

my:Optima Secure



2856204485483604000

Mr Nileshkumar Pragjibhai Khokhariya

Communication Address:
D-1001 EMPORIS GALAXY VIP
CIRCLE UTRAN SURAT SURATPINCODE - 394105
SURAT, GUJARAT, 394105
Contact No. 98XXXXXX1

Date :19/12/2025

Dear Mr Nileshkumar Pragjibhai Khokhariya

Thank you for choosing HDFC ERGO GENERAL INSURANCE COMPANY LTD. as your preferred insurance partner. We welcome you to be a part of our family !

Your Health insurance policy reference no 2856204485483604000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance. Along with this policy you are also eligible for Wellness Benefits under our Add-on "HDFC ERGO Wellness Corner" -UIN: HDFHLIA24051V012324. For details of the benefits, please click on the following link <https://hdfcergo.onelink.me/ARLJ/v6t9r5kz>

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!

As per recent directive by Insurance Regulator IRDAI, KYC verification has been mandated for all existing & new insurance customers.

To ensure that we comply with this guidelines, we are retrieving your KYC documents (Address proof and Photo) updated with Pan No from CERSAI portal. Rest assured, your KYC details will be verified or retrieved for KYC purpose only.

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Please note that your communication address is treated as the address for underwriting purpose, which is generally address where you would be currently and temporarily residing and is different from your permanent address. Details along with the proof for your permanent address is provided either from reference of C-KYC Registry and / or on Aadhaar. Any submission for change in address is treated as change in communication address. Please go to the self-help page or your nearest branch in case you intend to change the 'Permanent Address' provided.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited**Dear Mr Nileshkumar Pragjibhai Khokhariya,****Subject : Certificate for the purpose of deduction under section 80 D of Income Tax Act, 1961**

This is to certify that we have received an amount of ₹43390 towards premium from Mr Nileshkumar Pragjibhai Khokhariya for my: Optima Secure, Policy No.2856204485483604000 issued to Mr Nileshkumar Pragjibhai Khokhariya for the period 13/01/2026 to 12/01/2027

Member wise premium break up is as follows:

| Insured Person's Premium Details | | | | | |
|-----------------------------------|-----------------------------|--------|---------------|---------|---------------|
| Name of Insured Person | Relation with policy holder | Gender | Date of Birth | Premium | Total Premium |
| Nileshkumar Pragjibhai Khokhariya | Self | Male | 11/10/1975 | 31150 | 31150 |
| Smitaben N Khokhariya | Spouse | Female | 21/10/1977 | 12240 | 12240 |

Note:

1. This is subject to the provisions of Section 80D of income tax Act, 1961 as amended from time to time.
2. This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

For HDFC ERGO General Insurance Company Ltd.

Date : 19/12/2025

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited

Policy Schedule

my:Optima Secure
Optima Secure



2856204485483604000

| | | |
|---|--|------------------------------|
| Mr Nileshkumar Pragjibhai Khokhariya D-1001 EMPORIS GALAXY VIP CIRCLE UTRAN SURAT SURATPINCODE - 394105 SURAT, GUJARAT-394105 Contact No : 98XXXXXX1 | Policy Number : 2856 2044 8548 3604 000 | Issuance Date : 19/12/2025 |
| | Period of Insurance : From 13/01/2026 00:00 hrs To 12/01/2027 Midnight | |
| | Invoice No. : 3822512005556 | Premium Frequency : SINGLE |
| | Policyholder Name : Mr Nileshkumar Pragjibhai | Policy Type : Family Floater |
| | HSN Code : 997133 | Premium Tier : Tier1 |
| Place of supply : GUJARAT | | |
| Customer Id | | |
| EIA No. | | |
| Email ID : blxxxxxxxxx46@gxxxx.com | | |
| Intermediary Name | Intermediary Code | Intermediary Contact Number |
| ASMITA RAMANI | 201512325820 | 9277504513 |

