

Frequently Asked Questions - FAQs



1. What type of organisations can opt for this Plan?

Organisations / Firms / SME with Employer-Employee relationship can opt for this plan.

2. Which channels can avail this Plan?

All channels with Employer-Employee relationship can opt for this plan.

3. Can these plans be used for Affinity / Non Employer-Employee Groups?

No, this cannot be used for Affinity / Non Employer-Employee Groups. This can be used for Employer-Employee groups only.

4. What will be the basis of premium?

Premium will be calculated on the following factors:

1. PIN code / Location of the SME
2. Number of employees and dependents
3. Type of sum insured (Individual / Floater)
4. Sum Insured opted
5. Coverages opted

5. How many number of Employees are required for opting this Plan?

Minimum 7 employees need to be covered and maximum up to 300 Employees (and their dependents in case their coverage is opted)

6. What are the Premium Tiers?

Tier 1: Delhi, NCR, Mumbai, MMR, Ahmedabad, Baroda, Surat, Vadodara (Please note that cities mentioned in Tier 1 are illustrative. Premium Tier will be as per PIN Code in the premium calculator)

Tier 2: Rest of India

7. What are the relationships that can be covered?

The plan is applicable for Employee, Spouse and up to 4 Dependent Children.

8. What is the age eligibility criteria?

- Employee: 18 to 65 Years
- Spouse: 18 to 65 Years

16. What are the coverages offered?

Plan Name	Plan 1	Plan 2	Plan 3	Plan 4
Sum Insured Type	Individual	Individual	Floater	Floater
Employee Size	7-300 employees	25-300 employees	7-300 employees	25-300 employees
Medical Expenses Cover	Covered up to SI			
Home Healthcare	Covered up to SI			
Room Rent (Normal)	At actual	At actual	At actual	At actual
Room Rent (ICU)	At actual	At actual	At actual	At actual
Pre-Hospitalisation Expenses	30 Days	30 Days	30 Days	30 Days
Post-Hospitalisation Expenses	60 Days	60 Days	60 Days	60 Days
Organ Donor Expenses	Covered up to SI			
Domiciliary Hospitalisation	Covered up to SI			

Day Care Treatment	All Day Care Procedures Covered up to SI	All Day Care Procedures Covered up to SI	All Day Care Procedures Covered up to SI	All Day Care Procedures Covered up to SI
Road Ambulance Cover	₹ 2000 per hospitalization			
30 Days Waiting Period	Waived	Waived	Waived	Waived
Specific Disease/Procedure Waiting Period	1 year waiting period	1 year waiting period	1 year waiting period	1 year waiting period
Pre-Existing Disease Waiting Period	36 months	24 months	36 months	24 months
Maternity Expenses	Not covered	Covered with 9 months waiting period	Not covered	Covered with 9 months waiting period
Pre-post Natal Expenses	Not covered	Covered	Not covered	Covered
Baby Covered from Day 1	Not covered	Covered	Not covered	Covered

17. In which scenarios can the optional covers be taken?

Optional Covers are applicable only if the employee strength is greater than 50.

Medical Practitioner, must be maintained for each day of the Home treatment.

- v. This Cover is not available on reimbursement basis.
- vi. There is no separate Sum Insured for this cover. Any claim triggered under this benefit shall reduce the Sum Insured.

28. What are the sub-limits for room rent in Plan 1 and 2?

Room rent is payable as at actual. However, this can be modified by opting optional coverages

29. What are the waiting periods under Plan 1 & 3?

- General: 0 Days
- Specified Disease / Procedure: 12 Months
- PED: 36 Months

30. What are the waiting periods under Plan 2 & 4?

- General: 0 Days
- Specified Disease / Procedure: 12 Months
- PED: 24 Months

31. What is the General Waiting period under both Plans?

There is no General waiting period applicable in Plans 1 & 2. This has been waived off.

32. What is the waiting period for Specified diseases / procedures?

12 Months under both Plan 1 and 2

33. What is the waiting period for Pre-existing diseases?

36 Months under Plan 1 & 3 and 24 Months under Plan 2 & 4

34. What are the Sum Insured options available under Plan 1?

2 / 3 / 5 / 7.50 / 10 Lakh

Note: Sum Insured of Rs. 2 Lakh cannot be offered with the group size is less than 25.

35. What are the Sum Insured options available under Plan 2?

2 / 3 / 5 / 7.50 / 10 / 15 Lakh

Note: Sum Insured of Rs. 2 Lakh cannot be offered with the group size is less than 25.

