

Educare, Policy

Suitability:

- a) This policy can be issued to a student travelling overseas on a student visa for full time college or school education.
- b) The policy can be issued to an individual only
- c) This policy covers persons in the age group 10 years to 50 years. In case a minor is to be covered, the proposer in such a case would be one of the parents/legal guardian.
- d) The policy covers persons between the time when the Insured Person leaves the Indian border as a fare paying passenger on a Carrier to earlier of the time of his return back to India as a fare paying passenger on a Carrier or the expiry date of the policy.

Geography:

Geographies include Worldwide [W], Worldwide excluding US & Canada [X], Asiapac including Australia [A]

Sum Insured and Plan Options

Plan	Bronze*	Silver*	Gold	Platinum
Sum Insured (USD)	\$ 50,000	\$ 100,000	\$ 250,000	\$ 500,000

*Asiapac including Australia [A] geography offers bronze and silver plan only

Trip Duration: The policy will be issued for a period for 30 days, 60 days, 90 days, 120 days, 150 days, 180 days, 240 days, 270 days, 1 year, 2 years & 3 years.

Salient Features & Benefits:

Base Benefits (Compulsory)

If any Insured Person suffers an Illness or Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then we will pay subject to the sum insured & the applicable deductible as per the plan opted. Below mention are the details of coverage for the plans -

Sum(s) insured in US\$	Deductible	Bronze	Silver	Gold	Platinum
Medical Cover					
Medical treatment	\$100	\$50,000	\$100,000	\$250,000	\$500,000
Dental treatment	\$100	\$250	\$250	\$250	\$500
Medical evacuation		Included	Included	Included	Included
Repatriation of mortal remains		Included	Included	Included	Included
Medical cover for trips back in India		Included	Included	Included	Included
Balance Period of Policy + 30 days		Included	Included	Included	Included

a. Medical Treatment

Medical Expenses for the following only:

- a) Out patient treatment.
- b) In patient treatment in a Hospital at either the place where the Insured Person is situated or the nearest Hospital.
- c) Medical aids that are necessary as part of the medical treatment for broken limbs or injuries (such as plaster casts and bandages) and walking aids prescribed in writing by a medical practitioner.
- d) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a medical practitioner.

- e) Diagnostic procedures (including X-Ray) prescribed in writing by a medical practitioner.
- f) Transportation including necessary medical care en-route by recognised emergency services for immediate medical attention at the nearest Hospital or to the nearest available Doctor.
- g) Transfer to a special clinic provided that the transfer is medically necessary and prescribed by a Doctor.

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to Emergency In-patient care AYUSH treatment sustained due to Injury or sudden unexpected sickness are also covered under 'Medical Treatment' sub-cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

b. Dental Treatment

Medical Expenses for pain relieving dental treatment received by the Insured Person subject to the Dental Treatment sub limit of this Section 1a Sum Insured:

- a) Provided that such treatment, in-patient or Out-patient, is required because of an Accident and provided by a Medical Practitioner qualified in practicing dentistry or dental surgery or
- b) Following sudden acute pain to one or more of the Insured Person's natural teeth but only if received under anaesthesia.

c. Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Doctor if it is medically necessary) from a Hospital to the nearest Hospital to provide the necessary medical treatment if such medical treatment can not be provided at a Hospital where the Insured Person is situated, provided that:

- a) Transportation has been prescribed by a Doctor and is medically necessary, and
- b) We have agreed to the reimbursement of the costs of transportation in writing in advance of the transportation, and
- c) If transportation is required, then to transport the Insured Person to a more suitable country for medical treatment or to India if it is medically necessary.

d. Repatriation of mortal remains

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains from the foreign country to his permanent place of residence or a cremation or burial ceremony in the foreign country.

e. Medical cover for Trips back to India

The Insured Person will be offered medical inpatient at an Indian Hospital coverage without a break during policy period even when he returns to the country of residence for the purpose of a vacation or otherwise, the medical expenses for a maximum cumulative period of 30 days will be covered in one policy year.

f. Balance Period of Policy + 30 days

Medical Expenses for inpatient treatment at an Indian Hospital incurred for a maximum of 30 days from the end of the Risk Period if the treatment is consequent upon the Accident or Illness that occurred during the Risk Period & in opinion of our assistance company a continued medical treatment is necessary to restore the Insured Person to his stable physical condition.

