

Policy Wording**Limitless****SECTION 1. PREFACE****A. Preamble**

This add-on is subject to statements in the Proposal form, declarations, medical reports, payment of premium and the terms and conditions of this add-on and Base Product to which this add-on is attached.

B. Operative Clause

- 1.** Limitless is an Add-on which is operative only with an active HDFC ERGO Retail Health Base Policy. Base Policy/Plan or Base Product means the HDFC ERGO Retail Health Insurance policy/plan or product to which this add-on is attached.
- 2.** This Add-on is not available as a separate or standalone product.
- 3.** This Add-on can be opted by paying an additional premium only at the time of inception or at the time of renewing the Base Policy.
- 4.** This add-on shall be opted on all or none basis. Member level selection is not allowed while opting the add-on.
- 5.** If the members in the base policy are covered on an Individual basis then, this Add-on shall function on an Individual basis.
- 6.** If the members in the base policy are covered on a Family Floater basis then, this Add-on shall function on floater basis.
- 7.** If the members in the base policy are covered on a Multi-Individual basis then, this Add-on shall function on Multi-Individual basis.
- 8.** Policy duration of this Add-on shall be same as that of the Base Policy.
- 9.** Geographical scope of coverage for this add-on shall be restricted to India only. Claims payable outside India shall not be considered under this add-on. In cases where the base policy has Global coverage and this add-on is in force even then claims under this add-on shall be admissible for treatments taken in India only.
- 10.** All other general terms & conditions, exclusions, clauses, eligibility rules, and definitions applicable to the Base Product shall apply to this add-on unless specifically stated otherwise in this document or on the Policy Schedule of the Base Policy.
- 11.** In case policyholder wants to opt out of this add-on, he can do so only at the time of renewal. Once he opts out he would not be provided an option to opt in again with any of HDFC ERGO's health insurance products.
- 12.** In cases where we have paid a claim under this Add-on, no refund shall be payable in case of Policy cancellation during such Policy Period irrespective of tenure of policy.

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SECTION 2. BENEFIT

A. Coverage under Limitless

This add-on indemnifies Medical Expenses incurred by the Insured Person upto an infinite amount and in conjunction with the Table 1 below

Table 1

If Base Sum Insured (INR) in force is	Eligible benefit
>= 10Lac & <50Lac	One claim of infinite value shall be payable in the lifetime of the policy
>=50Lac	Two claims each of infinite value shall be payable in the lifetime of the policy

B. Specific Conditions Applicable to Limitless

1. This add-on has a separate, independent and infinite Sum Insured.
2. Claims payable through this add-on shall be on indemnity basis.
3. Claim under this add-on shall be admissible only if the claim is accepted and admissible under the below mentioned sections of the Base Policy
 - a) In-Patient Hospitalization
 - b) Day care Procedures
 - c) In-Patient AYUSH Treatment
4. Claim under this add-on shall trigger only once the total Sum Insured [including Base Sum Insured, any form of Bonus, Secure Benefit, Sum Insured linked with inflation, Restore and Unlimited Restore (if applicable for that claim) etc.] of the base plan is exhausted for a particular claim.
5. All terms, conditions, sub-limits and room rent limits applicable in and under various benefits in force in the base product shall apply to total claim amount payable through Base policy and Limitless.
6. Benefit based coverages (where in Lumpsum pay-out is made) applicable under the Base policy shall be paid for from the Base policy only.
7. Working of Deductible and Co-payment applicable under the base plan shall be as per Section 3 B.3
8. If instalment premium payment mode is opted and this Add-on is completely utilized, then no refund shall be provided to the Policyholder. This clause shall apply even in case of multi-year policy tenure.
9. Insured person(s) can avail limitless benefit as per their requirement (before, during or post hospitalization) by intimating us directly through an e-mail. Such intimation must be informed to us at most within the 30 days immediately after discharge.
10. If we have paid for the requisite number of claims eligible under this add-on (as specified in Table 1), this add-on shall terminate for that particular Insured Person / Policy as applicable and no refund shall be provided.

SECTION 3. GENERAL TERMS AND CLAUSES

A. Waiting Periods Applicable to Limitless

- i. All the below listed Waiting Periods shall apply to this add-on and shall commence from the day this add-on is in force.
- ii. In case any Insured person is newly added to the Base Policy/Add-on, the herein below waiting periods prescribed shall apply afresh only to such Insured person(s) from the time he/she is added to the Policy.
- iii. In case of Sum Insured increase under Base Policy, all the below waiting periods shall apply afresh for only the increased Sum Insured portion.

a. Pre-Existing Diseases: Code – Excl01

- i. Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of this Add-on with insurer.
- ii. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

b. Specified Disease/Procedure waiting period

- i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of this add-on with us. This waiting period shall not be applicable for claims arising due to an Accident.
- ii. In case of enhancement of sum insured the waiting period shall apply afresh to the extent of number of benefit increase due to Sum Insured increase.
- iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- iv. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- vi. For list of specific diseases/procedures kindly refer 'Specified Disease/Procedure waiting period – Code – Excl02' under Policy Wording of Base Product this Add-On is attached to.

