



Sr. No.	TITLE	DESCRIPTION	REFERENCE NUMBER
1	Product Name	<b>Mosquito Disease Protection Policy – Group</b>	
2	What am I covered for:	<p>Covers:</p> <ul style="list-style-type: none"> <li><b>a. Coverage</b></li> <li><b>b. Vector Borne Diseases – Indemnity</b> <ul style="list-style-type: none"> <li>a) In-Patient Hospitalization Expenses</li> <li>Health Care at Home</li> <li>b) Reinstatement of Sum Insured</li> <li>c) Pre and Post Hospitalization Cover</li> </ul> </li> <li><b>1.1 Optional covers</b> <ul style="list-style-type: none"> <li>c. Outpatient Treatment Expenses</li> <li>d. Recovery Benefit</li> <li>e. Co-Payment</li> <li>f. Waiting Period Options</li> </ul> </li> <li><b>g. Vector Borne Diseases – Benefit</b> (As lump sum Benefit OR As per day Benefit with Annual aggregate limit)                             <ul style="list-style-type: none"> <li>a) In-patient Hospitalization Benefit 4</li> <li>b) Reinstatement of Sum Insured 5</li> </ul> </li> <li><b>2.1 Optional covers</b> <ul style="list-style-type: none"> <li>a. Outpatient Treatment Expenses</li> <li>b. Recovery Benefit</li> <li>c. Time Deductible</li> <li>d. Waiting Period Options</li> <li>e. Annual Aggregate days limit</li> <li>f. ICU multiplier</li> </ul> </li> <li><b>B: my: Health Active</b> <ul style="list-style-type: none"> <li>a. Health Coach</li> <li>b. Wellness services</li> </ul> </li> </ul>	<p>Section A</p> <p>Section B</p>
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> <li>i. Investigation &amp; Evaluation: Code – Excl04                             <ul style="list-style-type: none"> <li>a) Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.</li> <li>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</li> </ul> </li> <li>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:                             <ul style="list-style-type: none"> <li>a) 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.</li> <li>b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</li> </ul> </li> <li>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.</li> <li>iv. Any treatment taken on Outpatient</li> <li>v) Hospitalization for treatment under any system other than allopathy.</li> <li>vi) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.</li> </ul> <p><b>This is partial listing of the Policy Exclusions. Please refer to the Policy Clauses for full listing.</b></p>	<p>Section C</p>

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4	Waiting Periods	<p>30-day waiting period – Code – Excl03:</p> <p>Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.</p> <p>a) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.</p> <p>b) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.</p>	Section C								
5	Payment Basis	<p>1. The claim payment under this policy shall be on the indemnity basis under Section -1, <b>Vector Borne Diseases – Indemnity</b></p> <p>2. The claim payment under this policy shall be on the benefit basis under Section – 2, <b>Vector Borne Diseases – Benefit</b></p>	Section F								
6	Loss Sharing	<p>In case of a Claim, this Policy requires you to share the following costs:</p> <p><b>Section 1 - Vector Borne Diseases – Indemnity</b></p> <ul style="list-style-type: none"> <li>Room Rent, beyond Single A/C Private Room for Claims</li> <li>Co-payment as opted and mentioned on the Policy Schedule</li> </ul> <p><b>Section 2 - Vector Borne Diseases – Benefit</b></p> <ul style="list-style-type: none"> <li>Time deductible as opted and mentioned on the Policy Schedule</li> </ul>	Section A, B								
7	Premium Payment Option	<p>You have option to pay premium in total at the commencement of policy or in instalments as below:</p> <table border="1" data-bbox="395 1003 1133 1155"> <thead> <tr> <th>Options</th> <th>Installment Premium Option</th> </tr> </thead> <tbody> <tr> <td>Option 1</td> <td>Half Yearly</td> </tr> <tr> <td>Option 2</td> <td>Quarterly</td> </tr> <tr> <td>Option 3</td> <td>Monthly</td> </tr> </tbody> </table>	Options	Installment Premium Option	Option 1	Half Yearly	Option 2	Quarterly	Option 3	Monthly	Section G
Options	Installment Premium Option										
Option 1	Half Yearly										
Option 2	Quarterly										
Option 3	Monthly										
8	Renewal Conditions	<ul style="list-style-type: none"> <li>Grace Period for Renewal is 30 days from due date</li> </ul>	Section G								
9	Cancellation	<p>i. The Policyholder may cancel this Policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as per the grid given in the Policy Wording.</p> <p>ii. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of Material Facts, Fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of Material Facts or Fraud.</p>	Section G								
11	How to Claim	<p>Kindly contact Us for claim intimation on</p> <p><b>Toll Free</b> (within India):022-62346234 / 0120-62346234</p> <p>Outside India : 800 08250825</p> <p><b>Global Toll Free No</b> : +800 08250825 (accessible from locations outside India only)</p> <p><b>Landline no (Chargeable)</b> : 0120-4507250</p> <p>Email: healthclaims@hdfcergo.com</p>	Section F								

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12	Policy Servicing / Grievance / Complaints	<p>In case of any grievance, We may be contacted through any of the following:</p> <p>Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Customer Service Number: 022 6234 6234 / 0120 6234 6234</p> <p>Contact Details for Senior Citizen: 022 6242 6226</p> <p>E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></p> <p>For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a></p>	Section G
13	Insured's Rights	<ul style="list-style-type: none"> <li>• <b>Sum Insured Enhancement</b> The Sum Insured can be enhanced only at the time of renewal subject to terms and conditions set out in the Policy</li> </ul>	Section G
14	Insured's Obligations	<ul style="list-style-type: none"> <li>• Disclosure of material facts as sought to be declared on the Proposal Form/Enrollment Form</li> </ul>	Section G
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			