Additional Optional benefits to the policy - (Optional benefits to be opted in addition to base benefits stated above)

On payment of additional premium & subject to limits defined in the policy schedule, the following optional benefits shall be added as additional optional benefits to the Policy and shall be integrated into and construed as a part of the standard terms and conditions. Optional covers chosen must belong to same plan variant as opted in base cover. Below mentioned covers if opted will be offered subject to the limits as defined for the plan options.

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	Deductible	Bronze	Silver	Gold	Platinum
Sum(s) insured/Benefit amount in USD as applicable					
Accidental cover					
Personal Accident	NIL	\$10,000	\$25,000	\$25,000	\$25,000
Felonious Assault	NIL	\$7,500	\$7,500	\$7,500	\$7,500
Travel Inconvenience cover					
Total Loss of Checked-in Baggage	10%/50%	\$1,000	\$1,000	\$1,500	\$2,000
Delay of Checked-in Baggage	12hrs	\$150	\$150	\$150	\$150
Loss of passport	\$30	\$250	\$250	\$250	\$250
Non -Medical Cover					
Study Interruption	NIL	\$7,500	\$7,500	\$10,000	\$10,000
Sponsor protection	NIL	\$10,000	\$10,000	\$15,000	\$20,000
Compassionate visit (2-way) visit	NIL	\$7,500	\$7,500	\$7,500	\$7,500
Bail bond	NIL	\$2,500	\$5,000	\$5,000	\$5,000
Personal liability	NIL	\$100,000	\$100,000	\$100,000	\$100,000
Maternity & childcare benefits					
Maternity benefit NIL	NIL	\$500			
Childcare benefits		\$100 per day for max 7 days			
Additional Benefits					
Treatment of alcoholism and drug dependency	NIL	\$1,000			
Medical expenses for inter-collegiate sports injuries			Included (within Medical Treatment Sum Insured)		
Cancer screening and mammography examinations NIL	NIL	\$2,000			
Emergency Financial Assistance	NIL	\$500			

a) Accidental Cover

i) Personal Accident

- Accidental Death [AD] - Lump sum payment on Death due to an accident
- Permanent Impairment - Payment as per the scale provided in the policy in case of Permanent Impairment due to an accident

ii) Felonious Assault - Payment in the event of Permanent Impairment due to felonious assault as per the scale provided in the policy.

b) Travel Inconvenience Cover

- i) Total Loss of Checked-in Baggage** - Reasonable payment on loss of checked-in baggage by a carrier on which the student is travelling as a fare paying passenger.
- ii) Delay of Checked-in Baggage** - Reasonable payment on delay in the delivery of checked-in baggage by a carrier on which the student is travelling as a fare paying passenger.
- iii) Loss of Passport** - Actual expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of your return to India.

c) Non Medical Cover

- i) Study Interruption** : Actual expenses on Tuition fee already paid to the educational institution but the student is not able to continue his/her studies due to hospitalisation for more than one consecutive month.
- ii) Sponsor Protection** : Actual expenses on Tuition fee already paid to the educational institution in case of death or disablement of the insured's sponsor.
- iii) Compassionate Visit** : Round trip economy class air ticket or first class railway ticket for one Immediate Family Member and the accommodation expenses in case the student is hospitalised for more than 7 days.
- iv) Bail Bond** : Bail bond costs as a result of false arrest or wrongful detention by any government or foreign power.

- v) Personal liability:** Payment for any legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim for third party death, bodily injury or property damage.

d) Maternity & childcare Benefit

i) Maternity Benefit

Medical Expenses upto \$500 for necessary medical treatment to Insured Person in the course of her pregnancy (including at the time of delivery, lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse) during the Risk Period.

ii) Childcare Benefits

Hospital cash benefit for upto \$100 for max 7 days in case dependent child between the age of 91 days and 25 years is hospitalised for more than 2 days.

e) Additional benefits

i. Treatment of alcoholism and drug dependency

Treatments for alcoholism and drug dependency are covered upto \$1000 under the policy.

ii. Medical expenses for inter-collegiate sports injuries

Medical expenses for inter-collegiate sports injuries are covered under the policy as a part of the medical treatment coverage.

iii. Cancer Screening and Mammography Examinations

Cancer screening and mammographic examinations on recommendation from physician will be paid under this policy, subject to a maximum limit as mentioned in the schedule of benefits.

iv. Emergency Financial Assistance

Assistance to arrange for financial support from insured's relative or family members in country of residence in case of theft, pilferage, robbery.

