

HDFC Life Health Assure Plan

POLICY TERMS AND CONDITIONS

1. Definitions

The following capitalised terms wherever used in this Policy shall have the meanings given hereunder:

1.1 "Accident" or "Trauma" means an unexpected and unforeseen event caused by violent, external and visible means.

1.2 "Annual Limit" is the amount which defines the maximum liability of the Company in any Policy Year.

1.3 "Company", "We", "Our", "Us" and "Insurer" refers to HDFC Standard Life Insurance Company Limited.

1.4 "Co-pay" shall mean the percentage of admissible claim amount which has to be fully borne by the Life Insured/Policyholder. The balance of admissible amount shall be paid by the Insurer, subject to the Annual Limit.

1.5 "Day Care Centre" means hospitals or specialised medical service providers which are fully equipped with advanced technology and infrastructure for carrying out Day Care Procedures.

1.6 "Day Care Procedure" means a medical treatment or a surgical procedure carried out by a Medical Practitioner and which due to advancements in medical technology:

- Is undertaken under general or local anaesthesia in a Hospital or a Day Care Centre and
- Requires a patient to be admitted for less than 24 consecutive hours

Medical treatment normally taken on an outpatient basis or in a clinic or a casualty setting is out of scope of this definition.

1.7 "Dependant" refers to the person who does not have any independent source of income.

1.8 "Family" in the context of this Policy shall mean the members listed below:

- i. The Policyholder
- ii. Policyholder's lawfully married spouse
- iii. Policyholder's Dependent children aged 91 Days or more
- iv. Parents of the Policyholder
- v. Parents in law of the Policyholder

1.9 "Family Floater" refers to a plan described as such in the Policy Schedule where the Family members of the Policyholder in respect of whom the premiums are paid are covered. The Annual Limit under the Policy in this case, represents the Company's maximum liability with respect to all claims made by all Lives Insured in a Policy Year.

1.10 "First coverage commencement date" is the date on which cover for a Life Insured is incepted for the first time with Us and from which date the Life Insured continues to remain covered with Us without any break.

1.11 **“Hospital”** shall mean any institution established for inpatient care and Day Care treatment and treatment of Illness or Injury and which has been registered either as a Hospital or Nursing Home with the local authorities wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all of the following criteria:

- i) Has at least 10 Inpatient beds, in those towns having a population of less than 1,000,000 and 15 Inpatient beds in all other places,
- ii) Has fully qualified nursing staff and Medical Practitioner(s) under its employment round the clock, and
- iii) Has a fully equipped operation theatre of its own where surgical procedures are carried out.

The term Hospital shall not include a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a rehabilitation centre, a hotel or any similar place.

1.12 **“Illness”** means a sickness (a condition or an ailment affecting general soundness or health of the Life Insured) or a disease (affliction of body organs of the Life Insured with a defined and recognised pattern of symptoms) or a pathological condition leading to impairment of normal physiological functions and which manifests itself during the Policy Period and requires treatment prescribed by a Medical Practitioner.

1.13 **“Injury”** means any physical bodily harm which is neither an Illness nor is caused by an Illness and is sustained because of an Accident, occurring during the Policy Period, for which medical treatment from a Medical Practitioner is required.

1.14 **“Inpatient”** means being hospitalized for a minimum of 24 hours on recommendation of a Medical Practitioner to seek medical intervention due to an Illness or Injury.

1.15 **“Intensive Care Unit” or “ICU”** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner, 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.

1.16 **“Life Insured” or “Lives Insured”** means the person(s) who has or have been insured by the Company under this Policy.

1.17 **“Medical Practitioner”** shall mean qualified allopathic (i.e. conventional) medical practitioner holding a valid licence granted by the appropriate licensing authority and registered with the Medical Council of India, acting within the scope of licence including surgeons, anaesthetists, consultants, pathologists, radiologists, radiation oncologists and specialists.

1.18 **“Network Hospital”** includes Hospitals, Day Care Centres or any other medical service providers that have been identified by Us to provide services like cashless claims to our Lives Insured. This list of network hospitals is subject to amendment from time to time and the latest list is available with Us and our TPA on our respective websites. **“Non Network Hospital”** is a Hospital which is not included in the list of Network Hospitals.

1.19 **“Policy Period”** is the continuous period of risk cover under this Policy for which the Policyholder pays the premium as and when due without resulting in a break in coverage.

1.20 **“Policy Year”** means a year following the Risk Commencement Date and the year following each subsequent anniversary of Risk Commencement Date, for which premium is received by Us within the Grace Period defined in Section-14 (Grace Period for Payment of Premium) of this Policy document.

- 1.21 **“Pre-existing medical condition”** means any condition, ailment or injury or related condition(s) for which the Life Insured had signs or symptoms, and / or was diagnosed and / or received medical advice/ treatment, within 36 months prior to inception/reinstatement of the Policy with Us.
- 1.22 **“Reinstatement Date’** is the date when reinstatement is approved by Us.
- 1.23 **“Risk Commencement Date”** is the date on which the risk cover under this Policy begins.
- 1.24 **“Sum Insured”** is the maximum liability as contracted between the Company and the Policyholder on Risk Commencement Date or if a lapsed policy is reinstated then on the Reinstatement Date.
- 1.25 **“TPA”** refers to a Third Party Administrator appointed by Us.
- 1.26 **“You”, “Your” or “Policyholder”** means the proposer under the Policy and the owner of this Policy.

