the benefit option(s) for individual Members shall be subject to the BAUP
3. In case coverage is not renewed within grace period, then coverage under the policy shall lapse with effect from expiry of coverage period and no claims arising after lapsation shall be admissible.

GRACE PERIOD

1. In case you do not pay the Renewal Premium on the premium due date, you shall get a Grace Period of 30 days from the expiry of coverage period for one year renewable group health plan
2. In case you do not pay the installment premium (monthly / quarterly / half yearly) on the premium due date, you shall get a Grace Period of 30 days for non monthly mode and 15 days for monthly mode to pay the premium for one year renewable group health plan. The policy is considered to be in-force with the risk cover during the grace period without any interruption.
3. In case the premium is not paid within the Grace Period, the Master Policy shall lapse with effect from the premium due date and any claims that occur after premium due date (including claims that may occur during grace period) shall not be admissible

POLICY REVIVAL

1. For non-annual mode policies, if the premium is not paid even after the completion of the grace period, the coverage for the member/s shall lapse.
2. You shall have the option to seek revival of the cover as per the BAUP and other conditions of this Product
3. The coverage can be revived within the outstanding member coverage term subject to all the outstanding premiums being paid and satisfactory evidence of good health being provided.
4. In case of revival of the coverage within a period of 60 days from the date of lapsation due to non-revival, the waiting periods shall not be applicable afresh
5. In case of revival after 60 days, the waiting period shall be applicable afresh for all the Members

FREELOOK CANCELLATION

By Master Policy Holder:

1. In case you, the Master Policyholder, is not satisfied with the terms and conditions specified in the Master Policy Document, you have the option of returning the Master Policy Document to us stating the reasons thereof, within 15 days from the date of receipt of the Master Policy Document
2. In case of the Product is sold through Distance Marketing mode, the period will be 30 days from the date of receipt of the letter along with Master Policy Document
3. On receipt of the letter along with the Master Policy Document, provided the Member has not made any claim, we shall arrange to refund the premium paid by you, subject to deduction of the proportionate risk premium for period on cover plus the expenses incurred by us on medical examination, if any and stamp duty, if any.

By Member:

1. In case the Member is not satisfied with the terms and conditions of the Certificate of Insurance, he/she shall have the option of cancelling the Coverage by returning the Certificate of Insurance to us stating the reasons thereof, within 15 days (in case of sale through distance marketing mode this period shall be 30 days) from the date of receipt of the same.

2. If the Member has not made any claim during the free look period, on receipt of Free-Look intimation letter along with the original Certificate of Insurance, we shall arrange to refund you the premium, subject to deduction of the proportionate risk premium for period on cover plus the expenses incurred by us on medical examination, if any and stamp duty, if any.

For administrative purposes, all such free-look requests should be registered by Master Policyholder on behalf of Member / Employee.

T&C TERMS & CONDITIONS

We recommend that you read this product brochure and understand what the plan is, how it works and the risks involved before you purchase.

A. Risk Factors

1. HDFC Life Insurance Company Limited is the name of our Insurance Company and HDFC Life Group Health Shield is the name of this plan. The name of our company and the plan do not, in any way, indicate the quality of the plan
2. The health premium is guaranteed for 1 year, post which it may be reviewed
3. Please know the associated risks and the applicable charges, from your Insurance Agent or the Intermediary or Master Policy Document issued by us
4. Tax Benefits are subject to change as per Income Tax Act, 1961. Please check with your financial advisor for more details
5. This product might be closed for new business for reasons inter alia change in regulations and company's business considerations.

B. Nomination: Section 39 of insurance Act 1938 as amended from time to time

1. The Member of the Master Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Master Policy shall be paid in the event of his death
2. Where the nominee is a minor, the Member of the Master Policyholder may appoint any person to receive the money secured by the Master Policy in the event of Master Policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer
3. Nomination can be made at any time before the maturity of the policy
4. Nomination may be incorporated in the text of the Mater Policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a shall as the case may be
6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer shall not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations

C. Assignment: Section 38 of insurance Act 1938 as amended from time to time

Assignment shall be subject to Section 38 of the Insurance Act 1938, as amended from time to time.