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c. 30-day waiting period: Code – Excl03

- i. Expenses related to the treatment of any illness within 30 days from the first buying of this add-on with us. shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This waiting period shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher number of benefits due to increase in Sum Insured subsequently.

B. Other Terms and Conditions Applicable to Limitless**1. Working of Limitless in child split cases**

Working of limitless shall be as per below Illustration in case an existing 2A1C policy is applicable for child split at renewal

Base SI of existing (2Adult and 1Child) policy	Claim already made under limitless add-on before child split	Limitless claims available in renewed policy (2Adults)	Limitless claims available in renewed policy (1Adult)
15Lac	No Claim made	1 infinite value claim	1 infinite value claim
15Lac	1 Infinite value claim taken	No benefit shall pass	No benefit shall pass
75Lac	No Claim made	2 infinite value claim	2 infinite value claim
75Lac	1 Infinite value claim taken	1 infinite value claim	1 of infinite value claim
75Lac	2 Infinite value claim taken	No benefit shall pass	No benefit shall pass

2. Working of Limitless in migration cases

In case of Migration the remaining number of infinite value claims shall be passed on to the migrated policy subject to member level underwriting.

3. Working of Deductible, Co-payment and sub-limits in conjunction with Limitless

Illustration 1: Consider an Optima Secure Plan Base policy with Base SI of INR 10 Lacs and 1 Lac deductible is opted, wherein there is a Hospitalization claim of INR 50 Lacs including air ambulance expenses of INR 15 Lacs in the 2st policy year.

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Heads	Particulars	
A	Base Sum Insured	10 L
B	Plus Benefit	5 L (50% of Base SI: 50% of 10 L) (as 2 nd policy year)
C	Secure Benefit	10 L
D	Total Claim amount	50L
E	Deductible	1 L
F	Air-Ambulance maximum limit	5 L
G	Outstanding liability of company	39L [50L – 1L (Deductible) – 10L (Not covered due to Air-Ambulance maximum limit)*]
H	Claim paid from Optima Secure	30L (Base SI : 10L + Plus benefit : 5L + Secure benefit : 10L + Air Ambulance : 5L)
I	Claim paid from Limitless	9L (39 L – 30 L)
J	Claim pay-out logic	First Deductible, Sub-limits & Base policy sum insured shall be utilized post which limitless shall trigger.

Note:

- All figures in table are in INR
- *Benefits with sub-limits shall be payable ONLY upto their maximum limit applicable.

Illustration 2: Consider an Optima Restore Base policy with Base SI of INR 10Lacs and 50 K deductible and 10% co-payment, wherein there is a Hospitalization claim of INR 40 Lacs in the third policy year.

Heads	Particulars	
A	Base Sum Insured	10 L
B	Multiplier Benefit	10 L
C	Total Claim amount	40 L
D	Deductible	50 K
E	C-D	39.5 L
F	Co-payment amount	3.95 L (39.5 L * 10%)
G	E - F	35.55 L
H	Claim paid from Optima Restore	20 L (Base SI + Multiplier benefit)
I	Claim paid from Limitless	15.55L (35.55 L – 20 L)
J	Claim pay-out logic	First Deductible, co-payment, Base product Sum insured utilized then Limitless triggers

Note:

- All figures in table are in INR

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Illustration 3: Consider an Optima Select Plan Base policy with Base SI of INR 25Lacs wherein there is a Hospitalization claim of INR 70 Lacs in the very 1st policy year.

Heads	Particulars	
A	Base Sum Insured	25 L
B	Room-rent capping (Non-ICU)	Upto Single Private room
C	Total Claim amount	70 L (Room availed by Insured – Suite room)
D	Admissible Claim amount	40 L* (Proportionate deduction applicable as room category limit was exceeded)
E	Claim paid from Optima Select Base policy	25 L
F	Claim paid from Limitless	15 L (40 L – 25 L)
G	Claim pay-out logic	The sub-limits shall apply on total claim basis

Note:

- b. *These are assumption made for this illustrative purposes.
- c. All figures in table are in INR