

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Please Note: Benefits opted and mentioned in the policy schedule/certificate of insurance will only be applicable.

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Chomp	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product / Policy	Indemnity	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured - Where each member has a separate sum insured under the policy) <u>Note:</u> For complete details of Sum Insured applicability, please refer to your Policy Schedule / Certificate of Insurance	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as opted and as specified in Policy Schedule / Certificate of Insurance Expenses in respect of:	
		1. Restorative Treatment Cover: Covers listed restorative dental expenses upto the Sum Insured	Section B.a
		2. Periodontal Treatment Cover: Covers listed gum related treatments up to the Sum Insured	Section B.b
		3. Endodontic Treatment Cover: Covers listed dental expenses such as Root Canal & crowns up to the Sum Insured	Section B.c

		4. Prosthetic Treatment Cover - Bridges: Covers expenses related to prosthetic treatment up to the Sum insured	Section B.d
		5. Prosthetic Treatment Cover – Partial Dentures: Covers expenses related to partial dentures up to the Sum Insured	Section B.e
		6. Prosthetic Treatment Cover – Complete Dentures: Covers expenses related to dentures up to the Sum Insured	Section B.f
		7. Minor Surgical Procedures: Covers expenses related to Minor Surgical procedures such as removal of wisdom teeth, decayed teeth etc. up to the Sum Insured	Section B.g
		8. Major Surgeries Cover: Covers expenses related to dental surgeries requiring hospitalization (including Inpatient care AYUSH treatment in an AYUSH Hospital)	Section B.h
		9. Accidental Major Surgeries Cover: Covers expenses related to dental surgeries arising out of an accident and requiring hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital)	Section B.i
6	Exclusions (what the policy does not cover)	Exclusions specific to particular benefit	
		<u>Specific Exclusions applicable to Periodontal Treatment Cover</u>	
		<ul style="list-style-type: none"> a. Curretage treatment followed by an extraction which is not claimed under this Policy is not covered b. Cost of Bone Graft is not covered under Gingival flap procedure/Osseous surgery 	Section B.b
		<u>Specific Exclusions applicable to Endodontic Treatment Cover</u>	
		<ul style="list-style-type: none"> a. Re Root Canal Treatment done on incomplete or faulty treatment done before the commencement of this Policy will not be covered b. Crowns followed by a Root Canal Treatment which is not claimed under this Policy will be exclude 	Section B.c

		c. Repair of Crowning done before commencement of this Policy or during the Waiting Period will not be covered	
		<p><u>Specific Exclusions applicable to Prosthetic Treatment Cover – Complete Dentures</u></p> <p>a. Complete Dentures required other than due to Accidental Injury will not be covered</p> <p>b. Complete Dentures required due to medical illness or age or degenerative disease will not be covered</p>	Section B.f
		<p><u>Specific Exclusions applicable to Major Surgeries Cover</u></p> <p>a. Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking</p> <p>b. Treatment of tumors which are malignant will not be covered</p> <p>c. Treatment of listed major surgeries which does not lead to hospitalization will not be covered</p>	Section B.h
		<p><u>Specific Exclusions applicable to Accidental Major Surgeries Cover</u></p> <p>a. Treatment of listed accidental major surgeries which does not lead to hospitalization will not be covered</p> <p>b. Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking</p> <p>c. Treatment required as a result of routine body movements such as stooping, twisting, bending</p> <p>d. Cost of damage to prosthetic devices will not be covered</p> <p>e. Major Surgeries required other than due to Accidental Injury will not be covered</p>	Section B.i
7	<p>Waiting Periods</p> <ul style="list-style-type: none"> Time period during which specified disease / treatments are not covered It is counted from the beginning of the policy coverage 	Waiting Periods applicable to specific benefits	
		<p><u>Waiting Periods applicable to Major Medical Illness</u></p> <p>Pre-Existing disease waiting period (default): 1 year</p>	Section D.I.b



8	Financial Limits of coverage	Financial limits specific to covers	
	Sub-limits (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	Sub limits specific to particular covers	
		NA	
	Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	Co-payment specific to particular covers	
		NA	
	Deductible It is a specified amount:	Deductible specific to particular covers	
	<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 than the specified amount) 	NA	
	Sum Insured Limits	Sum Insured specific to particular base covers	
		<u>Financial limits applicable to Restorative Treatment cover (Optional)</u> Sum Insured : 1540 / 1000 / 1200 <u>Financial limits applicable to optional covers under Periodontal Treatment cover</u> Sum Insured : 24860 / 11000 / 17000	Section B

		<p><u>Financial limits applicable to Endodontic treatment cover (Optional)</u></p> <p>Sum Insured : 10000 / 3500 / 6000 / 8000</p> <p><u>Financial limits applicable to optional covers under Prosthetic Treatment Cover - Bridges</u></p> <p>Sum Insured : 15000 / 6500 / 8500 / 11500</p> <p><u>Financial limits applicable to Prosthetic Treatment Cover – Partial Dentures (Optional)</u></p> <p>Sum Insured : 16500 / 8500 / 12000 / 15000</p> <p><u>Financial limits applicable to optional covers under Prosthetic Treatment Cover – Complete Dentures</u></p> <p>Sum Insured : 34300 / 12000 / 15000 / 24500</p> <p><u>Financial limits applicable to optional covers under Minor Surgical Procedures</u></p> <p>Sum Insured : 6000 / 1200 / 1500 / 2500</p> <p><u>Financial limits applicable to Major Surgeries Cover (Optional)</u></p> <p>Sum Insured : 275000 / 130000 / 155000</p> <p><u>Financial limits applicable to optional covers under Accidental Major Surgeries Cover</u></p> <p>Sum Insured : 110000 / 55000 / 65000</p>	
9	Claims / Claims procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</p>	Section E.2.F.ii

		<p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p><u>For Reimbursement Process :</u></p> <p>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)</p> <p>Provide the details /web link for following:</p> <p>Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>Helpline number : https://www.hdfcergo.com/customercare/grievances</p> <p>Call - : 022 6234 6234 / 0120 6234 6234</p> <p>Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	Section E.1.16
11	Grievances / Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 	Section E.1.16

		<p>- E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com</p> <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. 	Section E.1.1.8
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	Section E.1.1.89
		<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p>	
		<p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p>	NA
		<p><u>Process for portability:</u> 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>	NA

		<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 five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>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>	Section E.1.1.6
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:



Date:

(Signature of the Policyholder)