Free Look Period

You 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 You have any objections

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to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable at the time of renewal of the Policy. Free look provision is not applicable at the time of extension of the Policy.

General Exclusions

- a) Any absence from India which is for the purpose of obtaining medical treatment.
- b) Any pre-existing illness / diseases. However, this exclusion shall not apply to the cover provided under Section 1 a) for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorised by Our assistance company. All further medical cost to maintain medically stable state or to prevent onset of acute pain would have to be borne by the insured. This exclusion stands deleted if Pre-existing Condition wavier opted in proposal form and mentioned in the policy schedule.
- c) Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India.
- d) Any treatment of cancer, orthopaedic, degenerative diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- e) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, riot, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind.
- f) Any Insured Person's participation or involvement in naval, military or air force operation or professional, any semi-professional sporting, racing, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- g) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.
- h) Cost related to the abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- i) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
 - (1) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 - (2) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
 - (3) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.
- j) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 and morbid obesity means a condition where BMI is above 37.
- k) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness or disease), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- l) Any non-allopathic treatment except to the extent of coverage provided for under 'Medical treatment' sub-cover.
- m) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- n) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Doctor as a direct consequence of an otherwise covered claim, recuperation at spas or health resorts, cosmetic treatment or surgery, Rehabilitation or physiotherapy or the costs of artificial limbs
- o) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- p) The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used.
- q) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- r) Non-prescription drugs or treatments.
- s) If the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
- t) Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- u) Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- v) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
- w) Any non medical expenses mentioned in Annexure I.

Claim Procedure:

For any claim related query, intimation of claim & submission of claim related documents, pls contact our assistance provider with details below atleast 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.

- E mail ID** - hdfcergohealth@europ-assistance.com
Toll free - USA & Canada : +1877 387 8317; +1877 695 6492
Rest of the world : +91 2267347845
Customer care - 022 6234 6234 / 0120 6234 6234
Courier - HDFC ERGO General Insurance company Ltd,
5th floor, Tower 1, Stellar IT Park, C-25, Sector-62,
Noida, UP, India – 201301

Requirement:

Completed proposal form

Medical Examination

There is no pre-policy check up based on age and/or sum insured under this product. However We may call for specific medical tests or information at proposal or while seeking extension in the following scenarios-

- 1) Individuals who have declared past history of illness/ injury/ sickness while proposing. The medicals for such cases will be called for on case - to case basis.
- 2) In case the student requests for full Pre-existing disease coverage in proposal form, in order to meet university requirement, the proposal will be referred to underwriting based on which We may accept or reject the request. In such cases with pre-existing disease coverage additional premium loading would be charged as per table below

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Sr. No	Number of health condition(s)	Loading to be charged
1	1(One)	25%
2	2 - 3 (Two to Three)	50%
3	> 3 More than Three	Reject

We will reimburse 100% of the expenses incurred on the specific medical tests called by Us after acceptance of the proposal. The validity (acceptability) of the medical reports shall be for a period of 3 months from the date of the tests.

Termination

You may terminate this Policy at any time before the commencement of the Risk Period by giving Us written notice subject to no claim in the policy, and the Policy shall terminate when such written notice (with reason along with letter from the university/ government authority mentioning non acceptance, or rejection of Visa with attested passport copy) is received. In case the termination request is received post free look period but before the commencement of risk, we will deduct Rs. 250 & will refund the premium paid.

