

KEY FEATURES DOCUMENT

The information mentioned below is illustrative and not exhaustive. This Information must be read in conjunction with the product brochures and policy document. In case of any conflict between this Key Features Document (KFD) and the policy document, the terms and conditions mentioned in the policy document shall prevail.

S. No.	Title	Description	Reference to relevant Policy Clause
1.	Product Name	HDFC Life Health Assure Plan – UIN:101N087V02	
2.	Plan Description	HDFC Life Health Assure Plan is a pure protection medical expenses claim (Med-E-Claim) 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 the policy document. The medical expenses must be incurred in India.	Part C - Clause 1
3.	Benefits you are covered for (Subject to, term, conditions, waiting periods and exclusions as specified in the policy document)	<ul style="list-style-type: none"> • In-Patient Hospitalization Benefit – Covers hospitalization expenses if you are admitted to a hospital for a period longer than 24 hours, subject to Daily Room Rent Limit of 1% of Sum Insured in case of normal room and 2% of Sum Insured in case of ICU room. • Day Care Benefit – Covers Day Care Procedures which do not require admission to a hospital for 24 hours. 200 procedures are listed in Appendix-1 of the policy document. Day Care Procedures not listed will also be covered if they are pre-authorized by us. • Pre & Post Hospitalization Benefit– Covers medical expenses incurred 30 days prior to date of admission and 60 days from date of discharge from hospital. • Emergency Ambulance Benefit– Reimbursement of actual expenses incurred up to Rs.2,000 per policy year per Life Insured on ambulance service used to transport the Life Insured for admission to Hospital • Donor Expense Benefit – Reimbursement of medical expenses of the organ donor, incurred for harvesting of the organ for transplantation into Life Insured’s body. <p><u>Following Benefits are available only under Gold Plans. The plan option chosen by you is mentioned in the Policy Schedule.</u></p> <ul style="list-style-type: none"> • Hospital Cash Benefit– If we accept a claim under Inpatient Hospitalization Benefit, then in addition to reimbursement of medical expenses therein, this benefit pays fixed amount for each day spent in the hospital, excluding the first 24 hours. This is not a standalone benefit. • Maternity (Family Floater Policy only) – Covers hospitalization expenses pertaining to Pregnancy or any complications thereof incurred by the Life Insured (female life) if she is either a Policyholder herself or spouse of the Policyholder. • Wellness – Offers health check-up vouchers to each Life Insured in the second policy year from Risk Commencement date/Reinstatement date and subsequently once every 3 years, subject to payment of premiums. <p><u>Following Benefits are optional & have to be chosen by you at inception of the policy.</u></p> <ul style="list-style-type: none"> • Restore Benefit-If the basic Sum Insured and Multiplier benefit (If any) is exhausted due to claims made and paid then 100% of Sum Insured will be restored back in that particular Policy Year. This is an optional benefit and can be opted at inception of policy by paying extra premiums. • Room Rent Enhancement- Under this benefit the Policyholder can opt for an enhanced limit, wherein sub limit of 1% shall not be applied as long as a standard private room is opted. This is optional benefit only for Sum Insured 5 lacs and above and can be opted at inception by paying extra premiums. 	<p>Part C - Clause 2.1.</p> <p>Part C - Clause 2.2</p> <p>Part C - Clause 2.3</p> <p>Part C - Clause 2.4</p> <p>Part C - Clause 2.5</p> <p>Part C - Clause 2.6</p> <p>Part C - Clause 2.7</p> <p>Part C - Clause 2.8</p> <p>Part C - Clause 2.9</p> <p>Part C - Clause 2.10</p>
4.	Multiplier Benefit	Annual limit increases by 50% of Sum Insured for every claim free year, subject to maximum increase of 100% of Sum Insured. Similarly, the Annual Limit reduces if there is a claim in preceding policy year. The Annual Limit however does not fall below the Sum Insured due to claims in the previous policy years.	Part C - Clause 3
5.	Conversion Option for Dependent Children	Allows children covered in a Family Floater Policy to convert their cover into a separate policy upon attaining age 18 years.	Part C - Clause 4
6.	Waiting Periods	<ul style="list-style-type: none"> • No benefits are payable during initial Waiting Period of 30 days, except where the benefits become payable in case of an Accident. • Two Year Waiting period for specific illness and diseases mentioned in the policy document. • Three year Waiting period for Pre-Existing diseases and Maternity Benefit. 	<p>Part F - Clause 1.1</p> <p>Part F - Clause 1.2</p> <p>Part F - Clause 1.3 & 1.4</p>

7.	Are there any exclusions applicable?	<p>Yes, this plan has 31 permanent exclusions. Some of them are listed below:</p> <ul style="list-style-type: none"> • Treatment Received outside India • Non Allopathic and Experimental Treatment • Self inflicted injuries or attempted suicide • Substance misuse and de-addiction • Cosmetic treatments • Sleep and Obesity • Dental Treatment (except due to Accident) • Routine Eye and Ear Ailments • HIV/AIDS <p>Please refer to Policy Document for complete list and wordings of the Exclusions</p>	Part F - Clause 3
8.	How will the payout happen?	Payment to the Life Insured can happen in form of Cashless or Reimbursement of covered expenses upto specified limits.	Part D - Clause 1.2, 1.3
9.	Cost Sharing	<ul style="list-style-type: none"> • Pro-ration of claims – If the actual room rent is higher than the eligible room rent, then the claim amount will be settled on a pro-rata basis. • Co-pay – You will have to bear 20% of the eligible claim if the medical treatment is done in a non network hospital 	Part D Clause 2.1 Part D Clause 2.2
10.	Policy Renewal conditions	<ul style="list-style-type: none"> • Premium Guaranteed for the period of 3 years from Risk Commencement Date of the Policy. • Grace Period of 30 days to pay renewal premium • Policy will be lapsed if premiums remain unpaid until expiry of Grace Period. The policy can be reinstated within 2 year from Lapse date subject to underwriting and application of waiting periods. Please refer Clause 4.3 for further details. • Whole Life cover at the then prevailing premium rates, terms and conditions. 	Part C - Clause 7 Part C - Clause 8 Part D – Clause 4 Part C - Clause 9
11.	Non Disclosure	In case of any incorrect information or non disclosure of material fact, Sec 45 of Insurance Act, 1938 will be applicable.	Part F - Clause 6
12.	Fraud	This Policy will be deemed as Null and Void and all claims shall be forfeited in case of any fraud	Part F - Clause 7
13.	Free-Look Period	<ul style="list-style-type: none"> • 15 days from the date of receipt of the original policy document. • 30 days from the date of receipt of the original policy document for policies purchased through distance marketing (as defined by IRDA). 	Part D - Clause 7

For any queries or clarification, please feel free to contact us at any of the following touch points:

- Call **1860-267-9999** (local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm.
- Email service@hdfclife.com | NRIservice@HDFCLife.com (For NRI customers only)
- Visit www.hdfclife.com

We request you to also read your Policy Document. It will familiarise you with the benefits, other charges and significant details of the product.