Section B (Nomination) is a simplified version prepared for general information only and hence is not comprehensive. For full texts of these sections please refer to Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

D. Prohibition of Rebates: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time:

1. 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 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees

E. Non-Disclosure: In accordance with Section 45 of the Insurance Act, 1938 as amended from time to time:

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the cover or the date of commencement of risk or the date of reinstatement of the cover or the date of the rider to the policy, whichever is later
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of reinstatement of the cover or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the Member or the legal representatives or nominees or assignees of the Member the grounds and materials on which such decision is based
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the Member can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive
4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of reinstatement of the cover of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the Member was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the Member or the legal representatives or nominees or assignees of the Member the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the Member or the legal representatives or nominees or assignees of the Member within a period of ninety days from the date of such repudiation
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Member was incorrectly stated in the proposal

F. Indirect & Direct Taxes

Indirect Taxes

Taxes and Levies as applicable will be charged and payable by you by any method including by levy of an additional monetary amount in addition to premium and/or charges.

Direct Taxes

Tax will be deducted at the applicable rate from the payments made under the policy, as per the provisions of the Income Tax Act, 1961.

G. Expenses

Expenses include commission paid, sum assured related expenses (if applicable) and member related administrative expense.

ANNEXURE 1: WAITING PERIOD & PERMANENT EXCLUSIONS

- **60 Days Waiting Period for Hospital Cash & Surgical Benefit**

  Daily Hospital Cash Benefit and / or Surgical Benefit shall not be payable for any treatment of illness/ailment/disease diagnosed or hospitalization taking place within 60 days from date of commencement or revival of cover, whichever occurs later. This waiting period shall not apply for covered surgical procedures for injury due to Accident or hospitalisation arising out of Accident.

- **90 Days Waiting Period for Critical Illness**

  No benefit shall be paid in case the Life Assured is diagnosed with any of the applicable listed Critical Illnesses within 90 days from the date of commencement or revival of cover, whichever occurs later except in cases where the Critical Illness occurs as a result of an accident (such as Major Head Trauma).

- **180 Days Waiting Period for Cancer Cover and Cardiac Cover**

  No benefit for Cancer Cover and / or Cardiac Cover shall be paid in case the Life Assured is diagnosed with any of the condition covered under Cancer Cover and Cardiac Cover during waiting period. Waiting period for this purpose shall be 180 day from the date of commencement or revival of coverage, whichever occurs later.

- **1 or 2 Years Waiting Period for Daily Hospital Cash Benefit & Surgical Benefit**

  In case of hospitalization or treatment of any of the following injury, sickness, diseases or surgical procedure and any complications arising out of them during a period of 1 or 2 years from the date of commencement of cover or revival of coverage, whichever occurs later, the Daily Hospital Cash Benefit or Surgical Benefit will not be payable.

Sr. No.	Injury / Sickness / Disease / Surgical Procedure 1 year waiting list
1	Tonsillitis / Adenoiditis
2	Hernia (Inguinal / Ventral / Umbilical / Incisional)
3	Hydrocoele / Varicocoele / Spermatocoele
4	Piles / Fissure / Fistula / Rectal prolapsed
5	Benign Enlargement of Prostrate
6	Degenerative joint conditions
7	Lumps, nodules, cysts and polyps
8	Chronic Suppurative Otitis Media / Tympanoplasty

Sr. No.	Injury / Sickness / Disease / Surgical Procedure 2 year waiting list
1	Cataract
2	Menstrual irregularities
3	Hysterectomy or Myomectomy for benign conditions
4	Deviated Nasal Septum /Sinusitis
5	Thyroid Nodule / Multi Nodular Goitre
6	Cholecystitis or stones of the gall bladder / pancreatic system
7	Stones of the urinary tract
8	Treatment of Prolapsed Inter Vertebral Disc
9	Diabetes and it's complications

- **Pre-Existing Disease for Daily Hospital Cash Benefit & Surgical Benefit**
  Benefits under Daily Hospital Cash Benefit & Surgical Benefit will not be available for any Pre-Existing Disease as defined above, until the Life Assured has been continuously insured for a period of 36 months after inception of coverage or revival of coverage, whichever occurs later.

