

## **Dengue Care - Prospectus**

### **Suitability:**

- a) 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
- b) There is no maximum cover ceasing age on renewals of the subject policy.
- c) The policy will be issued for a period for 1 year
- d) 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

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to In-patient care AYUSH treatment and arising due to Dengue are also covered under 'In-Patient Treatment' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this policy.

##### 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.

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**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 thirty 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

- i. 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**
- ii. 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:

- 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:

<b>Medical Exclusions</b>	<ul style="list-style-type: none"> <li>i) Any Treatment other than for Dengue fever</li> <li>ii) Treatment taken by following healthcare providers (Hospitals /Medical Practitioners)           <ul style="list-style-type: none"> <li>a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.</li> <li>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.</li> <li>c. Any treatment or part of a treatment that is not of a</li> </ul> </li> </ul>
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	<p>reasonable charge, not Medically Necessary; drugs or treatments which are not supported by treating Medical Practitioner's prescription.</p> <p>d. Charges related to a Hospital stay not expressly mentioned as being covered in this Policy.</p> <p>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.</p> <p>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 <a href="http://www.hdfcergohealth.com">www.hdfcergohealth.com</a>.</p>
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**Claim Procedure:**

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

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

Procedure for Reimbursement of Medical Expenses –

HDFC ERGO 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 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 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 15 days from the date of receipt of intimation.
- 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 intimation to the date of payment of claim at a rate 2% above the bank rate.
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- The payment will be made in the name of the Policyholder.

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 must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from HDFC ERGO at least 48 hours prior to the hospitalization.
- HDFC ERGO 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 1 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 1 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 number at 1800-102-0333.
- 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 3 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.

**Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

**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 30 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.

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**Renewal:**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

- a) Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- b) The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c) No loading shall apply on renewals based on individual claims experience
- d) The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e) Renewal premium due can be paid prior to the due date as per norms set out by the Company.

**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:**

- a. The Policyholder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.  
Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.
- b. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation.
- c. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- d. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

**Withdrawal of Policy**

- i 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.
- ii 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.

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

### Grievance Redressal Procedure :

In case of any grievance the insured person may contact the company through:

Website: [www.hdfcergo.com](http://www.hdfcergo.com)

Contact No: 022 6234 6234 / 0120 6234 6234

Contact Details for Senior Citizen: 022 – 6242 – 6226 | [seniorcitizen@hdfcergo.com](mailto:seniorcitizen@hdfcergo.com)

E-mail: [grievance@hdfcergo.com](mailto:grievance@hdfcergo.com)

Insured person may also approach the grievance cell at any of the company’s branches with the details of grievance.

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 [cgo@hdfcergo.com](mailto:cgo@hdfcergo.com)

For updated details of grievance officer, kindly refer the link:

<https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	<a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a> Call - : 022 6234 6234 / 0120 6234 6234	<a href="https://www.hdfcergo.com/customer-care/grievances/escalation level 1">https://www.hdfcergo.com/customer-care/grievances/escalation level 1</a> Call - : 022 6234 6234 / 0120 6234 6234	<a href="https://www.hdfcergo.com/customer-care/grievances/escalation level 2">https://www.hdfcergo.com/customer-care/grievances/escalation level 2</a> Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	<a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a> Call - : 022 – 6242 – 6226 Email -	<a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a> Call - : 022 – 6242 – 6226 Email - <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a>	<a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a> Call - : 022 – 6242 – 6226 Email -

	seniorcitizen@hdfc ergo.com	om	seniorcitizen@hdfcergo. com
Write to us at	care@hdfcergo.co m	grievance@hdfcergo.com	cgo@hdfcergo.com
	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd 6ht Floor, Leela Business Park, AndheriKurla Road, Andheri , Mumbai – 400059	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

**Annexure I - List of Non-Medical Expenses**

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	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
<b>Outpatient Treatment</b>	
2 a.) Pharmacy	Rs 10,000
2 b.) Diagnostic tests	
2 c.) Outpatient Consultation	
2 d.) Home nursing	

**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.

**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 Ten Lakh Rupees.