

Policy Usage Guide

care advantage™

A Comprehensive Health Insurance Plan with(carē shield & protēct plus add-on)

Note: This is a illustrative summary description of the health insurance policy cover for quick customer overview and does not in any way claim to present exhaustive information. Please refer to policy document for complete details.

WHAT IS COVERED?

In-patient Care

The Company will indemnify the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

Clause 3.1.1 (i)

Refer to policy T&C

Day Care Treatment

Indemnifies up to the Sum Insured for the medical expenses incurred during specified treatments for the list of treatments covered (refer Annexure – I of Policy Terms & Conditions) that require the Insured Person to be hospitalized for less than 24 hours.

Clause 3.1.1 (ii)

Pre-Hospitalization Medical Expenses & Post Hospitalization Medical Expenses

indemnifies up to Sum Insured for the medical expenses incurred 30 days immediately before hospitalization & 60 days immediately after discharge from hospital, respectively.

Clause 3.1.2



Ambulance Cover

Indemnifies for expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.

Clause 3.1.3



Organ Donor Cover

Indemnifies up to Sum Insured for the medical Expenses in respect of his/her Organ Donor for any Organ transplant surgery provided that the Insured Person is the recipient of the Organ so donated. (Pre & Post Hospitalization Medical Expenses of the donor are not covered)

Clause 3.1.4



No Claims Bonus (NCB)

Increase in Sum Insured 10% every claim free year subject to a maximum of 50% of Sum Insured; In case a claim is made during a policy year, the bonus proportion accrued as NCB, would reduce by 10% of Sum Insured in the subsequent Policy year & in any case not below the Sum Insured

Clause 3.1.5



Automatic Recharge

The Recharge shall be utilized only after the base Sum Insured, No Claims Bonus(Benefit – 5), No Claims Bonus Super(Optional Cover – 1) and in case of Accidental Claim Additional Sum Insured for Accidental Hospitalization(Optional Cover – 10) has been completely exhausted in that Policy Year. Recharge amount can be utilized for same illness as well as different Illnesses.

Clause 3.1.6



Unlimited E-consultation##

Available for Consultations with General Physicians at our network.



Discount Connect

Discounts on services such as consultations, diagnostics, maternity etc at our network.

Clause 3.1.8



Care Shield*

- Claim Shield: Coverage of expenses incurred on 68 non-payable items.
- NCB Shield: No loss of No Claim Bonus/No Claim Bonus Super (if opted) on renewal provided total claim paid in the previous policy year is less than 25% of base Sum Insured
- Inflation Shield: Automatic Increase of policy coverage based on average CPI index in the previous year



Protect Plus#

Global Coverage With Protect Plus add-on cover against payment of additional premium.

^{*}Benefits under Care Shield Add-on policy is available on payment of additional premium and for complete details please refer to Care Shield Add-on policy T&C. # Sum Insured offered under Protect Plus shall be part of Base Policy Sum Insured. Benefits under Protect plus Add-on policy is not available to the person with following status NRI/PIO/OCI/Dual Citizenship/Foreign National/Persons employed or studying abroad etc. ##With Protect Plus add-on cover against payment of additional premium.

WHAT IS NOT COVERED?



Any hospital admission primarily for investigation/diagnostic purposes, infertility, circumcision, sex change, cosmetic surgery & plastic surgery, refractive error correction, substance abuse, self-inflicted injuries war, terrorism, civil war or breach of law. Treatment expenses in blacklisted hospitals is also not covered.

VAITING PERIOD



The time span during which you can not claim some or all benefits, specified for the illnesses covered under the insurance policy. A 30 day initial wait period applies at start of policy except for policy renewal & accident cases. For specified illness, treatment & surgeries for example - Hernia, Ulcer, ENT related, Arthirities, Ligament Tear, Cataract & Stone the applicant will wait 24 month and for pre-existing aliment 36 months.

Clause 4.1(a) (i), (ii), (iii)

Note: Information provided is representative and summary of waiting period applicable under the policy, for complete details please refer to T&C

HOW TO CLAIM



There are two modes of claiming, cashless & reimbursement.

- In case of cashless claim, the individual can get hospitalized in any of our empaneled network hospitals and the hospital bill will be settled directly by the insurance company.
- In case of reimbursement: The insured members has the flexibility to visit a hospital that can be outside of our empaneled network list, wherein they can settle the hospitalization bill and claim for the reimbursements of same as per policy terms & conditions, after getting discharged.
- We request all our insured members to intimate us of any accident or illness (for cashless claims) before hospitalization. For unplanned hospitalization within 48 hours of admission and in case of planned hospitalization at least 48 hours prior to the planned date of admission to hospital.
- For hassle free claim intimation: just scan and upload the claim documents at self-help portal link.
- For hard copy claim intimation send us at: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)

HOW CAN I RENEW POLICY

On basis of your existing policy details and renewal request, a new renewal premium will be intimated to you within specified period before the policy expires. You can pay renewal premium through below payment modes.



Through





payim



Phone Pe

Mobile app

Scan

Through

Cheque/DD

EMI through

Paytm

HDFC & Axis Bank Phonepe

Note: This summary description is only to aid your understanding of the primary coverage/ benefits offered. For detailed information please refer to related policy document. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,

Sector-43, Gurugram-122009 (Haryana) Website: www.careinsurance.com

Disclaimer: This is only summary of selective features of product care advantage, Add-on policy protect plus, and care shield Add-on. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Insurance is a subject matter of solicitation.

CIN:U66000DL2007PLC161503 UIN:CHIHLIP24183V032324 (Care Advantage) UIN:CHIHLIA23153V012223 (Protect Plus) UIN:RHIHLIA21168V012021 (Care Shield Add-on)

IRDAI Registration Number - 148

Internal circulation to existing policy customers of Care Health Insurance only.