- **Permanent Exclusions**

A. General Permanent Exclusions
These shall not apply for Personal Accidental Cover.Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Assured if it is directly or indirectly- caused by, arises from or is in any way attributable to any of the following:

1. External Congenital anomaly: Treatment for external congenital disease or deformity, including physical defects present from birth will not be covered by the policy.
2. Hospitalisation and/or surgery is/are not in accordance with the diagnosis and treatment of the condition for which the hospital confinement or surgery was required; Diagnosis and/or hospitalisation and/or treatment (availed or advised) within the waiting period for the respective covered benefit.
3. Hospitalization following the diagnosis in the Waiting Period
4. Elective surgery or treatment which is not medically necessary;
5. Weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition;
6. Study and treatment of sleep apnoea;
7. Routine eye tests, any dental treatment or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury and warranting hospitalisation.
8. Outpatient treatment
9. Hospitalisation and/or surgery relating to infertility or impotency, sex change or any treatment related to it, abortion, sterilization and contraception including any complications relating thereto;
10. Hospitalisation and/or surgery for treatment arising from pregnancy and it's complications which shall include childbirth or miscarriage;
11. Hospitalisation primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
12. Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalisation for treatment under any system other than allopathy;
13. Any mental or psychiatric condition including but not limited to insanity, mental or nervous breakdown / disorder, depression, dementia, rest cures or psychosomatic disorders. Alzheimer's disease will also be excluded from all the covered benefits except Critical Illness.
14. Admission to a nursing home or home for the care of the aged unless related to the treatment of an acute medical condition;
15. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion (run down condition);
16. The influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
17. Directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power;
18. Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries, cancer or burns.
19. Treatment of xanthelesema, syringoma, acne and alopecia; circumcision unless necessary for treatment of a disease or necessitated due to an accident
20. Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;

21. Intentional self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life);
22. Violation or attempted violation of the law or resistance to arrest or by active participation in an act with criminal intent;
23. Participation in professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
24. Hospitalisation where the Life Assured is a donor for any organ transplant;
25. Aviation, gliding or any form of aerial flight other than other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.
26. Any sickness classified as an epidemic by the Central or State government.
27. Non allopathic modes of treatment which are not approved by a medical practitioner.
28. Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing.
29. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
30. Treatment of abnormalities, deformities, or Illnesses present only because they have been passed down through the generations of the family.
31. Treatment for, or related to developmental problems, including Learning difficulties, such as dyslexia and behavioural problems, including Attention Deficit Hyperactivity Disorder (ADHD).
32. Failure to seek or follow medical advice as recommended by a Medical Practitioner
33. Delaying of medical treatment in order to circumvent the waiting period

B. <u>Specific Permanent Exclusions</u>

In addition to the General Permanent exclusions listed above:

1. No Critical Illness Benefit (or any variant of Critical Illness benefit) will be payable for any of the following:

- The coverage shall terminate and no benefit will be payable on diagnosis of any critical illness and/or hospitalization and/or treatment (availed or advised) there of within 90 days of the commencement or date of revival of cover, whichever is later.
  Upon such termination, premium paid for Critical Illness benefit since risk commencement date shall be refunded.
  However, no refund shall be made where coverage is called in question on the grounds as provided under sec. 45 of the Insurance Act, 1938 as amended from time to time.
- Critical Illness Benefit, where death occurs within 30 days of the date of diagnosis of covered critical illness
- Any more than one claim in respect of Critical Illness Benefit
- Any Pre-existing disease

2. No benefit shall be payable under the policy in respect of any Major Cancer, Carcinoma-in-situ or Early Stage Cancer resulting directly or indirectly from or caused or contributed by (in whole or in part) :

- Condition occurring within 180 days of risk commencement date or revival date (i.e. during the waiting period). In case of diagnosis of a Cancer contracted during the waiting period, the coverage shall terminate. Upon such termination, premium paid for Cancer Cover since risk commencement date shall be refunded.
  However, no refund shall be made where coverage is called in question on the grounds as provided under sec. 45 of the Insurance Act, 1938 as amended from time to time.

- Any Pre-existing disease.

3. Unless expressly stated to the contrary in this Policy, no benefit shall be paid for Cardiac Cover in respect of any Life Assured if it is directly or indirectly- caused by or aggravated directly or indirectly by or arises from or is in any way attributable to any of the following:

- Pre-existing disease. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing disease shall be considered part of that pre-existing disease. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless life assured has disclosed the same at the time of proposal or date of revival whichever is later and the company has accepted the same.
- The coverage shall terminate and no benefit will be payable for diagnosis and/or hospitalization and/or treatment (availed or advised) of any disease/disorder of the heart within the waiting period.
  Upon such termination, premium paid for Cardiac Cover since risk commencement date shall be refunded. However, no refund shall be made where coverage is called in question on the grounds as provided under sec. 45 of the Insurance Act, 1938 as amended from time to time.

4. Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim under Personal Accidental Cover in respect of any Life Assured if it is directly or indirectly- caused by, arises from or is in any way attributable to any of the following:

- The influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- Directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power;
- Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
- Intentional self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life);
- Violation or attempted violation of the law or resistance to arrest or by active participation in an act with criminal intent;
- Participation in professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
- Aviation, gliding or any form of aerial flight other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.
- Any Pre-existing disease

5. No Accidental Death Benefit will be payable if the death of Life Assured occurs after 180 days from the date of accident.

6. No benefit under Cancer Cover will be payable if Life Assured does not survives for 7 days after the "full histopathological diagnosis" of the cancer, including stage and grading.

7. No benefit under Cardiac Cover will be payable where death occurs within 30 days of the date of diagnosis of conditions covered under Cardiac Cover benefit option.

   If the proposed life assured is found to be suffering from permanent/time bound exclusion and the coverage is issued as per BAUP, the claim shall not be denied on the grounds of permanent exclusion noticed at the proposal stage.

Note: For the purpose of waiting period, Date of commencement or inception of coverage for a benefit option shall mean the most recent date from which the member is covered under that benefit option without any break.

ANNEXURE 2: LIST OF SURGERIES COVERED UNDER SURGICAL BENEFIT

CATEGORY 1

Sr. No.	Surgery
1	Surgery of the Aorta
2	CABG (two or more coronary arteries) via open thoracotomy
3	Prosthetic replacement of Heart Valve
4	Heart/Heart-Lung Transplant
5	Lung Transplantation
6	Liver Transplantation
7	Renal transplant (recipient)
8	Proximal Aortic Aneurysmal repair by coronary artery transplantation

Sr. No.	Surgery
9	Bone Marrow transplant (as recipient)
10	Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms
11	Craniotomy for malignant Cerebral tumors
12	Pineal Gland excision
13	Pituitary Gland excision
14	Excision of esophagus and stomach
15	Abdominal-Perineal Pull Through Resection of rectum with Colo-Anal Anastomosis

CATEGORY 2

Sr. No.	Surgery
16	Pericardiotomy / Pericardectomy
17	Permanent pacemaker Implantation in heart
18	Mitral valve repair
19	Aortic valve repair
20	Tricuspid valve repair
21	Pulmonary valve repair
22	Major Excision and grafting of Lymphedema
23	Splenectomy
24	Craniotomy for non malignant space occupying lesions
25	Operations on Subarachnoid space of brain
26	Craniotomy- Surgery on meninges of Brain
27	Other operations on the meninges of the Brain
28	Micro vascular decompression of cranial nerves/nervectomy
29	Pneumenectomy
30	Diaphragmatic/Hiatus Hernia Repair
31	Thoracotoplasty
32	Open Lobectomy of Lung

Sr. No.	Surgery
33	Open excision of benign mediastinal lesions
34	Partial Extirpation of Bronchus
35	Partial Pharyngectomy
36	Total Pharyngectomy
37	Total Laryngectomy
38	Excision of Diaphragmatic tumors
39	Total Esophagectomy
40	Total Gastrectomy
41	Complete excision of adrenal glands
42	Total thyroidectomy
43	Complete excision of Parathyroid gland
44	Total ear amputation with reconstruction
45	Trans mastoid removal cholesteatoma with extended Mastoidectomy
46	Major Nasal Reconstruction due to Traumatic lesions
47	Wide excision and Major reconstruction of malignant Oro-pharyngeal tumors
48	Partial Resection of Liver
49	Partial Pancreatectomy

50	Replantation of upper limb
51	Replantation of lower limb
52	Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose
53	Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions
54	Hysterectomy for malignant conditions
55	Radical prostatovesiculectomy
56	Penile replantation for post traumatic amputation
57	Radical Mastectomy