Insured Person's Details and Sum Insured - Optima Secure

| Insured Person's Name | Relation with policy holder | Gender | Date of Birth | Nominee Name | Relationship with Nominee | First Policy Inception date | Base Sum Insured (₹) | Aggregate Deductible (₹) | Plus Benefit | Unlimited Restore Add on(Y/N) | Overseas Travel Secure |
|-----------------------------------|-----------------------------|--------|---------------|-----------------------|---------------------------|-----------------------------|----------------------|--------------------------|--------------|-------------------------------|------------------------|
| Nileshkumar Pragjibhai Khokhariya | Self | Male | 11/10/1975 | Smitaben N Khokhariya | Wife | 24/12/2010 | 2000000 | 0 | 500000 | No | No |
| Smitaben N Khokhariya | Spouse | Female | 21/10/1977 | - | - | 24/12/2010 | | | | No | No |

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee.

Unlimited Restore UIN No: HDFHLIA22188V012122 | Optima Wellbeing UIN No:HDFHLIA24099V012324 | my: health Critical Illness - HDFHLIA22141V032122 | my:Health Hospital Cash Benefit (Add-on) - HDFHLIA21271V022021 | IPA Rider – APOPAIP19004V011920

Insured Person's Details and Sum Insured – Add On Covers

| Insured Person's Name | IPA Rider | Optima Well Being | my: health Critical illness Add on | | my: health Hospital Cash Benefit Add on | | | | |
|-----------------------------------|-----------|-------------------|------------------------------------|-------------|---|-----------------------------|--------------------|------------------------------|----------------------|
| | | | Plan | Sum Insured | Hospital Cash Benefit - Normal Room | Hospital Cash Benefit - ICU | Companio n Benefit | Hospital Cash Global - Opted | Hospital Cash Global |
| Nileshkumar Pragjibhai Khokhariya | 0 | No | Male | 0 | 0 | 0 | 0 | N | 0 |
| Smitaben N Khokhariya | 0 | No | | | 0 | | 0 | | 0 |

Special Conditions/ Exclusions

| Name of Insured Person | Exclusion/Exclusion Waiver | Loading Reason | Special Condition / Declared Pre-existing Disease |
|------------------------|----------------------------|----------------|---|
| | | | |

Renewal Continuity Benefits

| Name of Insured Person | Sum Insured (₹) | Waiting Periods Remaining (Pre-existing Diseases) | Waiting Periods Remaining (Specific Waiting Period) | Waiting Periods Remaining: (30 Days Waiting Period) |
|-----------------------------------|-----------------|---|---|---|
| Nileshkumar Pragjibhai Khokhariya | 500000 | Waived | Waived | Waived |
| Smitaben N Khokhariya | 500000 | Waived | Waived | Waived |
| Smitaben N Khokhariya | 500000 | Waived | Waived | Waived |
| Nileshkumar Pragjibhai Khokhariya | 500000 | Waived | Waived | Waived |

The Policy Wording attached herewith includes all the standard coverages offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our Contact number 022 - 6234 6234 / 0120 - 6234 6234.

For declared and accepted pre-existing medical conditions, waiting period (s) shall apply per policy terms and conditions from 1st policy inception date of the policy, fresh waiting period (s) shall apply on enhanced sum insured.

Premium Details (₹)

| | | | | |
|-------------------------------|-----------------------------------|-------|--|-----------------------|
| Particulars | Nileshkumar Pragjibhai Khokhariya | | | Smitaben N Khokhariya |
| Base Premium (A) | | 31150 | | 12240 |
| Optional Cover Premium (B) | | 0 | | 0 |
| Add on Cover Premium (C) | | 0 | | 0 |
| Loading (D) | | 0 | | 0 |
| Total Premium (E) = A+B+C+D | | 31150 | | 12240 |
| Aggregate Deductible Discount | | 0 | | 0 |
| Online Discount | | 0 | | 0 |
| Employee Discount | | 0 | | 0 |
| Loyalty Discount | | 0 | | 0 |
| Family Discount | | 0 | | 0 |

