**HDFC ERGO General Insurance Company Limited**

Micro Insurance- Group Mediclaim Insurance Policy Prospectus

## Eligibility:-

a. The policy covers persons from the age group 91 days onwards upto 65 years of age except when the COMPANY, at its sole discretion, accepts anyone over sixty five(65) years old, for whom premium has been paid and who is identified in the Schedule as an INSURED PERSON.
b. The policy offers option on covering on individual sum insured and on family floater basis.
c. There will be no Cover Ceasing Age in the product

## Policy Period:-

The policy will be issued for 1 year.

## Salient Features & Benefits:-

a. In-patient Treatment – covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for Room rent, boarding expenses, Nursing, Intensive care unit, Medical Practitioner, Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, Cost of prosthetic & other devices or equipments if implanted internally during a Surgical Procedure
b. Pre- Hospitalisation - The Medical Expenses incurred due to an Illness in 30 days immediately before the Insured Person was hospitalized.
c. Post-Hospitalisation - The Medical Expenses incurred in 60days immediately after the Insured Person was discharged post Hospitalisation,
d. Day care procedures – The Medical expenses for 144 Day care procedures which do not require 24 hours hospitalization due to technological advancement. We will also pay for Pre & Post Hospitalization. The list of 144 is indicative & not exhaustive.
e. Domiciliary Treatment- The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation

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## Optional Benefits (Available in selective Plans on additional premium payment):-

a. Waiver of Pre Existing Disease Exclusion.
b. Waiver of 30 days Exclusion
c. Waiver of 1st Year Exclusion
d. Newborn baby – Coverage for newborn from birth
e. Maternity Expenses – Medical Expenses for maternity
f. Pre and post natal expenses relating to MATERNITY EXPENSE is covered only if the same is specifically mentioned on the policy schedule

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**Exclusions:-**

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any INSURED PERSON in connection with or in respect to:

a All DISEASEs or INJURIES which are a PRE-EXISTING CONDITION when the cover incepts for the first time..For the purpose of applying this condition, the date of inception of the initial mediclaim policy taken from any of the Indian Insurance Companies shall be taken provided the renewals have been continuous and without any break

b Any DISEASE other than those stated in clause c, contracted by the INSURED PERSON during the first thirty (30) days from the commencement date of the policy. This condition b shall not however, apply in case of the INSURED PERSON having been covered under this policy or Group Insurance Scheme with any one of the Indian Insurance Companies for a continuous preceding twelve (12) months without any break.

Note : These exclusions a and b shall not however apply if:

a. in the opinion of a panel of MEDICAL PRACTITIONERS constituted by the Company for the purpose, the INSURED PERSON could not have known of the existence of the DISEASE or any symptoms or complaints thereof at the time of making the proposal for insurance to the Company; and
b. the INSURED PERSON had not taken any consultation, treatment or medication, in respect of the hospitalisation for which claim has been lodged under the policy, prior to taking the insurance.

c During the first year of the operation of the insurance cover, the expenses for treatment of DISEASEs such as cataract, benign prostatic hyperthrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocele, congenital internal DISEASE / defects, fistula in anus, piles, Sinusitis and related disorders are not payable. If these DISEASEs (other than congenital internal DISEASE / defects) are a PRE-EXISTING CONDITION at the time of proposal, they will not be covered even during subsequent period of renewal. If the INSURED PERSON is aware for the existence of congenital internal DISEASE / defects before inception of policy, the same will be treated as a PRE-EXISTING CONDITION.

d Claims arising from, as a consequence of or involving investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.

e INJURY or DISEASE directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not).

f Circumcision unless necessary for treatment of a DISEASE not excluded hereunder or as may be necessitated due to an ACCIDENT, vaccination or inoculation or change of life; or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an ACCIDENT or as a part of any illness.

g The cost of spectacles and contact lenses, hearing aids, dental treatment or surgery of any kind unless requiring hospitalisation.

h Convalescence, general debility, run-down condition or rest cure; congenital external DISEASE or congenital internal defects or anomalies for example Congenital heart anomalies

like ASD, VSD, Tetrology of Fallot etc.; sterility, venereal DISEASE, intentional self INJURY and use of intoxicating drugs/alcohol.

l All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphographic Virus Type 111 (HTLB-111) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

j Charges incurred at HOSPITAL primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any DISEASE or INJURY, for which confinement is required at a Hospital or at Home under Domiciliary Hospitalisation as defined.

k Expenses on vitamins and tonics unless forming part of treatment for INJURY or DISEASEs as certified by the attending MEDICAL PRACTITIONER.

l INJURY or DISEASE directly or indirectly caused by or contributed to by nuclear weapons/materials.

m Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

n Treatment arising from or traceable to pregnancy and childbirth (including voluntary termination of pregnancy) and childbirth, (including caesarean section) unless included as an add-on cover for which additional premium shall have to be paid.

o Baby's expenditure is not covered under any circumstances unless it is a baby of 3 months or above as mentioned in clause 2.8 except where the policy is extended specifically as an add-on cover for which additional premium shall have to be paid.

p Voluntary termination of pregnancy

Intimation & Assistance - Please contact Us at least 7 days prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.

**Contact Details:**
HDFC ERGO General Insurance Company Limited 6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri (E), Mumbai - 400 059

Phone number: 022- 66383600

Fax: 022- 66383699/98

Procedure for Reimbursement of Medical Expenses –

- Please register your claim with Us within 7 days of discharge
- Please send the duly signed claim form and all the information/documents mentioned therein to Us within 30 days of the occurrence of the Incident. Please refer to claim form for complete documentation.

- All supporting documents relating to the claim must be filled within thirty (30) days from the date of discharge from the hospital with the TPA. In case of post hospitalization treatment (limited to sixty (60) days), all claim documents should be submitted within seven (7) days after completion of such treatment to the TPA.
- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents.

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, We must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from Us atleast 48 hours prior to the hospitalization.
- We 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.
- 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.

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 toll free number at 1800 2001 999
- Rejection of cashless facility in no way indicates rejection of the claim.

**Terms of renewal**

a. 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 period for which premium has already been paid.

**Cancellation Condition:**

Insured may cancel this Policy at any time by sending fifteen (15) days notice in writing to the Company or by returning the Policy and stating when thereafter cancellation is to take effect.

In the event of such cancellation the Company shall retain premium for the period that this Policy has been in force calculated in accordance with the short period rate table, less any duties and taxes Company cannot recover. However, there will be no refund of premium if you have made a claim, or you are entitled to make any claim under this Policy.

The Company reserves the right to cancel this Policy at any time by sending fifteen (15) days notice in writing to the Insured. In the event of such cancellation refund of premium shall be on pro-rata basis.

The Company also reserves the right to cancel this Policy from inception immediately upon becoming aware of any mis-representation, fraud,
non-disclosure of material facts or non-cooperation by or on behalf of the Insured. No refund of premium shall be allowed in such cases.

Notice of cancellation will be mailed to the Insured at an address set forth in the Policy Schedule, and will indicate the date of termination. If notice of cancellation is mailed, proof of mailing will be sufficient proof of notice.

PERIOD ON RISK RATE OF PREMIUM TO BE CHARGED
Upto one month 1/4 of the annual rate.
Upto three months ½ of the annual rate.
Upto six months 3/4th of the annual rate.
Exceeding six months Full annual rate

**Free Look Period:**

The Policyholder have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the policyholder has any objections to any of the terms and conditions, then the policyholder has the option of cancelling the Policy stating the reasons for cancellation and will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policyholder can cancel the Policy only if no claims have been made under the Policy. All the policyholder's rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

The above information is indicative in nature. For details of the coverage and exclusions please refer to the policy wordings

**Section 41 of Insurance Act 1938 (Prohibition of Rebates):**

1. 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.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh.