



Policy Usage Guide

carē classic[®]

A Comprehensive Health Insurance Plan
with(carē shield & protect 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.

Refer to
policy T&C

Clause
3.1.1 (i)



Day Care Treatment

Indemnifies up to the Sum Insured for the medical expenses incurred during treatments that require the Insured Person to be hospitalized for less than 24 hours.

Clause
3.1.1 (ii)



Pre-Hospitalization Medical Expenses

Pre-Hospitalization expense cover for 60 days prior to hospitalization

Clause
3.1.1 (iii)
(1)



Post-Hospitalization Medical Expenses

Post-Hospitalization expense cover for 90 days after discharge towards Consultant fees, Diagnostic charges, Medicines and Drugs.

Clause
3.1.1 (iii)
(2)

✓	AYUSH Treatment Indemnifies up to Sum Insured for in-patient medical expenses incurred by You towards Your in-patient admission in any AYUSH Hospitals or healthcare facilities which administers treatment related to the disciplines of medicine namely Ayurveda, Yoga, Naturopathy, Sidha, Unani and Homeopathy.	Clause 3.1.1 (iv)
✓	Ambulance Cover Indemnify the expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.	Clause 3.1.2
✓	Domiciliary Hospitalization Indemnifies up to Sum Insured for the medical expenses incurred during his/her treatment at home which had actually merited domiciliary hospitalization.	Clause 3.1.1 (v)
✓	Organ Donor Cover Indemnifies up to specified amount 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 3.1.1 (vi)
✓	Ambulance Cover Indemnifies for expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.	Clause 3.1.2
✓	No Claims Bonus (NCB) Increase in Sum Insured 25% every claim free year subject to a maximum of 150% of Sum Insured; In case a claim is made during a policy year, the bonus proportion accrued as NCB, would reduce by same rate as it was accrued in the subsequent Policy year & in any case not below the Sum Insured	Clause 3.1.3
✓	Second Opinion The Company shall arrange for a Second Opinion from a Medical Practitioner within India up on the Insured Person's request, in case he / she are diagnosed with any specified Major Illness / Injury during the Policy Year.	Clause 3.1.4
✓	Unlimited Automatic Recharge This benefit reinstates up to the amount of base Sum Insured, unlimited times during the Policy Year in case the base Sum Insured gets exhausted in a Claim, with the condition that there is a gap of 45 days in hospitalization for the same person and the same disease. The Recharge of Sum Insured so made, shall be available for the remaining Policy Year. Please note that expenses related to the use of advance technology method cannot be claimed from the recharge amount.	Clause 3.1.5
✓	Assisted Reproductive Treatment Once in every block of 3 years, SI<=Rs.5L-NA, Rs.SI>5Lac= Up to 2 Lac per policy year	Clause 3.1.7
✓	Compassionate Travel SI<Rs.5L-NA, SI>=Rs.5L= Up to Rs.5,000 per policy year	Clause 3.1.8
✓	Other Value Added Services Health Portal - Doctor on chat, Healthy tips reminder, etc. Discount Connect – Discounts on services at our network.	Clause 3.1.9
✓	Unlimited E-Consultation The Company shall offer unlimited e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.).	Clause 3.1.6
✓	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



Global Coverage[#]

World wide Including USA & Canada



Instant Cover^{##}

Option to waive off the waiting period on Diabetes/ Hypertension/ Hyperlipidimia/ Asthma, If Insured Person has PED (Pre-Existing Disease) related to Diabetes/ Hypertension/ Hyperlipidimia/ Asthma at the time of issuance of first policy with the Company

Clause
3.2.10



Waiver of co-payment[^]

Available at entry age ≥ 61 years

Clause
3.2.3

*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. [#]With Protect Plus add-on cover against payment of additional premium. 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. ^{##}Optional benefit available with payment of additional premium. [^]Optional benefit available with payment of additional premium

WHAT IS NOT COVERED?



Any hospital admission primarily for investigation/diagnostic purposes, infertility, circumcision, sex change, surgery, 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.

WAITING 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, Arthrities, Ligament Tear, Cataract & Stone the applicant will wait 24 month and for pre-existing ailment 36 months.

Clause
4.1(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
Mobile app



Scan
QR code



Through
website



Cheque/DD



EMI through
credit card



Paytm



HDFC &
Axis Bank
branches



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

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Disclaimer: This is only summary of selective features of product **carē classic**, add-on policy **protect plus** and **carē 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:CHIHLP22071V012122 (Care Classic)
UIN:CHIHLLA23153V012223 (Protect Plus) UIN:RHHLLA21168V012021 (Care Shield add-on)

IRDAI Registration Number - 148

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

REACH US @



WhatsApp - **8860402452**



Care Health - Customer App:
<https://careinsurance.app.link/3QB1xwRrNPb>



www.careinsurance.com/self-help-portal.html



Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html