CATEGORY 3

58	Coronary Angioplasty with stent implantation (two or more coronary arteries must be stented)
59	Major vein repair with or without grafting for traumatic & nontraumatic lesions
60	Craniotomy for Drainage of Extradural, subdural or intracerebral space
61	Entrapment syndrome- decompression surgery
62	Unilateral or Bilateral sympathectomy
63	Peripheral nerve Graft
64	Free Fascia Graft for Facial Nerve Paralysis
65	Excision of deep seated peripheral nerve tumor
66	Multiple Microsurgical Repair of digital nerve
67	Pleurectomy or Pleural decortication
68	Tracheal reconstruction for various lesion
69	Resection and Anastomosis of any part of digestive tract
70	Open Surgery for treatment of Peptic Ulcer
71	Partial excision of adrenal glands
72	Subtotal/Partial Thyroidectomy
73	Partial excision of Parathyroid gland
74	Labyrinthotmy for various lesions
75	Total Glossectomy
76	Orbit Tumor Exenteration /Flap reconstruction
77	Cholecystectomy /Choledochotomy for various Gall bladder lesions
78	Total hip replacement (With Cement)
79	Total hip replacement (Without Cement)
80	Total hip replacement- Others
81	Total Knee replacement (With Cement)
82	Total Knee replacement (With Cement)
83	Total Knee replacement- Others
84	Total prosthetic replacement of other joint using cement
85	Total prosthetic replacement of other joint not using cement
86	Other total prosthetic replacement of otherjoint
87	Prosthetic replacement of head of femur using cement
88	Prosthetic replacement of head of femur not using cement
89	Other prosthetic replacement of head of femur
90	Prosthetic replacement of head of humerus using cement
91	Prosthetic replacement of head of humerus not using cement
92	Other prosthetic replacement of head of humerus
93	Prosthetic replacement/articulation/other bone using cement
94	Prosthetic replacement/articulation/other bone not using cement
95	Other prosthetic replacement of articulation of other bone
96	Prosthetic interposition reconstruction of joint
97	Other interposition reconstruction of joint
98	Excision reconstruction of joint
99	Other reconstruction of joint
100	Implantation of prosthesis for limb
101	Amputation of arm
102	Amputation of leg
103	Fracture fixation- Spine
104	Elevation, Exploration and Fixation of fractured Zygoma

105	Total nephrectomy(Not as transplant donor)
106	Partial Nephrectomy
107	Open extirpation of lesion of kidney
108	Excision of ureter
109	Total excision of bladder
110	Kidney injury repair

111	Pyloplasty / Ureterocalcycostomy for pelvic ureteric junction obstruction
112	Penile Amputation repair
113	Excision of vagina
114	Unilateral or Bilateral excision of adnexa of uterus
115	Operations on frontal sinus

CATEGORY 4

116	Therapeutic Burr Hole on skull- Drainage of Extra-Dural, intra-Dural or intracerebral space
117	Artificial opening into stomach
118	Oral Leukoplakia- Wide excision
119	Corneal or Retinal Repair for Traumatic eye injuries
120	Penetrating injuries of the eye or repair of ruptured globe
121	Amputation of hand
122	Amputation of foot
123	Therapeutic knee Arthroscopy
124	Replantation of finger following traumatic amputation
125	Surgical Drainage and Curettage for osteomyelitis
126	Partial excision of bladder

127	Therapeutic ureteroscopic operations on ureter
128	Urinary diversion
129	Replantation of ureter
130	Unilateral or Bilateral excision of testes
131	Other operations on Scrotum and tunica vaginalis testis
132	Reconstruction of the testis
133	Open surgical excision and destruction of prostate tissue
134	Extirpation of lesion of vulva
135	Excision of vulva
136	Operations on maxillary antrum using sublabial approach
137	Simple Mastectomy

ANNEXURE 3: IMPORTANT TERMINOLOGY

In order to understand the Daily Hospital Cash Benefit (HCB) and Surgical Benefit offered by HDFC Life Group Health Shield it is important that you understand following terminologies:

1. **Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Cancellation:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the Life Assured by giving sufficient notice to other which is not lower than a period of fifteen days. This shall be subject to Section 45 of the Insurance Act, 1938 as amended from time to time.
3. **Dental Treatment:** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
4. **Disclosure to information norm:** 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.
5. **Hospital:** A 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 qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- 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 makes these accessible to the insurance company's authorized personnel.

6. **Hospitalisation:** Hospitalisation 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.
7. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological condition which manifests itself during the coverage term and requires medical treatment.
   - 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
   - Chronic condition- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
     - It needs ongoing or long-term monitoring through consultations, examinations, check-ups,
     - It needs ongoing or long-term control or relief of symptoms
     - It requires your rehabilitation or for you to be specially trained to cope with it
     - It continues indefinitely
     - It recurs or likely to recur
8. **Injury:** 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
9. **Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
10. **Intensive Care Unit:** "Intensive Care Unit (ICU)" 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.
11. **Medically Necessary:** Medically necessary treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
    - is required for the medical management of the Illness or Injury suffered by the insured;
    - 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.
12. **Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
13. **Medical Practitioner:** A 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. The person shall not be the Life Assured himself/herself.

14. **Pre-existing disease: Pre-existing Disease means any condition, ailment, injury or disease:**
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

15. **Surgery or Surgical Procedure:** 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.

16. **Congenital Anomaly:**
Congenital Anomaly means a condition 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

17. **Unproven/Experimental treatment:** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

18. **Symptom:** Symptom is a subjective evidence of the presence of disease and is a physical or mental feature which indicates the disease's presence. Such features are apparent to the person having the disease.

19. **Sign:** Any objective evidence of a disease which can be detected by someone other than the individual affected by the disease

In order to understand the Critical Illness & Cardiac Care Benefits offered by HDFC Life Group Health Shield it is important that you understand following terminologies:

1. **Cancer of Specified Severity** - A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:
a) All Tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
b) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
c) Malignant melanoma that has not caused invasion beyond the epidermis;
d) All 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
e) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
f) Chronic lymphocyctic leukaemia less than RAI stage 3

g) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
h) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. **Myocardial Infarction (First Heart Attack of specific severity) –**
   I. The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial infarction should be evidenced by all of the following criteria:
      i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
      ii. new characteristic electrocardiogram changes
      iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

   The following are excluded:
   - Other acute Coronary Syndromes
   - Any type of angina pectoris
   - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

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

4. **Stroke Resulting In Permanent Symptoms -** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. 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.

   The following are excluded:
   - Transient ischemic attacks (TIA)
   - Traumatic injury of the brain
   - Vascular disease affecting only the eye or optic nerve or vestibular functions.

5. **Alzheimer's Disease / Irreversible Organic Degenerative Brain Disorders -** Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease or irreversible organic disorders, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. This diagnosis must be supported by the clinical confirmation of an appropriate Registered Medical practitioner who is also a Neurologist and supported by the Company's appointed doctor.

   The following are excluded:
   - Non-organic disease such as neurosis and psychiatric illnesses; and
   - Alcohol-related brain damage.

6. **Apallic Syndrome -** Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month.

7. **Benign Brain Tumour –**
   I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
   II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
      i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
      ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
   III. The following conditions are **excluded:**
   Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord. pituitary tumors, tumors of skull bones and tumors of the spinal cord.

8. **Coma Of Specified Severity –**
   I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
      i. no response to external stimuli continuously for at least 96 hours;
      ii. life support measures are necessary to sustain life; and
      iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
   II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

9. **End Stage Liver Failure –**
   I. Permanent and irreversible failure of liver function that has resulted in all three the following:
      i. Permanent jaundice; and
      ii. Ascites; and
      iii. Hepatic encephalopathy.
      Liver failure secondary to drug or alcohol abuse is excluded.

10. **End Stage Lung Failure -** End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less ($PaO_2 < 55mmHg$); and
- Dyspnea at rest.

11. **Loss of Independent Existence -** Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living are:-

- **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
- **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances.
- **Transferring:** the ability to move from a bed or an upright chair or wheelchair and vice versa.
- **Mobility:** The ability to move indoors from room to room on level surfaces.
- **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
- **Feeding:** the ability to feed oneself once food has been prepared and made available.

The following is excluded:

Any injury or loss as a result of War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

12. **Blindness-**

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
II. The Blindness is evidenced by:
   i. corrected visual acuity being 3/60 or less in both eyes or ;
   ii. the field of vision being less than 10 degrees in both eyes.
III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

13. **Third Degree Burns-**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. **Major Head Trauma -**

I. Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, independently of all other causes.

II. The accidental head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. **The Activities of Daily Living are:**

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- Spinal cord injury

15. Motor Neuron Disease With Permanent Symptoms - Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

16. Multiple Sclerosis With Persisting Symptoms –

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis; and
   ii. 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 is excluded.

17. Parkinson's Disease -

Unequivocal Diagnosis of Parkinson's disease by a Registered Medical Practitioner who is a neurologist where the condition:

- cannot be controlled with medication;
- shows signs of progressive impairment; and
- Activities of Daily Living assessment confirms the inability of the Life Assured to perform at least three (3) of the Activities of Daily Living as defined in the Policy, either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons, for a continuous period of six months.

