

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	HDFC ERGO Group OPD Care (Add-on)	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) 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><u>Note:</u> For complete details of Sum Insured applicability, please refer to your Policy Schedule / Certificate of Insurance</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as opted and as specified in Policy Schedule / Certificate of Insurance</p> <p>Expenses in respect of:</p>	
		<p>1. Tele-Consultations (Consultations with Medical Practitioner / Physician / Doctor listed on our/ Service Provider's digital platform for treatment advice)</p>	Section 2.1
		<p>2. Doctor Consultations cover (In Person) (In Person consultations with Medical Practitioner / Physician / Doctor listed on our/ Service Provider's digital platform for treatment advice)</p>	Section 2.2



		3. Investigation Cover (Indemnifies investigation services pertaining only to pathology and/or radiology)	Section 2.3
		4. Preventive Health Check-up (Avail Preventive health check-up annually for listed tests through our service provider)	Section 2.4
		5. Pharmacy (Indemnifies expenses incurred on purchase of medicines and drugs, as prescribed by a Medical Practitioner)	Section 2.5
6	Exclusions (what the policy does not cover)	Exclusions specific to particular benefit	
		<p><u>Specific Exclusions applicable to Teleconsultations Cover</u></p> <ul style="list-style-type: none"> i. In-clinic consultations and physical consultations ii. Expenses pertaining to investigations, medicines, procedures and any medical / non-medical items Section 2.1.B 	
		<p><u>Specific Exclusions applicable to Doctor Consultations cover (In Person) Cover</u></p> <ul style="list-style-type: none"> i. Tele / Video / Digital consultations ii. Expenses pertaining to investigations, medicines, procedures and any medical / non-medical items 	Section 2.2.A



		<p><u>Specific Exclusions applicable to Pharmacy Cover</u></p> <p>i. Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products</p>	Section 2.5.A
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 	Initial Waiting Period (default): 30 days	Section 1.C.II.4
8	<p>Financial Limits of coverage</p> <ul style="list-style-type: none"> Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) 	NA	
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> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p>	Section 3.B

		<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>	As per base product
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 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com 	As per base product

		<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>	As per base product
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. 	As per base product
		<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>	As per base product
		<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>	As per base product
		<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>	As per base product
		<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>	As per base product
		<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>	As per base product

		<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>	As per base product
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)

