

carē

10 YEARS

HEALTH INSURANCE

carē OPD

Know Your Policy Better

Policy Terms and Conditions

1. PREAMBLE:

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured(also referred as You) and Care Health Insurance Ltd. (also referred as Company/ We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Add on Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein and the base policy, the Company agrees to pay/indemnify the Insured(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective Benefit in this policy in any Add on Policy Year.

Please check whether the details given by you about the insured in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the Add on policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the Add on policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of the Add on policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal /policy details.

For the purposes of interpretation and understanding of the Add on Policy, the Company has defined, herein below some of the important words used in the Add on Policy and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the Add on Policy are to be construed in accordance with the applicable provisions contained in the Add on Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Add on Policy and, where appropriate.

2. DEFINITIONS

2.1. Standard Definitions:

This Add on Policy shall follow the standard definitions as mentioned in the Base Policy.

2.2. Specific Definitions:

- 2.2.1. Add on Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and any endorsements which form part of this Policy shall be read together.
- 2.2.2. Add on Policy Period** means the period commencing from the Add on Policy Period Start Date and ending on the Add on Policy Period End Date of the Policy as specifically appearing in the Add on Policy Schedule.
- 2.2.3. Add on Policy Period End Date** means the date on which the Add on Policy expires, as specifically appearing in the Add on Policy Schedule.
- 2.2.4. Add on Policy Period Start Date** means the date on which the Add on Policy commences, as specifically appearing in the Add on Policy Schedule.
- 2.2.5. Add on Policy Schedule** is a schedule attached to and forming part of this Add on Policy and which can be endorsed depending on the requirement of the Add on Policy.
- 2.2.6. Add on policy year** means a period of one year commencing on the Add on Policy Period Start Date or any anniversary thereof.
- 2.2.7. Annexure** means the document attached and marked as Annexure to this Policy.
- 2.2.8. Base Policy** means retail policy issued by the Company including Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and to which this Add on shall be attached.
- 2.2.9. Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.
- 2.2.10. Medical device** - means any, instrument, apparatus or device including any component, part or accessory thereof, manufactured solely for medical purpose which intends to treatment and mitigation of a medical condition or to physically support the function of human body.
- 2.2.11. Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.
- 2.2.12. Rehabilitation** means assisting an Insured who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 2.2.13. Therapy** - A therapy is the procedure for remediation of a health problem, usually following a medical diagnosis. It means treatment to help or cure a mental or physical illness, usually without drugs or medical operations. This does not include any experimental therapies.

3. BENEFITS COVERED UNDER THE ADD ON POLICY:

GENERAL CONDITIONS:

1. The Add on policy can only be bought along with the Base Policy either on Policy Issuance or on Renewal and cannot be bought in isolation or as a separate product or mid-term.
2. The Add on policy is subject to the terms and conditions and applicable endorsements stated herein and in the Base Policy.
3. All Claims shall be payable subject to the terms, conditions, wait periods and exclusions of the Add on Policy, Base policy and subject to availability of the amount against each and every Base Benefits/ Optional Benefits of Add-on Policy.
4. The maximum, total and cumulative liability of the Company towards an insured for any and all Claims arising under this Add on Policy during the Add on Policy Year, on occurrence of an insured event in relation to that insured, shall not exceed the amount/limit of that insured which is specified against every Base Benefit and Optional Benefit, mentioned in the Add on Policy Schedule.
5. Policyholder/Insured has to choose atleast one of the Base Benefits mandatorily.
6. If any benefit or coverage is opted in the Base Policy or its Optional Benefits, then same or similar coverage/benefit cannot be opted in Add on Policy either as Base Benefit or Optional Benefit.
7. Value added services such as HRA, Discount on pharmacy, consultations, diagnostics etc at our network as provided by the Service Provider.
8. This Add on shall be available for those insured covered under Base Policy and Proposer has an option to cover all Insured(s)/specific Insured under this Add on.
9. This Add-on Policy sum insured/coverage is over and above the coverage of Base Policy.
10. Coverage under this Add-on Policy is available only for Allopathic line of treatment unless alternate line of treatment is specifically covered under the Base Benefit or Optional Benefit.

3.1. BASE BENEFITS

3.1.1 Base Benefit : Physical Consultations with General Physicians

The Company will indemnify the Insured, for availing Physical Consultations with General Physicians on out-patient basis up to the amount/limit as specified against this Benefit in the Add on Policy Schedule, during the Add on Policy Year.

The above benefit is subject to the following conditions:

1. Co-payment of 10% per claim is applicable if per consultation limit opted is greater than Rs.500.

3.1.2 Base Benefit : Physical Consultations with Specialist Doctors

The Company will indemnify the Insured, for availing physical Consultations with below specified specialist

doctors on out-patient basis up to the amount/limit as specified against this Benefit in the Add on Policy Schedule, during the Add on Policy Year.

For the purpose of this Base Benefit, list of specialist doctors as follows:

S. No	Specialist Doctors
1	Paediatrician
2	Obstetrics and Gynecologist
3	Homeopathic Physician
4	Dietician
5	Diabetologist
6	Dermatologist
7	Pulmonologist
8	Psychiatrist
9	Cardiologist
10	Neurologist
11	Orthopedic Surgeon
12	Nephrologist
13	ENT Specialistdoctors
14	Gastroenterologist

The above base benefit is subject to the following conditions:

1. Co-payment of 5% per claim is applicable if per consultation limit opted is greater than or equal to Rs.1000.

3.1.3 Base Benefit : OPD Pharmacy

The Company will indemnify the Insured, for availing Out-Patient Pharmacy expenses, as prescribed by Medical Practitioner, up to the amount specified against this Benefit in the Add on Policy Schedule.

The above base benefit is subject to the following conditions:

1. Health supplements, Nutraceuticals, foods for special dietary use, foods for special medical purpose, foods with added probiotics and/or foods with added prebiotics, vaccinations, vitamins, tonics or other related products are not covered under this Benefit.

3.2. OPTIONAL BENEFITS:

The Add on Policy provides the following Optional Benefits which can be opted either at the inception of the Add on Policy or at the time of renewal only. The Add on Policy Schedule will specify the Optional Benefits that are in force for the Insured.

3.2.1 Optional Benefit : Unlimited E-Consultation

The Company shall offer unlimited e-consultations with qualified General Physicians and Specialist Doctor at its network during the Add on Policy Year through any mode of digital communication.

3.2.2 Optional Benefit : Online Fitness Classes

If this Optional Benefit is opted, then the Insured will have an access to the unlimited live interactive classes broadcasted online by Fitness experts on Yoga, Zumba, MMA, Kickboxing, Functional fitness etc. at our network.

3.2.3 Optional Benefit : OPD Physiotherapy

If this Optional Benefit is opted, then the Company will indemnify the Insured, for medical expenses incurred by the Insured for Physiotherapy sessions with a qualified physiotherapist to treat Illness, injury or deformity suffered as prescribed by Medical Practitioner, up to the amount specified against this Optional Benefit in the Add on Policy Schedule, during the Add on Policy Year.

Note: The Insured can avail this benefit in any Hospitals and/or Clinics subject to submission of valid tax invoice at the time of claim

3.2.4 Optional Benefit : Psychologist counselling

If this Optional Benefit is opted, then the Company will indemnify the Insured, for Psychologist counselling expenses as prescribed by Medical Practitioner, up to the amount/limit specified against this Optional Benefit in the Add on Policy Schedule, during the Add on Policy Year.

For the purpose of this Optional Benefit:

Psychologist counselling means counselling session(s) with a Psychologist who deals with issues such as but not limited to personal and lifestyle imbalance, pre-marital counselling, parenting and child care, speech impairment, and problems related to psychological/mental illness/ psychiatric and psychosomatic disorders, stress, anxiety.

Note: The Insured can avail this benefit in any Hospitals and/or Clinics subject to submission of valid tax invoice at the time of claim.

3.2.5 Optional Benefit: Preventive Health check-up

If this Optional Benefit is opted, then the Company will indemnify the Insured, for availing the preventive health check-up, up to the amount specified against this Optional Benefit in the Add on Policy Schedule during the Add on Policy Year.

For the purpose of this Optional Benefit:

Preventive Health Check-up means a package of minimum 3 medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation

of illness or a disease.

The above Optional Benefit is subject to the following conditions:

1. If aggregate claim amount is greater than Rs.5000 in an Add on Policy Year then a co-payment of 10% shall be applicable on the additional amount claimed over and above Rs.5000.

For example:

Sum Insured (in Rs.)	Claim amount	Claim amount on which no co-pay is applicable	Balance Claim amount on which co-pay is applicable	10% Co-pay applicable on balance amount	Amount to be borne by customer	Claim amount to be paid by Company
10,000	7000	5000	7000-5000=2000	200 (10% of 2000)	200	7000-200=6800
10,000	5000	5000	NA	NA	NA	5000

2. Coverage under this benefit can be availed over and above the coverage in Base Policy.

3.2.6 Optional Benefit : AYUSH Treatment

The Company will indemnify the Insured, for medical expenses incurred for out-patient treatment taken under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in any institute recognized by the Government of India and/or accredited by the Quality Council of India/National Accreditation Board on Health, up to the amount specified against this Optional Benefit in the Add on Policy Schedule, for any Illness contracted or Injury suffered by the Insured during the Add on Policy Year.

3.2.7 Optional Benefit : Dental Care

The Company will indemnify the Insured up to the amount specified against this Optional Benefit in Add on Policy Schedule, for the Dental Expenses incurred by the Insured towards the following, subject to six (6) months waiting period from the date of issuance of first policy with the Company on continuous coverage:

- (i) Dental consultations - Emergency Palliative Treatment of Dental pain and minor procedures
- (ii) Conservative – per tooth
 - a. Amalgam 1 – 5 surfaces, Permanent
 - b. Metallic Inlay, 1 – 5 surfaces, Permanent (Gold Inlay)
 - c. Composite resin 1 – 5 surfaces, Permanent
- (iii) Extractions - per tooth
 - a. Simple extraction – erupted tooth or exposed root
 - b. Complicated extraction, tooth or root partially bony

- c. Removal of impacted, completely bony
- (iv) Radiology
 - a. X-ray intra-oral / bitewing
 - b. Posterior – anterior or lateral skull and facial bone survey film
 - c. Each additional x-ray bitewing
 - d. Panoramic x-ray
- (v) Periodontal
 - a. Provision splinting – extracoronary
 - b. Gingivectomy or gingivoplasty Per tooth
 - c. Root amputation – per root
- (vi) Endontic
 - a. Root canal – x-ray included
 - b. Therapeutic pulotomy (excluding final restoration)

In case of Accidental Damage to natural teeth following the accident, the treatment for the same shall be taken immediately within thirty (30) days following damage, then only the Company will indemnify up to the amount specified in the Add on Policy Schedule.

Optional Benefit is not payable if:

- (i) Injury caused during participation in professional / Adventurous sports;
- (ii) The damage was caused by normal wear and tear;
- (iii) The damage was caused by tooth brushing or any other oral hygiene procedure;
- (iv) The damage was caused as the result of consumption of food or drink;
- (v) Damage was not apparent within 7 days of impact which caused the injury

Note: All dental treatments must be carried out by a qualified dentist.

3.2.8 Optional Benefit : Vision Care

The Company will indemnify up to the amount specified against this Optional Benefit in a Add on Policy Schedule, for the Medical Expenses related to consultations / prescribed diagnostic tests / treatments incurred by the Insured for Vision care, subject to six (6) months waiting period from the date of issuance of first policy with the Company on continuous coverage..

The Company will pay for fees charged for corrective spectacle lenses (with frame) or contact lenses as prescribed by the ophthalmologist or optometrist. This benefit also pays for one time routine eye examination carried out by an ophthalmologist or optometrist per Add on Policy Year.

This benefit does not pay for tinted / reactive lenses,

sunglasses, non-corrective contact lenses, lasik / laser eye surgery, medical or surgical treatment of the eye(s) and/or similar, whether prescribed or not.

3.2.9 Optional Benefit: Therapy Expenses

If this Optional Benefit is opted, then the Company will indemnify the Insured, for medical expenses incurred by the Insured for Therapy expenses through a qualified therapist to treat Illness, injury or deformity suffered as prescribed by Medical Practitioner, up to the amount specified against this Optional Benefit in the Add on Policy Schedule, during the Add on Policy Year.

Note:

1. Insured has an option to choose either Optional Benefit: OPD Physiotherapy or Optional Benefit: Therapy Expenses.
2. The Insured can avail this benefit in any Hospitals and/or Clinics subject to submission of valid tax invoice at the time of claim .

3.2.10 Optional Benefit: Medical Devices

The Company will indemnify the Insured, , for availing Medical devices as prescribed by Medical Practitioner, up to the amount specified against this Optional Benefit in the Add on Policy Schedule, during the Add on Policy Year.

The above Optional Benefit is subject to the following conditions:

1. Medical Devices that are replaceable can be availed only once in 3 years on continuous renewal of Add on Policy
2. Any other medical device which do not support the treatment and mitigation of a medical condition or support the function of human body such as Spectacles, Thermometer, contact lenses, blood pressure measurement device, oxygen measurement device and diabetes measurement device are not included in the list of Medical Devices for the purpose of this Optional Benefit.

3.2.11 Optional Benefit: OPD Diagnostics

If this Optional Benefit is opted, then the Company will indemnify the Insured, up to the amount specified against this Optional Benefit in the Add on Policy Schedule, for medical expenses incurred by the Insured for outpatient diagnostic tests as prescribed by Medical Practitioner in relation to any Illness contracted or Injury suffered by the Insured during the Add on Policy Year.

For the purpose of this Optional Benefit:

1. Genetic studies shall not be covered under this Optional Benefit.

3.2.12 Optional Benefit : Modification of Physical Consultations with General Physicians

Notwithstanding anything to the contrary in the Add on Policy, by choosing this Optional Benefit, any sub-

limits/co-payment mentioned under Base Benefit: Physical Consultations with General Physicians shall be waived off.

3.2.13 **Optional Benefit: Modification of Physical Consultations with specialist doctors**

Notwithstanding anything to the contrary in the Add on Policy, by choosing this Optional Benefit, any sub-limits/co-payment mentioned under Base Benefit: Physical Consultations with any defined specialist doctors shall be waived off.

4. EXCLUSIONS

No Waiting Period is applicable in this Add on Policy unless specified under any benefit

4.1 Standard Exclusions:

Any Claim of an Insured arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Rest Cure, rehabilitation and respite care: **(Code- Excl05)**
 - a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
2. Change-of-Gender treatments: **(Code- Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
3. Cosmetic or plastic Surgery: **(Code- Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
4. Hazardous or Adventure sports: **(Code- Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
5. Breach of law: **(Code- Excl10)**

Expenses for treatment directly arising from or

consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

6. Excluded Providers: **(Code- Excl11)**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website /notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer **Annexure – I** of the Policy Terms & Conditions for list of excluded hospitals.

7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
8. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**
9. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**
10. Unproven Treatments: **(Code- Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.2 Specific Exclusions:

Any Claim of an Insured arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
2. Treatment taken from anyone who is not a Medical Practitioner/therapist or from a Medical Practitioner/therapist who is practicing outside the discipline for which he is licensed or any kind of self-medication.
3. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
4. Treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
5. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

6. All preventive care (except eligible and entitled for Benefit: 'Preventive Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
7. Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
8. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
9. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.
10. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
11. Impairment of an Insured's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
12. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
13. Remicade, Avastin or similar injectable treatments.
14. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

5. GENERAL TERMS AND CLAUSES

- 5.1. **Disclosure of Information**
Conditions under this section are same as Base Policy.
- 5.2. **Condition Precedent to Admission of Liability**
Conditions under this section are same as Base Policy.
- 5.3. **Claim Settlement (provision for Penal Interest)**
Conditions under this section are same as Base Policy.
- 5.4. **Complete Discharge**
Conditions under this section are same as Base Policy.
- 5.5. **Multiple Policies**
Conditions under this section are same as Base Policy.
- 5.6. **Fraud**
Conditions under this section are same as Base Policy.
- 5.7. **Cancellation / Termination**
Conditions under this section are same as Base Policy.
- 5.8. **Migration**
Conditions under this section are same as Base Policy.
- 5.9. **Portability**
Conditions under this section are same as Base Policy.
- 5.10. **Renewal of Policy**
Conditions under this section are same as Base Policy.
- 5.11. **Withdrawal of Policy**
Conditions under this section are same as Base Policy.
- 5.12. **Moratorium Period**
Conditions under this section are same as Base Policy.
- 5.13. **Premium payment Installment (not applicable)**
- 5.14. **Possibility of Revision of Terms of the Policy Including the Premium Rates**
Conditions under this section are same as Base Policy.
- 5.15. **Free Look Period**
Conditions under this section are same as Base Policy.
- 5.16. **Grievances**
Conditions under this section are same as Base Policy.

