

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	Mosquito Disease Protection Policy – Group	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product / Policy	Both Indemnity and Benefit	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. Vector Borne Diseases – Indemnity: We will pay under below listed covers on Medically Necessary Hospitalization of the Insured Person due to</p> <ol style="list-style-type: none"> Dengue Fever Malaria Other Vector Borne Diseases: <ol style="list-style-type: none"> Chikungunya 	Section B.1.1

	<ul style="list-style-type: none"> ii. Japanese Encephalitis iii. Kala-azar iv. Lymphatic Filariasis v. Zika Virus 	
	i. In-Patient Hospitalization Expenses: Pays for reasonable and customary hospitalization expenses incurred to the Insured Person(s)	Section B.1.1.a.
	ii. Reinstatement of Sum Insured: We will add to the Sum Insured under Section 'In-Patient Hospitalization Expenses', an amount equivalent to the admissible Claim amount under Section 'In-Patient Hospitalization Expenses' of the Policy subject to maximum of Basic Sum Insured	Section B.1.1.b.
	iii. Pre and Post Hospitalization Cover: We will pay for Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses up to number of days mentioned on Policy Schedule/Certificate of Insured	Section B.1.1.c.
	iv. Outpatient Treatment Expenses (Optional cover): We will indemnify the Insured Person towards expenses incurred on; <ul style="list-style-type: none"> a. Outpatient Consultation with Medical Practitioner b. Diagnostic Tests c. Pharmacy for Medically Necessary Treatment of diseases as opted under Section 'In-Patient Hospitalization Expenses'	Section B.1.1.1.a.
	v. Recovery Benefit (Optional cover): We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule if period of Hospitalization for Claim admissible under Section 1, exceeds 10 continuous days	Section B.1.1.1.b.
	vi. Co-payment (Optional cover): On availing this option, Co-Payment as mentioned on the Schedule of Coverage in the Policy Schedule will be applied on each and every admissible claim under 'In-Patient Hospitalization Expenses'.	Section B.1.1.1.c.

	vii. Waiting Period Options (Optional cover): On availing this option, Waiting Period will be modified as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applicable for all the Claims under the Policy.	Section B.1.1.1.d.
	2. Vector Borne Diseases – Benefit:	Section B.1.2
	i. In-Patient Hospitalization Expenses: Pays for reasonable and customary hospitalization expenses incurred to the Insured Person(s)	Section B.1.2.a.
	ii. Reinstatement of Sum Insured: We will add to the Sum Insured under Section ‘In-Patient Hospitalization Expenses’, an amount equivalent to the admissible Claim amount under Section ‘In-Patient Hospitalization Expenses’ of the Policy subject to maximum of Basic Sum Insured	Section B.1.2.b.
	iii. Outpatient Treatment Expenses (Optional cover): We will indemnify the Insured Person towards expenses incurred on; <ul style="list-style-type: none"> a. Outpatient Consultation with Medical Practitioner b. Diagnostic Tests c. Pharmacy <p>for Medically Necessary Treatment of diseases as opted under Section ‘In-Patient Hospitalization Expenses’</p>	Section B.1.2.2.a
	iv. Recovery Benefit (Optional cover): We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule if period of Hospitalization for Claim admissible under Section 1, exceeds 10 continuous days	Section B.1.2.2.b
	v. Time Deductible (Optional cover): On availing this option, Time Deductible as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the Policy.	Section B.1.2.2.c

		vi. Waiting Period Options (Optional cover): On availing this option, Waiting Period will be modified as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applicable for all the Claims under the Policy.	Section B.1.2.2.d
		vii. Annual Aggregate days limit (Optional cover): On availing this option, the no of annual aggregate days limit will be modified as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance	Section B.1.2.2.e
		viii. ICU multiplier (Optional cover): On availing this option the benefit will be modified as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of insurance, if the Insured Person is hospitalization in ICU	Section B.1.2.2.f
		3. my: Health Active: Health Coach and Wellness services are available to all Insured Person through Our Network Provider on Our HDFC ERGO Mobile App	Section B.2.
6	Exclusions (what the policy does not cover)	Exclusions specific to applicable to 'Vector Borne Diseases – Indemnity' and 'Vector Borne Diseases – Benefit'	
		Investigation & Evaluation: Code – Excl04 i. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	Section C.1.ii
		Rest Cure, rehabilitation and respite care–Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. 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.	Section C.1.iii

		Unproven Treatments: Code – Excl16 – 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.	Section C.1.iv
		Any treatment taken on Outpatient	Section C.2.i
		Hospitalization for treatment under any system other than allopathy & Ayush Treatments.	Section C.2.ii
		Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	Section C.2.iii
		Additional exclusions specific to applicable to ‘Vector Borne Diseases – Indemnity’	
		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	Section C.3.A.i
		Charges related to a Hospital stay not expressly mentioned as being covered	Section C.3.B.i
		Non-Medical expenses such as Food charges (other than patient’s diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com .	Section C.3.B.ii
7	Waiting Periods <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 ‘Vector Borne Diseases – Indemnity’ and ‘Vector Borne Diseases – Benefit’	
		<u>Waiting Periods applicable to Major Medical Illness</u> Initial Waiting Period (default): 30 days Initial Waiting Period (options): 7/15 days	Section C.1.i, Section B.1.1.1.d and Section B.1.2.2.d
8	Financial Limits of coverage	Financial limits specific to covers	
	Sub-limits	Sub limits specific to particular covers	

	(It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	<u>Sub-limits applicable to Outpatient Treatment:</u> 50% of the Sum Insured, subject to maximum of Rs. 5,000	Section B.1.1.1.a. and Section B.1.2.2.a
	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	
		'Vector Borne Diseases – Indemnity': 5% / 10% / 15% / 20% / 25%	Section B.1.1.1.c.
	Deductible It is a specified amount: <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) 	Deductible specific to particular covers	
		Time Deductible (Optional cover): 1 / 2 days	Section B.1.2.2.c
	Sum Insured Limits	Sum Insured specific to particular base covers	
		<u>Financial limits applicable to 'Vector Borne Diseases – Indemnity'</u> a. SI: 30,000, 50,000, 75,000, 100,000, 200,000, 250,000, 300,000, 400,000 and 500,000 <u>Financial limits applicable to optional covers under 'Vector Borne Diseases – Indemnity'</u> a. Outpatient Treatment: SI: 50% of the Sum Insured, subject to maximum of Rs. 5,000 b. Recovery Benefit SI: 20k	Section B.1.
		<u>Financial limits applicable to 'Vector Borne Diseases – Benefit'</u> a. SI: 1,000 to 100,000	Section B.2.

		<p>b. SI: 1,000 to 10,000 per day</p> <p><u>Financial limits applicable to optional covers under 'Vector Borne Diseases – Benefit'</u></p> <p>a. Outpatient Treatment: SI: 50% of the Sum Insured, subject to maximum of Rs. 5,000</p> <p>b. ICU Multiplier: 1x, 2x, 3x, 4x and 5x per day</p>	
9	Claims / Claims procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.	Section E.1
		Turn Around Time (TAT) for claims settlement:	
		<u>For Cashless Process :</u>	
		<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>	
		<u>For Reimbursement Process :</u>	
		<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>	
		Provide the details /web link for following:	
		<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>	
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>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.2.
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 	Section D.1.17.
		<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>	Section D.1.17.
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 D.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 D.1.9.
		<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>Process for migration: 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>	Section D.1.7.
		<p>Process for portability: 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>	Section D.1.8.
		<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 D.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)