2. Plan Description

- 2.1. HDFC Life Health Assure Plan is a pure protection, non participating, non linked health indemnity plan that covers actual medical expenses incurred by the Life Insured up to the Annual Limit and subject to terms, conditions and exclusions stated in this Policy document.
- 2.2. HDFC Life Health Assure Plan has a 3 year policy term. The cover can be continued for further policy term(s) of 3 years each, subject to Section 13 (Premium Guarantee), and Section 17 (Lifelong Renewability) stated herein.
- 2.3. The plan offers cover to single lives and to families on a Family Floater basis.
- 2.4. The cover is available under two plan options-Silver and Gold. You are free to choose either option at the time of taking the Policy.
- 2.5. The benefits under the Policy are determined by the plan chosen by You, and is mentioned in the Policy Schedule.

Overview of options under the HDFC Life Health Assure Plan are given below:

Plan Option/Type	Individual (Single Life)	Family Floater
SILVER	Benefits Offered: <ul style="list-style-type: none"> • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit 	Benefits Offered: <ul style="list-style-type: none"> • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit
GOLD	Benefits Offered: <ul style="list-style-type: none"> • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit • Hospital Cash Benefit • Wellness Benefit 	Benefits Offered: <ul style="list-style-type: none"> • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit • Hospital Cash Benefit • Wellness Benefit • *Maternity Benefit

* If the Life Insured gets admitted to a room with daily rent higher than the room rent limit mentioned in Section 11.1 of this Policy Document (Pro-ration of Claims), then the benefits will be settled on a pro rata basis in the same ratio as the ratio of the room rent limit allowed to the actual daily room rent.

3. Benefit Description

We will provide following benefits depending on the plan type and plan option chosen by You.

Any claim towards the covered benefit shall be payable if it is incurred during the Policy Period and shall be paid subject to terms, conditions, exclusions and waiting period mentioned herein .

3.1. Inpatient Hospitalization Benefit

3.1.1. If a Life Insured is diagnosed with an Illness or suffers an Injury and is advised by a Medical Practitioner to undergo treatment as an Inpatient, then this benefit will reimburse the following medical expenses (collectively referred to as “Hospitalisation Expenses”) incurred by the Life Insured.

- Room rent –actual expenses incurred subject to a per day limit of 1% of Sum Insured for hospitalization in regular rooms/wards and 2% of Sum Insured for hospitalization in an intensive care unit (ICU) will be paid.

The daily room rent limit is illustrated as follows:

Sum Insured (Rs.)	3 Lakhs	5 Lakhs	7 Lakhs	10 Lakhs
Room Rent Limit – Normal Room (Rs.)	3,000	5,000	7,000	10,000
Room Rent Limit – ICU(Rs.)	6,000	10,000	14,000	20,000

- Nursing charges, surgeons’, anaesthetists’, dieticians and other doctors’ fees incurred, provided the same is included in the Hospital's invoice.
- Investigation charges including pathology, radiology and other diagnostic tests carried out during hospitalization
- Cancer treatment including chemotherapy and radio therapy
- Cost of artificial limbs, subject to maximum of Rs.25,000 per Life Insured per annum
- ICU charges, anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and x-rays, dialysis, cost of pacemaker, angioplasty stents, heart prosthetic valves and joint replacement implants.

3.1.2 If the Life Insured gets admitted to a room with daily rent higher than the room rent limit described above and/or gets admitted to a non network hospital then cost sharing as described in Section 11 (Cost Sharing) will apply.

3.2. Day Care Benefit

3.2.1. If a Life Insured is diagnosed with an Illness or suffers an Injury and is advised by Medical Practitioner to undergo any of the Day Care Procedures listed in Appendix-1, then this benefit will reimburse the medical expenses of the Day Care Procedure undertaken by the Life Insured.

3.2.2. If the Life Insured is advised by the Medical Practitioner to undergo a new Day Care Procedure which is not yet listed in Appendix-1, then the claim will be considered subject to it being pre-authorized by us. No reimbursement can be claimed later on for expenses if the procedure undergone by the Life Insured has not been pre-authorized by Us.

3.3. Pre and Post Hospitalization Benefit

- 3.3.1. If we accept a claim under Inpatient Hospitalisation Benefit (section 3.1) or Day Care Benefit (section 3.2), then:
- We will reimburse the actual medical expenses incurred by the Life Insured in the 30 days immediately preceding the date of admission in the Hospital.
 - We will also reimburse the actual medical expenses incurred by the Life Insured in the 60 days from the date of discharge from the Hospital.
- 3.3.2. The total cumulative amount payable under this benefit will be limited to 10% of the Sum Insured per claim.
- 3.3.3. Any medical expense NOT directly related to the specific Illness or Injury for which We agreed to pay a claim either under Inpatient Hospitalisation Benefit (section 3.1) or Day Care Benefit (section 3.2) will NOT be admissible as Pre and Post hospitalization Benefit.
- 3.3.4. Expenses on investigatory procedures will be covered only if the results of such investigations lead to the Life Insured seeking further medical treatment either as an Inpatient or undergoing a Day Care Procedure and if We accept such claim either under Inpatient Hospitalisation Benefit (section 3.1) or Day Care Benefit (section 3.2) as the case may be.

3.4. Emergency Ambulance Benefit

- 3.4.1. If we accept a claim under Inpatient Hospitalisation Benefit (section 3.1), then we will reimburse the actual expenses incurred up to Rs. 2,000 per Policy Year per Life Insured on any ambulance service used to transport the Life Insured for admission to the Hospital.
- 3.4.2. This benefit is payable only if the Life insured was hospitalized in an ICU or an emergency ward of the Hospital following a medical emergency.

3.5. Donor Expense Benefit

- 3.5.1. If the Life Insured is advised to undergo an organ transplant by a Medical Practitioner, then We will reimburse the Hospitalisation Expenses of the organ donor, incurred for harvesting of the organ provided that:
- The Life Insured is the recipient of the donated organ, and
 - The donation conforms to The Transplantation of Human Organs Act 1994
- 3.5.2. This benefit is payable only if We accept a claim from the Life Insured who is the recipient of the donated organ, under Inpatient Hospitalisation Benefit (section 3.1). The claim will be paid from the Policy's Annual Limit.
- 3.5.3. Pre and Post Hospitalization Benefit expenses incurred on or by the organ donor will not be payable.
- 3.5.4. The cost of the organ will not be borne by the Company.

3.6. Hospital Cash Benefit (Available Under Gold Plan Only)

3.6.1. If we accept a claim under Inpatient Hospitalisation Benefit (section 3.1), then in addition to Inpatient Hospitalisation Benefit, we will also pay a fixed amount per day for the length of stay of the Life Insured in the Hospital, excluding the first 24 hours.

3.6.2. The length of stay as mentioned by the Hospital in the Hospital invoice shall be considered to determine the number of days spent by the Life Insured in Hospital for the purpose of this benefit. The benefit is not payable for the first 24 hours of Hospitalization.

3.6.3. The amount payable per day under this benefit is as follows:

Sum Insured (Rs.)	5 Lakhs	7 Lakhs	10 Lakhs
Per Day Amount (Rs.)	500	700	1,000

The amount payable remains same regardless of whether the stay is in a normal room or an ICU.

3.6.4. This benefit is not a stand-alone benefit and shall be paid along with settlement of claim payable under Inpatient Hospitalization Benefit and will be paid from the Policy’s Annual Limit.

3.7. Maternity Benefit (Available Under Gold Plan, Family Floater cover Only)

3.7.1. We will reimburse the Hospitalisation Expenses incurred by a Life Insured as an Inpatient in a Hospital due to pregnancy or any complications thereof, including delivery and medical termination of pregnancy; subject to a maximum limit of 3% of the Sum Insured per pregnancy provided that:

- The Plan Type is Family Floater and the Life Insured is either You or Your spouse, and
- The Life Insured has been covered in the Family Floater policy for at least three years from First coverage commencement date or if a lapsed policy is reinstated then from the Reinstatement Date.

3.7.2. The Maternity Benefit is subject to the following additional conditions:

- This benefit shall be available only for two episodes of pregnancy during the lifetime as a Life Insured under this plan, including subsequent renewals and/or new policies taken by/for the Life Insured with the Company
- This benefit is not available to Lives Insured in the Family Floater policy who joined as Dependent children and/or Dependent adults other than Your spouse.
- Pre and Post Hospitalization Benefit (section 3.3) will not be payable
- Any expense incurred on new born child from a successful delivery will not be payable under this benefit. No reimbursements will be made towards expenses incurred on vaccinations of the new born child.

3.8. Wellness Benefit (Available Under Gold Plan Only)

3.8.1. We will provide wellness health check up vouchers to each Life Insured, of value equivalent to 0.1% of the Sum Insured. The vouchers will be provided in the second Policy Year of each three year term subject to continuous renewal. These vouchers can be redeemed for health check up at any of the network diagnostic centres within 1 year of its issuance. These vouchers cannot be exchanged/redeemed for cash and are not transferrable and have to be utilized only by the Lives Insured.

3.8.2. The value of vouchers per Life Insured under this benefit is as follows:

Sum Insured (Rs.)	5 Lakhs	7 Lakhs	10 Lakhs
Voucher Amount (Rs.)	500	700	1,000

3.8.3. The value of these vouchers is in addition to the Annual Limit and payment of this benefit does not constitute a claim for the purpose of determining changes in Annual Limit due to Multiplier Benefit.

4. Annual Limit and Multiplier Benefit

- 4.1 On Risk Commencement Date of a new Policy or on the Reinstatement Date of a lapsed Policy, the value of the Annual Limit will be equal to the Sum Insured.
- 4.2 In case there is no claim in a Policy Year, the Annual Limit will increase by 50% of Sum Insured in the next Policy Year provided the Policy is renewed with Us without a break. Maximum value of Annual Limit will be equal to 200% of the Sum Insured.
- 4.3 Similarly, in case there is claim in a Policy Year, the Annual Limit will reduce by 50% of Sum Insured in the next Policy Year. However in no case the Annual Limit will fall below 100% of the Sum Insured.
- 4.4 The Annual Limit can be confirmed by the Life Insured from the Insurer or the TPA.
- 4.5 Wellness Benefit will not be considered as a claim under this provision.

5. Conversion Option for Dependent Children

The children who are covered under Family Floater policies may convert their cover to a separate policy after attaining the age of 18 years. Such conversion shall be with continuity of benefits and without any fresh underwriting up to the Sum Insured in the Policy wherein they were originally covered with Us. Any new life added to such converted policy will be subject to underwriting and application of waiting period from the date of coverage.

6. Death Benefit

No benefit is payable on death of the Life Insured since death is not an insured event under this Policy. However, Hospitalisation Expenses if any, in such cases, payable under this Policy, shall be paid to You or to Your Nominee, as the case may be.

7. Waiting Period

Waiting period will apply to all Lives Insured individually from the respective First coverage commencement date.

