

SURGICARE PLAN

With Hospitalisation Cash Benefit Option

Secure your health and your financial independence



 **HDFC**
STANDARD LIFE

Sar Utha Ke Jiyo

You have always ensured that you and your family keep living a respectable life. However, life in today's times can be uncertain. As a person who cares so much for their family, you don't want any unfortunate incident to affect your plans for you and your family. So why let any medical emergencies shatter your family's aspirations.

HDFC Standard Life presents **HDFC SurgiCare Plan**, a unique health plan that provides you with timely support in case of medical emergencies and helps you and your family to remain financially independent in difficult times. So that your family can always live their life with their head held high. **Always.**

HDFC SURGICARE PLAN

HDFC SurgiCare Plan gives you

- Valuable financial protection in case of surgical procedures
- Increasing Health Cover every year*
- Lump sum benefit payment irrespective of actual medical cost
- Flexible benefit options to choose from
- Flexible premium payment option

HDFC SurgiCare Plan helps you by providing a lump sum fixed benefit in case you undergo any of the listed surgical procedures. If optional Hospitalisation Cash benefit is chosen, an additional benefit will be payable in the event of hospitalisation. This benefit can be used to meet any of your financial requirements.

3 EASY STEPS TO YOUR PLAN

Step 1	Choose the level of Health Cover you need
Step 2	Choose the benefit option you desire
Step 3	Work out the premium payable along with our Financial Consultant

STEP 1: CHOOSE THE LEVEL OF HEALTH COVER YOU NEED

You have the liberty to choose the amount of Health Cover (initial Sum Assured) as per your needs, subject to a minimum of Rs. 1,00,000 and a maximum of Rs. 5,00,000.

The initial Sum Assured chosen by you will be automatically increased by 5% each policy year*. This increase will be as per terms and conditions mentioned in the policy provisions. This increased Sum Assured will be known as your Annual Sum Assured.

**The 5% is a simple addition, with a maximum increase of up to 50% of the initial sum assured. The automatic increases will stop after the 10th policy anniversary.*

For a policy with initial Sum Assured of Rs. 1,00,000, Annual Sum Assured will be as follows.

YEAR	ANNUAL SUM ASSURED
1	1,00,000
2	1,05,000
3	1,10,000
4	1,15,000
5	1,20,000
6	1,25,000
7	1,30,000
8	1,35,000
9	1,40,000
10	1,45,000
11 onwards	1,50,000

STEP 2: CHOOSE THE BENEFIT OPTION YOU DESIRE

You can choose only one of the following benefit options as per your need at the proposal stage. Once chosen, you cannot change the option subsequently.

Option A	With Hospitalisation Cover (Surgical Benefit + Hospitalisation Cash Benefit)
Option B	Without Hospitalisation Cover (only Surgical Benefit)

STEP 3: WORK OUT THE PREMIUM PAYABLE ALONG WITH OUR FINANCIAL CONSULTANT

Your premium will depend on your age, gender, policy term, Initial Sum Assured, the benefit option selected and the mode and frequency of payment. You can pay either monthly, half yearly or annually. The minimum installment premium is Rs. 2,000 for annual and half-yearly modes and Rs. 1,000 for the monthly mode.

Premium payment frequency of monthly and half yearly is available only through ECS Mandate or Standing Instruction.

Contact our Financial Consultant or nearest branch for more details about the available range of convenient auto premium payment options.

The table below shows the **indicative annual premium** for an Initial Sum Assured of Rs. 2, 00,000 payable by ECS mode for a healthy male life assured.

AGE AT ENTRY (Yrs.)	POLICY TERM (Yrs.)							
	OPTION A				OPTION B			
	7	10	15	20	7	10	15	20
30	3,992	4,004	4,024	4,044	2,536	2,542	2,552	2,562
40	4,992	5,090	5,350	5,610	3,256	3,348	3,598	3,848
50	7,948	8,344	9,004	n/a	5,258	5,648	6,298	n/a

Premium amount is exclusive of service tax and education cess

NON SI/ECS CHARGE

10% extra will be charged for non-SI/ECS premium payments

LARGE SUM ASSURED DISCOUNT

Policies with Initial Sum Assured greater than Rs. 2,00,000 will be eligible for premium discount of 35% on the cover above Rs. 2,00,000. Please speak to your financial consultant for more details.