There will be no refund on cancellation of policies with less than 6 months of duration. For policies beyond 6 months duration & subject to no claim been made under the Policy, we will refund the premium for policies in accordance with the table below -

1 Year Policy Period		2 Year Policy Period		3 Year Policy Period	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%	Upto 3 Months	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%	Upto 6 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%	Upto 12 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%	Upto 18 Months	48.00%

Gross premiums excluding service tax

Base Premiums

Duration/Plan Name	Base Medical Cover									
	Worldwide [W]				Excluding US & Canada [X]				Asia Pacific including Aus-tralia [A]	
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
Upto 30 Days	2,001	2,317	2,764	3,870	1,059	1,207	1,626	2,269	953	1,087
31-60 Days	2,950	3,215	4,620	6,778	1,482	1,626	2,421	2,882	1,333	1,464
61-90 Days	4,426	4,842	6,430	9,851	1,816	2,118	3,102	3,782	1,634	1,906
91-120 Days	5,220	6,241	7,565	11,953	2,194	2,496	3,858	5,144	1,974	2,247
121-150 Days	6,089	7,165	9,759	13,995	2,383	2,799	4,123	5,371	2,145	2,519
151-180 Days	6,960	8,246	12,104	16,643	3,064	3,601	5,303	6,816	2,757	3,241
181-240 Days	8,983	10,780	15,092	20,540	3,782	4,728	6,582	8,548	3,404	4,255
241-270 Days	10,024	11,801	16,673	24,076	4,539	5,144	7,641	9,910	4,085	4,630
271-366 Days	12,709	14,752	22,602	30,903	5,939	7,187	10,364	13,617	5,345	6,468
2 Years	24,783	28,766	42,944	58,716	11,283	13,655	19,692	25,872	10,155	12,289
3 Years	36,221	42,042	64,416	88,073	16,925	20,482	29,537	38,808	15,232	18,434

		Upto 15 Months	25.00%	Upto 24 Months	25.00%
		Upto 18 Months	12.00%	Upto 30 months	12.00%
		Exceeding 18 Months	Nil	Exceeding 30 Months	Nil

In case the Insured Person has acted in dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the policy poses a moral hazard then the Policy shall be cancelled ab-initio from the inception date, or extension date (as the case may be) upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount. In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.

a) Policy Period Extension:

Policies can be extended only once subject to the extension request supported with a good health declaration provided the total duration (including the extension period) should not exceed 3 years in total. We may not extend a policy if there is an existing claim in the policy. Sum insured or coverage changes including change in optional benefits is not permitted during extension.

No individual claim based loading will be applied at the time of extension.

b) Change in product and / or Withdrawal of product

Any change in benefit or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You at least 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. Provided the policy has been maintained without a break.

Premium rates:

- As per enclosed sheet
- The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule.
- Premium rates are subject to change with prior approval from IRDAI.

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Additional optional benefit Premiums

Accidental Cover										
Duration/Plan Name	Worldwide [W]				Excluding US & Canada [X]				Asia Pacific including Aus-tralia [A]	
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
Upto 30 Days	141	164	195	273	75	85	115	160	67	77
31-60 Days	208	227	326	478	105	115	171	203	94	103
61-90 Days	312	342	454	695	128	150	219	267	115	135
91-120 Days	368	441	534	844	155	176	272	363	139	159
121-150 Days	430	506	689	988	168	198	291	379	151	178
151-180 Days	491	582	854	1,175	216	254	374	481	195	229
181-240 Days	634	761	1,065	1,450	267	334	465	603	240	300
241-270 Days	708	833	1,177	1,699	320	363	539	700	288	327
271-366 Days	897	1,041	1,595	2,181	419	507	732	961	377	457
2 Years	1,749	2,031	3,031	4,145	796	964	1,390	1,826	717	867
3 Years	2,557	2,968	4,547	6,217	1,195	1,446	2,085	2,739	1,075	1,301

Additional optional benefit 2

Travel Inconvenience Cover										
Duration/Plan Name	Worldwide [W]				Excluding US & Canada [X]				Asia Pacific including Aus-tralia [A]	
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
Upto 30 Days	94	109	130	182	50	57	77	107	45	51
31-60 Days	139	151	217	319	70	77	114	136	63	69
61-90 Days	208	228	303	464	85	100	146	178	77	90
91-120 Days	246	294	356	562	103	117	182	242	93	106
121-150 Days	287	337	459	659	112	132	194	253	101	119
151-180 Days	328	388	570	783	144	169	250	321	130	153
181-240 Days	423	507	710	967	178	222	310	402	160	200
241-270 Days	472	555	785	1,133	214	242	360	466	192	218
271-366 Days	598	694	1,064	1,454	279	338	488	641	252	304
2 Years	1,166	1,354	2,021	2,763	531	643	927	1,218	478	578
3 Years	1,705	1,978	3,031	4,145	796	964	1,390	1,826	717	867