7.1. 30-Days Waiting Period

We will not pay any benefits under this Policy for claims occurring within 30 days of the First coverage commencement date or Reinstatement Date whichever occurs later, except where the benefits become payable in case of an Accident.

7.2. Two Years Waiting Period

We will not pay any benefits under this Policy for claims arising from the following conditions and treatment thereof until twenty four(24) months of continuous coverage have elapsed since the First coverage commencement date or Reinstatement Date whichever occurs later.

Condition/Treatment
ENT
Adenoid and Tonsillar Disorder
Deviated Nasal Septum / Nasal & Paranasal Sinus Disorders
Thyroid surgery for benign conditions
Functional endoscopic sinus surgery
Gynaecological
Benign breast disorder
Myomectomy, Hysterectomy with or without Bilateral salphingo-Ophorectomy excluding malignancy
Orthopaedic
Carpal tunnel syndrome
PIVD(unless due to accident)
Osteoporosis, Gout and Rheumatism
Osteoarthritis and Degenerative joint disorders
Knee/Joint Replacement Surgery (other than caused by an accident). For Knee replacement, actual expenses incurred subject to a maximum of Rs.1.5 Lakhs whichever is lower, per Life Insured per knee per annum will be payable after the waiting period is over.
Gastrointestinal
Surgery of gallbladder and bile duct stones
Gastric/Duodenal Ulcer
All types of Hernia, Hydrocele
Hemorrhoids, Anal Fissure, Fistula, Rectal prolapse, pilonidal sinus
Urogenital
Surgery of urinary stones
Benign enlargement of prostate gland
Varicocele, spermatocele
Treatment for Chronic renal failure or end stage renal failure

Others
Skin conditions
Varicose Veins/Ulcers
Vitrectomy/Detachment surgery for Retinopathy
Cataract and age related eye conditions. Actual expenses incurred subject to a maximum of Rs. 20,000 per eye per Life Insured per Policy Year will be paid towards Cataract after the Waiting period
Diabetes and related treatments

7.3. Three Years Waiting Period for Pre-Existing Conditions

Benefits under this Policy will not be available to any Life Insured for any Pre-Existing condition(s) until thirty six (36) months of continuous coverage have elapsed since First coverage commencement date or Reinstatement Date, whichever occurs later.

7.4. Three Years Waiting Period for Maternity Benefit

We will not pay any claim under Maternity Benefit until thirty six (36) months of continuous coverage have elapsed since the First coverage commencement date or Reinstatement Date, whichever occurs later.

8. Specific Exclusions

We will not make any payment for any claim in respect of any Life Insured if it is directly or indirectly caused by, arises from, or is in any way attributable to any exclusion and/or restriction mentioned in the Policy Schedule.

9. Permanent Exclusions

Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Insured if it is directly or indirectly caused by, arises from, or is in any way attributable to any of the following:

9.1. Treatment received outside India

Any medical expenses incurred for or arising out of treatment taken outside India.

9.2. Non Allopathic and Experimental Treatment

- Any non-allopathic treatment,
- Treatment provided by a medical practitioner who is not recognized by the Medical Council of India, or
- Experimental, investigational or unproven treatment, devices and pharmacological regimens.

9.3. Breach of Law

Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Life Insured with any criminal intent.

9.4. Conflicts and Disasters

War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, usurped act, rebellion, revolution, insurrection, nuclear weapons/materials, chemical and biological weapons and radiation of any kind.

9.5. Military Services

Involvement in naval, military or airforce operation.

9.6. Aviation

Any claim arising as a direct consequence of participation by the Life insured in any flying activity other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.

9.7. Hazardous Activities

Life insured's participation or involvement in racing, diving, scuba diving, parachuting, hang-gliding, rock or mountain climbing.

9.8. Self-Inflicted injuries or attempted suicide

Treatment for, or arising from, an injury that is intentionally self-inflicted, including attempted suicide.

9.9. Substance Misuse and De-addiction

The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs (not prescribed by Medical Practitioner) and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

9.10. Rehabilitation and Convalescence

Convalescence, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care and general debility or exhaustion (run-down condition).

9.11. Cosmetic treatments

Aesthetic treatment, cosmetic surgery or plastic surgery or related treatment of any description including any complications attributable to such treatments other than as may be necessitated due to an Accident, cancer or burns.

9.12. Sleep and Obesity

Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity) and any treatment related to sleep disorder or sleep apnoea syndrome.

9.13. Hormone Replacement Therapy

Medical expenses incurred by the Life Insured for any type of hormone replacement therapy.

9.14. Dental treatments

Any dental treatment or surgery unless necessitated due to an Accident.

9.15. Routine Eye(s) and Ear ailments

Cost of routine eye and ear examinations, cost of spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures and artificial teeth.

9.16. HIV/AIDS

Any treatment for or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

9.17. Sexually transmitted Disease and other Sexual problems

- a) Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, or
- b) Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes/gender reassignments or erectile dysfunction.

9.18. Circumcision

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

9.19. Birth Control and Assisted Reproduction

- a) Any type of contraception, sterilization and family planning.
- b) Treatment to assist reproduction, including IVF treatment

9.20. Pregnancy

9.20.1. This exclusion does not apply in case of ectopic pregnancy and pregnancy eligible for payment under 'Maternity Benefit' as described in this policy.

9.20.2. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident or Illness), childbirth, maternity (including caesarean section), abortion or complication of any of these.

9.21. Pre and Post Hospitalisation expense exclusion for Maternity Benefit

The Pre and Post Hospitalisation benefit will not be payable in case of a Maternity Benefit claim.

