

Mosquito Disease Protection Policy – Group

Introduction:

Mosquito Disease Protection Policy – Group by HDFC ERGO is designed to offer coverage against Mosquito borne diseases like Dengue, Malaria, Chikungunya. The product has been designed to offer Indemnity as well as benefit cover for these ailments. An insured has an option to choose any one of these option and has wide range of Sum insured to opt for.

Section A – Coverage

1. Vector Borne Diseases – Indemnity

We will pay under below listed covers on Medically Necessary Hospitalization of the Insured Person due to

- i) Dengue Fever
- ii) Malaria
- iii) Other Vector Borne Diseases:
 - a. Chikungunya
 - b. Japanese Encephalitis
 - c. Kala-azar
 - d. Lymphatic Filariasis
 - e. Zika Virus

which is/are contracted during the Policy Period and as defined and opted under the Policy subject to waiting Period as specified on the Schedule of Coverage.

a) In-Patient Hospitalization Expenses

- i. Room rent, boarding and Nursing charges restricted to Single AC Private Room
- ii. Intensive Care Unit charges
- iii. Consultation fees
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures

Proportionate Deduction

If the Insured Person is admitted in a room where the room rent incurred is greater than Single private AC room, then the Policyholder shall bear the ratable proportion of the total variable medical expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and single private AC room

Insured Person shall bear specified percentage of admissible Claim amount under each and every admissible Claim if Co-payment under Section 1.1 c) is opted and specified in the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

Health Care at Home

Insured Person has the option to avail Health Care at Home for Illnesses including but not limited to Medically Necessary Treatment opted for and covered under Section 1, if prescribed by treating Medical Practitioner.

This Cover can be availed through Cashless Facility only as procedure under Claims Procedure - Section F.

Insured Person shall bear specified percentage of admissible Claim amount under each and every admissible Claim if Co-payment under Section 1.1 c) is opted and specified in the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

b) Reinstatement of Sum Insured

We will add to the Sum Insured under Section 1a), an amount equivalent to the admissible Claim amount under Section 1a) of the Policy subject to maximum of Basic Sum Insured subject to following conditions;

- a. Sum Insured reinstated under this cover can be used only for subsequent Hospitalization of the Insured Person during Policy

Year and is not applicable for hospitalization under Any One Illness

- b. Any unutilized amount of Sum Insured reinstated cannot be carried over to next policy year

c) 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, which are incurred on treatment of diseases for which Claim under Section 1a) is admissible under the Policy.

1.1) Optional Covers

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that, We will pay the expenses/Sum Insured under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

a) Outpatient Treatment Expenses

We will indemnify the Insured Person towards expenses incurred on;

- i. Outpatient Consultation with Medical Practitioner
- ii. Diagnostic Tests
- iii. Pharmacy

for Medically Necessary Treatment of diseases as opted under Section 1a)

Special Conditions applicable to Outpatient Treatment Expenses

If the Claim is payable under this Section and if the Insured Person is subsequently hospitalized within 15 days for the Medically Necessary treatment of same illness, entire Claim shall be admissible under Section 1a) and 1d) only and payable up to the Sum Insured under Section 1a) and 1d).

b) Recovery Benefit

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.

This benefit is not applicable if Medical treatment is taken under Health Care at Home

c) Co-payment

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 Section 1a).

d) Waiting Period Options

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.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

2. Vector Borne Diseases – Benefit

a) In-patient Hospitalization Benefit

We will pay Sum Insured in the manner as specified in the Schedule of Coverage to an Insured Person due to Medically Necessary Hospitalization of an Insured Person due to;

- i) Dengue Fever
- ii) Malaria
- iii) Other Vector Borne Diseases:

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- a. Chikungunya
- b. Japanese Encephalitis
- c. Kala-azar
- d. Lymphatic Filariasis
- e. Zika Virus

which is/are contracted during the Policy Period and as defined and opted under the Policy subject to waiting Period as specified on the Schedule of Coverage

b) Reinstatement of Sum Insured

We will add to the Sum Insured under Section 2a), an amount equivalent to the admissible Claim amount under Section 2a) of the Policy subject to maximum of Basic Sum Insured subject to following conditions;

