

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the insured person has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

ii. Specified disease/procedure waiting period – Code – Excl02

- a) 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 the first policy with us. This exclusion shall not be applicable for claims arising due to an accident or underlying cause is cancer(s).
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for preexisting diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability/migration stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures: -

| SI. No. | Organ / Organ System | Illness/Diagnosis (irrespective of treatments medical or surgical) | Surgeries/ procedure (irrespective of any illness / diagnosis other than cancers) |
|------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. | Ear, Nose, Throat (ENT) | Sinusitis Rhinitis Tonsillitis | Adenoidectomy Mastoidectomy Tonsillectomy Tympanoplasty Surgery for nasal septum deviation Nasal concha resection Nasal polypectomy Surgery for Turbinate hypertrophy |
| b. | Gynaecological | Cysts, polyps including breast lumps Polycystic ovarian disease Fibroids (fibromyoma) | Hysterectomy |
| C. | Orthopaedic | Non infective arthritis Gout and Rheumatism Osteoarthritis and Osteoporosis | Surgery for prolapsed inter vertebral disk Joint replacement surgeries |
| d. | Gastrointestinal | Calculus diseases of gall bladder including Cholecystitis Pancreatitis Fissure/fistula in anus, hemorrhoids, pilonidal sinus Ulcer and erosion of stomach and duodenum Gastro Esophageal | CholecystectomySurgery of hernia |



| | | Reflux Disorder (GERD) All forms of cirrhosis (Please Note: All forms of cirrhosis due to alcohol will be excluded) Perineal Abscesses Perianal Abscesses | |
|----|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| e. | Urogenital | Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone. Benign Hyperplasia of prostate | Surgery on prostateSurgery for Hydrocele/ Rectocele |
| f. | Еуе | Cataract | • NIL |
| g. | Others | • NIL | Surgery of varicose veins and varicose ulcers |
| h. | General (Applicable to all organ systems/organs/ disciplines whether or not described above) | Internal tumours, cysts, nodules, polyps, skin tumours | • NIL |

iii. Pre-Existing Diseases – Code – Excl01

- a) 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 the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the insured person is continuously covered without any break as defined under the portability/migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) 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.

2. Standard General exclusions

We will not pay for any claim which is caused by, arising from or attributable to:

| Non Medical Exclusions | 1) 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. |
| | 2) 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. |



Medical Exclusions

- 3) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code Excl12
- 4) Obesity/ Weight Control: Code Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 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);
 - a) greater than or equal to 40 or
 - 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes
- 5) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres: Code Excl15
- 6) 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.
- 7) 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.
- 8) Unproven Treatments:
 - 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. Code Excl16
- 9) Investigation & Evaluation: Code Excl04
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 10) Rest Cure, rehabilitation and respite care: Code Excl05
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - 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.
- 11) Treatments received in heath 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
- 12) 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

- 13) Maternity(except to the extent provided for under Section B.1.3.a)):Code Excl18
 - 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.
- 14) Sterility and Infertility: Code Excl17

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT,
- iii. Gestational Surrogacy
- iv. Reversal of sterilization
- 15) 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.

3. Specific Exclusions

| 5. Specific Exclusions | | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Non Medical Exclusions | Treatment arising from or consequent upon 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 weapons/materials, chemical and biological weapons, radiation of any kind. Intentional self injury or attempted suicide while sane or insane. Any Insured Person's participation or involvement in naval, military or air force operation. | |
| Medical Exclusions | 4) Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia 5) Treatment availed outside India. 6) Treatment at a healthcare facility that is not a Hospital 7) Circumcisions (unless necessitated by Illness or injury and forming part of treatment) 8) Non allopathic treatment except to the extent provided for under Section B.1.1.h). 9) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization. 10) Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment) 11) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips 12) Sleep apnoea. | |

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- 13) Congenital external diseases, defects or anomalies
- 14) Expenses incurred by the insured on organ donation
- 15) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- 16) Dental treatment and surgery of any kind, unless requiring Hospitalisation
- 17) Any non medical expenses mentioned in List 1 of Annexure I
- 18) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.
- 19) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- 20) Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.
- 21) Drugs or treatments which are not supported by a prescription.
- Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
- 23) Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion

Section D. General Conditions

1. Standard General Conditions

a. Conditions Precedent to admissibility of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

b. Claims Settlement (Provision for Penal Interest)

- i) The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- v) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We has requested to