9.22. Psychological disorders

Any expense incurred on treatment of mental illness, stress, psychiatric or psychological disorder.

9.23. Congenital Conditions

Treatment of any congenital anomaly or illness or defects or anomalies or treatment relating to birth defects.

9.24. Items of personal comfort and non-medical expenses

Items of personal comfort and convenience, including but not limited to:

- a) Telephone, television, diet charges (unless included in room rent), personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
- b) Private nursing/attendant's charges incurred during Pre-Hospitalization or Post-Hospitalization.
- c) Non-prescribed drugs and medical supplies.
- d) Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
- e) Any charges incurred to procure any treatment/illness related documents pertaining to any period of hospitalization/illness.
- f) External and or durable medical/non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump.
- g) Ambulatory devices i.e. walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.
- h) Nurses hired in addition to the Hospital's own staff.

9.25. Preliminary diagnostics and Examination

9.25.1. Charges incurred primarily for diagnostics, X-Ray or Laboratory examinations not consistent with or not incidental to the diagnosis and treatment of positive existence or presence of any illness or injury for which Inpatient Hospitalisation / Day Care treatment is required.

This exclusion does not apply to health check-ups undertaken within the scope of Wellness Benefit.

9.25.2 Any Hospitalisation primarily for investigation and /or diagnosis purpose

9.26. Domiciliary Treatment

9.26.1. Any expenses arising out of domiciliary treatment.

9.26.2. Domiciliary treatment means any treatment not taken in the confines of a Hospital.

9.27. Expenses of Life Insured as donor

9.27.1. Expenses related to donor screening, treatment including surgery to remove organs from a donor in the case of transplant surgery, where the Life Insured acts as a donor.

9.27.2. This exclusion will not apply where Life Insured is an organ recipient.

9.28. Stem Cell Banking

Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.

9.29. Failure to take reasonable medical care

We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Life Insured had taken reasonable care, or that is brought about or contributed to by the Life Insured failing to follow the directions, advice or guidance provided by a Medical Practitioner.

9.30. Expenses other than reasonable & medically necessary

9.30.1. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription.

9.30.2. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.

9.31. Immunisation & Nutritional treatment

All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing, enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

10. Claims Procedure

You or any of the Lives Insured in your family have the option to avail cashless service or claim the covered medical expenses as reimbursement, subject to Policy terms, conditions and exclusions mentioned herein.

10.1. TPA Details**E-Meditek (TPA) Services Ltd**

Plot no 577, Udyog Vihar, Phase V

Gurgaon -122016

Tel: 0124-4466600

Toll Free Help Line: 1800 102 4252

Fax: 0124-4466677

Email: healthassure@hdfclife.com

Log On: www.hdfclifehealth.com

Change in TPA if any, will be intimated to You.

10.2. Cashless Claims Service

10.2.1. You may avail the cashless claims service at any of the Network Hospitals. You and all lives insured will be provided a Health Card with a unique membership id which will enable you to avail of cash less claims service.

10.2.2. In case of a planned hospitalization, you are advised to seek pre-authorization for cashless service from the TPA at least 72 hours prior to taking admission at any Network Hospital.

10.2.3. In case of medical emergency you must notify our TPA or Us within 48 hrs of hospitalisation to avail cashless service.

10.3. Reimbursement Claims (Non cash-less)

You or Your representative must intimate our TPA or Us:

- At least 72 hours prior to planned date of admission to a Hospital, and
- Within 48 hours of being admitted to a Hospital in case of a medical emergency.

The necessary claim documents must be submitted to the TPA or Us at the earliest after discharge from the Hospital.

10.4. Claims Procedure for Hospital Cash Benefit

10.4.1. If Your Plan Option is Gold Plan under this Policy and We agree to pay the Inpatient Hospitalization benefit, the Hospital Cash Benefit will also become payable to You for the number of hospital days billed in the Hospital invoice and accepted by Us as the justified duration of hospitalisation (excluding the first 24 hours).

10.4.2. If you avail cashless claims service, then the amount payable under Hospital Cash Benefit will be paid to you only after receipt of all Inpatient hospitalisation claim documents by our TPA post your discharge from the hospital.

10.4.3. If you do not avail cashless claims service, then the Daily Hospital Cash benefit will be paid along with the claim for Inpatient Hospitalization benefit.

10.5. Claims reported after 15 days of being discharged

In case You fail to submit claim documents to our TPA or Us within 15 days of being discharged then in addition to the claim documents mentioned in Section 10.6 (Documents Required) You are also required to provide us in writing the reasons for such failure.

We may admit the claim if in our assessment the reason for such failure was beyond Your control. Our decision for rejection in this regard shall be final and binding.

10.6. Documents Required

The claims must be submitted along with following documents **in original**:

- Claim form duly filled and signed by You/Life Insured
- Hospitalization discharge card/summary
- Hospital invoice(s)(summary and the itemized invoices) and corresponding payment receipts
- Surgical summary (in case the Life Insured has undergone a surgery)
- All supporting diagnostic reports and prescriptions
- All Pharmacy receipts and corresponding prescriptions
- Ambulance invoice if applicable

Self attested copies of the following documents:

- Health card Or Policy document and
- ID proof

Please note that above is an indicative list of required documents and We reserve the right to call for additional documents or raise further requirements.