- a. Sum Insured reinstated under this cover can be used only for subsequent Hospitalization of the Insured Person during Policy Year and is not applicable for Hospitalization under Any One Illness
- b. Any unutilized amount of Sum Insured reinstated cannot be carried over to next policy year

2.2) Optional Covers

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that, We will pay the expenses/Sum Insured under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

a) Outpatient Treatment Expenses

We will pay Sum Insured towards expenses incurred on;

- i. *Outpatient Consultation with Medical Practitioner*
- ii. *Diagnostic Tests*
- iii. *Pharmacy*

For Medically Necessary Treatment of diseases as opted under Section 2a)

Special Conditions applicable to Outpatient Treatment Expenses

If the Claim is payable under this Section and if the Insured Person is subsequently hospitalized with in 15 days for the same illness, entire Claim shall be admissible under Section 2a) only and Sum Insured is payable under Section 2a) only.

b) Recovery Benefit

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance if period of Hospitalization for Claim admissible under Section 2 a), exceeds 10 continuous days.

c) Time Deductible

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.

d) Waiting Period Options

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.

All other terms and Conditions of the respective Section and Policy

shall remain unaltered.

e) Annual Aggregate days limit

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

f) ICU multiplier

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 – my: Health Active

The services listed below are available to all Insured Person through Our Network Provider on Our my: health mobile App only.

i. Health Coach:

An Insured Person will have access to Health Coaching services in areas such as:

- Disease management
- Activity and fitness
- Nutrition
- Weight management.

These services will be available through **Our my: health mobile app** as a chat service or as a call back facility.

ii. Wellness services

- **Discounts:** on OPD, Pharmaceuticals, pharmacy, diagnostic centers.
- **Customer Engagement:** Monthly newsletters, Diet consultation, health tips
- **Specialized programs:** like stress management, Pregnancy Care, Work life balance management.

Disclaimer applicable to my: health Mobile app and associated services

It is agreed and understood that Our my: health mobile app and Wellness services are not providing and shall not be deemed to be providing any Medical Advice, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section C – Waiting Periods and Exclusions applicable to Section 1 & 2

We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy;

- i) Disease(s) which occurs or manifests itself with in 30 days from Coverage Commencement date
- ii) Any treatment taken on Outpatient
- iii) Hospitalization primarily for purposes diagnostic purposes not related to illness or any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
- iv) Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy.
- v) Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion (run down condition)

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Following additional exclusions shall apply under Section 1

- i) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing and non-medical expenses as listed on our website www.hdfcergo.com
- ii) Vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

Conditions

1. Entry Age:

Proposer	Dependent
Minimum Entry Age – 18 Years	Minimum Entry Age – 91 day
Maximum Entry Age – 65 yrs	Maximum Entry Age - 65 yrs

2. Type of Policy:

- Benefit basis (lump sum or per day)
- Indemnity basis

3. Sum Insured Type

- For Indemnity: Individual/ Floater
- For Benefit (lump sum): Individual
- For Benefit (per day): Individual/ Floater

4. Coverage for Dependents

- **Individual Sum Insured Option:** Self, Spouse, Dependent Children, Dependant Parents/in laws, Grand Mother Grand Father ,Grand Son, Grand Daughter, Daughter in Law, Son in law, Sister, Brother, Sister in law, Brother in law, Nephew, Niece
- **Floater Sum insured option :** Self, Spouse, Dependent Children, Dependent Parents/in laws

5. Sum Insured Options

1. For Indemnity
 - 30,000
 - 50,000
 - 75,000
 - 100,000
 - 200,000
 - 250,000
 - 300,000
 - 400,000
 - 500,000
2. For Benefit (lump sum) – Rs 1000 to Rs 100,000
3. For Benefit (per day) – Rs. 1000 per day to Rs 10,000 Per day

6. Pre Policy Check ups

Pre policy checkup is not required.

7. Grace Period

- i) A Grace Period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, we shall not be liable for any treatment availed for an Illness or Accident during the Grace Period
- ii) For Renewals received after completion of 30 days Grace

Period, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section E will start afresh. All the Renewal benefits earned on the previous Policy will lapse.

- iii) All eligible claims reported in the installment grace period would be payable if otherwise admissible as per terms and conditions of the policy

8. Sum Insured Enhancement:

The Insured Person member can apply for enhancement of Sum Insured at the time of renewal. The acceptance of enhancement of Sum Insured would be based on the health condition of the Insured Persons & claim history of the policy.

9. Renewal

- i. The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the Policy Period/ Coverage Period.
- ii. The policy is ordinarily renewable for life except on grounds of fraud, moral hazard or non-disclosure of any material facts or misrepresentation or non-cooperation by the insured Person (Subject to policy is renewed annually with us within the Grace period of 30 days from the date of Expiry)

10. Cancellation

i. Cancellation by Insurer

We may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-cooperation by any Insured Person. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

ii. Cancellation by Insured

You may cancel this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during Policy Year, no premium will be refunded.

If no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	Refund %
Up to 1 Month	85.0%
Up to 3 Month	70.0%
Up to 6 Month	45.0%
Above 6 months	0.0%

11. Premium Payment Option

- i. **Policy holder/Insured Person** shall have the option to pay policy premium in total at the inception of policy or in instalments as per options as below

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Options	Installment Premium Option
Option 1	Half Yearly
Option 2	Quarterly
Option 3	Monthly

- ii. No Additional charges, on the existing premium are applicable irrespective of the Instalment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly and Quarterly premium payment option shall be applicable. Any treatment availed for an illness contracted during the grace period will not be admissible under the Policy.
- iv. If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. In case of Claim under the Policy, unpaid instalment premium will be recovered from the Claim amount payable.
- vi. **Cancellation**
 - a. For all other Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
 - b. No refund of any premium in case of any claim during policy year

12. Revision/ Modification of the product

We may revise the Renewal premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification

13. Withdrawal of the Product

- i. We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, You can choose to renew this policy under any of Our similar Health insurance products.
- iv. However benefits payable shall be subject to the terms contained in such other Policy which has been approved by Insurance Regulatory and Development Authority of India
- v. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been continuously renewed with Us

14. Additional Benefits

Income Tax Benefit as per Sec 80 D of the IT Act on the premiums paid for this policy,

Section F – Claims Procedure

On the occurrence of any Vector Borne Diseases that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website
Claim Intimation Timelines	Within 14 days of the diagnosis of Vector Borne Diseases
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule/ Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner/Hospital 5. Date and time of event if applicable 6. Date of admission
Claims documents for Vector Borne Diseases	<ol style="list-style-type: none"> 1. Claim Form duly signed by the Insured Person; 2. Copy of Discharge Summary / Discharge Certificate; 3. First consultation letter from treating Medical Practitioner 4. Medical certificate confirming diagnosis, and the treatment of Vector Borne Diseases from Medical Practitioner 5. Certificate from treating Medical Practitioner, specifying the duration and etiology 6. All pathological Investigation Report. We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such a medical examination will be borne by Us. 7. NEFT details & cancelled cheque 8. All original medicine / pharmacy bills along with prescription by Medical Practitioner
Claims documents for Outpatient Treatment due to Vector Borne Diseases	<ol style="list-style-type: none"> 1. All original consultation/ diagnostic/ pharmacy bills along with prescription by Medical Practitioner
Conditions for obtaining Cashless facility for Vector Borne Diseases	<ol style="list-style-type: none"> 1. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and Empaneled Service Providers is available on Our website and can be obtained by contacting Us. 2. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim. 3. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/ treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

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	<p>4. We will make payment for the Cashless authorized amount directly to the Network Provider</p> <p>5. Applicable for Section 2 – In case the hospital bill amount is lower than the payable benefit, We will directly pay You the difference between the benefit payable and the hospital bill amount. However, if the hospital bill amount is higher than the payable benefit, You will be require to settle the balance hospital bill on Your own.</p> <p>Conditions for Health Care at Home On receipt of duly filled pre authorization form with other sufficient details to assess the request, We will inform our Home Healthcare service provider who will follow the following process:</p> <p>i. Meet the treating medical practitioner and verify the requirement along with the prescription/discharge summary (if applicable) and the condition of the patient</p> <p>ii. Verify the past medical history of the patient</p> <p>iii. Complete physical examination of the patient</p> <p>iv. Check if the patient requires any equipment, devices etc</p> <p>v. Share the care plan and treatment cost estimation with Us. On receipt of the complete documents We may;</p> <p>vi. issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable OR</p> <p>vii. reject the request for pre-authorization specifying reasons for the rejection.</p>
Claims documents submission	In case of any Claim for the Insured Events, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person, immediately but not later than 30 days of date of occurrence of an Insured Event, at own expense to avail the Claim
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

15. Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

IRDAI Regulation no 5- This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Insurance is the subject matter of solicitation

Plans:

Vector Borne Diseases Covered	Comprehensive Plan - Indemnity	Comprehensive Plan - Benefit - Lump Sum Insured	Comprehensive Plan - Benefit - Per day Sum Insured
Dengue	Y	Y	Y
Malaria	Y	Y	Y
Chikungunya	Y	Y	Y
Japanese Encephalitis	Y	Y	Y
Kala Azar	Y	Y	Y
Lymphatic Filariasis	Y	Y	Y
Zika	Y	Y	Y
Inbuilt Covers			
In Patient Hospitalization Expenses	Y	Y	Y
Health Care at Home	Y	—	—
Reinstatement of Sum Insured	Y	Y	Y
Pre and Post Hospitalization Cover	Y	—	—
Other Options and Covers			
Outpatient Treatment	Y	Y	Y
Recovery Benefit	Y	Y	Y
Waiting Period Options	Y	Y	Y
Co-payment	Y	—	—
Time Deductible	—	Y	Y
ICU Multiplier	—	—	Y
My : Health Active	Y	Y	Y

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Vector Borne Diseases Covered	Dengue Plan - Indemnity	Dengue Plan - Benefit Lump Sum Insured	Dengue Plan - Benefit Per day Sum Insured
Dengue	Y	Y	Y
Inbuilt Covers			
In Patient Hospitalization Expenses	Y	Y	Y
Health Care at Home	Y	—	—
Reinstatement of Sum Insured	Y	Y	Y
Pre and Post Hospitalization Cover	Y	—	—
Optional Covers			
Outpatient Treatment	Y	Y	Y
Recovery Benefit	Y	Y	Y
Waiting Period Options	Y	Y	Y
Co-payment	Y	—	—
Time Deductible	—	—	Y
ICU Multiplier	—	—	Y
My : Health Active	Y	Y	Y

Vector Borne Diseases Covered	Malaria Plan - Indemnity	Malaria Plan - Benefit Lump Sum Insured	Malaria Plan - Benefit - Per day Sum Insured
Malaria	Y	Y	Y
Inbuilt Covers			
In Patient Hospitalization Expenses	Y	Y	Y
Health Care at Home	Y	—	—
Reinstatement of Sum Insured	Y	Y	Y
Pre and Post Hospitalization Cover	Y	—	—
Optional Covers			
Outpatient Treatment	Y	Y	Y
Recovery Benefit	Y	Y	Y
Waiting Period Options	Y	Y	Y
Copayment	Y	—	—
Time Deductible	—	Y	Y
ICU Multiplier	—	—	Y
My : Health Active	Y	Y	Y

Optional Covers

Optional Covers For Sum Insured On Indemnity Basis	
Outpatient Treatment	50% of the Sum Insured, subject to maximum of Rs. 5,000
Recovery Benefit	Rs. 20,000
Co- payment Options	5%, 10%, 15%, 20%, 25%
Waiting Period Options	7 days, 15 days

Optional Covers For Sum Insured On Benefit Basis – Lump sum Payout	
Outpatient Treatment	50% of the Sum Insured, subject to maximum of Rs. 5,000
Recovery Benefit	Rs. 20,000
Waiting Period Options	7 days, 15 days
Time Deductible Options	1 day, 2 days

Optional Covers For Sum Insured On Benefit Basis – Per day Payout	
Recovery Benefit	Rs. 20,000
Waiting Period	7 days, 15 days
Time Deductible Options	1 day, 2 days
Annual Aggregate Days limits options	10, 15, 25, 30 days
ICU Multiplier	1x, 2x, 3x, 4x, 5x