



EDUCARE –Policy Wordings

HDFC ERGO General Insurance Company Limited will cover Insured Person who are traveling overseas on student visa for full time college or school education under this Policy upto the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

Benefits

The benefits detailed below are available to the student in the event of occurrence in the policy period. Our maximum liability shall be limited to sum insured as mentioned in the policy schedule for each claim & is subject to applicable deductible under the policy.

Section. 1. Medical, Dental Treatment, Assistance & Evacuation

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 mentioned in policy schedule for:

a. Medical Treatment

Medical Expenses for the following only:

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

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 cannot 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 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. 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

f. Medical cover for Trips back in India

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

Section. 2. General Exclusions

We will not make any payment for any claim directly or indirectly for, caused by, 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.
- b) A Pre-existing Condition. 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 waiver 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 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) 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.
- 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 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
- 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 or receiving medical treatment against the advice of a Doctor.
- 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

Section 3. GENERAL CONDITIONS

a) Conditions Precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to admissibility of any claim under this policy.

The policy can be issued for a maximum period of 3 years. The sum insured & benefits will be applicable on Policy Year basis.

No medical tests are required based on age and / or sum insured. However specific medical tests or documents may be requested by underwriters at proposal or seeking extension.

b) Insured Person

Only the Insured Person named in the policy Schedule who is traveling overseas on student visa for full time college or school education shall be covered under this Policy

c) Notification of Treatment

- 1) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our TPA / Assistance service provider must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 2) In all other cases, We or Our TPA / Assistance service provider must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of occurrence of event..

d) Supporting Documentation & Examination

- 1) The Insured Person shall provide Us with documentation, medical records & information that We or Our TPA / Assistance service provider may request to establish the circumstances of the claim, its quantum or Our liability for it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. 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. List of documentation as referred will include but is not limited to the following in English:
 - i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii. Origin Original payment receipts
 - iii. All original reports, including but not limited to all medical reports, case histories/ previous treatment records, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Original Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
 - vii. Obstrition history/ Antenatal card
 - viii. Indoor case papers
 - ix. Treating doctors certificate regarding the duration & etiology
 - x. MLC/ Police report/ Postmortem report /certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury

The Insured Person will have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of evaluating the admissibility of the claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

e) Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and in time which has been realised and We have been provided with the documentation and information We or Our TPA / Assistance service provider has requested to establish the circumstances of the claim, its quantum or Our liability for it, and the Insured Person has complied with his obligations under this Policy.

- 2) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule). No assignment of this Policy or the benefits thereunder shall be permitted
 - 3) Our liability to make payment under this policy will only begin when the Deductible (if any) as mentioned in Policy Schedule is exceeded. We will pay to the Insured Person for the Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period. Deductible will be applicable separately for each event of Hospitalisation.
 - 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
 - 5) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care or could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by Our TPA / Assistance service provider or by a Doctor.
- f) **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 30 day notice by sending an endorsement to Your address shown in the Policy Schedule without refunding the Premium amount; and
 - and the claim under such Policy if any, shall be rejected/repudiated forthwith.
- g) **Dishonest or Fraudulent Claims:**
If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this 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 30 day notice by sending an endorsement to Your address shown in the Policy Schedule without refund of premium; and
 - all benefits Payable, if any, under such Policy shall be forfeited with respect to such claim.

h) Other Insurance

If at the time when any claim arises under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause. This clause shall only apply to indemnity sections of the policy.

i) Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

j) Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

k) Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Policy Schedule and You shall act for all Insured Persons for these purposes.
- 2) Us, it shall be delivered to Our address specified in the Policy Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

l) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

m) Geography

This Policy applies only in the countries stated in the Policy Schedule. Asiapac including Australia [A] geography offers bronze and Silver plan only.

n) 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 the written notice (with reason along with letter from the university/ government authority mentioning non acceptance , or rejection of Visa with attested passport copy, or letter stating reason) 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 for cancellation for policies with upto 6 months of duration. For policies beyond 6 months of duration & subject to no claim been made under the Policy, we will refund the premium in accordance with the table below –

>6 months -1 year Policy Period		2 year Policy Period		3 year Policy Period	
Length of time policy is in force	Refund of premium	Length of time policy is in force	Refund of premium	Length of time policy is in force	Refund of premium
Upto 1 Month	75%	Upto 1 Month	87.5%	Upto 3 Months	87.50%
Upto 3 Months	50%	Upto 3 Months	75%	Upto 6 Months	75.00%
Upto 6 Months	25%	Upto 6 Months	62.5%	Upto 12 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%	Upto 18 Months	48.00%
		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

- We shall terminate this Policy for the reasons as specified under aforesaid general exclusions 2 f) (Non Disclosure or Misrepresentation) & 2. g) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date, by sending 30 days notice to Your address shown in the policy Schedule, without refunding the Premium amount.

o) 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 4 years in total. We may not extend a policy if there is an existing claim in the policy. Also, We will not apply any additional loading on your policy premium on extension based on claim experience.

We may extend the Educare Policy once during the Risk Period, acceptance of such request would be based on Our underwriting guidelines provided that:

- 1) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- 2) We receive Your request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
- 3) The Insured Person has not made a claim before We receive Your request for extension of the Policy.

The Policy may be extended only once during the Risk Period subject to compliance with Our underwriting. We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

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.

p) 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 to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will 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 will immediately cease on the free look cancellation of the Policy. Free look provision is not applicable at the time of extension of the Policy.

q) 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.

4. DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

- i) **Accident** means a sudden, unforeseen and involuntary event caused by external and visible means.
- ii) **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
- iii) **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- iv) **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of passengers by air, sea, road or rail for a fee.

- v) **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- vi) **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- vii) **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified US dollar amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- viii) **Dependent Child** means a child (natural or legally adopted), who is unmarried, Aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income
- ix) **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions, and surgery excluding any form of cosmetic surgery/implants.
- x) **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- xi) **Felonious assault** means any wilful or unlawful use of force upon you that is felony and misdemeanour in the jurisdiction in which occurs and which results in bodily harm to you.
- xii) **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 In patient care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- xiii) **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- xiv) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
 - o Acute Condition means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - o Chronic Condition means a disease, illness, or injury that has one or more o f the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief o f symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back
- xv) **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, siblings, grand parent, grand parent-in-law, legal guardian, ward, step-parents who reside in India

- xvi) **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- xvii) **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- xviii) **Insured Person** means Insured person named in the policy schedule with age between 10 to 50 years who reside permanently in India & hold student visa.
- xix) **Maternity Expense / Treatment** Maternity expenses shall include –
 (a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during hospitalisation)
 (b) Expenses towards lawful medical termination of pregnancy during policy period
- xx) **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- xxi) **Medical Expenses** means those reasonable and customary medical expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Risk Period and on the advice of a Doctor following an Accident or Illness during the Risk Period, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- xxii) **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:
 • Is required for the medical management of the Illness or injury suffered by the Insured Person;
 • Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 • Must have been prescribed by a Medical Practitioner.
 • Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- xxiii) **Medical Practitioner** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. Medical Practitioner who is sharing the same residence with the Insured Person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- xxiv) **Natural teeth means** natural teeth that are either unaltered or are fully restored to their normal function and are disease free , have no decay and are no more susceptible to injury than unaltered natural teeth
- xxv) **Network Provider means** Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- xxvi) **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- xxvii) **Notification of Claim** means the process of notifying a claim to the insurer or TPA or the assistance service provider by specifying the timeliness as well as the address / telephone number to which it should be notified.
- xxviii) **OPD treatment** means the treatment in which the **Insured visits a** clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- xxix) **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- xxx) **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure 1 and the Policy Schedule (as may be amended from time to time).

- xxxii) **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary
- xxxiii) **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- xxxiiii) **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the Nursing Council of any state in India.
- xxxv) **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- xxxvi) **Risk Period** means only the period between:
- The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and
 - The earlier of:
 - (i) The time when the Insured Person crosses the Indian border to return to India as a fare paying passenger on a Carrier, OR
 - (ii) The expiry date of the Policy Period.
- xxxvii) **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.
- xxxviii) **Policy Schedule** means the schedule attached to and forming part of this Policy.
- xxxix) **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- xl) **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.
- xli) **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- xlii) **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- xliii) **Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.
- xliiii) **We/Our/Us** means the HDFC ERGO General Insurance Company Limited.
- xliiii) **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Claim Related Information

For any claim related query, intimation of claim & submission of claim related documents, pls contact our assistance providers with details as given below –

Website- www.hdfcergo.com

E mail ID – hdfcergohealth@europ-assistance.com

Toll free – From USA: 18333792437 (Toll Free 24 x 7)

From Canada: 01180033441111 (Toll Free 24 x 7)

From Greece: 80016122039923 (Toll Free 24 x 7)

From Australia: 001180033441111 (Toll Free 24 x 7)

From Japan, Hong Kong, Singapore and Thailand: 00180033441111 (Toll Free 24 x 7)

From Rest of the world: Toll Free: 0080033441111

and +912267347845 (with call Back Facility)



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

Grievance Redressal Procedure

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

- i. Website: www.hdfcergo.com
- ii. Customer Service Number: 022 6234 6234 / 0120 6234 6234
- iii. Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- iv. E-mail:grievance@hdfcergo.com
- v. Fax : NA
- vi. Courier : Grievance cell of any of our Branch office

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

For updated details of grievance officer, kindly refer the link <https://www.hdfcergo.com/customer-voice/grievances>

Grievance may also be lodged at IRDAI Integrated Grievance Management System

-<https://igms.irda.gov.in/>.

Insurance Ombudsman-The Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

Annexure A

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>

<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 <u>Email: bimalokpal.bhopal@ecoi.co.in</u></p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 <u>Email: bimalokpal.bhubaneswar@ecoi.co.in</u></p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 <u>Email: bimalokpal.chandigarh@ecoi.co.in</u></p>	<p>States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 <u>Email: bimalokpal.chennai@ecoi.co.in</u></p>	<p>State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 <u>Email: bimalokpal.delhi@ecoi.co.in</u></p>	<p>Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahudurgarh</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman,</p>	<p>Assam, Meghalaya,</p>

<p>Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman,</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda,</p>

<p>6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 <u>Email: bimalokpal.lucknow@ecoi.co.in</u></p>	<p>Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 <u>Email: bimalokpal.mumbai@ecoi.co.in</u></p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 <u>Email: bimalokpal.noida@ecoi.co.in</u></p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 <u>Email: bimalokpal.patna@ecoi.co.in</u></p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 <u>Email: bimalokpal.pune@ecoi.co.in</u></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>



IRDA REGULATION NO 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Annexure I

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR	
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	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
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)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not 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
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable

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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 case 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 AIDS ETC.,	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
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified

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71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. Educare - UIN: HDFTIOP22055V022122

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90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable

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110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable

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135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO ₂ PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar
151	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
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable

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155	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		
156	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
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalisation nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	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.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed

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168	NEBULISATION KIT	If used during hospitalisation is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case f PIVD requiring traction s this is generally not reused

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189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.