10.7. Right to call for second opinion

In the event of any doubt regarding the appropriateness or correctness of the claimed diagnosis and/or treatment, the Company shall have the right to call for a medical examination of the Life Insured (s) by a Medical Practitioner appointed by the Company. The expenses incurred for the medical examination of the Life Insured (s) for the purpose of this clause shall be borne by the Company. The evidence used from such examination, and the opinion of the Medical Practitioner as to the diagnosis and/or treatment shall be considered final and binding on the Policyholder.

10.8. Right to investigate the claim

10.8.1. In the event of any doubt regarding the appropriateness or correctness of the claimed diagnosis and/or treatment and/or amount being claimed and/or incidence of hospitalization itself, the Company shall have the right to inspect and investigate Life Insured's medical and hospital records and other facts to establish veracity of the claim.

10.8.2. If the results of the investigation suggest inappropriateness or differences in the claimed diagnosis and/or treatment and/or amount being claimed and/or incidence of hospitalization itself then the Company will decline the claim.

10.8.3. Where the results of such investigation suggest fraud or foul play, then the Company will act in accordance with provisions of Section 25 (Fraudulent Claim) stated herein.

10.9. Complete Discharge

Payment of medical expenses or benefits under this Policy by the Company to the:

- Policyholder or
- Life Insured or
- Nominee/Appointee or
- any other legal representative of the Policyholder or
- to the hospital

as the case may be, shall be complete, satisfactory and effective discharge of the Company's liability under this Policy.

11. Cost Sharing**11.1. Pro-ration of Claims**

If the Life insured opts for a room that is higher than the eligible room category, then the total eligible Hospital bill will be settled on a pro rata basis. This provision is applicable in case of admission to Network as well as Non Network Hospitals

11.2. Co-pay

Co-pay means the percentage of admissible claim amount which has to be fully borne by You or the Life Insured. The balance amount shall be paid by Us, subject to the Annual Limit.

Co-pay of 20% shall apply in Non Network Hospitals.

12. Payment of Premiums Due

The first premium must be paid along with the submission of Your completed application. Subsequent premiums are due in full on the premium due dates. We will not accept part payment of the premium due.

13. Premium Guarantee

The premium due under this Policy is guaranteed for a period of three years from the Risk Commencement Date of the Policy. We will review the premium rates at the end of every three years.

You will be informed of the new premium prior to expiry of Policy term of three years. The new premium will depend on the then attained age of Life Insured (in case of single life Policy) and all Lives Insured (in case of Family Floater Policy).

14. Grace Period for Payment of Premium

Premium(s) on this Policy should be paid on or before the Premium Due Date. You are advised to pay the premium in time to continue enjoying the benefits of this Policy.

However, in case you are unable to do so, You have a period of 30 days within which You can pay the Premium ("Grace Period"). If you pay the Premium before expiry of the Grace Period, the Policy will continue without any break.

If the premium is not received by us on or before the Premium Due Date/Renewal Date, while the cover shall remain in-force until expiry of the Grace Period; the continuation of cover during Grace Period will be subject to following conditions:

- You will not be entitled to use the cashless claims service.
- Claims that occur during the Grace Period can be submitted to us for reimbursement if you pay the Premium within Grace Period.
- The cash less claims service will resume after you have paid the Premium within the Grace Period.

15. Policy Lapse

If you do not pay Premiums until expiry of Grace Period, the Policy will lapse with effect from the Premium Due Date/Renewal Date for which the premium has remained unpaid ("**Lapse Date**"). In the event of Policy being lapsed, any claims occurring after the Lapse Date, including claims that may have occurred during the Grace Period will not be admissible.

16. Reinstatement of Lapsed Policy

16.1. If your Policy is lapsed as described above, You may request Us in writing to reinstate your Policy within 1 year from the Lapse Date. Thereafter the policy will terminate and cannot be reinstated.

16.2. We will consider reinstating your Policy within 1 year from Lapse Date as per our underwriting guidelines, subject to following conditions:

- The reinstatement request is required to be made for all surviving Lives Insured originally covered under the lapsed Policy and should be accompanied with pending premium amount that is advised by Us along with applicable interest if any.
- The reinstatement request may require fresh evidence of insurability. We may request for additional information or may ask for medical examination before taking a decision on the reinstatement of the Policy. Cost of such medical examination has to be borne by You.

- 16.3. The reinstatement if granted, will be subject to fresh applicability of 30 days Waiting Period (section 7.1), Two Years Waiting Period (section 7.2) and Three Years Exclusion for Pre-Existing Conditions (section 7.3), from the Reinstatement Date. In this case, the Annual Limit will be equal to the Sum Insured.

17. Life Long Renewability

- 17.1. This Policy offers lifelong renewability, subject to receipt of Premiums before expiry of grace period and continuity of Policy with no break in cover, at the then prevailing premium rates and the then prevailing product terms and conditions.
- 17.2. The Policy will be renewed unless there are any fraudulent misrepresentations or non disclosures by the Life Insured (or the person declaring on their behalf) or if any fraudulent claims have been submitted.

18. Nomination

You can choose the nominee at the time the Policy is purchased, and can change this nomination at a later date by notifying Us in writing at the correspondence address mentioned in the Policy Schedule. In the event of Your death, the Appointee shall be entitled to receive the money secured by the Policy on behalf of the Nominee during the Nominee's minority.

19. Assignment

This Policy cannot be assigned.

20. Policy Alterations

No alterations to the Policy will be allowed during the policy term except addition/deletion of Life Insured. Such addition or deletion of Life Insured and consequent change in premium and related policy terms shall be effected as per prevailing policies and processes of the Company.

21. Statutory Levies

Any Statutory levy or charges including any direct or indirect tax may be charged to you either now or in the future by the Company and such amount so charged shall become due and payable in addition to the premium paid.