- 5.17. Nomination:**
Conditions under this section are same as Base Policy.
- 5.18. Material Change**
Conditions under this section are same as Base Policy.
- 5.19. Records to be maintained**
Conditions under this section are same as Base Policy.
- 5.20. No constructive Notice**
Conditions under this section are same as Base Policy.
- 5.21. Policy Disputes**
Conditions under this section are same as Base Policy.
- 5.22. Limitation of liability**
Conditions under this section are same as Base Policy.
- 5.23. Communication**
Conditions under this section are same as Base Policy.
- 5.24. Alterations in the Policy**
Conditions under this section are same as Base Policy.
- 5.25. Electronic Transactions**
Conditions under this section are same as Base Policy.

6. OTHER TERMS AND CLAUSES

- 6.1. Claims procedure and management**
This section explains about procedures involved to file a valid Claim by the Insured and related processes involved to manage the Claim by the Company.
- 6.1.1. Pre-requisite for admissibility of a Claim:**
Any claim being made by an Insured or attendant of Insured on behalf of the Insured, should comply with the following conditions:
- (i) The Condition Precedent Clause has to be fulfilled.
 - (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured only. The Company will not be liable to indemnify the Insured for any loss other than the covered Benefits and any other person who is not accepted by the Company as an Insured.
 - (iii) The holding Insurance Add on Policy should be in force at the event of the Claim. All the Add on Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
 - (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.
- 6.1.2. Claim settlement - Facilities**
- (a) Cashless Facility**
The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the

Insured at a Network. For this purpose, the Insured will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) **Identification Documents:** The "Health card" provided by the Company under this Add on Policy, along with one Valid Photo Identification Proof of the Insured are to be produced at the Network. Valid Photo Identification Proof documents which will be accepted by the Company are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by the Company.
- (ii) **Network related:** The Company may modify the list of Network or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network. For an updated list of Network and the extent of Cashless Facilities available at each Network, the Insured may refer to the list of Network available on the Company's website or at the call center.
- (iii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network.

(b) Re-imbusement Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular Benefit is payable only under Reimbursement Facility, all the documentation specified in Clause 6.1.4 shall be submitted to the Company at Policyholder's / Insured's own expense, immediately and in any event within 30 days of incurred medical expenses.
- (ii) The Company shall give an acknowledgement of collected documents. However, in case of any delayed submission, the Company may examine and relax the time limits mentioned upon the merits of the case. For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Add on Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Add on Policy.

6.1.3. Duties of a Claimant/ Insured in the event of Claim

It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

- (i) The Policyholder / Insured shall check the updated list of Network before submission of a Cashless request.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Add on Policy.

- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6.1 (Claims Procedure and Management) of the Policy.
- (iv) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured's medical records and to investigate the facts and examine the Insured.
- (v) The Company shall be provided with complete necessary documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

6.1.4. Documents to be submitted for filing a valid Claim

The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6.1 in respect of all Claims:

1. Duly filled and signed Claim form by the Insured;
2. Copy of Photo ID of Insured;
3. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
4. Original bills from pharmacy/chemists;
5. Original pathological/diagnostic test reports/radiology reports and payment receipts;
6. Original investigation test reports and payment receipts supported by Doctor's reference slip;
7. Any other document as required by the Company to assess the Claim, in case fraud is suspected.

Notes:

- The Company may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any Benefit shall be submitted to the company.
- The Company will accept bills/invoices which are made in the Insured's name only.
- The company may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.1.5. Claim Assessment

- a. The Company shall scrutinize the Claim and supportive documents, once received. In case of any

deficiency, the Company may call for any additional documents or information as required, based on the circumstances of the Claim.