36. What is the minimum sum insured for opting maternity benefit?

3 Lakh

37. Are Maternity Expenses covered under Plan 1 & 3?

No, Maternity Expenses are not covered under Plan 1 & 3

38. Are Maternity Expenses covered under Plan 2 & 4?

- Yes, Maternity Expenses are covered under Plan 2 & 4 with the following limits:
- Rs. 25,000/- for SI of Rs. 3 Lakh
- Rs. 30,000 for SI of Rs. 5 & 7.50 Lakh
- Rs. 50,000 for SI of Rs. 10 & 15 Lakh

26. Are Day Care Treatments covered?

Yes, all Day Care procedures requiring less than 24 hours of hospitalization are covered.

27. What is covered under Home Healthcare?

Medical Expenses incurred by the Insured Person on availing treatment at Home during the Policy Year shall be indemnified.

Specific Conditions applicable to Home Healthcare

- i. Home Healthcare treatment must be prescribed in writing by the treating Medical Practitioner.
- ii. The treatment must be such that in normal course it would have required In-patient Care at a Hospital, and a claim would have been admissible under the policy.
- iii. The treatment must be pre-authorized by HDFC ERGO as per the claim procedure
- iv. Records of the treatment administered, duly signed by the treating

39. How many maternity claims can be covered per family?
Maternity is applicable for only Employee + Spouse / Employee Only (As per plan opted) for first two deliveries or terminations only in insured's lifespan.

40. What is the waiting period for Maternity under Plan 1 & 3?
Maternity Expenses are not covered under Plan 1 & 2. Hence, no waiting period is applicable.

41. What is the waiting period for Maternity under Plan 2 & 4?
Waiting Period for Maternity Expenses under Plan 2 & 4 is 9 Months.

42. Is there an option to waive off the waiting period for Maternity under Plan 2 & 4?
Yes, the option is available to waive off the waiting period.

43. Are pre and post natal expenses covered under Plan 1 & 3?
Maternity / Pre-Post Natal Expenses / Baby Day One are not covered under Plan 1 & 3.

44. Are pre and post natal expenses covered under Plan 2 & 4?
Yes, pre and post natal expenses are covered within the limits of Maternity Sum Insured

45. Is Baby Day One cover applicable under Plan 1 & 3?
Maternity / Pre-Post Natal Expenses / Baby Day One are not covered under Plan 1.

46. Is Baby Day One cover applicable under Plan 2 & 4?
Yes, Baby Day One is included within the limits of Maternity Sum Insured

47. What is the territory of coverage?
The policy will be valid within India only.

48. Can Global coverage be offered?
No, the policy will be valid within India only.

49. Can General Waiting Period be changed?
Yes, General Waiting Period can be modified to 15 / 30 Days
Note: Once opted, modified waiting periods cannot be changed. This is applicable for renewal cases as well.

50. Can Waiting Period for Specified Disease / Procedures be changed?
Yes, Specified Disease / Procedures can be modified to 24 Months
Note: Once opted, modified waiting periods cannot be changed. This is applicable for renewal cases as well.

51. Can the Waiting Period for PED be reduced?
Yes, waiting period for PED can be reduced to 24 Months, 12 Months or waived
Note: Once opted, modified waiting periods cannot be changed. This is applicable for renewal cases as well.

52. Can the Waiting Period for PED be increased?
No, waiting period cannot be increased at renewal.
Note: Once opted, modified waiting periods cannot be changed. This is applicable for renewal cases as well.

53. Can Hospital Cash (Accident & Illness) be included in Plan 1 or 2?
Yes, Options of SI Rs. 500 / 1,000 / 2,000 per day up to max 15 / 30 days are available.

54. Can Air Ambulance (India Only) be included in Plan 1 or 2?
Yes, option to add at actuals

55. Can Corporate Buffer be included in Plan 1 or 2?
Corporate Buffer can be included with the following options:

- Without Sum Insured restriction
- Restricted to Critical Illness

Sr. No.	Name of Critical Illness
1	Kidney failure requiring regular dialysis
2	Stroke resulting in permanent symptoms
3	Open chest CABG
4	Cancer of specified severity
5	Encephalitis (Viral)
6	Brain Surgery
7	Total Replacement of Joints
8	Cirrhosis of Liver
9	Injury leading to brain surgery
10	Third Degree Burns

56. Can the Sum Insured for Road Ambulance be increased?

Yes, coverage can be enhanced to ₹ 5,000/- or upto sum insured by paying additional premium.

