

Dengue Care, Policy

Suitability:

- This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted upto 65 years. The Minimum entry age for Adult is 18 years and Maximum entry age is 65 years
- There is no maximum cover ceasing age on renewals of the subject policy.
- The policy will be issued for a period for 1 year
- This policy can be issued to an individual only on individual Sum Insured basis.

Salient Features & Benefits:

Section I. Inpatient Benefits

The following benefits are available to all Insured Persons who suffer Dengue fever during the Policy Period which requires Hospitalisation on an Inpatient basis.

a. In-Patient Treatment

Treatment arising from Dengue fever where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses (Single private A/c room), nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, medicines, drugs, consumables, diagnostic procedures. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges

b. Pre-Hospitalization expenses

Expenses for consultations, investigations and medicines incurred upto 15 days before Hospitalisation.

c. Post-Hospitalization expenses

Expenses for consultations, investigations and medicines incurred upto 15 days after discharge from Hospitalisation.

d. Shared accommodation Benefit

If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, Section Exclusion III C v) of Policy wordings will be waived off.

Section II. Outpatient Benefits: The following benefits are available to all Insured Persons during the Policy Period if NS1 (nonstructural protein 1) or any equivalent test as directed by us is positive in result. Any claims made under these benefits will be subject to Out-patient Sum Insured.

a. Outpatient Consultations

Outpatient consultation by a general Medical Practitioner for treatment of Dengue fever.

b. Diagnostic Tests

Outpatient diagnostic tests for Dengue fever taken by the Insured Person from a diagnostic centre

c. Pharmacy

Medicines purchased by the Insured Person from a pharmacy, provided that such medicines have been prescribed for treatment of Dengue Fever

d. Home Nursing

We will also reimburse the Medical Expenses for necessary medical treatment taken by the Insured Person by our empanelled medical practitioner at home for treatment of Dengue fever

Sum Insured: Rs 50,000; 100,000

Wellness Offers

From time to time, we will provide insured the opportunity to purchase items or services curated by Us and related to prevention of Dengue on Our website or through other means. These items or services, which may be offered by Us or selected partners, may be offered with a discount or as part of a special scheme.

Payment Facility:

- Online
- Cheque/ Cash/ Credit Card Payment
- Electronic Clearing System

Discount:

- Discount- Upto 10% on published tariff, if customer buys Dengue Care through Our Direct channels.

Free Look Period:

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.

The insured person shall be allowed free look period of fifteen 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.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

Special terms and conditions:

A. Waiting Period

All treatments shall be covered subject to the waiting periods specified below:

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i) We are not liable for any claim arising due to treatment and admission within 15 days from policy commencement date

B. Reduction in waiting periods

1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:

(a) any health insurance plan with an Indian non life insurer as per guidelines on portability, OR

(b) any other similar health insurance plan from Us,

Then:

(a) The waiting periods specified in above Section special terms and conditions A i) of the Policy wordings stand deleted; AND :

(b) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:

a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);

b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.

c) We will retain the right to underwrite the proposal.

d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.

C. General exclusions

We will not pay for any claim in respect of any Insured Person caused by, arising from or attributable to.

Medical Exclusions

i) Any Treatment other than for Dengue fever

ii) Treatment taken by following healthcare providers (Hospitals /Medical Practitioners)

a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.

b. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

c. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments which are not supported by treating Medical Practitioner's prescription.

d. Charges related to a Hospital stay not expressly mentioned as being covered in this Policy.

iii) Excluded Providers- Code – Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

iv) 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 and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com

Claim Procedure

HDFC ERGO General Insurance Company Limited. Health Insurance Limited will process all claims under this policy.

Intimation & Assistance - Please contact HDFC ERGO General Insurance Company Limited. atleast 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact HDFC ERGO General Insurance Company Limited. within 24 hours of the event.

Procedure for Reimbursement of Medical Expenses –

HDFC ERGO General Insurance Company Limited. must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.

• Please send the duly signed claim form and all the information/documents mentioned therein to HDFC ERGO General Insurance Company Limited. 15 days of the occurrence of the Incident. * Please refer to claim form for complete documentation. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

• If there is any deficiency in the documents/information submitted by you, HDFC ERGO General Insurance Company Limited. will send the deficiency letter within 7 days of receipt of the claim documents.

• Complete Discharge: Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

• The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

• In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

• However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

• In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

• The payment will be made in the name of the Policyholder.

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Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, HDFC ERGO General Insurance Company Limited. must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO General Insurance Company Limited. atleast 48 hours prior to the hospitalization.
- HDFC ERGO General Insurance Company Limited. will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our Customer care number : 022 6234 6234 / 0120 6234 6234
- Rejection of cashless facility in no way indicates rejection of the claim.

Non-Disclosure or Misrepresentation:

- If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 15 day notice by sending an endorsement to Your address shown in the Schedule; and
 - the claim under such Policy if any, shall be prejudiced.
- We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/ Misrepresentation of Pre-existing diseases subject to your prior consent;
 - Permanently exclude the disease/condition and continue with the Policy
 - Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

Detailed Guidelines on Migration are available at

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

Detailed Guidelines on Portability are available at

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

Renewal:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience.

Tax Benefit:

- The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

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Requirement:

- Completed proposal form

Premium Rates:

Sum Insured	50,000	100,000
91 Days - 65	Rs 444	Rs 578
>65*	Rs 444	Rs 578

Only for renewals

- Premiums are exclusive of service tax.
- The premium under individual coverage will be charged on the completed age of the individual insured member.
- Premium rates are subject to change with prior approval from IRDA.
- Please note that your premium at renewal may change due to a change in your age or changes in the applicable tax rate

Cancellation:

- 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 detailed below.:

1 Year Policy	
Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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.

Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/ Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

IRDA REGULATION NO 12: This policy is subject to regulation 12 of IRDA (Protection of Policyholder's Interests) Regulation, 2017.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

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Annexure I – List of Non-Medical Expenses

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING

SI No	Item
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

Schedule of Benefits

Benefits	Sum Insured - Rs 50,000; 100,000
1 a.) In-patient Treatment	Upto Sum Insured
1 b.) Room Rent	Single private A/c room
1 c.) shared accommodation Benefit	Covered
1 d.) Pre-hospitalization	15 Days
1 e.) Post-hospitalization	15 Days
Outpatient Treatment	Rs 10,000
2 a.) Pharmacy	
2 b.) Diagnostic tests	
2 c.) Outpatient Consultation	
2 d.) Home nursing	



Take it easy!

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Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.