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Vector-borne disease covers: Who needs them, who doesn't

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During the rainy season, the incidence of vector-borne diseases increases. Many insurers in India offer benefit-based covers for dengue, malaria and chikungunya. These pay a fixed lump sum when claim conditions are met. Buyers should check their scope and triggers and whether they need such policies alongside their regular health insurance.

Know what is covered

Dengue, malaria and chikungunya are commonly covered. Some policies also include encephalitis, filariasis, kala-azar, Japanese encephalitis and Zika virus. "Most standalone vector-borne disease policies offer a sum insured of ₹10,000 to ₹2 lakh, with ₹75,000 or ₹1 lakh being common," says Arun Ramamurthy, cofounder, Staywell.Health.

Understand payout triggers

A benefit policy pays a predetermined lump sum. "The benefit is generally payable upon a confirmed diagnosis of a covered vector-borne disease, supported by the prescribed diagnostic evidence," says Priya Deshmukh,

head – health products, operations & services, ICICI Lombard.

Triggers vary by policy. Hospitalisation needs to be attributable to the vector-borne disease. Some policies may have a minimum stay condition. ICICI Lombard requires two successive days of medically necessary hospitalisation.

Can supplement health cover

One advantage of these policies is the fixed payout, irrespective of actual treatment cost. "The fixed payout can help meet treatment-related expenses as well as non-medical and indirect costs that can arise during hospitalisation and recovery, including incidental expenses and potential loss of income," says Deshmukh. These policies can also pay for outpatient department (OPD) costs.

"A benefit can be claimed alongside a reimbursement under a regular health insurance policy if the insured has two separate policies," says Amarnath Saxena, chief technical officer-commercial, Bajaj General Insurance. Both policies' claim conditions must be met.

Cover may end after a claim

Check how many claims the policy

permits. Under an individual plan, cover ends once the benefit is paid. In a family floater, the claimant receives 100 per cent of the sum insured. Continuation for other members and additional claims depends on the product. Some policies terminate after a second claim.

"To maintain protection against future vector-borne illnesses, the insured should then buy a new plan," says Saxena. Fresh cover starts after the applicable waiting period.

Limitations of these policies

These policies cover a narrow range of diseases. "It is difficult to predict which vector may cause a future medical problem," says Kapil Mehta, cofounder, Secure-Now Insurance Broker.

"Buying separate covers for individual illnesses can result in relatively high premiums," says Rohan Goel, business head, health insurance, Policybazaar.

Claim rejection: How to avoid it

- Claim rejection often happens because the disease is not covered by the policy (they offer narrow coverage)
- Another reason is the insured is unable to prove the illness was caused by a covered disease
- Before filing the claim, check your policy to ensure the disease you are claiming for is covered by it
- Blood tests, doctor's papers, and other medical documents should support your claim that you have a covered ailment

Decide whether you need it

Such targeted policies may suit people exposed to seasonal outbreaks, frequent travellers, and gig and self-employed workers. "Younger customers with limited health insurance may consider it where affordability matters," says Deshmukh.

A separate benefit cover helps when an illness keeps a person at home for a long period. "The person may incur expenses without being hospitalised. These expenses will not qualify under a regular hospitalisation cover," says Mehta.

Regular health insurance largely covers hospitalisation for vector-borne diseases, but many cases can be treated via OPD care. "Buyers with only a regular health insurance policy should supplement it with an OPD rider," says Goel.

Choose benefit amount carefully

Consider hospitalisation, out-of-pocket and OPD costs, uninsured and non-medical expenses, and income loss during recovery. For someone earning around ₹75,000 to ₹1 lakh and ill for 10 to 15 days, a ₹50,000-1 lakh benefit may be adequate. "For a ₹75,000-1 lakh cover, an indicative range for premium would be ₹1,000-1,500 per annum for an individual and ₹1,500-₹3,000 per annum for a family floater," says Ramamurthy.

Check waiting period

Buyers should be aware of the waiting period and exclusions in these plans. "Benefit-based plans typically have a short waiting period of around 15 days. The waiting period is usually uniform across the vector-borne diseases listed in the policy," says Saxena.