Only idiopathic Parkinson's Disease is covered. Drug-induced or toxic causes of Parkinson's Disease are excluded

18. **Permanent Paralysis Of Limbs -** 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 scope of recovery and must be present for more than 3 months.

19. **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.

20. **Major Organ / Bone Marrow Transplant -** The actual undergoing of a transplant of:

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

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

21. **Progressive Scleroderma -** A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The systemic involvement should be evidenced by any one of the following findings -

i. Lung fibrosis with a diffusing capacity (DCO) of less than 70% of predicted
ii. Pulmonary hypertension with a mean pulmonary artery pressure of more than 25 mmHg at rest measured by right heart catheterisation
iii. Chronic kidney disease with a GFR of less than 60 ml/min (MDRD-formula)
iv. Echocardiographic findings suggestive of Grade III and above left ventricular diastolic dysfunction

The diagnosis must be confirmed by a Consultant Rheumatologist or Nephrologist.

The following are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fascitis; and
- CREST syndrome.

22. **Muscular Dystrophy -** Diagnosis of muscular dystrophy by a Registered Medical Practitioner who is a neurologist based on three (3) out of four (4) of the following conditions:

i. Family history of other affected individuals;
ii. Clinical presentation including absence of sensory disturbance, normal cerebro- spinal fluid and mild tendon reflex reduction;
iii. Characteristic electromyogram; or
iv. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Scheme member to perform (whether aided or unaided) at least three of the six "Activities of Daily Living" as defined earlier, for a continuous period of at least six months.

The following are excluded:

- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

23. **Poliomyelitis -** The occurrence of Poliomyelitis where the following conditions are met:
    i. Poliovirus is identified as the cause and is proved by Stool Analysis,
    ii. Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.

24. **Medullary Cystic Disease -** Medullary Cystic Disease where the following criteria are met:
    - The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
    - Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
    - The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

    Isolated or benign kidney cysts are specifically excluded from this benefit.

25. **Systematic Lupus Erythematosus with Renal Involvement -** Multi-system, autoimmune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.
    Abbreviated ISN/RPS classification of lupus nephritis (2003):

    Class I - Minimal mesangial lupus nephritis

    Class II - Mesangial proliferative lupus nephritis

    Class III - Focal lupus nephritis

    Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

    Class V - Membranous lupus nephritis

    Class VI - Advanced sclerosing lupus nephritis the final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

26. **Aplastic Anaemia -** Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
    - Blood product transfusion;
    - Marrow stimulating agents;
    - Immunosuppressive agents; or
    - Bone marrow transplantation.

    The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:
    - Absolute Neutrophil count of 500 per cubic millimetre or less;
    - Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
    - Platelet count of 20,000 per cubic millimetre or less.

27. **Loss of Limbs -** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

28. **Deafness –**
    I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose, and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

29. **Loss of Speech –**
    I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.
    II. All psychiatric related causes are excluded.

30. **Open Chest CABG -** 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

    The following are excluded:

    - Angioplasty and/or any other intra-arterial procedures

31. **Major Surgery of Aorta -** The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches (including aortofemoral or aortoiliac bypass grafts). The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings.

    The following are excluded:

    - Surgery performed using only minimally invasive or intra-arterial techniques.
    - Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

32. **Heart Transplant -** The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

33. **Cardiomyopathy -** An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

    - Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced and
    - Echocardiography findings confirming presence of cardiomyopathy and Left Ventricular Ejection Fraction (LVEF %) of 40% or less

    The following are excluded:

    - Cardiomyopathy directly related to alcohol or drug abuse.

34. **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 exclude

35. **Balloon Valvotomy or Valvuloplasty -** The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field and established by a cardiac echocardiogram or any other appropriate diagnostic test that is available.

    The following are excluded:
    - Procedures done for treatment of Congenital Heart Disease within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

36. **Surgery to place Ventricular Assist Devices or Total Artificial Hearts -** The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.

    The following are excluded:
    - Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

37. **Implantable Cardioverter Defibrillator -** Insertion of a permanent cardiac defibrillator as a result of serious (Life Threatening) cardiac arrhythmia which cannot be treated via any other means. Cardiac arrhythmias to be evidenced by 24 hour Holter monitoring report or any such other established diagnostic reports. The insertion of the cardiac defibrillator must be certified as absolutely necessary, beneficial, and effective by a Consultant Cardiologist.

