

Customer Information Sheet

Educare

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Educare	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy). Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule. Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule.	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted. Expenses in respect of: <ol style="list-style-type: none"> Medical Treatment (Expenses incurred on medical treatment of an Insured Person). Dental Treatment (Expenses incurred on emergency dental work). Medical Evacuation: Expenses incurred in transportation from a Hospital to the nearest advanced medical facility, if medically necessary. Repatriation of mortal remains: Payment for transporting mortal remains back home. Balance Period of Policy + 30 days- Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period. Medical cover for Trips back in India (Medical inpatient treatment at an Indian Hospital without a break during policy period even when he returns to the India). 	B.1.a B.1.b B.1.c B.1.d B.1.e B.1.f
6	Exclusions (what the policy does not cover?)	Specific Exclusions We will not make any payment for any claim in respect of any 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: a) Any absence from India which is for the purpose of obtaining medical treatment.	C.1 C.1.a

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		<p>b) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Section B 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 waiver opted in proposal form and mentioned in the policy schedule.</p>	C.1.b
		<p>c) Any medical treatment which was not Medically necessary or could reasonably have been delayed until the Insured Person's return to India.</p>	C.1.c
		<p>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.</p>	C.1.d
		<p>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.</p>	C.1.e
		<p>f) Any Insured Person's participation or involvement in naval, military or air force operation or professional sporting, racing, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.</p>	C.1.f
		<p>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.</p>	C.1.g
		<p>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.</p>	C.1.h
		<p>i) 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:</p> <ol style="list-style-type: none"> 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. 	C.1.i
		<p>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.</p>	C.1.j

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		<p>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.</p> <p>l. Any non allopathic treatment except for inpatient care AYUSH treatment.</p> <p>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.</p> <p>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 incidental services and supplies of similar nature, 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</p> <p>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> <p>p. The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used.</p> <p>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.</p> <p>r. Non-prescription drugs or treatments.</p> <p>s. If the Insured Person is travelling or receiving medical treatment against the advice of a Doctor.</p> <p>t. Lymphomas in brain, Kaposi's sarcoma, tuberculosis.</p> <p>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.</p>	<p>C.1.k</p> <p>C.1.l</p> <p>C.1.m</p> <p>C.1.n</p> <p>C.1.o</p> <p>C.1.p</p> <p>C.1.q</p> <p>C.1.r</p> <p>C.1.s</p> <p>C.1.t</p> <p>C.1.u</p>

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		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 of policy document.	C.1.v C.1.w
7	i. Waiting period <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage. 	NA	NA
8	Financial limits coverage of <ul style="list-style-type: none"> i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Deductible (It is a specified amount: <ul style="list-style-type: none"> - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) 	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures: Note: All amounts are in USD. Base Cover: <ol style="list-style-type: none"> 1. Medical Treatment: upto 50K and 1/ 2.5/5L 2. Dental Treatment: upto 250/500 Deductibles : <ol style="list-style-type: none"> 1. Medical Treatment: 100 2. Dental Treatment: 100 	B.1.a B.1.b B.1.a B.1.b
9	Claims/Claims Procedure	A. Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization in India. Turn Around Time (TAT) for claims settlement: Turn Around Time (TAT) for claims settlement: <u>For Cashless Process :</u> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us). B. Procedure for Cashless Claims Outside India: You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.	D

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		<p>Contact Us:</p> <p>Outside India (Toll Free) : + 91 80008250825 Global (Toll Free): +800 08250825 (accessible from locations outside India only) Landline no (Chargeable): 0120-4507250 Email: travelclaims@hdfcergo.com</p> <p>National (Chargeable): 022 6234 6234 / 0120 6234 6234 Email: healthclaims@hdfcergo.com</p> <p>For Reimbursement Process :</p> <p>i. TAT for Claim settlement: 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us).</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	D
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6242 6226 - E-mail specific for Senior citizens: seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	D.f

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12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. 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. 2. The insured person shall be allowed free look period of fifteen 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. <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Process for 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.</p> <p>Process for 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	D.e
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)