Policies that are rated up are not eligible for the large Sum Assured discount. Rated up policies are those that are not acceptable under our standard terms and where higher premium rate is required based on the result of underwriting.

ELIGIBILITY

HDFC SurgiCare Plan can be taken only on single-life basis. Age and term limits for HDFC SurgiCare Plan are shown below:

TERM PERIOD (Yrs.)		AGE AT ENTRY (Yrs.)		MAXIMUM AGE AT EXPIRY (Yrs.)
Minimum	Maximum	Minimum	Maximum	
7	20	18	50	65

Age has to be taken as of "last birthday" basis.

BENEFITS

a) On Surgeries

82 Surgical procedures are covered by this plan, which are grouped in four grades. Benefit payout for each grade is a percentage of Annual Sum Assured.

GRADE	PAYOUT % OF ANNUAL SUM ASSURED
A	25
B	50
C	75
D	100

GRADE A

- Cornea transplantation due to Trauma (for each eye)
- Open Reduction and Fixation for Compound Fracture of Mandible
- Open Reduction of Hip Dislocation
- Traumatic Amputation of lower limb- Below Knee level
- Traumatic Amputation of upper limb- Below elbow level
- Surgery to remove cerebral tumours (benign)
- Drainage of pericardium
- Incision of pericardium
- Drainage of extradural space
- Drainage of lesion of tissue of brain
- Drainage of subdural space
- Excision of lesions (other than tumours) of tissue of brain
- Excision of the pituitary gland
- Stereotactic ablation of tissue of brain
- Placement of prosthesis in oesophagus
- Open Surgery for treatment of Peptic Ulcer
- Total Thyroidectomy

GRADE B

- Reduction and Fixation with Bone Graft for Major Craniofacial Trauma
- Reconstruction surgery due to major burns (>25% body surface area)
- Facial reconstruction surgery due to major trauma
- Major Repair of Multiple Ruptures in Abdominal cavity due to trauma
- Operation for Compound Fracture with Dural Penetration
- Total prosthetic replacement of hip joint due to trauma
- Total prosthetic replacement of knee joint due to trauma
- Traumatic Amputation of lower limb - Above Knee level
- Traumatic Amputation of upper limb - Above elbow level
- Radical Vulvectomy for Malignant Condition of Vulva
- Parotidectomy for Malignant Tumour
- Radical Excision of Malignant Bone Tumour
- Orchidectomy for Malignant Testis Tumour
- Wide Excision and Major Reconstruction of Malignant Mouth Tumor
- Excision of pericardium
- Replacement of aortic valve
- Replacement of mitral valve
- Replacement of pulmonary valve
- Replacement of tricuspid valve
- Clipping of Aneurysm/Arterio-Venous Malformation in Brain
- Excision of pineal gland
- Graft to cranial nerve
- Intracranial transection of Cranial nerve
- Operations on Surbaracahnoid space of brain
- Osteoplastic Craniotomy/ Extensive Craniotomy for Intracranial Haemorrhage
- Permanent Artificial opening into stomach
- Bypass for Portal Hypertension
- Open operations on varices of oesophagus
- Partial Lobectomy/Segmental Resection for various liver lesions (other than tumours)
- Open surgery for partial resection of colon for malignant tumour
- Nephrectomy due to medical advice (not as a transplant donor)
- Open Lobectomy of Lung
- Partial Extirpation of Bronchus
- Partial or Total Pharyngectomy
- Pleurectomy or Pleural decortication
- Excision of acquired Cholesteatoma

GRADE C

- Abdomino-Perineal Resection for Malignant Anal Tumour
- Decompression/Removal via Craniotomy for Intra and extra cerebral Malignant Brain Tumour
- Glossectomy with Radical Neck Dissection for Malignant Tongue Tumour
- Laryngectomy with Radical Neck Dissection/Block Dissection for Malignant Tumour
- Surgery for Malignant Liver tumour
- Total Esophagectomy for Malignant Tumour
- Total Pelvic Exenteration for Malignant Conditions
- Total Pharyngectomy for Malignant Tumour
- Carotid Endarterectomy
- Coronary Artery Bypass Graft for Coronary Disease
- Excision and Insertion of Graft for Aortic Aneurysm
- Replacement of more than one cardiac valve under single anesthesia
- Excision of stomach and oesophagus (other than tumours)
- Partial Gastrectomy (other than tumours)
- Partial Pancreatectomy
- Total excision of oesophagus (other than tumours)
- Open surgery for complete resection of colon for malignant tumour
- Total excision of stomach
- Total Cystectomy for Malignant Bladder Tumour