Additional optional benefit 3

Non Medical Cover										
Duration/Plan Name	Worldwide [W]				Excluding US & Canada [X]				Asia Pacific including Aus-tralia [A]	
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
Upto 30 Days	118	136	163	228	62	71	96	133	56	64
31-60 Days	174	189	272	399	87	96	142	170	78	86
61-90 Days	260	285	378	579	107	125	182	222	96	112
91-120 Days	307	367	445	703	129	147	227	303	116	132
121-150 Days	358	421	574	823	140	165	243	316	126	148
151-180 Days	409	485	712	979	180	212	312	401	162	191
181-240 Days	528	634	888	1,208	222	278	387	503	200	250
241-270 Days	590	694	981	1,416	267	303	449	583	240	272
271-366 Days	748	868	1,330	1,818	349	423	610	801	314	380
2 Years	1,458	1,692	2,526	3,454	664	803	1,158	1,522	597	723
3 Years	2,131	2,473	3,789	5,181	996	1,205	1,737	2,283	896	1,084

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Additional optional benefit 4

Maternity & childcare benefits										
Duration/Plan Name	Worldwide [W]				Excluding US & Canada [X]				Asia Pacific including Australia [A]	
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
1 Year	1,366	1,366	1,366	1,366	890	890	890	890	801	801
2 Years	2,006	2,006	2,006	2,006	1,398	1,398	1,398	1,398	1,259	1,259
3Years	2,900	2,900	2,900	2,900	1,998	1,998	1,998	1,998	1,799	1,799

Additional optional benefit 5

Additional Benefits										
Duration/Plan Name	Worldwide [W]				Excluding US & Canada [X]				Asia Pacific including Australia [A]	
	Bronze	Silver	Gold	Platinum	Bronze	Silver	Gold	Platinum	Bronze	Silver
Upto 30 Days	400	489	587	845	246	281	347	463	222	253
31-60 Days	712	853	1,165	1,624	386	436	578	819	348	392
61-90 Days	1,068	1,285	1,622	2,314	577	641	863	1,168	520	577
91-120 Days	1,313	1,629	2,022	2,892	769	868	1,139	1,513	692	781
121-150 Days	1,513	1,913	2,534	3,452	936	1,068	1,390	1,922	843	961
151-180 Days	1,691	2,180	2,911	3,803	1,085	1,281	1,687	2,330	976	1,152
181-240 Days	1,958	2,559	3,293	4,383	1,247	1,464	1,816	2,494	1,122	1,317
241-270 Days	2,225	2,892	3,809	4,984	1,484	1,700	2,145	2,886	1,335	1,530
271-366 Days	2,492	3,293	4,263	5,512	1,884	2,247	2,906	3,848	1,695	2,022
2 Years	3,070	3,960	5,092	6,614	2,564	3,058	3,955	5,237	2,307	2,752
3 Years	4,486	5,853	7,638	9,921	3,669	4,376	5,660	7,494	3,302	3,938

Note:

- Premium rates as per policy terms and conditions are for standard healthy individuals. These may change post underwriting is case proposer has opted for PED exclusion wavier in the proposal form. Please visit our nearest branch to refer our underwriting guidelines if required.
- Premium rates are subject to change with prior approval from IRDAI.

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 the 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 published prospectuses or tables of the insurers. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to 10 lakh rupees.

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

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.

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Annexure I

SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Not Payable
16	BUDS	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Not Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable

SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in ase of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDSETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified

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SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
67	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
68	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
69	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
70	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
71	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
72	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
73	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
74	MICROSCOPE COVER	Payable under OT Charges, not separately
75	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
76	SURGICAL DRILL	Payable under OT Charges, not separately
77	EYE KIT	Payable under OT Charges, not separately
78	EYE DRAPE	Payable under OT Charges, not separately
79	X-RAY FILM	Payable under Radiology Charges, not as consumable
80	SPUTUM CUP	Payable under Investigation Charges, not as consumable

SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
81	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
82	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
83	SAVLON	Not Payable-Part of Dressing Charges
84	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable-Part of Dressing Charges
85	COTTON	Not Payable-Part of Dressing Charges
86	COTTON BANDAGE	Not Payable-Part of Dressing Charges
87	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
88	BLADE	Not Payable
89	APRON	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
90	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
91	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
92	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
83	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
84	HVAC	Part of room charge not payable separately
85	HOUSE KEEPING CHARGES	Part of room charge not payable separately
86	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
87	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
88	SURCHARGES	Part of Room Charge, Not payable separately
89	ATTENDANT CHARGES	Not Payable - Part of Room Charges
90	IM IV INJECTION CHARGES	Part of room charge not payable separately

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SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
91	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
92	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
93	BLANKET/WARMER BLANKET	Not Payable- part of room
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
94	ADMISSION KIT	Not Payable
95	BIRTH CERTIFICATE	Not Payable
96	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
97	CERTIFICATE CHARGES	Not Payable
98	COURIER CHARGES	Not Payable
99	CONVENYANCE CHARGES	Not Payable
100	DIABETIC CHART CHARGES	Not Payable
101	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
102	DISCHARGE PROCEDURE CHARGES	Not Payable
103	DAILY CHART CHARGES	Not Payable
104	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
105	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
106	FILE OPENING CHARGES	Not Payable
107	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
108	MEDICAL CERTIFICATE	Not Payable
109	MAINTAINANCE CHARGES	Not Payable
110	MEDICAL RECORDS	Not Payable
111	PREPARATION CHARGES	Not Payable
112	PHOTOCOPIES CHARGES	Not Payable
113	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
114	WASHING CHARGES	Not Payable
115	MEDICINE BOX	Not Payable
116	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
117	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
118	WALKING AIDS CHARGES	Not Payable
119	BIPAP MACHINE	Not Payable
120	COMMUNE	Not Payable
121	CPAP/ CAPD EQUIPMENTS	Device not payable
122	INFUSION PUMP - COST	Device not payable

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123	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
124	PULSEOXYMETER CHARGES	Device not payable
125	SPACER	Not Payable
126	SPIROMETRE	Device not payable
127	SPO2 PROBE	Not Payable
128	NEBULIZER KIT	Not Payable
129	STEAM INHALER	Not Payable
130	ARMSLING	Not Payable
131	THERMOMETER	Not Payable (paid by patient)
132	CERVICAL COLLAR	Not Payable
133	SPLINT	Not Payable
134	DIABETIC FOOT WEAR	Not Payable
135	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
136	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
137	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar
138	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
139	AMBULANCE COLLAR	Not Payable
140	AMBULANCE EQUIPMENT	Not Payable
141	MICROSHEILD	Not Payable
142	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
143	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
144	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalisation nursing charges not Payable

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SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
145	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
146	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
147	CREAMS POWDERS LOTIONS (Toiletries are not payable, only)	Payable when prescribed
148	DIGENE GEL/ ANTACID GEL	Payable when prescribed
149	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
150	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
151	HIV KIT	Payable - payable Pre-operative screening
152	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
153	LOZENGES	Payable when prescribed
154	MOUTH PAINT	Payable when prescribed
155	NEBULISATION KIT	If used during hospitalisation is payable reasonably
156	NOVARAPID	Payable when prescribed
157	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
158	ZYTEE GEL	Payable when prescribed
159	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
160	AHD	Not Payable - Part of Hospital's internal Cost
161	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
162	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost

SR. NO.	LIST OF EXCLUDED EXPENSES ("NON-MEDICAL") UNDER INDEMNITY POLICY-	EXPENSES
OTHERS		
160	VACCINE CHARGES FOR BABY	Not Payable
161	AESTHETIC TREATMENT / SURGERY	Not Payable
162	TPA CHARGES	Not Payable
163	VISCO BELT CHARGES	Not Payable
164	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
165	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
166	OXYGEN MASK	Not Payable
167	PAPER GLOVES	Not Payable
168	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction s this is generally not reused
169	REFERAL DOCTOR'S FEES	Not Payable
170	ACCU CHECK (Glucometry/ Strips)	Not Payable
171	PAN CAN	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
172	SOFNET	Not Payable
173	TROLLY COVER	Not Payable
174	UROMETER, URINE JUG	Not Payable
175	AMBULANCE	Not Payable
176	TEGADERM / VASOFIX SAFETY	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
177	URINE BAG	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
178	SOFTOVAC	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
179	STOCKINGS	Essential for case like CABG etc. where it should be paid