22. Incorrect Information and Non-disclosure

Your Policy is based on the application and declaration which you have made to us and other information provided by You/on Your behalf. However, if any of the information provided therein is incomplete or incorrect, we reserve the right to vary the benefits, which may be payable and, further, if there has been non-disclosure of a material fact; section 45 of the Insurance Act applies.

Section 45 of the Insurance Act, 1938 states:

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that 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 life insured was incorrectly stated in the proposal.

23. Free Look Option

In case you are not agreeable to any of the provisions stated in the Policy and the details in the proposal form and provided You or any of the Life Insured have not made any claim, You have the option of returning the Policy to

Us stating the reasons of Your disagreement, within 15 days from the date of receipt of the Policy. If You have purchased Your Policy through Distance Marketing this period will be 30 days. On receipt of Your letter along with the original Policy documents and health cards issued by us, where the reasons stated in Your letter are found valid, We shall arrange to refund the premium after deducting the expenses incurred by Us on any medical examinations and stamp duty charges. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

24. Cancellation / Termination other than Free Look-in

This Policy cannot be cancelled by the Life Insured after the Free Look-in period.

25. Fraudulent Claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Life Insured or anyone acting on behalf of the Life Insured to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Lives Insured. All sums paid under this Policy shall be repaid to Us by You and You will be solely liable for such repayment.

26. Death of Policy Holder or Life Insured

26.1.1. Death of Policyholder

26.1.2. In case of an Single Life option where Life Insured is the Policyholder himself, the Policy will automatically terminate upon death of the Policyholder. There will be no refund of Premium for the remaining term.

26.1.3. In case of policy with Single Life option where Life Insured is not the Policyholder himself and in Family Floater policy, the Policy shall continue to remain in-force for surviving Lives Insured up to the next Premium Due Date. Any of the surviving Lives Insured eligible to contract can make a fresh application and can continue the cover from such Premium Due Date. We will issue a new Policy with continuity of benefits and without any fresh underwriting at the then prevailing premium rates, terms and conditions.

26.2. Death of Life Insured

In case of death of a Life Insured the coverage will cease from date of death of the Life Insured. There will be no refund of Premium for remaining term. In case of Family Floater Policies the Policy will continue to remain in-force for surviving Lives Insured.

Upon receiving intimation from Policyholder about the death of Life Insured along with death certificate prior to next Premium Due Date, the Premium payable on the next Premium Due Date shall be calculated on the surviving Lives Insured for whom the coverage shall continue.

There is no death benefit payable upon death of the Life Insured. However a claim for covered benefits incurred prior to death of Life Insured will be payable subject to terms and conditions stated herein.

27. Legislation and Jurisdiction

This Policy is subject to the applicable laws of India including the Insurance Act 1938, the Insurance Regulatory and Development Authority Act, 1999 and other relevant laws and regulations, amendments, modifications etc. as may be made from time to time

All benefits are available in India only, and all claims shall be payable in India in Indian Rupees only.

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

Appendix-1: List of Day Care Procedures

Sr No	Name of the procedure
1	Therapeutic Drainage of spinal canal
2	Operations on spinal nerve root
3	Excision of peripheral nerve
4	Destruction of peripheral nerve
5	Extirpation of lesion of peripheral nerve
6	Microsurgical repair of peripheral nerve
7	Carpal tunnel release
8	Canal of guyon release
9	Cubital tunnel release
10	Neurostimulation of peripheral nerve
11	Excision of sympathetic nerve
12	Chemical destruction of sympathetic nerve
13	Radiofrequency controlled thermal destruction of sympathetic nerve
14	Operations on thyroglossal tissue
15	Excision of parathyroid gland
16	Incision of breast
17	Extirpation of lesion of orbit
18	Therapeutic operations on eyebrow
19	Therapeutic operations on canthus
20	Extirpation of lesion of eyelid
21	Excision of redundant skin of eyelid
22	Reconstruction of eyelid
23	Correction of deformity of eyelid
24	Correction of ptosis of eyelid
25	Incision of eyelid
26	Operations on lacrimal gland
27	Connection between lacrimal apparatus and nose
28	Operations on nasolacrimal duct
29	Operations on muscles of eye
30	Extirpation of lesion of conjunctiva
31	Repair of conjunctiva
32	Extirpation of lesion of cornea
33	Closure of cornea
34	Incision of cornea
35	Excision of sclera
36	Buckling operations for attachment of retina
37	Excision of iris
38	Filtering operations on iris
39	Incision of iris
40	Extirpation of ciliary body
41	Extracapsular extraction of lens
42	Incision of capsule of lens

Sr No	Name of the procedure
51	Operations on posterior segment of eye
52	Excision of external ear lesions
53	Extirpation of lesion of external ear
54	Exenteration of mastoid air cells
55	Attachment of bone anchored hearing prosthesis
56	Repair of eardrum
57	Drainage of middle ear
58	Reconstruction of ossicular chain
59	Stapedectomy
60	Extirpation of lesion of middle ear
61	Rhinoplasty for traumatic injuries
62	Therapeutic operations on septum of nose
63	Therapeutic operations on turbinate of nose
64	Surgical arrest of bleeding from internal nose
65	Operations on unspecified nasal sinus
66	Caldwell luc surgery
67	Operations on adenoid
68	Therapeutic endoscopic operations on pharynx
69	Microtherapeutic endoscopic operations on larynx
70	Petrous Apicectomy
71	Therapeutic fiberoptic endoscopic operations on lower respiratory tract
72	Partial excision of lip
73	Extirpation of lesion of lip
74	Dental operations as a result of accidents
75	Excision of dental lesion of jaw
76	Extirpation of lesion of tongue
77	Lingual frenotomy/frenoplasty
78	Extirpation of lesion of palate
79	Palatoplasty for pure palatal defects
80	Excision of tonsil
81	Excision of salivary gland
82	Extirpation of lesion of salivary gland
83	Open extraction of calculus from salivary duct
84	Fiberoptic endoscopic extirpation of lesion of oesophagus
85	Fiberoptic endoscopic extirpation of lesion of upper gastrointestinal tract
86	Therapeutic endoscopic operations on duodenum
87	Artificial opening into jejunum
88	Therapeutic endoscopic operations on jejunum
89	Endoscopic extirpation of lesion of colon
90	Endoscopic extirpation of lesion of lower bowel using fiberoptic sigmoidoscope
91	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope
92	Manipulation of rectum

43	Insertion of Prosthesis of lens
44	Operations on vitreous body
45	Operations on retinal membrane
46	Photocoagulation of retina for detachment
47	Destruction of lesion of retina
48	Fixation of retina
49	Evaluation of retina
50	Destruction of subretinal lesion

93	Excision of lesion of anus
94	Destruction of lesion of anus
95	Excision of haemorrhoid
96	Destruction of haemorrhoid
97	Dilation of anal sphincter
98	Drainage through perineal region
99	Excision of pilonidal sinus
100	Arteriovenous shunt

Sr No	Name of the procedure
101	Combined operations on varicose vein of leg
102	Ligation of varicose vein of leg
103	Injection into varicose vein of leg
104	Transluminal operations on varicose vein of leg
105	Therapeutic transluminal operations on vein
106	Therapeutic endoscopic operations on calculus of kidney
107	Percutaneous puncture of kidney
108	Extracorporeal fragmentation of calculus of kidney
109	Therapeutic ureteroscopic operations on ureter
110	Extracorporeal fragmentation of calculus of ureter
111	Operations on ureteric orifice
112	Percutaneous ureteric stent procedures
113	Open drainage of bladder
114	Endoscopic extirpation of lesion of bladder
115	Endoscopic operations to increase capacity of bladder
116	Urethral catheterisation of bladder
117	Vaginal operations to support outlet of female bladder
118	Therapeutic endoscopic operations on outlet of female bladder
119	Endoscopic resection of outlet of male bladder
120	Repair of urethra
121	Therapeutic endoscopic operations on urethra
122	Urethral meatal surgery
123	Extirpation of lesion of scrotum
124	Extirpation of lesion of testis
125	Operations on hydrocele sac
126	Operations on epididymis
127	Operations on varicocele
128	Extirpation of lesion of penis
129	Closed reduction of fracture of bone and internal fixation
130	Operations on Bartholin gland
131	Extirpation of lesion of vulva
132	Extirpation of lesion of female perineum
133	Excision of band of vagina
134	Culdotomy
135	Extirpation of lesion of vagina
136	Operations on pouch of Douglas
137	Excision of cervix uteri
138	Destruction of lesion of cervix uteri
139	Abdominal excision of uterus
140	Dilatation and Curettage of uterus
141	Therapeutic endoscopic operations on uterus
142	Therapeutic endoscopic operations on ovary
143	Operations on broad ligament of uterus
144	Microscopically controlled excision of lesion of skin
145	Photodynamic therapy of skin

Sr No	Name of the procedure
151	Extirpation of nail bed
152	Excision of nail
153	Partial excision of chest wall
154	Puncture of pleura
155	Fascial release
156	Excision of ganglion
157	Re-excision of ganglion
158	Operations on bursa
159	Transposition of tendon
160	Excision of tendon
161	Primary repair of tendon
162	Secondary repair of tendon
163	Tendon release
164	Adjustment to length of tendon
165	Excision of sheath of tendon
166	Excision of muscle
167	Repair of muscle
168	Release of contracture of muscle
169	Facial bone fracture fixation
170	Excision of mandible
171	Fixation of mandible
172	Decompression of fracture of spine
173	Denervation of spinal facet joint of vertebra
174	Manipulation of spine
175	Joint manipulation
176	Extirpation of lesion of bone
177	Angulation periarticular division of bone
178	Primary open reduction of fracture of bone and intramedullary fixation
179	Primary open reduction of fracture of bone and extramedullary fixation
180	Secondary open reduction of fracture of bone
181	Closed reduction of fracture of bone and internal fixation
182	Fixation of epiphysis
183	Skeletal traction of bone
184	Therapeutic puncture of bone
185	Excision reconstruction of joint
186	Fusion of joint of toe
187	Primary open reduction of traumatic dislocation of joint
188	Primary closed reduction of traumatic dislocation of joint under GA
189	Open operations on synovial membrane of joint
190	Open operations on semilunar cartilage
191	Stabilising operations on joint
192	Release of contracture of joint
193	Soft tissue operations on joint of toe
194	Debridement and irrigation of joint
195	Therapeutic endoscopic operations on semilunar cartilage

146	Curettage of lesion of skin
147	Photodestruction of lesion of skin
148	Flap operations to relax contracture of skin
149	Split autograft of skin
150	Suture of skin of head or neck

196	Therapeutic endoscopic operations on cavity of knee joint
197	Amputation of toe
198	Radiotherapy delivery
199	Delivery of chemotherapy for neoplasm
200	Delivery of oral chemotherapy for neoplasm