| Particulars | Nileshkumar Pragjibhai Khokhariya | Smitaben N Khokhariya |
|--|-----------------------------------|-------------------------------------|
| Long term Policy Discount | 0 | 0 |
| Total Discount (F) | 0 | 0 |
| Total Premium (E-F) | 31150 | 12240 |
| Payment Details | | |
| Instrument details | 3822512005556 | Date 19/12/2025 Bank Name BIZDIRECT |
| Processing Centre | | |
| HDFC ERGO General Insurance Co. Ltd. , Stellar IT Park, Tower-1, Fifth Floor, C - 25, Sector 62, Noida – 0120 398 8360 | | |
| For Claims/Policy related queries call us at 022 - 6234 6234 / 0120 - 6234 6234 or visit Help Section on www.hdfcergo.com for policy copy / tax certificate / make policy changes / register and track claims | | |
| If the premium is not realised the policy shall be void from inception. Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no LOA/ENF-1/CSD/64/2024-25/ dated Dt. 15/10/2024 to Dt. 31/12/2028 as prescribed in Government of Maharashtra Order No 2017/CR.97/M-1, dated the Dt.09/01/2018.. Goods &Services Tax Registration No 04AABCL50451ZG.Goods and Services Tax for this invoice is not payable under reverse charge basis The services "Individual Health Insurance Premium" under this Bill of Supply is exempt under the notification number 16 /2025-Central Tax (Rate) dated 17-September-2025 with effect from 22-September-2025 | | |
| Branch :HDFC ERGO General Insurance Co. Ltd. , Stellar IT Park, Tower-1, Fifth Floor, C - 25, Sector 62, Noida – 0120 398 8360 | | |

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings>

| SCHEDULE OF BENEFITS | | |
|----------------------|---|--|
| Section* | Plans | Optima Secure |
| All figures in (₹) | Base Sum Insured per Insured Person per Policy Year (in Lakh) | 2000000 |
| 3.1 | Hospitalization Expenses | Covered |
| 3.1 | Room Rent | At actuals |
| 3.1.1. a. | Road Ambulance | Covered upto sum insured |
| 3.1.1. b. | Dental Treatment | Covered upto sum insured |
| 3.1.1. c. | Plastic surgery | Covered upto sum insured |
| 3.1.1. d. | Day Care Treatment | Covered upto sum insured |
| 3.2 | Home Healthcare | Covered upto sum insured |
| 3.3 | Domiciliary Hospitalization | Covered upto sum insured |
| 3.4 | Ayush Treatment | Covered upto sum insured |
| 3.5 | Pre-Hospitalization | 60 days |
| 3.6 | Post-Hospitalization | 180 days |
| 3.7 | Organ Donor Expenses | Covered upto sum insured |
| 3.8 | Cumulative Bonus | Not Covered |
| 4.1 | Emergency Air Ambulance | Covered Up to 500000 |
| 4.2 | Daily Cash for choosing Shared Accommodation | 800 per day max upto 4800 |
| 4.3 | Protect Benefit | Covered upto sum insured |
| 4.4 | Plus Benefit | Bonus of 50% of the Base Sum Insured, maximum upto 100%. |
| 4.5 | Secure Benefit | Equal to 100% of Base sum insured |
| 4.6 | Automatic Restore Benefit | Equal to 100% of Base sum insured |
| 4.7 | Aggregate Deductible (Optional) | 0 |
| 4.8 | E-Opinion for Critical Illness | In India |
| 3. | Preventive Health Check-up | |
| | Sum Insured | 20 Lakhs |
| | Floater Policy* | 10000 |

*For Individual policy sum insured and limits mentioned in the table are applicable on per Insured Person per Policy Year basis and for Family Floater policy sum insured and limits apply on per policy per Policy Year basis

*Claims shall be payable as per geography mentioned in the above table unless explicitly stated otherwise in a specific cover.