38. **Pericardectomy -** The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist.

    The following are excluded:
    - Other procedures on the pericardium including pericardial biopsies and pericardial drainage procedures by needle aspiration.

39. **Minimally Invasive surgery of Aorta -** The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

    The following are excluded:
    - Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

40. **Angioplasty –**

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

41. **Infective Endocarditis - Inflammation of the inner lining of the heart caused by infectious organisms,** where all of the following criteria are met:

I. Positive result of the blood culture proving presence of the infectious organism(s)

II. Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) attributable to Infective Endocarditis; and

III. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a cardiologist.

42. **Surgery for Cardiac Arrhythmia -** Procedures like Maze surgery, RF Ablation therapy or any relevant procedure/surgery deemed absolutely necessary by a cardiologist to treat life threatening arrhythmias. Diagnosis must be evidenced by monitoring through a Holter monitor, event monitor or loop recorder and should be confirmed by a consultant cardiologist.

The following are excluded:

- Cardio version and any other form of non-surgical treatments
- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

43. **Insertion of Pacemaker -** Insertion of a permanent cardiac pacemaker that is required as a result of serious cardiac arrhythmia which cannot be treated via other means. Cardiac arrhythmias to be evidenced by 24 Holter monitoring report or any such other established diagnostic reports. The insertion of any type of temporary cardiac pacing is specifically excluded. Devices with in-built pacemaker functionality are specifically excluded and shall be considered to qualify under Implantable cardioverter defibrillator.

The following are excluded:

- Claim arising due to Internal Congenital Anomalies within 4 years from the date of commencement of cover or revival of coverage, whichever occurs later.

44. **Pulmonary Thrombo Embolism -** The blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and requiring medical or surgical treatment on an inpatient basis.

In Order To Understand The Cancer Care Benefits Offered By Hdfc Life Group Health Shield It Is Important That You Understand Following Terminologies:

Early Stage Cancer

Early Stage Cancer shall mean the presence of one of the following malignant conditions:

(i) Tumour of the thyroid histologically classified as T1N0M0 according to the TNM classification;
(ii) Prostate tumour should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent or lesser classification.
(iii) Chronic lymphocytic leukaemia classified as RAI Stage I or II;
(iv) Basal cell and squamous skin cancer that has spread to distant organs beyond the skin,
(v) Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.
(vi) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

Carcinoma-in-situ

Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or invaded (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma in any one of the following covered organ groups, and subject to any classification stated:

(i) breast, where the tumour is classified as Tis according to the TNM Staging method;
(ii) corpus uteri, vagina, vulva or fallopian tubes where the tumour is classified as Tis according to the TNM Staging method or FIGO* Stage 0;
(iii) cervix uteri, classified as cervical intraepithelial neoplasia grade III (CIN III) or as Tis according to the TNM Staging method or FIGO* Stage 0;
(iv) ovary –include borderline ovarian tumours with intact capsule, no tumour on the ovarian surface, classified as T1aN0M0, T1bN0M0 (TMN Staging) or FIGO 1A, FIGO 1B
(v) Colon and rectum;
(vi) Penis;
(vii) Testis;
(viii) Lung;
(ix) Liver;
(x) Stomach and esophagus;
(xi) Urinary tract, for the purpose of in-situ cancers of the bladder, stage Ta of papillary carcinoma is included
(xii) Nasopharynx

For purposes of this Policy, Carcinoma-in-situ must be confirmed by a biopsy.

* FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique
Pre-malignant lesions and Carcinoma-in-situ of any organ unless listed above are excluded.

Major Cancer

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- 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.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocyctic leukaemia less than RAI stage 3
- All tumours of the urinary bladder histologically classified as T1N0M0 (TNM Classification) or below

Metastasis

The spread of cancer cells from the place where they first formed to another part of the body.

Secondary Cancer

Cancer that has spread (metastasized) from the place where it first started to another part of the body. Secondary cancers are the same type of cancer as the original (primary) cancer.

Sar utha ke jiyo!

grouphealth@hdfclife.com

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Registered Office: 13th Floor, Lodha Excelus, Apollo Mills Compound, N. M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.
Email: service@hdfclife.com, Tel. No: 1860 267 9999 (Mon-Sat 10 am to 7 pm) Local charges apply. Do NOT prefix any country code. e.g. +91 or 00. Website: www.hdfclife.com

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