

Policy Usage Guide

care heart®

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

If the Insured Person is hospitalized for a minimum period of 24 consecutive hours, the Company pays for the expenses pertaining to in-patient treatment such as room charges, nursing expenses, intensive care unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theatre charges, etc.

Clause 3.1.1

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



Pre-Hospitalization Medical Expenses & Post-Hospitalization Medical Expenses

Indemnifies up to the Specified amount/limit for medical expenses incurred 30 days immediately before hospitalization & 60 days immediately after discharge from hospital, respectively.

Clause 3.1.2



AYUSH Treatments

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 3.1.3



Ambulance Cover

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

Clause 3.1.4



Domiciliary Hospitalization

Reimburses for the medical expenses incurred during his treatment at home so long as it involves medical treatment for a period exceeding 3 days and had actually merited hospitalization.

Clause 3.1.5



Automatic Recharge

Reinstates up to the amount of Sum Insured, once during the Policy Year in case the Sum Insured gets exhausted in a Claim. The Recharge of Sum Insured so made, shall be available for the remaining Policy Year for any other Claims, not in relation to any Illness or Injury for which a Claim has already been admitted in the Policy Year.

Clause 3.1.6



No Claims Bonus

10% increase in Sum Insured for 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 3.1.7



Cardiac Health Check-up

The Company shall arrange for a Cardiac Health check-up for every member covered under the policy on a Cashless basis.

Clause 3.1.8

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, Arthirities, Ligament Tear, Cataract & Stone the applicant will wait 24 month and for pre-existing aliment 24 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









pautm



branches

PhonePe

Mobile app

Scan

Through

Cheque/DD

EMI through

Paytm

HDFC & Phonepe Axis Bank

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 Care heart. 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.

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