57. Can the Pre-Hospitalisation period be modified?

Yes, coverage can be enhanced to 60 Days by paying additional premium under plan 2 & 4. This enhancement is not available for plan 1 & 3.

58. Can the Post-Hospitalisation period be modified?

Yes, coverage can be enhanced to 90 / 180 Days by paying additional premium.

59. Is there any Co-payment option?

Co-payment is not applicable in this plan.

60. Is there any Restore Benefit?

Restore benefit can be opted by paying additional premium.

61. How does Restore Benefit operate?

In the event of complete or partial utilization of the Base Sum Insured due to any claim admitted during the Policy Year, We shall reinstate only the utilized portion of the Base Sum Insured of the policy (as applicable under the current Policy Year)

62. Is Protect Benefit offered?

Protect benefit can be opted by paying additional premium.

63. What does Protect benefit cover?

We will indemnify the Insured Person up to the Sum Insured, for Non-Medical Expenses listed under List I of Annexure I of the policy wording and incurred during the Policy Year. Specific Conditions applicable to Protect Benefit:

- Claim under this benefit shall be payable only if we have accepted and paid a claim under the covers mentioned in Annexure 2.
- There is no separate Sum Insured for this cover. Any claim triggered under this benefit shall reduce the Sum Insured.

64. Can any Disease capping be included?

Yes, Capping basis Disease Category I / Disease Category II

Option 1: Rs. 25,000 / 50,000

Option 2: Rs. 50,000 / 100,000

Disease Category I		Disease Category II	
Sr. No.	Name of Disease / Disease pertaining to	Sr. No.	Name of Disease
1	Heart	1	Hernia
2	Cataract	2	Amputation
3	Cholecystectomy	3	Long Bone Fractures
4	Hysterectomy	4	Fissure and Fistula

5	Joint Replacement	5	Accident
6	Genito Urinary	6	Coma
7	Cancer (All types)	7	Deviated Nasal Septum
8	Appendicitis		
9	Chronic Renal Failure		
10	Intervertebral Disc		

65. Can a firm / organization take both options of Floater and Non-Floater for its employees in a single policy?

No. One policy can have single premium option only i.e. either Individual or Floater.

66. Are there any of entities that we will not provide cover to (Declined category)?

This is not an exhaustive list:

1. Groups formed only for the purpose of insurance OR Groups whose membership comes into existence solely or primarily for the purpose of obtaining eligibility for group health insurance
2. Companies engaged in mining
3. Companies manufacturing explosives, weapons, hazardous materials (e.g. fertilizers, asbestos fiber, toxic gases, pesticides)
4. Law enforcement agencies (including police, para-military, military) and lawyers
5. Groups, where the members are professionally (as their occupation) involved in sport activities
6. Political and Socio-religious Groups
7. Multi-Level Marketing Companies (e.g. Tupperware, Amway, Avon)
8. Private clubs (e.g. tennis clubs, golf clubs, yachting clubs, culture clubs, horseback-riding clubs); Social clubs (e.g. clubs which make their activities available for a social purposes); Residence

70. What will be the policy booking process?

Sales to submit the stated documents to UW and take their signoff.

- **Sales closure Note (Excel)**
- **Proposal form (Duly filled, signed & stamped)**
- **Member data (Excel)**
- **Payment details**
- **PAN Copy**
- **GST Certificate Copy or NO GSTN Declaration**



- Branch ops will do the scrutiny of the documents.
- Receipting and do In-warding.
- Upload the documents in filenet



Once the :

- Inward id is created.
- LEAD ID is created
- PID is Created
- Documents are uploaded in Filenet

Then it goes to Group Operation Que for Policy Issuance.



Post Processing the status and related details / documents will be updated in the Helios.



- Discrepancy Issued
- Issued

Closure:

- Soft copy of the policy document will be directly shared with Corporate Email id mentioned in the **Sales Closure**.
- Claims will share the Login Details to access the E cards.
- HR Login details will be shared. Through which HR can access all employee's ecard and claim details.
- If Employee's Email ID are shared then , individual emailer will be triggered to each employees with their Login details

71. Will premium be refunded on deletion of an employee having made a claim on the policy?

There will be no refund on deletion if the employee / family member has made a claim on the policy.