#Aggregate Deductible & Overseas Travel Secure are not an inbuilt feature in any of the above Plans. However, these cover can be separately opted at inception of the Policy or at subsequent Renewals. Aggregate Deductible if opted, shall apply only for claims arising in India. However, a Per Claim Deductible of Rs. 10,000 will apply separately for each and every claim arising out of India in Global plans

*Preventive Health Check-up benefit will not be available under the policy if Aggregate Deductible of INR 5 Lakhs or more is in force



Policy No.:2856204485483604000
Valid From: 13/01/2026 Renewal Date: 12 January

| Insured Name | Date Of Birth | Gender |
|-----------------------------------|---------------|--------|
| Smitaben N Khokhariya | 21/10/1977 | Female |
| Nileshkumar Pragjibhai Khokhariya | 11/10/1975 | Male |

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No : 022 - 6234 6234 / 0120 - 6234 6234

Email : healthclaims@hdfcergo.com
Processing Centre : HDFC ERGO General Insurance Co. Ltd. , Stellar IT Park,
Tower-1, Fifth Floor, C - 25, Sector 62, Noida – 0120 398
8360
Website : www.hdfcergo.com

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

| S.No | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|------|---|---|--|
| 1 | Name of Insurance Product/Policy | my:Optima Secure | NA |
| 2 | Policy number | 2856204485483604000 | NA |
| 3 | Type of Insurance Product/ Policy | Both Indemnity and Benefit | NA |
| 4 | Sum Insured | <ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured opted:2000000 on Family Floater Sum Insured basis Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule</p> | NA |
| 5 | Policy Coverage (What the policy covers?) | <p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours 2. All Day Care procedures requiring less than 24 hours of hospitalization 3. Home Health Care (Medical Expenses incurred on availing treatment at Home) 4. Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital) 5. AYUSH Treatment (Medical Expenses incurred for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) 6. Pre-hospitalisation of 60 days (treatment prior to admission in hospital) 7. Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge 8. Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient) 9. Cumulative Bonus (10% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims. Applicable only to Optima Suraksha plan) | B-1.1 B-1.1.1.i v B-1.2 B-1.3 B-1.4 B-1.5 B-1.6 B-1.7 B-1.8 |

| | | |
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| | <p>10. Preventive Health Check-up - Basic (Cost of a Preventive Health Check-up for the Insured Person will be paid)</p> <p>Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <p>1. Emergency Air Ambulance (Cost incurred by the Insured Person towards Ambulance transportation in an airplane or helicopter for Emergency Care which requires immediate and rapid ambulance transportation that ground transportation cannot provide from the site of first occurrence of the Illness or Accident to the nearest Hospital)</p> <p>2. Daily Cash for Shared Room (Daily cash amount for each continuous and completed 24 hours of Hospitalization if the Insured Person is Hospitalized in shared accommodation in a Network Provider Hospital and such Hospitalization exceeds 48 consecutive hours)</p> <p>3. Protect Benefit (Payment towards Non-Medical Expenses listed under Annexure B of Policy Document)</p> <p>4. Plus Benefit (50% of the Base Sum Insured under the expiring Policy will be added to the Sum Insured available under the Renewed Policy)</p> <p>5. Secure Benefit (An additional amount will be available to the Insured Person as Sum Insured for all claims admissible)</p> <p>6. Automatic Restore Benefit (Restoration of Sum Insured in the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year)</p> <p>7. Aggregate Deductible (Aggregate Deductible is an amount as specified in the Policy Schedule that Insured Person shall bear post which the coverage kicks in)</p> <p>8. E-Opinion for Critical Illness (Expenses towards E-Opinion for Critical Illness availed from a Medical Practitioner in respect of any Major Medical Illness)</p> <p>9. Global Health Cover (Emergency Treatments Only) Emergency Medical Expenses which are diagnosed and incurred outside India.</p> <p>10. Global Health Cover (Emergency & Planned Treatments) Emergency & Planned Medical Expenses which are incurred & paid outside India.</p> <p>11. Overseas Travel Secure (Covers overseas travel & accommodation expenses)</p> | B-3 |
| 6 | <p>Exclusions (what the policy does not cover)</p> <p>1. Investigation & Evaluation: Code Excl04</p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> | C.1.d |