- b. All the valid claim expenses incurred in an Add on Policy Year by the Insured under Base Benefits - Physical Consultations with General Physicians, Physical Consultations with specialists doctors, OPD Pharmacy and Optional Benefits - OPD Physiotherapy, Psychologist counselling, Therapy Expenses, Medical Devices can also be filed with the Company on quarterly basis during that Add on Policy Year, as and when that insured may deem fit. However, claimant will be allowed only 1 more filing within 30 days after the Add on Policy Year.
- c. All claims incurred in India are serviced by the Company directly.

6.1.6. Payment Terms

- (a) This Add on Policy covers only medical treatment taken entirely within India. All payments under this Add on Policy shall be made in Indian Rupees and within India.
- (b) The Company shall have no liability to make payment of a Claim under the Add on Policy in respect of an Insured during the Add on Policy Period, once the Sum Insured for that Benefit for Insured is exhausted.
- (c) **The Company shall settle or reject any Claim within 30 days** of receipt of all the necessary documents / information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder / Insured an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured the Company shall make payment within 7 days from the date of receipt of such acceptance.
- (d) The Claim shall be paid only for the Add on Policy Year in which the Insured event which gives rise to a Claim under this Add on Policy occurs.
- (e) The Premium for the Add on Policy will remain the same for the Add on Policy Period mentioned in the Add on Policy Schedule.

Annexure 1 - List of Hospitals where Claim will not be admitted

S.No.	HOSPITAL NAME	ADDRESS
1	Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
2	Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
3	Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
5	Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
6	Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
7	Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
8	Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
9	City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
10	Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
11	Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala,Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
13	Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
14	Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
15	Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
16	Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony ,Nashik , Maharashtra
18	Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
19	Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
20	Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
21	R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
22	Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
23	Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
25	Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
26	Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
27	Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
30	Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
31	B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
32	East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
33	Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
34	Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
35	Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
36	Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
37	S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6.Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
38	Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra

Annexure 1 - List of Hospitals where Claim will not be admitted

S.No.	HOSPITAL NAME	ADDRESS
39	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad , Uttar Pradesh
40	Mahaveer Hospital & Trauma Centre	76-E, Station Road, Panki , Kanpur , Uttar Pradesh
41	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
42	Amrapali Hospital	Plot No. NH-34,P-2, Omega -1, Greater Noida , Noida , Uttar Pradesh
43	Hardik Hospital	29c, Budh Bazar, Vikas Nagar , New Delhi , Delhi
44	Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing, Naptier Town, Jabalpur , Madhya Pradesh
45	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
46	Santosh Hospital	L-629/631, Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
47	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
48	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak , Haryana
49	Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
50	Abhishek Hospital	C-12, New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
51	Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
52	Saras Healthcare Pvt Ltd.	K-112, SEC-12 , Pratap Vihar , Ghaziabad , Uttar Pradesh
53	Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
54	Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
55	Aakanksha Hospital	126, Aaradhnanagar Soc, B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
56	Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
57	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road , Surat , Gujarat
58	Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet, Godadara Road , Surat , Gujarat
58	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
59	Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
60	Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
61	Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
62	God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
63	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura , Surat , Gujarat
64	Hari Milan Hospital	L H Road , Surat , Gujarat
65	Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
66	Jeevan Path Gen. Hospital	2Nd. Fl., Dwarakesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
67	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udha , Surat , Gujarat
68	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
69	Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
70	Niramayam Hospital & Prasutiguah	Shradha Raw House, Near Natures Park , Surat , Gujarat
71	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
72	Poshia Children Hospital	Harekrishan Shopping Complex 1st Floor, Varachha Road , Surat , Gujarat
73	R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
74	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
75	Santosh Hospital	L H Road , Varachha , Surat , Gujarat
76	Sparsh Multy Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op. Bank , Surat , Gujarat

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.



care 10 YEARS
HEALTH INSURANCE

Care Health Insurance Limited

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43,
Gurugram-122009 (Haryana)

CIN: U66000DL2007PLC161503 UIN: CHIHIA23060V012223

IRDAI Registration Number - 148

REACH US @



Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:

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

Submit Your Queries/Requests:

www.careinsurance.com/contact-us.html