GRADE D

- Pancreatico-Duodenectomy for Malignant Tumour
- Combined Heart-Lung Transplant
- Isolated Heart Transplant
- Pulmonary Artery Embolectomy using Cardiopulmonary Bypass
- Triple Bypass for Malignant Pancreatic Tumour
- Renal Transplant as recipient for Complete Renal Failure
- Pneumonectomy or Pleuropneumonectomy - total lung of one side
- Total Laryngectomy
- Transplantation of Lungs
- Bone Marrow Transplant

On undergoing any surgical procedures listed for first time in your life, you will receive the benefit as per the grade of the surgery. Your policy will continue for the remainder of the policy year, with the Sum Assured equal to the balance of the Annual Sum Assured. On the next policy anniversary the Annual Sum Assured will be reset to the automatic increased sum assured, if applicable.

Not more than 100% of the Annual Sum Assured will be paid out in a policy year.

Your policy will terminate if the total payout in entire policy term is more than 300% of the Sum Assured. Any claim that may cause the level of payments since inception, to exceed 300% of Sum Assured

will be reduced to such a level as not to cross the maximum limit. This is calculated on percentage basis as illustrated below.

YEAR	ANNUAL SUM ASSURED (RS.)	CLAIM GRADE	CLAIM %	CLAIM PAID OUT	CLAIMS PAYOUT (RS.)	TOTAL CLAIM % PAID SINCE INCEPTION
1	2,00,000	A	25%	25%	50,000	25%
2	2,10,000	B	50%	50%	1,05,000	75%
3	2,20,000	A	25%	25%	55,000	100%
		D	100%	75%	1,65,000	175%
4	2,30,000	D	100%	100%	2,30,000	275%
5	2,40,000	C	75%	25%	60,000	300%

Only one claim can be made for a particular surgical procedure. Unused benefits from one policy year cannot be carried forward to subsequent years.

The benefits from this plan are payable in addition to any other medical insurance coverage.

In the case of multiple surgeries under the same dose of anaesthesia, the payout is limited to a single surgery with the highest payout (as % of Annual Sum Assured). If both surgeries have the same level of cover, then we will only pay for one.

b) On Hospitalisation

Hospitalisation Cash Benefit will be available to you, only if you have selected Option A. If you undergo hospitalisation for at least 48 continuous hours, hospitalisation benefits as defined below will be payable.

HOSPITALISATION IN	BENEFIT PAYABLE PER DAY
Non ICU	1% of Annual Sum Assured
ICU	2% of Annual Sum Assured

However, no benefit will be payable for the first 48 hours of hospitalisation. The maximum number of hospitalisation days that can be claimed for in any one policy year is limited to 30 days in the first policy year, and 60 days in subsequent policy years. The maximum number of hospitalisation days that can be claimed for over the lifetime of the policy is limited to 360 days. Each day spend in an ICU will be counted as two days under these limits.

Unused benefit from one policy year cannot be carried forward to subsequent years.

If you have selected the Option A and your Surgical Benefit gets exhausted, your policy will continue with Hospitalisation Cash Benefit and vice versa.

c) On Maturity

There is no benefit payable on maturity of the policy.

d) On Death

There is no benefit payable on the death of the life assured.

e) On Surrender and paid-up

There is no benefit payable on surrender of the policy. There is no paid-up benefit payable under this plan.

BENEFICIARIES

In the event of your unfortunate demise, before any existing claim is settled, your nominee will receive the benefits due.

CONVENIENT CLAIM PROCESS

You can avail of cashless benefits on surgeries and hospitalisation in any of our network hospitals.

You will receive your unique health card along with your policy documents. You need to produce the health card at network hospital at the time of any admission. Once the claim is approved the network hospital will receive the payable benefit. If the payable benefit is less than the actual cost, you need to pay the shortfall. In case, the actual cost is less than the payable benefit, you will be paid the balance amount.

You can also avail surgeries and hospitalisation at non-network hospitals. If you do so, then you need to submit the claim along with all documents within 60 days of the day of discharge. Once the claim is approved the benefit will be payable to you.

CLAIMS TREATED AS INVALID

The following claims will be treated as invalid:

- Date of diagnosis or hospitalisation within 90 days of issuance of policy or reinstatement
- Policy in the lapsed condition as on the date of hospitalisation
- Waiting period for submission of claim documents not met
- Surgeries not covered under the policy
- Non-fulfilment of eligibility criteria of surgeries covered under the policy
- The aggregate of claim for Surgical Benefit, exceeding 100% of Annual Sum Assured in a policy year
- The aggregate of claim payouts since inception already exceeding 300% of sum assured
- In case of Option A, the total number of hospitalisation days exceed 30 days in the first policy year, or 60 days in subsequent policy years
- In case of Option A, the hospitalisation stay in previous payouts already exceeds 360 days.

TAX BENEFITS

You may be eligible for tax benefits under section 80D of the Income Tax Act 1961. The maximum deduction that can be claimed currently is Rs. 30,000 (Inclusive of additional deduction of Rs. 15,000 in case of insurance on the health of the parent or parents), subject to the provisions contained therein.

The above-mentioned tax-benefits are subject to changes in the tax laws.



TERMS AND CONDITIONS

We recommend that you read this brochure & benefit illustration and understand what the plan is, how it works and the risks involved before you purchase. We have appointed Certified Financial Consultants, duly licensed by IRDA, who will explain our plans to you and advise you on the correct insurance solution to meet your needs.

A. All claims must be filed, with required claim documents within 60 days of the day of discharge from the hospital (excluding the day of discharge). No claims will be payable within the first 90 days of the contract, or policy revival.

B. We shall not be liable to pay any benefit indicated in the policy schedule if the surgical procedure or hospitalisation is caused directly or indirectly by the following:

- Any surgery that has already been performed prior to the policy commencement.
 - Surgery for correction of birth defects or congenital anomalies.
 - Hospitalisation for diagnostic, laboratory or routine examinations.
 - Hospitalisation for organ donation.
 - Hospitalisation for the sole purpose of physiotherapy, or any other ailment for which hospitalisation is not warranted.
 - Hospitalisation or surgery in respect of Cosmetic or aesthetic treatments or any description, change of gender surgery or plastic surgery (unless such plastic surgery is necessary for the treatment of illness or bodily injury as a direct result of the insured event and performed within 6 months of the same).
 - Removal of any material implanted in a former surgery prior to the commencement date.
 - Hospitalisation or surgery in respect of dental treatment of any kind, unless necessitated by accidental bodily injury.
 - Any sickness classes as an Epidemic by the Central or State Government.
 - Intentionally self-inflicted injury or attempted suicide, irrespective of mental condition.
 - Alcohol or solvent abuse, or the taking of drugs except under the direction of a registered medical practitioner.
 - War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.
 - Any natural peril.
 - Taking part in any flying activity, other than as a passenger in a commercially licensed aircraft.
 - Taking part in any act of a criminal nature.
 - Pregnancy and childbirth and any sequels or complications arising there from.
 - Pre-existing conditions unless stated in the proposal form and specifically accepted by the Company. A pre-existing condition is defined as any medical condition or related condition (e.g. illness, symptoms, treatments, pains, etc) that have arisen prior to the commencement of this coverage, irrespective of whether medical treatment was sought. Any such condition or related condition that the insured person knows, knew or could be assumed to have known, will be deemed to be pre-existing. Any sickness, illness, complication or ailment arising out of the pre-existing condition will also be deemed to be pre-existing.
 - Any sexually transmitted disease, or any condition related to HIV or AIDS
 - Unreasonable failure to take medical advice.
 - Any treatment of a donor for the replacement of an organ.
 - Treatment for injuries or illnesses caused by avocations/activities such as hunting, mountaineering, steeple chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, and deliberate exposure to exceptional danger
 - Hospitalisation or surgery in respect of Non allopathic/ western methods of treatment.
 - Treatment of a purely experimental nature[#]
 - Diagnosis or treatment outside India, except in case of emergency
- [#]*Experimental, Investigational or Unproven Treatment/Services means - medical, surgical, diagnostic, or other health care services, technologies, supplies, treatments, procedures, drug therapies or devices that, at the time the Company makes a determination regarding Coverage in a particular case, is determined to be: A. Subject to formal review and approval by local medical authorities for the proposed use; or B. The subject of an ongoing clinical trial; C. Not demonstrated through prevailing pre-reviewed medical literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed. However, the Company, in its judgment, may deem an Experimental, Investigational or Unproven Service to be a Covered Health Service for treating a life threatening Sickness or condition if it is determined by the Company that the Experimental, Investigational or Unproven Service at the time of the determination: A. Is safe with promising efficacy; and B. Is provided in a clinically controlled research setting.*

C. Premium Review & Guarantee: The premium rate is guaranteed for a period of three years from the date of launch of the plan. We will review the premium rates at the end of three years, the premium rate can increase or decrease based on our experience. Post review in case there is any change in the premium rate the same will be made applicable to the policy from the next policy anniversary immediately following the date of review. In case there is any change in premium post review, the same will be guaranteed for a period of three years from the date of review. Any change in the premium rate will be intimated to the IRDA. A notice of at least 15 days will be given to all concerned.

D. Waiting Period: This plan has a waiting period of 90 days from the date of inception or issue of policy or revival whichever is later. No claim will be paid during this waiting period.

E. Cancellation in the Look in period: In case you are not agreeable to the general policy terms and conditions, you have the option of returning the policy to us stating the reasons thereof, within 15 days from the date of receipt of the policy. On receipt of your letter along with the original policy documents, we shall arrange to refund you the premium amount paid subject to deduction of the proportionate risk premium for the period on cover, the expenses incurred by us on medical examination and stamp duty. 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.

F. Lapsation: This policy has grace period of 15 days. In the event the premiums are not paid before the expiry of the grace period the policy will lapse. No benefits are payable under a lapsed policy. The only exception would arise when the life assured undergoes surgical procedure or hospitalisation during the grace period. In this situation, as long as the policy is in force at the time of hospitalisation or surgery, then a claim made for that treatment would be considered.

G. Revival: The lapsed policy can be revived within 12 months from the date of Lapsation. The company may ask the policyholder to undergo applicable medical test or give statement of health, pay applicable premium arrears and revival charges at the time of revival. Not more than one revival will be allowed in entire policy term.

H. Policy Loans are not available on this plan.

I. Alterations Allowed: The policyholder can request for following benefit alterations, subject to terms and conditions as the company may specify from time to time,

(i) Reduction in premium or sum assured (ii) Change in premium frequency on a policy anniversary (iii) Alteration to the term of policy. (iv) Alteration to the lapsed status and revival thereof. (v) Miscellaneous alterations; for instance, change of address

J. Non-Disclosure: 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.

K. Prohibition of Rebates: Section 41 of the Insurance Act, 1938 states:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

L. Service Tax: As per the Service Tax Laws, service tax is applicable on the life insurance premium and also on the charges. Any other indirect tax or statutory levy becoming applicable in future may become payable by you by any method we deem appropriate including by levy of an additional monetary amount in addition to the premium.

Ensure a life of respect and dignity for you and your family.
Contact us today



Visit us at www.hdfcinsurance.com



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Registered Office: HDFC Standard Life Insurance Company Limited, Ramon House, 169 Backbay Reclamation, Mumbai - 400 020.

This document has no monetary value at any time and is not a proof of any contract with HDFC Standard Life Insurance Company Limited. HDFC Standard Life Insurance Company Limited is the name of our Insurance Company and HDFC SurgiCare Plan (Form No. P501-55, UIN 101N043V01) is the name of the plan. The name of our company and the name of our plan do not, in any way, indicate the quality of the plan, its future prospects or returns. HDFC SurgiCare Plan is a health insurance plan. This plan is a non participating plan. This product brochure is indicative of the terms, warranties, conditions and exceptions contained in the insurance policy. Please refer to the policy document for further details. In event of any conflict, the terms and conditions mentioned in the policy document will prevail over this sales brochure. This version of the policy brochure invalidates all previous versions for the same plan. Insurance is the subject matter of the solicitation. ARN: PP/02/2009/675.