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| | <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. <p>3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not</p> <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) <p>A. greater than or equal to 40 or</p> <p>B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <ul style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes <p>4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6. Hazardous or Adventure Sports: Code – Excl09: Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting,motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>7. Breach of Law: Code – Excl10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> | C.1.e C.1.f C.1.g C.1.h C.1.i C.1.j |
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| | <p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.</p> <p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>15. Maternity: Code – Excl18</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. <p>Specific Exclusions:</p> | C.1.k C.1.i C.1.m C.1.n C.1.o C.1.p C.1.q C.1.r C.2 |
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| | <p>In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p> <ul style="list-style-type: none"> a) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind. b) Aggregate Deductible - Claims/claim amount falling within Aggregate Deductible limit if opted and in force, as specified in the Policy Schedule. c) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide. d) Any Insured Person's participation or involvement in naval,military or air force operation. e) Investigative treatment for sleep-apnoea, general debility or exhaustion ("run-down condition"). f) Congenital external diseases, defects or anomalies. g) Stem cell harvesting. h) Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. i) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). j) Vaccination including inoculation and immunisations (except post animal bite treatment). k) Non-Medical expenses such as food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical Expenses is attached as Annexure B of policy document and also available at www.hdfcergo.com. l) Treatment taken on outpatient basis. m) The provision or fitting of hearing aids, spectacles or contact lenses. n) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods,optometric therapy. | C.2.a C.2.b C.2.c C.2.d C.2.e C.2.f C.2.g C.2.h C.2.i C.2.j C.2.k C.2.l C.2.m C.2.n |
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| | | <p>o) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident.</p> <p>p) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.</p> <p>q) Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy</p> | C.2.o C.2.p C.2.q |
| 7 | <p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from | <p>1. Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> • 24 months for listed diseases/procedure <p>3. Pre-existing diseases: Covered after 36 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p> | C.1.c C.1.b C.1.c |
| 8 | <p>Financial limits coverage of Sub-limit (It is a pre-</p> <p>Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more | <p>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:</p> <p>Base Cover:</p> <p>1. Preventive Health Check-up (basis plan chosen) :</p> <p>i. Individual Policies : Upto Rs 1500/2000/4000/5000/8000</p> <p>ii. Family Floater Policies : Upto Rs 2500/5000/8000/10,000/15,000</p> <p>Optional Covers :</p> | B-3 |

| | | |
|---|---|---|
| | <p>than the specified amount)</p> <p>1. Emergency Air Ambulance : Up to 5 L 2. Daily Cash for Shared Room (basis plan chosen) : Rs. 800 per day max upto 4800 or Rs. 1000 per day max up to 6000 3. Overseas Travel Secure : Accomodation Expenses upto Rs. 15,000 per day max upto 30 days Deductibles : 1. Aggregate Deductible (Optional Cover) : 25k/50k/100k/200K/300K/5L/10L/20L/25L 2. Per Claim Deductible (Applicable for each and every claim arising out of India in Global plans) : 10K (Per Claim)</p> | B-2.1 B-2.2 B-2.11 B-2.7 B-2.9 & B-2.10 |
| 9 | <p>Claims/Claims Procedure</p> <p>A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India. Turn Around Time (TAT) for claims settlement: For Cashless Process : i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p>B. Procedure for Cashless Claims Outside India: You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website. Global Contact No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com</p> <p>For Reimbursement Process : i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us) Provide the details /web link for following: i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234 iii. Hospitals which are excluded or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p> | E |

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| | <p>Process for portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> | D.1.6 |
| 13 | Your Obligations | Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement. |

Note:

1. Web-link of the product documents: <https://www.hdfcergo.com/download >>

2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

(Signature of the Policyholder)

Date: