

1. Eligibility Criteria

Entry Age – Minimum	Individual : 5 years (Benefit: Earn & Burn shall be available for member of 18 years or above) Floater : 91 Days with at least 1 member of age 18 years or above
Entry Age – Maximum	Adult: Lifelong Child: 24 Years
Exit Age	Adult: Lifelong Child: 25 Years
Age of proposer	18 Years or above
Policy Term	1/2/3 Years
Premium Payment Term	Single/Monthly/Quarterly/Half-yearly
How can You cover Yourself	Individual: Maximum up to 6 Persons Floater: 1A1C/1A2C/1A3C/1A4C/2A/2A1C/2A2C/2A3C/2A4C
Who are covered (Relationship with respect to the Proposer)	Self, Legally married spouse, son, daughter, father, mother, mother-in-law, father-in law.

Note:

- Child would be ported to an individual policy (having a separate Sum Insured) and treated as an adult Insured Person, upon attaining 25 years of age, at the time of renewal.
- All the Age calculations are as per "Age Last Birthday" as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.

2. SCOPE OF COVER

A. General conditions applicable to all the benefits and optional benefits

- The Eligibility Criteria, Benefits & Optional Benefits mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
 - In this document, words like "We", "Us" or "Our/Ours" represents the Insurer i.e., "Care Health Insurance" and "You" or "Your/Yours" represents the "Proposer" or "Insured Person(s)
 - Benefits / Optional Covers (if opted) shall be available to you, only if the particular Benefit / Optional Cover are specifically opted.
 - The maximum, total and cumulative liability of us in respect of you for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured as mentioned in the policy schedule against that benefit for you.
 - On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all of you, shall not exceed the Sum Insured as mentioned in the policy schedule.
 - For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, Cumulative Bonus, Inflation Shield. (NOTE: This clause is not applicable to Benefit: Personal Accident Cover).
 - All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.
 - The Co-payment proportion (if applicable) shall be borne by you on each Claim which will be applicable on Benefit namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Ambulance Cover, Organ Donor Cover, Domiciliary Hospitalization, AYUSH Treatments, Air Ambulance Cover, OPD Cover, Optional Benefit: Maternity and New Born Cover.
 - Deductible Option (if opted) is applicable on the Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Ambulance Cover, Organ Donor, Domiciliary Hospitalization, AYUSH Treatments, Air Ambulance Cover and Optional Benefit: Maternity & New Born cover.
 - Any Claim paid for Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Ambulance Cover, Organ Donor, Domiciliary Hospitalization, AYUSH Treatments, Air Ambulance Cover, OPD Coverage and Optional Benefit: Maternity and New Born Cover shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
 - Admissibility of a Claim under Benefit "Hospitalization Expenses" is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Ambulance Cover, Organ Donor Cover, Air Ambulance Cover, Optional Benefit: Maternity & New Born cover, Optional Benefit: Daily Allowance and the event giving rise to a Claim under Benefit "Hospitalization Expenses" shall be within the Policy Period for the Claim of such Benefit to be accepted.
 - If you suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
 - Coverage amount for Benefit: Personal Accident Cover (AD & PTD) and Optional Benefit: Daily Allowance are covered over and above the 'Sum Insured'.
 - If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Benefits.
 - Linear interpolation methodology will be applied to calculate the premium rates if an intermittent value of Coverage Amount is chosen by the Policyholder.
- 2.1. Benefit : Hospitalization Expenses:**
- In-Patient care:** Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Illness or Injury , which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.
 - Day Care Treatment:** Hospitalization involving less than 24 hours – Some surgeries doesn't require or need not necessarily require Hospitalization

Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments, maximum up to Sum Insured.

- (iii) **Advance Technology Methods:** We will indemnify you for expenses incurred under Hospitalization Expenses for treatment taken through following advance technology methods:
- a. Uterine Artery Embolization and HIFU
 - b. Balloon Sinuplasty
 - c. Deep Brain stimulation
 - d. Oral chemotherapy
 - e. Immunotherapy- Monoclonal Antibody to be given as injection
 - f. Intra vitreal injections
 - g. Robotic surgeries
 - h. Stereotactic radio surgeries
 - i. Bronchical Thermoplasty
 - j. Vapourisation of the prostate (Green laser treatment or holmium laser treatment)
 - k. IONM - (Intra Operative Neuro Monitoring)
 - l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2.2. **Benefit : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses:**

- (i) **Pre-Hospitalization Medical Expenses:** Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (as per specified amount/limit) incurred by You for a period of 60 days immediately before the date of Your admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date.
- (ii) **Post-Hospitalization Medical Expenses:** Back home and till You are back on Your feet - The expenses don't end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (as per specified amount/limit) incurred by You for a period of 90 days immediately after the date of Discharge from Hospital and claim documents to be submitted within 30 days after completion of 90 days from the date of discharge from Hospital.

Note: Payment under this benefit will only be on re-imburement basis

- 2.3. **Benefit : Ambulance Cover:** It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount per hospitalization, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for your health condition.

- 2.4. **Benefit : Organ Donor Cover:** We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to a specified amount for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor.

- 2.5. **Benefit : Domiciliary Hospitalization:** Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you up to a specified amount, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

- (I) Asthma;
 - (ii) Bronchitis;
 - (iii) Chronic Nephritis and Chronic Nephritic Syndrome;
 - (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis;
 - (v) Diabetes Mellitus and Diabetes Insipidus;
 - (vi) Epilepsy;
 - (vii) Hypertension;
 - (viii) Influenza, cough or cold;
 - (ix) All Psychiatric or Psychosomatic Disorders;
 - (x) Pyrexia of unknown origin;
 - (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
 - (xii) Arthritis, Gout and Rheumatism.
- 2.6. **Benefit : Second Opinion:** We take your illnesses as seriously as you do. If you are suffering from illness/Injury and feel uncertain about your diagnosis or wish to get a second opinion within India from a doctor on your medical reports for any other reason, we arrange one for you, without any

impact on Sum Insured amount. This second opinion is available to every Insured Person, once in a per Policy year.

2.7. Benefit : Annual Health Check-up: Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!

To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services, in India, for all the adult Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows :-

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Sum Insured
1	Complete Blood Count (CBC), Urine Routine, ESR, ABO Group & RH Type, Blood Sugar Fasting, Cholesterol, SGPT, Creatinine	< 5 Lakhs
2	Complete Blood Count (CBC), Urine Routine, ESR, ABO Group & RH Type, Blood Sugar Fasting, Cholesterol, Cholesterol Direct LDL, Cholesterol-HDL, Triglycerides, Total Cholesterol/HDL Ratio, Creatinine, Blood Urea Nitrogen, BUN/ Creatinine Ratio, Uric Acid	5Lakhs-10Lakhs
3	Complete Blood Count (CBC), Urine Routine, ESR, ABO Group & RH Type, Blood Sugar Fasting, Cholesterol, Cholesterol Direct LDL, Cholesterol-HDL, Triglycerides, Total Cholesterol/HDL Ratio, Creatinine, Blood Urea Nitrogen, BUN/ Creatinine Ratio, Uric Acid, Treadmill Test	Above 10Lakhs

2.8. Benefit : Unlimited Automatic Recharge A refill is always welcome! So your sum insured is reinstated just when you need it the most.

If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire base sum insured immediately, unlimited times in the policy year.

In case of a floater policy, all Insured Person will be eligible to utilize the Recharged amount for any illness or injury pertaining to that Policy Year.

- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- Please note that 'Cumulative Bonus' and 'Inflation Shield' shall not be considered while calculating 'Unlimited Automatic Recharge'.
- Recharge amount can be utilized for same illness except for claim under Any one Illness condition.
- A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit 'Hospitalization Expenses';
- The Sum Insured available under Unlimited Automatic Recharge can only be utilized for Benefit 'Hospitalization Expenses', 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses', 'Ambulance Cover', 'Domiciliary Hospitalization' and Optional Benefit 'Maternity & New Born Cover'.

2.9. Benefit : AYUSH Treatments: It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay You up to a specified amount for medical expenses incurred by You towards Your in-patient admission at any AYUSH Hospitals or health care facilities, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (27) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.10. Benefit : Air Ambulance Cover: Through this Benefit, we will pay you up to the amount specified for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

2.11. Benefit : No Claim Bonus Protect: If no Claim has been paid by Us or total claim amount payable does not exceed the 25% of the base Sum Insured in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 50 % in your base Sum Insured for the next Policy year. In any case the Cumulative bonus will not exceed 200% of the base Sum insured under the policy and in the event of total claim amount payable exceeds 25% of the base Sum Insured during any Policy Year, then the Cumulative bonus accrued will be reduced at same rate at which it is accrued at the commencement of next Policy Year but in no case shall the Total Sum insured be less than the base Sum insured. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad. The Recharge amount ('Unlimited Automatic Recharge') shall not be considered while calculating 'Cumulative Bonus'. Accrued 'Cumulative Bonus' can only be utilized for Benefit 'Hospitalization Expenses', 'Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses', 'Ambulance Cover', 'Organ Donor Cover', 'Domiciliary Hospitalization', 'AYUSH Treatment', Optional Benefits 'Maternity & New Born Cover' and 'Daily Allowance' under the Policy. In case no claim or total claim amount payable does not exceed the 25% of the base Sum Insured (other than 'Second Opinion' 'Annual Health Check-up', 'OPD Coverage' 'Unlimited E-Consultation' 'Health Services' Optional Benefit 'International Second Opinion') in a particular Policy Year, Cumulative Bonus would be credited automatically to the subsequent Policy year even in case of multi-year Policies (with 2 or 3 year policy tenure).

2.12. Benefit : OPD Coverage: We understand how trivial but important are bills pertaining to out-patient expenses, they can cause a major financial impact.

Hence through this Benefit, we will pay you, through Cashless/ Reimbursement facility for following:

- (a) **Out-patient Consultations:** Any Out-patient Consultation other than Dental and Ophthalmic Treatments up to the specified amount/limit, during the Policy Year.
- (b) **Out-patient Dental and Ophthalmic Treatments:**
 - i. Expenses incurred on acute treatment to a natural tooth or teeth or the services and supplies provided by a licensed dentist, up to specified amount,

during the Policy Year.

- ii. Expenses incurred for the treatment of the eye or the services or supplies provided by a licensed ophthalmologist, that are medically necessary to treat eye problem including cost of spectacles / contact lenses, up to specified amount, during the Policy Year.

Note: All the valid OPD claim expenses incurred by you in a policy year will be payable / reimbursed by Us. However, claim can be filed with us, only quarterly during that Policy Year, as and when that insured may deem fit. However, claimant will be allowed only 1 more filing within 30 days after the Policy Year.

2.13. Benefit : Personal Accident Cover (AD & PTD) : Accidents are never foreseen as they mean! But a stitch in time can save nine!!

A little plan for such unforeseen events can protect the interests of your beneficiaries in a big way.

This Benefit includes two Benefits namely “Accidental Death” and “Permanent Total Disablement” which are explained below and are applicable to events arising worldwide.

2.13.1 Accidental Death : We shall pay 100% of the coverage amount of the Insured Person, in the event of his / her Death on account of an Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

2.13.2 Permanent Total Disablement (PTD) : We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent total disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

S. No.	Insured Events	Amount payable = % of the Sum insured under this Benefit
1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
5	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV in the table above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

For the purpose of this Benefit only:

- (i) “Hemiplegia” means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- (ii) “Paraplegia” means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (iii) “Quadriplegia” means complete and irrecoverable paralysis of all four limbs.

Only Primary Insured Member is eligible to for coverage under this Benefit 'Personal Accident'.

2.14. Benefit : Inflation Shield: Running out of Sum Insured due to Inflation are big concern in today's time!

This benefit is designed to provide additional increase in Sum Insured under this Policy on the basis of inflation rate in previous calendar year.

Subject to below conditions:

1. The Inflation would be computed as the change in average CPI of the entire calendar year published by the National Statistical Office (NSO), Ministry of Statistics and Programme Implementation. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered. (For information on Consumer price index you can visit Website-<http://mospi.nic.in/cpi>.)
2. The percentage increase will be applicable only on base Sum Insured under the Policy on cumulative basis and not on any other benefit which leads to increase in Sum Insured.
3. In case of Sum Insured is changed at the time of renewal, any accumulated sum Insured due to this Benefit will be added to the applicable new Sum Insured opted by you at the time of renewal.

2.15. Benefit : Unlimited E-Consultation: We 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.).

2.16. Benefit : Earn and Burn:

- (I) We offers an integrated program which allows you to earn & burn points on the compliance of the following healthy regimes through activity tracking apps, devices and visits to the Fitness centre or yoga centres to track and record the activities of the members engage in:

Activity	Maximum number of Points that can be earned in a policy year
Sign-Up	100
Health Risk Assessment	50
Preventive Risk Assessment	200
Membership in a health clubs (pro-rated if monthly membership, valid documents of membership to be submitted)	100
Participation in Marathon, Cyclothon, Walkathon & other similar activities (outdoor participation along with valid certificate)	100
Steps Count: Average Steps per day in a policy year	
5000-7,999 steps	100
8,000-9,999 steps	150
10,000 and above	200
- Weight Management Program (for the Insured Person who is Overweight / Obese)	100
- Sharing Insured Fitness Success Story through adoption of Care Wellness Program (for the Insured who is not Overweight / Obese)	50
- Chronic Condition Management Program (for the Insured who is suffering from Chronic Condition/s - Diabetes, Hypertension ,Cardiovascular Disease or Asthma)	250
- De-stress & Mind Body Healing Program (for the Insured who is not suffering from Chronic Condition/s - Diabetes, Hypertension, Cardiovascular Disease or Asthma)	125

* 1 Reward point=Rs. 0.25

- 1. Sign-Up:** You will get specified Reward Points on signing up through CHIL Mobile app/portal.
- 2. Completion of Health Risk Assessment (HRA):** The Health Risk Assessment (HRA) questionnaire is an online tool for evaluation of health and quality of life of the Insured Person. It helps you to introspect your personal lifestyle. You can log into to your account on app/portal and complete the HRA questionnaire. You can undertake this once per policy year.

On Completion of online HRA questionnaire, you will earn 50 reward points.

Note: To get the reward points mentioned under HRA, you have to complete the entire HRA within one month from the time he/she started HRA Activity.

- 3. Preventive Risk Assessment:** You can also earn reward points by undergoing diagnostic / preventive tests during the policy year. These tests should include the four mandatory tests mentioned below. You can take these tests at any diagnostic centre at your own expenses;
 - If all the results of the submitted test reports are within the normal range, you will earn 200 reward points
 - If the result of any one test is not within the normal range as specified in the lab report, you will earn 150 reward points
 - If two or more test results are not within the normal range, you will earn 100 reward points only

Note: These tests reports should be submitted together and within 30 days from the date of undergoing such Health Check-Up.

List of mandatory tests under Preventive Risk Assessment
1. Complete Haemogram Test
2. Blood Sugar (Fasting Blood Sugar (FBS) + Postprandial (PP) [or] HbA1c)
3. Lipid profile (Total cholesterol, HDL, LDL, Triglycerides, Total Cholesterol / HDL Cholesterol Ratio)
4. Serum Creatinine

- 4. Membership in a health club (pro-rated if monthly membership):** You will get specified reward points if you enrolled in the annual membership in a Gym / Yoga Centre / Zumba Classes / Aerobic Exercise/ Sports Club/ Pilates Classes/ Swimming / Tai Chi/ Martial Arts / Gymnastics/ Dance Classes.

Note: In case if you are not a member of any health club, he/she should join into club within 3 months from the date of the policy risk commencement date. You should submit the health club membership.

- 5. Participation in outdoor activity:** You will get specified reward points if you participated in a recognized Marathon/ Walkathon/ Cyclothon or a similar activity which offers a completion certificate with timing.
- 6. Step Count:** You can earn reward points on achieving the step count target on Care Insurance mobile application as mentioned below;

Average number of steps per day in a policy year	
If the average number of steps per day in a policy year are between - 5000 and 7999	100
If the average number of steps per day in a policy year are between - 8000 and 9999	150
If the average number of steps per day in a policy year are between - 10000 and above	200

Note:

- First month and last month in each policy year will not be taken into consideration for calculation of average number of steps per day.
- The mobile app must be downloaded within 30 days of the policy risk start date to avail this benefit.
- The average step count completed by you would be tracked on app/portal.

7. Weight Management Program:

- a. This Program will help you with Over Weight and Obesity to manage your Body Mass Index (BMI) through the empanelled wellness experts who will guide you in losing excess weight and maintain your BMI
- On acceptance of the Weight Management Program, you will earn 50 reward points
 - An additional 50 reward points will be awarded at the end of policy year in case if the results are achieved and maintained as mentioned below;

Sr. No.	Name of the Ailment	Values to Submitted	Criteria to get the Wellness points
1	Obesity (If BMI is above 29)	Height & Weight (to calculate BMI)	Achieving and maintaining the BMI between 18 and 29
2	Over weight (If BMI is between 25 and 29)	Height & Weight (to calculate BMI)	Reducing BMI by two points and maintaining the same BMI in the policy year

- Values (for BMI) shall be submitted for every 2 months (up to 5 times in each policy year)

- b. In case if you are not overweight / obese, you can submit your Fitness Success Story through adoption of Care Wellness Activities with us. On submission of the Fitness Success Story through adoption of Care Wellness Activities, you will earn 50 reward points.

8. Chronic Condition Management Program:

- a. This Program will help you suffering from Diabetes, Hypertension, Cardiovascular Disease or Asthma to track your health through the empanelled wellness experts who will guide you in maintaining/ improving the health condition
- On acceptance of the Chronic Condition Management Program, you will earn 100 reward points
 - You have to submit the test result values for every 3 months maximum up to 3 times in a policy year
 - If the test result values are within +/- 10% range of the values given below, for at least 2 times in a policy year, an additional 150 reward points will be awarded
 - These tests reports to be submitted within 1 month from the date of undergoing the Health Check-Up

Sr. No.	Name of the Ailment	Test to Submitted	Values Criteria to get the additional Wellness points
1	Diabetes(Insured can submit either HbA1c test value (or) Fasting Blood Sugar (FBS) Range and Postprandial test value)	HbA1c	≤ 6.5
		Fasting Blood Sugar (FBS) Range and Postprandial test Value	100 to 125 mg/dl below 160 mg/dl
2	Hypertension	Measured with - BP apparatus	Systolic Range - 110 to 140 mmHg Diastolic Range - 70 to 90 mmHg
3	Cardiovascular Disease	LDL Cholesterol and Total Cholesterol / HDL Cholesterol Ratio	100 to 159 mg/dl ≤ 4.0
4	Asthma	PFT (Pulmonary Function Test)	FEV1 (PFC) is 75% or more FEV1/ FVC is 70% or more

- b. In case if you are not suffering from Chronic Condition/s (Diabetes, Hypertension, Cardiovascular Disease or Asthma) you can opt for “De-Stress & Mind Body Healing Program”. This program helps you to reduce stress caused due to internal (self-generated) & external factors and increases the ability to handle stress;
- On acceptance of De-stress & Mind Body Healing Program you will earn 50 reward points
 - On completion of De-stress & Mind Body Healing Program you will earn an additional 75 reward points

Note: This is a 10 weeks program which insured needs to complete without any break.

(II) Redemption of points (burning of points) can be used on the following health related services:

- a. 3rd party health-care supplements within network, up to 50% of earned points.

- b. Redemption for renewal premium of this Policy, up to 10% of renewal premium.
 - c. Redemption for Non-covered items, Co-payment, Sub limits & Deductible which are non-payable under this Policy.
 - d. Redemption for any admissible claim of In-patient Medical Expenses and Day Care Treatment expenses of this Policy provided that the Sum Insured and additional bonus/SI (if applicable) are exhausted during the Policy Year.
- (III) 80% of unutilised reward points earned in a particular policy year can be carried forward only to next policy year provided that the policy is renewed with us without a break. The earned reward points shall lapse if the policy is not renewed with us.
- Example-The Policy period start date is 1st April, 2020 and the points earned by you are 500 points. The Validity of 80% of unused reward points will be up to 31st March, 2022 provided the policy is renewing with us on 1st April, 2021.
- In case you cancel the Policy, the balance unutilised reward point will be valid till 3 months from the date of cancelation of the Policy.
- (IV) In case of floater policy, points under Earn & Burn will be aggregated based on points earned by the each adult members of the policy.

2.1 **Benefit : Health Services:** We shall provide the following Services:

Health Portal: You may access health related information and services such as, Doctor on chat, Healthy tips reminder, Digital locker for medical records etc as available on our website.

Discount Connect: You may access to Special rates for OPD, Diagnostics, and Pharmacy etc. through Network as available on our website.

3. **Optional Benefits**

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

3.1. **Optional Benefit : Maternity and New Born Baby Cover:** We shall indemnify, through Cashless or Reimbursement Facility, for the Medical Expenses associated with Hospitalization for the delivery of a child, up to a specified amount, subject to the conditions specified below:

- (a) We shall be liable to make payment under this Benefit, only if the Insured Member who has delivered the child is the Primary Insured Member or the Primary Insured Person's spouse under floater combination of 2A or 2A1C and over the age of eighteen (18) years of age.
- (b) The delivery shall occur after the completion of the 24 month waiting period under this Benefit. The wait period shall start from the Policy Start Date or on attaining age of 18 years, whichever is later. A fresh 24 month waiting period will apply following a claim under this benefit.
- (c) We shall not be liable to make payment under this Benefit in respect of you for more than two (2) living children during that Insured Person's lifetime.
- (d) Coverage under this Benefit is not available in case your age is greater than 45 years at the time of Policy start date
- (e) Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit.
For this purpose 'week' shall constitute any consecutive 7 days.
- (f) Medical Expenses for ectopic pregnancy are not covered under this Benefit. However, these expenses are covered under Benefit 'Hospitalization Expenses'.
- (g) We shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per MTP Act, 1971(amended) and other applicable laws and rules.
- (h) Clause 4.2 (16) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

New Born Baby cover

- (a) The Medical Expenses incurred in respect of a New Born Baby whose claim under this Optional Benefit is admissible by us shall be indemnified up to the 'Optional Benefit : Maternity and New Born Baby cover' coverage amount
- (b) For continuous coverage under this Policy of the child of 91 days and above, an additional premium would be required to be paid.

3.2. **Optional Benefit : Daily Allowance:** It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay Daily Allowance - a fixed lump sum amount as specified, for each completed day (24 hours) of hospitalization, payable for a maximum of 15 days of Hospitalization during a policy year, so that you can meet these expenses without a bother and as suits you best.

Transit period from one hospital to another will not be considered as Hospitalization.

Note: Mid-term addition is allowed under this Optional Benefit whereas premium will be charged on pro-rata basis.

3.3. **Optional Benefit : International Second Opinion:** "International Second Opinion" is an extension to Benefit : Second Opinion and hence all the provisions stated under Clause 2.6, holds good for Clause 3.3 as well, subject to:

- a) We shall arrange for International Second Opinion from a Medical Practitioner outside India solely on your express request in relation to your Major Illness / Injury which has been diagnosed during the Policy Year.
- b) Major Illness / Injury means one of the following only:
 1. Benign Brain Tumor
 2. Cancer
 3. End Stage Lung Failure

4. Myocardial Infarction
5. Coronary Artery Bypass Graft
6. Heart Valve Replacement
7. Coma
8. End Stage Renal Failure
9. Stroke
10. Major Organ Transplant
11. Paralysis
12. Motor Neuron Disorder
13. Multiple Sclerosis
14. Major Burns
15. Total Blindness

3.4. Optional Benefit : Smart Select: This Optional Benefit provides you a discount in the premium you pay!

By choosing this Optional Benefit and thereby getting a discount on the total premium (which includes premium of base Benefits and Optional Benefit 'Maternity & New Born Cover) payable as specified, you can avail Medical Treatment at any hospital listed under Annexure – III to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – III to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

NOTE: For an updated list of Hospitals mentioned under Annexure – III to the Prospectus, please refer to our Website. <https://www.careinsurance.com/>

3.5. Optional Benefit : Deductible Option:

Win-Win Situation!

We give you an option of choosing a deductible along with your Plan, which will help you reduce the amount of Premium to be paid!!

Deductible is the claim amount (as specified) which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible in the same Policy Year

(Amount in Rupees)

Case	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	25,00,000	5,00,000	3,50,000	12,50,000	10,00,000	-	11,00,000	10,00,000
2	25,00,000	5,00,000	4,50,000	15,00,000	30,00,000	-	14,50,000	10,50,000
3	25,00,000	5,00,000	10,00,000	40,00,000	40,00,000	5,00,000	20,00,000	Claim not payable as SI is exhausted

3.6. Optional Benefit : Co-Payment Option: By choosing this Optional Benefit, If your or eldest Insured Person (in case of floater) age is 61 years or above then, you will have to bear a Co-payment, which applies to you or all Insured Persons (in case of Floater) as specified, in accordance with Clause 5.6 and our liability shall be restricted to the balance amount payable

The Co-payment shall be applicable to each and every claim for each of you as defined in the Policy.

3.7. Optional Benefit : Room Rent Modification: Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, we agree to upgrade the eligibility of Room Rent / Room Category from '1% of SI per day' to 'Single Private AC Room', similarly ICU Charges limit from '2% of SI per day' to 'No limit'

Note: This Optional Benefit is applicable only for Insured Person whose SI is less than 5Lakhs.

4. Exclusions

4.1. Waiting Periods:

(I) Pre-Existing Diseases: Code- Excl01

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of

application and accepted by Insurer.

(II) Specific Waiting Period: Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair.
 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
 3. Benign Prostatic Hypertrophy
 4. Cataract
 5. Dilatation and Curettage
 6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
 7. Surgery of Genito-urinary system unless necessitated by malignancy
 8. All types of Hernia & Hydrocele
 9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
 10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
 11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
 12. Myomectomy for fibroids
 13. Varicose veins and varicose ulcers
 14. Parkinson's or Alzheimer's disease or Dementia

(III) 30-day waiting period- Code- Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

(IV) Maternity & New Born Cover (Optional Benefit)

- a. Claims will not be admissible for any expenses incurred for diagnosis / treatment related to any Maternity & New Born Expenses until 24 months of continuous coverage has elapsed, under this Benefit.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

(V) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii), 4.1(iii) and 4.1(iv) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(VI) If Coverage for Optional Benefits (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Optional Benefits (if applicable), from the time of such renewal.

4.2. Permanent Exclusions: Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Policy Terms & Conditions).
2. Investigation & Evaluation: (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
3. 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.
4. Obesity/ Weight Control: (Code- Excl06)
Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
 5. 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.
 6. 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.
 7. 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.
 8. 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.
 9. 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 – II of the Policy Terms & Conditions for list of excluded hospitals.
 10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
 11. Treatments received in health spas, 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)
 12. 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)
 13. Refractive Error: (Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 14. 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.
 15. Sterility and Infertility: (Code- Excl17)
Expenses related to sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
 16. Maternity: (Code Excl18)
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

17. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
18. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
19. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and/ or devices whether for diagnosis or treatment
20. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
21. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
22. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
23. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
24. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
25. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
26. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
27. Non-Allopathic Treatments (except Ayurveda, Unani, Sidha and Homeopathy), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
28. 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.
29. 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.
30. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
31. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
32. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.
33. 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.
34. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
35. 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.
36. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
37. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1(iv).
38. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
39. Hormone replacement therapy.
40. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly 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. Claims Procedure and Management

This section explains about procedures involved to file a valid Claim by you and related processes involved to manage the Claim by us.

5.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Yours during Hospitalization on behalf of You 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 Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by the Us as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the 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. We may call for additional documents wherever required.

5.2 Claim settlement - Facilities

(a) **Cashless Facility:** We extend Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) Submission of Pre-authorization Form: A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.
- (ii) Identification Documents: The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.
- (iii) Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) Authorization:
 - a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) Event of Discharge from Hospital: All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 5.4 and 5.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) Rejection: If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.
- (viii) Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(b) Re-imbursalment Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.4 and Clause 5.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- (ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the 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 Policy.
- (v) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

5.3 Duties of a Claimant/ Insured Person 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 Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this 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 5 (Claims Procedure and Management) of the Policy.
- (iv) If we request you to submit for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by us.
- (v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

5.4 Claims Intimation: Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, all of the following shall be undertaken:

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

Note: 5.4 (i) and 5.4 (ii) are precedent to admission of liability under the policy.

(iii) The following details are to be disclosed to us at the time of intimation of Claim:

- 1. Policy Number;
- 2. Name of the Policyholder;
- 3. Name of the Insured Person in respect of whom the Claim is being made;
- 4. Nature of Illness or Injury
- 5. Name and address of the attending Medical Practitioner and Hospital;
- 6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
- 7. Any other necessary information, documentation or details requested by us

(iv) In case of an Emergency Hospitalization, We shall be notified either at our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

(v) In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned date of admission to Hospital

5.5 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 5 in respect of all Claims:

- 1. Duly filled and signed Claim form by the Insured Person;
- 2. Copy of Photo ID of Insured Person;
- 3. Medical Practitioner's referral letter advising Hospitalization;
- 4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
- 5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
- 6. Original bills from pharmacy/chemists;
- 7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
- 8. Operation Theatre Notes(if applicable);
- 9. Indoor case papers(if applicable);
- 10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
- 11. MLC/FIR report, Post Mortem Report if applicable and conducted;
- 12. Ambulance Receipt;
- 13. Any other document as required by us to assess the Claim, in case fraud is suspected.

Notes:

- We 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 us
- We will accept bills/invoices which are made in the Insured person's name only.

- We 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, We 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.

5.3 Claim Assessment

- (a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.
- (b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:
 - (i) If any sub-limits on Room Rent/Category for Medical Expenses are applicable as specified the Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
 - (ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.
 - (iii) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by us.
- (c) The Claim amount assessed in Clause 5.6 (b) above would be deducted from the following amounts in the following progressive order:
 - (i) Sum Insured;
 - (ii) Inflation Shield;
 - (iii) Cumulative Bonus;
 - (iv) Unlimited Automatic Recharge.
- (d) All claims incurred in India are dealt by the Company directly.

5.4 Payment Terms

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.
- (c) If the Policyholder / Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (d) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (e) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

6. Special Conditions

- 6.1. Early Bird Discount:** If you avails this policy before the age of 36 years and has continuously renewed without any break, then, on completion of 40 years of age you will be offered a discount of 10% on the subsequent renewal premium applicable on the base coverage opted at the inception of this policy. The discount will not be cumulative. This discount will not be applicable if you migrate or purchases any other policy offered by us.
- If individual members are covered for different sum insured, then the discount is available on the subsequent renewal premium applicable on the base coverage opted at the inception of this policy.
 - If an individual policy is converted into family floater policy or if any member is added in existing floater policy at the time of renewal, then discount will be applicable as per following conditions
 - i. If member is added when the age of the eldest member is greater than 40 years , then the age of member added should be less than 36 years of age for the new policy to be eligible for discount, otherwise no discount will be applicable
 - ii. If the member is added when the age of the eldest member is less than 41 years of age, then there will be a waiting period of 5 years before discount will be applicable on the new policy.
 - iii. The member added age should be less than 36 years.
 - The discount will not be available if eldest person's age is 36 years and above at the time of porting from any other Company to this policy

7. Salient Features

7.1. Multiple Policies

- (a) In case of multiple policies taken by you during a period from the same or one or more insurers to indemnify treatment costs, you shall have the right to require a settlement of your claim in terms of any of your policies. In all such cases the insurer chosen by you shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- (b) You having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.

- (c) If the amount to be claimed exceeds the sum insured under a single policy, you shall have the right to choose insurers from whom you want to claim the balance amount.
- (d) Where you have a policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

7.2. Free Look Period: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

You shall be allowed free look period of fifteen days (Thirty days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If you have not made any claim during the Free Look Period, you shall be entitled to

- i. A refund of the premium paid less any expenses incurred by us on medical examination of the yours and the stamp duty charges or
- ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

7.3. Underwriting Loading: Based on the Underwriter's assessment of the extra risk on account of medical or any other conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Insured person for their consent before issuance of the Policy. Criteria for such loading are objectively mentioned in the Underwriting Manual (in line with Our Underwriting Policy)

In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Us

7.4. Renewal of Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by you.

- (a) We shall endeavor to give notice for renewal. However, we are not under obligation to give any notice for renewal.
- (b) Renewal shall not be denied on the ground that you had made a claim or claims in the preceding policy years.
- (c) Request for renewal along with requisite premium shall be received by us before the end of the policy period.
- (d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period
- (e) No loading shall apply on renewals based on individual claims experience

7.5. Premium Payment in Installments:

If you have opted for Payment of Premium on an installment basis i.e. Half yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy).

- i. Grace Period of 15 days would be given to pay the installment premium due for the policy
- ii. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by us
- iii. You will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace period, the policy will get cancelled
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii. We have right to recover and deduct all the pending installments from the claim amount due under the policy.

Note: Tenure Discount will not be applicable if you have opted for Premium Payment in Installments.

7.6. Cancellation / Termination:

- (a) You may cancel this policy by giving 15 days 'written notice and in such an event, we shall refund premium for the unexpired policy period as detailed below.

Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Policy Tenure- 1 Year	Policy Tenure- 2 Year	Policy Tenure- 3 Year
Up to 1 month	75.00%	87.50%	91.70%
1 month to 3 months	50.00%	75.00%	83.30%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.70%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.70%
18 months to 24 months	N.A.	0.0%	33.30%
24 months to 30 months	N.A.	N.A.	8.30%
Beyond 30 months	N.A.	N.A.	0.00%

- (b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy
- (c) We may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by you, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by you under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:
 - a. Written notice in this regard is given to us before the Policy Period End Date; and
 - b. A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.

In case Premium Installment mode is opted for, then:

- (i) If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy

7.7. Tax Benefit

The Insured person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

7.8. Migration

You will have the option to migrate the policy to other health insurance products/plans offered by us by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by us, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration

For Detailed Guidelines on Migration, kindly refer the link:

<https://www.careinsurance.com/other-disclosures.html>

7.9 Portability

You will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link:

<https://www.careinsurance.com/other-disclosures.html>

7.10 Fraud

If any claim made by you, is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by you or by your agent or the hospital/doctor/any other party acting on your behalf, with intent to deceive the us or to induce us to issue an insurance Policy:-

- (a) The suggestion, as a fact of that which is not true and which you does not believe to be true;
- (b) The active concealment of a fact by you having knowledge or belief of the fact;
- (c) Any other act fitted to deceive; and
- (d) Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if you / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

7.11 Claim Settlement (Provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate .
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of us, it shall initiate and complete such investigation at the

earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.

- iv. In case of delay beyond stipulated 45 days we shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

7.12 Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, we will intimate you about the same 90 days prior to expiry of the policy.
- ii. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

7.13 Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

7.14 Grievances:

Website/link: <https://www.careinsurance.com/contact-us.html>

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate 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 Branch Office or Corporate Office. For updated details of grievance officer,

Kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

8. Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if your proposal is accepted.

Amount in Rs.

Age/Sum Insured including Deductible	Below 15 Lacs	15 Lacs to 25 Lacs	Above 25 Lacs to 40 Lacs	50 Lacs to below 100 Lacs	100 Lacs
Up to 17 years	No Medical Tests if no Pre-Existing declared			No Medical Tests if no Pre-Existing declared	No Medical Tests if no Pre-Existing declared
18 to 24 years					
25 to 45 years					
46 to 50 years					
51 to 65 years				No Medical Tests if no Pre-Existing declared	No Medical Tests if no Pre-Existing declared
66 Years and above	Set 1	Set 2		Tele followed by Set 3	Tele followed by Set 4

The Pre-policy issuance medical check-up test grid is as under:

Category	Medical Tests
Set 1	MER, CBC & ESR, HBA1C, T. Cholesterol, ECG, SGPT, S. Creatinine, RUA
Set 2	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
Set 3	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abdomen/pelvis (M&F), PSA (M), 2D ECHO, TMT
Set 4	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abdomen/pelvis (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH, 2D ECHO, TMT

9. Schedule of Discounts

S.No.	Description	Parameters	Rates
1	Discount for Employees and / or their dependents of :	-	15.00%
	CHIL		
	CHIL's Promoters		
2	Tenure Discount	7.5% on the second year premium if you pay for 2 year policy term in advance and additional 10% on the third year premium if you pay for 3 year policy term in advance.	
3	Family Discount: This discount shall be applicable if more than one persons of the same family are covered in the same Policy, on individual Sum Insured basis.	No. of persons	Discount
		2 or 3 members	5.00%
		4, 5 or 6 members	10.00%
4	Discount if policy bought through digital mode. (This discount is available for first purchase only.)	-	5%
5	Early Bird Discount: Avail this policy before the age of 36 years and has continuously renewed without any break. (Refer clause no.6.1 for more details)	-	10%

Notes: – Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible and Co-payment) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 35% of the Premium).

10. Schedule of Benefits

Plan Name	Care Plus
Sum Insured (SI) - on annual basis (in Rs.)	3L \ 4L \ 5L \ 6L \ 7L \ 8L \ 9L \ 10L \ 15L \ 20L \ 25L \ 30L \ 40L \ 50L \ 60L \ 75L \ 100L
S. No.	Base Benefits
1	Hospitalization Expenses
	- In-Patient Care - Day Care Treatment - Advance Technology Methods
	up to SI All Day Care Procedures, up to SI up to SI
2	Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses
	Pre-Hospitalization expense cover for 60 days prior to hospitalization & Post-Hospitalization expense cover for 90 days after discharge; Maximum up to SI
3	Ambulance Cover
	Up to Rs.2,000 per hospitalization
4	Organ Donor Cover
	Up to SI
5	Domiciliary Hospitalization
	Up to SI
6	Second Opinion
	Once in a policy year (per member)
7	Annual Health Check-up
	Available for adult members
8	Unlimited Automatic Recharge
	Up to SI (unlimited times, applicable for same illness as well)
9	AYUSH Treatments
	10% of SI

10	Air Ambulance Cover	Up to SI or maximum of 5 Lacs per policy year, whichever is lower
11	No Claim Bonus Protect	50% increase in SI per Policy Year in case of claim free year; maximum up to 200% SI (50% decrease in SI per Policy Year in case a claim has been paid; such decrease is only in SI accrued as NCB) No reduction in NCB in subsequent year, if total claim amount <25% of applicable SI in a policy year.
12	OPD Coverage	
	a. Out-patient Consultations	Up to Rs.1,500 (SI=5L-9L) Up to Rs.2,500 (SI= Above 9L-25L) Up to Rs.3,000 (SI= Above 25L-40L) Up to Rs.5,000 (SI= Above 40L-100L) Limit per consultation is Rs.350/-
	b. Out-patient Dental and Ophthalmic Treatments	Up to Rs.1,500 (SI=5L-9L) Up to Rs.2,500 (SI= Above 9L-25L) Up to Rs.3,000 (SI= Above 25L-40L) Up to Rs.5,000 (SI= Above 40L-100L)
13	Personal Accident Cover (AD & PTD)	Accidental Death – 100% of SI Permanent Total Disablement – up to 100% of SI, applicable for primary Insured member
14	Inflation Shield	The base policy SI will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered. Inflation rate is calculated by considering average CPI of the calendar year published by National Statistical Office (NSO), Ministry of Statistics and Programme Implementation.
15	Unlimited E-Consultation	Available for Consultations with General Physicians
16	Earn and Burn	Wellness program that allows the customer to Earn and Burn the reward points as specified.
17	Health Services	Health Portal- Doctor on chat, Healthy tips reminder, Digital locker for medical records, etc. Discount Connect – Discounts on services at our network
Optional Benefits		
1	Maternity & New Born Cover (Available only under Floater combination of 2A & 2A1C for all Insured Persons of age 18 years or above with a wait period of 24 months)	15000(SI <= 5L) 25000(SI >5L) Coverage for New born is part of maternity Sum Insured
2	Daily Allowance	500/1000-10000(in multiple of 1000/day), Max 15 Days per policy year(In case of ICU, twice of the above amount chosen will be payable)
3	International Second Opinion	Once per Major Illness / Injury per policy year
4	Smart Select	For listed Hospitals : Up to SI; Other Hospitals : Up to SI with an additional co-payment of 20% per claim
5	Deductible Options	1L/2L/3L/5L
6	Co-Payment Option	20% Co-pay for Age 61 or above
7	Room Rent Modification	Room Category upgraded to 'Single Private AC Room' and ICU Charges upgraded to 'No Limit' (Available for SI<5L)
Waiting Period		
1	Initial Wait Period (not applicable on accident cases)	30 Days
2	Named Ailment	24 months
3	Pre-Existing Diseases	36 months
4	Maternity & New Born Cover (if Opted)	24 Months
Sub Limits & Co-pay		
1	Room Eligibility	1% of SI per day (SI<5L) Single Private AC Room (SI=>5L) ICU Charges – 2% of SI per day (SI<5L), No Limit (SI>=5L)

Contact details for Claims & Policy Servicing

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of features of 'Care Plus'. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

Statutory Warning : Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.

Unique Advertisement number:23075815

IRDAI Registration Number - 148

CIN : U66000DL2007PLC161503

UIN : CHIHLIP22047V012122

Annexure I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

Sr. No.	List I – Optional Items		
1	BABY FOOD	53	SUGAR FREE TABLETS
2	BABY UTILITIES CHARGES	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
3	BEAUTY SERVICES		
4	BELTS/ BRACES	55	ECG ELECTRODES
5	BUDS	56	GLOVES
6	COLD PACK/HOT PACK	57	NEBULISATION KIT
7	CARRY BAGS	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
8	EMAIL/ INTERNET CHARGES		
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	59	KIDNEY TRAY
		60	MASK
10	LEGGINGS	61	OUNCE GLASS
11	LAUNDRY CHARGES	62	OXYGEN MASK
12	MINERAL WATER	63	PELVIC TRACTION BELT
13	SANITARY PAD	64	PAN CAN
14	TELEPHONE CHARGES	65	TROLLY COVER
15	GUEST SERVICES	66	UROMETER, URINE JUG
16	CREPE BANDAGE	67	AMBULANCE
17	DIAPER OF ANY TYPE	68	VASOFIX SAFETY
18	EYELET COLLAR		
19	SLINGS		
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES		
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED		
22	TELEVISION CHARGES		
23	SURCHARGES		
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE		
27	CERTIFICATE CHARGES		
28	COURIER CHARGES		
29	CONVEYANCE CHARGES		
30	MEDICAL CERTIFICATE		
31	MEDICAL RECORDS		
32	PHOTOCOPIES CHARGES		
33	MORTUARY CHARGES		
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)		
36	SPACER		
37	SPIROMETRE		
38	NEBULIZER KIT		
39	STEAM INHALER		
40	ARMSLING		
41	THERMOMETER		
42	CERVICAL COLLAR		
43	SPLINT		
44	DIABETIC FOOT WEAR		
45	KNEE BRACES (LONG/ SHORT/ HINGED)		
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		
47	LUMBO SACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED CHARGES		
49	AMBULANCE COLLAR		
50	AMBULANCE EQUIPMENT		
51	ABDOMINAL BINDER		
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES		

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

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
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
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Hospital Name	Address
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21,Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School , Indrapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc,60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat
Sparsh Multy Specality 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.

Annexure III - List of Hospitals where Co-Payment of 20% is not applicable under Optional Benefit “Smart Select”

Hospital Name	Address
Chaudhry Eye Centre & Lazer Vision	No.4802, No.24,Bharat Ram Road,Ansari Road,Daryaganj,New Delhi-110002,Delhi
Sanjeevan Medical Research Centre Pvt. Ltd.	4869/24,Ansari Road, Daryaganj,New Delhi-110002,Delhi
Shree Jeewan Hospital	67/1, New Rohtak Road,Karol Bagh,New Delhi-110005,Delhi
Fortis Jessa Ram Hospital	R.B.Seth Jessa Ram Hospital, West Extension Area,Karol Bagh,New Delhi-110005,Delhi
Jeewan Hospital & Nursing Home Pvt. Ltd.	150, Gate No 1Jeevan Nagar,New Delhi-110014,Delhi
Handa Nursing Home	57,Near Swadeshi Motor, Raja Garden,New Delhi-110015,Delhi
Khetarpal Hospital	F-95 Bali Nagar, Bali Nagar,New Delhi-110015,Delhi
Sawan Neelu Angel'S Nursing Home	J-293, Near Main Road,Saket,New Delhi-110017,Delhi
M.K.W.Hospital	T-Block Community Centre, Rajouri Garden,Rajouri Garden,New Delhi-110027,Delhi
Behl Hospital	B-128, Naraina Vihar,New Delhi-110028,Delhi
Kuber Hospital	No.12, Chanderlok Enclave,Pitampura,New Delhi-110034,Delhi
Satyabhama Hospital Pvt. Ltd.	RZ-10,Naresh Park Najafgarh Road,Nangloi,New Delhi-110041,Delhi
Bhagat Chandra Hospital	R.Z.F.1/1, Near Dwarka Flyover,Palam Davri Road,Mahavir Enclave,New Delhi-110045,Delhi
Ashok Nursing Home	F-3/15-16, Vijay Chowk,Krishna Nagar,New Delhi-110051,Delhi
Ganesh Ortho Trauma & Medical Centre	F-15/7, Near BSES Office,Krishna Nagar,New Delhi-110051,Delhi
Panchsheel Hospitals Pvt. Ltd.	C3/64 A, Yamuna Vihar,New Delhi-110053,Delhi
Amar Leela Hospital Pvt. Ltd.	B-1/6,Main Najafgarh Road, Nearby East Metro Station,Janakpuri,New Delhi-110058,Delhi
Genesis Hospital Pvt. Ltd.	C-1/130, Near Mata Chanan Devi Hospital,Janakpuri,New Delhi-110058,Delhi
Orchid Hospital	C-3/91,92, Janakpuri,New Delhi-110058,Delhi
Pawan Gandhi Health Care Pvt. Ltd.	C-5D-51, Om Vihar,Uttam Nagar,New Delhi-110059,Delhi
Sehgal Neo Hospital	R-364,Meera Bagh, Outer Ring Road,Paschim Vihar,New Delhi-110063,Delhi
Jeewan Hospital And Nursing Home	150, Gate No 2Jeevan Nagar,New Delhi-110014,Delhi
Samvit Health Care	Plot No.1,Sohna Road,Islampur, Near Rajiv Chowk,Islampur,Gurgaon-122001,Haryana
Saraswati Hospital	299/2,Old Delhi Road, Gurgaon,Gurgaon-122001,Haryana
Sethi Hospital Pvt. Ltd.	No.301-302/4, Model Town,Basai Road,Gurgaon-122001,Haryana
Kriti Hospital	Plot No.196, Sec-56,Behind Jalvayu Towers,Saraswati Vihar,Gurgaon-122002,Haryana
Ganesh Hospitals Pvt. Ltd.	LI-C/3, Near Kalagiri Chowk,Nehru Nagar,Ghaziabad-201001,Uttar Pradesh
Pushpanjali Crosslay Hospital	W-3,Sector-1, Vaishali,Ghaziabad-201010,Uttar Pradesh
Ambay Hospital-A Unit Of Navodya Hospital & Research	No 1,Near St.Thomas School, Sahibabad,Lajpat Nagar 4,Ghaziabad-201005,Uttar Pradesh
Gargi Hospital-Unit Of Kaushalya Medical & Research Centre Pvt. Ltd.	R-9,182, Near Alt Centre,Near Sector-10 Market,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
Bhatia Nursing Home	Punjabi Mohalla,Near Gupta Hotel, Mohna Road,Punjabi Mohalla,Ghaziabad-201010,Uttar Pradesh
Paras Hosptial	130 Sector 4, Vaishali,Ghaziabad-201010,Uttar Pradesh
I-Care Eye Hospital	E-3A, Sector 26,Noida-201301,Uttar Pradesh
Samvedana Health Services Pvt.Ltd.	B 206 A, Sector- 48,Sector 48,Noida-201301,Uttar Pradesh
Navin Hospitals Pvt. Ltd.	N.H.3,Pocket 2, Greater Noida,Alpha 2,Noida-201308,Uttar Pradesh
Ram Lal Kundan Lal Orthopaedic Hospital	Bungalow Plot No-8, Pandu Nagar,Parpar Ganj Road,Off Mother Dairy,Patparganj,New Delhi-110091,Delhi
Shreya Eye Centre	D-163, Surajmal Vihar,New Delhi-110092,Delhi
Malik Radix Health Care	C-218, Nirmal Vihar,Vikas Marg,Dayanand Vihar,New Delhi-110092,Delhi
Dr.M.L.Gupta Memorial Centre	5E/4 B.P.Railway Road, New Industrial Township 1,Faridabad-121001,Haryana

Hospital Name	Address
Aggarwal Medical Centre	Jiwan Nagar Gaunchi, Sector 55-F, Jiwan Nagar Gaunchi, Faridabad-121001, Haryana
C.K. Memorial Kapoor Hospital	No.3B/8A, DAV College Road, Near Eros Institute, Near Chimni Bai Dharamshala, New Industrial Township 1, Faridabad-121001, Haryana
Ashwani Hospital	No.8-D-1, Sector 11, Near H.U.D.A. Market, Sector 11, Faridabad-121001, Haryana
Shivmani Hospital	5E/9, B.P.N.I.T, Near Neelam Chowk, New Industrial Township 1, Faridabad-121001, Haryana
Anuj Hospital	No.2159-2161, Near Old Market, Old Faridabad, Sector 16, Faridabad-121002, Haryana
Gupta Nursing Home	House No: 160, Sector 16-A, Near Capital Bus Stand, Sector 16, Faridabad-121002, Haryana
Sirohi Medical Centre Pvt.Ltd.	Clinic Plot No.4&5, Sector 3, Faridabad-121004, Haryana
Lohan Children Hospital	5 C, B.P, N.I.T, Sector 14, Faridabad-121007, Haryana
National Institute Of Medical Sciences	Sector 23-A, Near Sector-23 Market, Near Navchetna Hospital, Sector 23, Faridabad-121005, Haryana
Ghai Hospital	Plot No 29, Sector 9, Faridabad-121006, Haryana
Geeta Hospital	Near H.U.D.A. Market, Near Water Tank, Sector 28, Faridabad-121008, Haryana
Jaipur Golden Hospital	2, Institutional Area, Sector 3, Rohini, New Delhi-110085, Delhi
Lall Eye Care Centre	New Railway Road, Civil Lines, Gurgaon-122001, Haryana
Mamta Hospital	877/2, Mata Road, Near Workshop, Civil Lines, Gurgaon-122001, Haryana
Metro Heart Institute-Metro Speciality HospitalS Pvt. Ltd.	Sector -16 A, Sector 16A, Faridabad-121002, Haryana
Narinder Mohan Hospital And Heart Center	Near Mohan Nagar Chowk, Near Police Station, Opposite P.N.B. Bank, Mohan Nagar, Ghaziabad-201007, Uttar Pradesh
Paras Hospitals	C-1, Sushantlok, Sushant Lok Phase 1, Gurgaon, Gurgaon-122009, Haryana
St. Stephen's Hospital	St. Stephen's Hospital Marg, Nawab Ganj, Opposite Tis Hazari Metro Station, Tis Hazari, New Delhi-110054, Delhi
Tirupati Stone Centre and Hospital	6, Gagan Vihar, Near Karkardooma Court, Vikas Marg, New Delhi, New Delhi-110051, Delhi
Virmani Hospital Pvt. Ltd.	Plot No.8, Commercial Complex, L.S.C., Mayur Vihar Phase 2, New Delhi-110091, Delhi
Navjyoti Eye Centre	No.90, Near Golcha Cinema, Daryaganj, New Delhi-110002, Delhi
Jeewan Mala Hospital Pvt. Ltd.	67/1, New Rohtak Road, Karol Bagh, New Delhi-110005, Delhi
Bharti Eye Foundation	No.1/3, Near Metro Station, Patel Nagar (E), New Delhi-110008, Delhi
Rockland Hospitals Ltd	B-33-34, Qutab Institutional Area, Ber Sarai, New Delhi-110016, Delhi
Dr Patnaik's Laser Eye Institute	C2, Near Moolchand Hospital, Lajpat Nagar 2, New Delhi-110024, Delhi
Bajaj Eye Care Centre	No.101, Vikas Surya Plot No.7, DDA Community Centre, Road No 44, Pitampura, New Delhi-110034, Delhi
Khandelwal Hospital And Urology Centre	B-16, Main Road East Krishna Nagar, Krishna Nagar, New Delhi-110051, Delhi
B M Gupta Nursing Home Pvt. Ltd.	H-11, 15, Arya Samaj Road, Uttam Nagar, New Delhi-110059, Delhi
Mohan Eye Institute	11-B, Ganga Ram Hospital Marg, Old Rajendra Nagar, New Delhi-110060, Delhi
EYE Q Super Speciality Eye Hospital	4306, DLF Phase 4, Saraswati Vihar, Gurgaon-122002, Haryana
Ayushman Hospital	Plot-No 2, H.L. Galleria, Sector 12, Dwarka, New Delhi-110075, Delhi
Santom Hospital Pvt. Ltd.	D-5-6, Outer Ring Road, Prashant Vihar, New Delhi-110085, Delhi
Aastha Eye Centre	No.5-R/5, Behind Neelam Petrol Pump, New Industrial Township 1, Faridabad-121001, Haryana
Surya Ortho & Trauma Centre	No.5, R/5, New Industrial Township 1, Faridabad-121001, Haryana
Aar Pee Hospital	1276-P, Near Barkal Chowk, Sector 28, Faridabad-121008, Haryana
Perfect Wellness Pvt. Ltd. ,Eye Centre	Plot No.7, Sector 27 A, Main Mathura Road, Near Badkhal Road, Sector 27A, Faridabad-121011, Haryana
Dr Nand Lal Sharma Memorial Hospital	701, Sector-8, Sector 6, Faridabad-121006, Haryana
Eye Care Centre	1368-B, 14/15, Dividing Road, Sector 14, Faridabad-121007, Haryana

Hospital Name	Address
Vision Eye Centre	No.12/27, Near Arya Samaj Mandir,Patel Nagar,New Delhi-110008,Delhi
Ahuja Laser Eye Centre	No.212,Paramanand Colony, GTB Nagar,New Delhi-110009,Delhi
Vasan Eye Care Hospital	No.36-B,Parvtesh Tower,Pusa Road, Opposite Metro Pillar No.125,Karol Bagh,New Delhi-110005,Delhi
Sumitra Hospital	A-119A, Near Prakash Hospital,Sector 35,Noida-201301,Uttar Pradesh
Maharaja Agrasen Hospital	N.H.-10, West Punjabi Bagh,Punjabi Bagh,New Delhi-110026,Delhi
Sarvodaya Hospital And Research Centre	Sector-8, YMCA Road,Near E.S.I.Hospital,Sector 8,Faridabad-121002,Haryana
Aakash Hospital	No.90/43, Opposite Green Fields School,Malviya Nagar,New Delhi-110017,Delhi
Holy Family Hospital	Okhla Road, Okhla Vihar,New Delhi-110025,Delhi
Mata Chanan Devi Hospital	C-1, Janakpuri,Rajouri Garden,New Delhi-110058,Delhi
Rescue Hospital India Pvt. Ltd.	S-5,Vishwas Park, Behind Sector-3 Petrol Pump,Dwarka,New Delhi-110059,Delhi
Drishti Eye Centre	20-21, Fruit Garden,New Industrial Township 1,Faridabad-121001,Haryana
Mahindru Hospital	E-1,Kiran Garden, Uttam Nagar,New Delhi-110059,Delhi
Vasan Eye Care Hospital	A-120, Janakpuri,New Delhi-110058,Delhi
Visitech Eye Hospital	R-13, Greater Kailash 1,New Delhi-110048,Delhi
Bhagat Hospitals Pvt Ltd	D-2,48/49, Janakpuri,New Delhi-110058,Delhi
Rockland Hospitals Ltd	H.A.F, Pocket-B,Sector-12,Dwarka,New Delhi-110075,Delhi
Vasan Eye Care Hospital	F14,Opposite Metro Pillar No. 94, Near Metro Station Gate No. 2,Preet Vihar,New Delhi-110092,Delhi
Vasan Eye Care Hospital	Plot 500, Opp metro pillar 345,Pitampura,New Delhi-110034,Delhi
Vasan Eye Care Hospital	Sco-379 & 380, Sector-29,Near Iffco Chowk,Gurgaon,Gurgaon-122001,Haryana
Pushpanjali Medical Centre	A-15,Pushpanjali, Vikas Marg Extn,Preet Vihar,New Delhi-110092,Delhi
Vasan Eye Care Hospital	E-16, Greater Kailash-1, Opposite HSBC Bank,Greater Kailash,New Delhi-110048,Delhi
Karuna Hospital	D-62, Dilshad Colony,New Delhi-110095,Delhi
Kailash Healthcare Ltd	H-33, Sector 27,Noida,Noida-201301,Uttar Pradesh
Eye Health Clinic	E-1, Sector 61,Noida,Noida-201307,Uttar Pradesh
Deepak Memorial Hospital	5,Institutional Area, Vikas Marg Extn - II,Vikas Marg,New Delhi-110092,Delhi
Krishna Hospital & Trauma Centre	J 85, Patel Nagar - I,Ghaziabad,Ghaziabad-201001,Uttar Pradesh
Mahajan Eye Centre	AD-21DA, Outer Ring Road,Pitampura,New Delhi-110034,Delhi
Kailash Hospitals Ltd	23 KP-1, Greater Noida,Noida-201308,Uttar Pradesh
Eternity Hospital	914, Niti Khand - I,Indirapuram,Ghaziabad-201014,Uttar Pradesh
Sodhi Nursing Home and Ent Hospital	455, Bhera Enclave,Paschim Vihar,New Delhi-110087,Delhi
Sarvodaya Hospital & Research Centre	KJ-7, Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Dr. Shroff's Charity Eye Hospital	5027, Kedarnath Road,Daryaganj,New Delhi-110002,Delhi
Sarvodaya Superspeciality Hospital and Heart Centre	D-3, Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Medicheck Hospital	1-C,76&53, Near IOB Bank,NIT,Faridabad-121001,Haryana
EYE Q Super Speciality Eye Hospital	Sheetla Hospital, New Railway Road,Gurgaon-122001,Haryana
EYE Q Super Speciality Eye Hospital	Basement & 1st Floor, NS-3 AD Block,East of Shalimar Bagh,New Delhi-110088,Delhi
Mohan Swarup Hospital	NH 91,GT Road, Opp. Electric Station,Near Baba Peer,Dadri-203207,Uttar Pradesh
Shishu Sadan Multispeciality Children Hospital	A-1/169A, Metro Pillar No. 616,Janak Puri,New Delhi-110058,Delhi
Uttam Hospital	E-230, Sector-9,New Vijay Nagar,Ghaziabad-201009,Uttar Pradesh

Hospital Name	Address
ASG Hospital Pvt Ltd	C-52A, RDC Raj Nagar Distt. Centre,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
S.R Krishna Hospital Pvt Ltd	Plot No. 23-24,Jain Park, Opp. Metro Pillar No. 722,723,Matiala Road,New Delhi-110059,Delhi
Vision Eye Hospital	F-24/136, Sector-7,Rohini,New Delhi-110085,Delhi
Park Hospital	J-Block, Near Court,Sector - 10,Faridabad-121004,Haryana
J.P. Memorial Hospital	F-189, Dilshad Colony,New Delhi-110095,Delhi
Kathuria Hospital	19/8,Model Town, Opp. S.D. School,Khanda Road,Gurgaon-122001,Haryana
Foresight Eye Clinic	106,RPS Flats, Sheikh Sarai - 1,Opp. Apeejay School,Malviya Nagar,New Delhi-110017,Delhi
Roopali Medical Centre Pvt Ltd	C/477A, Yamuna Vihar,Yamuna Vihar,New Delhi-110053,Delhi
Royale Multispeciality Hospital	B-5, Central Green,NIT NH-5,Near B.K Chowk,Faridabad-121001,Haryana
Eye7 Chaudhary Eye Centre	34 Grd Floor, Lajpat Nagar-IV,Main Ring Road,Lajpat Nagar,New Delhi-110024,Delhi
Kalyani Hospital Pvt Ltd	354/2, Mehravli,Gurgaon Road,Gurgaon-122001,Haryana
Mata Roop Rani Mggo & Mahindru Hospital	C-9, Om Vihar,Phase-1,Uttamnagar,New Delhi-110059,Delhi
Gautam Nursing home & Maternity Centre	D-2/148, Jeewan Park,Pankha Road,New Delhi-110059,Delhi
Shri Daya Dutt Vashist Hospital	J-34,Ganga Ram Vatika, Near Raj Cinema,Chowkhandi,Tilak Nagar,New Delhi-110018,Delhi
B R Memorial Hospital	FCA-103, Mukesh Colony,Ballabgarh,Faridabad-121004,Haryana
Sunetra Eye Centre Pvt Ltd	KC-120, C-Block,C-Block Market,Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Vasan Eye Care Hospital	B-190, Derawal nagar,Model Town,New Delhi-110009,Delhi
Vasan Eye Care Hospital	# A-6/A, First and Second Floor,Nehru Ground, New Industrial Township 1, Industrial Township,Haryana Neelam Batta Road,Faridabad-121001,Haryana
Nav Drishti Eye Centre	B-5/351, Yamuna Vihar,Opp. Maharaja Agarsen Park,New Delhi-110053,Delhi
Save Sight Centre	A-14, G.T karnal Road,Adarsh Nagar,New Delhi-110033,Delhi
Ahooja Eye & Dental Institute	560/1, Dayanand Colony,New Railway Road,Gurgaon-122001,Haryana
M. R Hospital & Orthopaedic Centre	C1-3, Rama Park Near Dwarka Mor Metro Station,Opp. Pillar No. 772,New Delhi-110059,Delhi
Chopra Eye Hospital	H.No-3, Pkt-C-8,Sec-7,Rohini,New Delhi-110085,Delhi
Hi-Tech Eye Centre	A-12, 1st Floor,Vikas Puri,New Delhi-110018,Delhi
Holy Child Nursing Home	C-43-44, East Krishna Nagar,New Delhi-110051,Delhi
Jeevan Hospital & Stone Centre	GT Road, Near Amber Cinema,Modi Nagar,Ghaziabad-201201,Uttar Pradesh
Dr. Nanda Eye Care Centre	A-200, Sector-8,Dwarka,New Delhi-110075,Delhi
Patel Hospital	U-158, Main Vikas Marg,Shakarpur,New Delhi-110092,Delhi
Cygnus Orthocare Hospital	C-5/29, Opp. IIT Gate,Safdarjung Development Area,,New Delhi-110016,Delhi
Agrawal Eye Institute	A-235, Shivalik,Malviya Nagar,New Delhi-110017,Delhi
Pushpawati Singhanian Research Institute	Press Enclave Marg, Sheikh Sarai Phase 2,New Delhi-110017,Delhi
Qrg Central Hospital & Research Centre Ltd.	Plot No -69,Sec 20 A,Near Neelam Flyover, Ajronda Chowk,Sector 20 A,Faridabad-121001,Haryana
Sant Parmanand Hospital	18,Sham Nath Marg, Civil Lines,New Delhi-110054,Delhi
Lotus Hospital	389-3, Mata Road,Prem Nagar 2,Gurgaon-122001,Haryana
Yashomati Hospital Pvt. Ltd.	No.237 1,3,HAL Airport, Varthur Main Road, Munnekolala Bangalore -560037 Karnataka
Vishwabharathi Hospital Pvt Ltd	No.10/4 & 10/5, 3rd Main Road, Hanumanthnagar Bangalore -560019 Karnataka
Vijaya ENT Care Centre	No.1, IX Cross,Hoy Ice Cream Camp, Malleshwaram Bangalore -560003 Karnataka
Vasan Eye Care Hospital	No.5,20th Cross,Malagala Under Pass, Ring Road,Nagarbhavi 2nd Stage, Nagarabhavi Bangalore -560091 Karnataka

Hospital Name	Address
Vasan Eye Care Hospital	DPS Towers,No.40,First Floor, ICICI Bank Ltd,Arekere, Bannerghatta Road Bangalore -560076 Karnataka
Vasan Eye Care Hospital	Plot No.2(A-2),A type,BBMP PID No.57-64-2, Shivam Arcade,41St Main Road,Kanakapura Main Road, J.P. Nagar Bangalore -560078 Karnataka
Vasan Eye Care Hospital	No.46,19th Main Road,1st Block, Near Navrang Theatre, Rajaji Nagar Bangalore -560010 Karnataka
Vasan Eye Care Hospital	No.205-4C,4th Cross,3rd Block, H.R.B.R.Layout,Next To Hennur Bus Depo, Banaswadi Bangalore -560043 Karnataka
Vagus Super Speciality Hospital Pvt Ltd	# 6,7&8,4th Main, 8th Cross, Malleshwaram Bangalore -560003 Karnataka
Unity Life Line Hospital India Pvt. Ltd.	No.-193,2nd Block,2nd Stage, 0 Nagarbhavi Bangalore -560072 Karnataka
Trinity Hospital And Heart Foundation	No.27,Sri Ram Mandir Road, Near R.V.Teacher's College Circle, Basavanagudi Bangalore -560004 Karnataka
The Pulse Multispeciality Hospital	5/8/1,20th Main Road, 50 ft Road,Muneshwara Block, Girinagar Bangalore -560085 Karnataka
Tamara Hospital & IVF Centre	No. 34/3, 10th Cross, 1st 'N' Block, Rajajinagar, Bangalore Bangalore -560010 Karnataka
Syamala Hospital	# 17/4, Cambridge Road, Halasur Bangalore -560008 Karnataka
Sundar Hospital	1&2, Hennur Road Cross, Lingarajpuram Bangalore -560084 Karnataka
Sumathi Nursing & Maternity Home	426/12, 2nd Cross, Mathikere Lay-out Bangalore -560054 Karnataka
Suguna Narayana Heart Centre	1A/87,Dr Rajkumar Road, 4th N Block, Rajajinagar Bangalore -560010 Karnataka
St. Therasas Hospital	Dr. Rajkumar Road, 1st Block, Rajajinagar Bangalore -560010 Karnataka
Sridevi Nursing Home	#726,23rd Cross, BSK 2nd Stage,KR Road,Behind Upahara Sagar, Bangalore Bangalore -560070 Karnataka
Sri Vinayaka Multi Speciality Hospital & Trauma Centre	Mylanahalli, B.K. Halli Post, Jala Hobli Bangalore -562149 Karnataka
Sri Sai Ram Hospital	#6,JC Industrial Area, Yelechenahalli Near Metro,Kanakapura Main Road, Bangalore Bangalore -560060 Karnataka
Sri Sai Northside Hospital	No.8, G Block,60 Feet Road, Sahakaranagar Bangalore -560092 Karnataka
Sri Sai Krupa Hospital	19/A, Mathikere Main Road, Opp. LIC Bangalore -560054 Karnataka
Sri Ram Hospital	No. 107/2,Nishvasaha Centre, Opp. Traffic police,Old Madras Road, K. R. Puram Bangalore -560036 Karnataka
Sri Lakshmi Multispeciality Hospital	# 127/1,Sri Gandhada Kaval, Magadi Main Road, Sunkadakatte Bangalore -560091 Karnataka
Sri Kanchi Kamakoti Medical Trust - Sankara Eye Hospital	Varthur Main Road, Kundalahalli Gate, Bangalore Bangalore -560037 Karnataka
South City Hospital	53/1 (45),Shalini, Susheela Road,Lalbagh, Upparahalli Bangalore -560004 Karnataka
Soukya Hospital	No.17, NTI Layout,Vidyaryanapura Main Road, Bangalore Bangalore -560097 Karnataka
Smt. Shantha & Sri J.A. Narayana Rao Foundation for Medical Sciences	# 878,879, 1st 'A' Main Road, Kengeri Satellite Town Bangalore -560060 Karnataka
Shreya Hospital	73,3rd Main,6th Cross, 0 Kengeri Satellite Town Bangalore -560060 Karnataka
Shirdi Sai Hospital Pvt. Ltd.	519,2nd Main, Nethravathi Street,Newbel Road, Devasandra Bangalore -560054 Karnataka
Shekhar Hospital	81,Bull Temple Road, Basavangudi, Basavangudi Bangalore -560019 Karnataka
Shaker Nursing Home	260,Near 17th Cross, Sampige Road, Malleshwaram Bangalore -560003 Karnataka
Sapthagiri Hospital	#15, Hesaraghatta Main Road, Chikkasandra Bangalore -560090 Karnataka
Rajalakshmi Hospital	No.21/1, Lakshmiपुरa Main Road, Opp. Lakshmiपुरa Lake, Vidyaryanapura Post Bangalore -560097 Karnataka
Radhakrishna Multispeciality Hospital	No. 3-4, Sunrise Towers,J.P. Road, Girinagar Bangalore -560085 Karnataka
Punya Hospitals India Pvt Ltd	#52/10,80 Feet Road, KHB Colony, Basaveshwaranagar Bangalore -560079 Karnataka
Prisitne Hospital	No.877,Modi Hospital Road, West Of Chord Road,2nd Stage Extension, Basaveshwaranagar Bangalore -560079 Karnataka
Premier Sanjeevini Hospital	No.6/2,NH4, 0 Dasarahalli Bangalore -560057 Karnataka
Prashanth Hospital	No.90,D,Hosur Main Road, Bommanahalli Circle, Hosur Bangalore -560068 Karnataka
Pragathi Nursing Home	674/A,10th Cross, 5th Main II Stage,West Of Chord Road, Bangalore Bangalore -560086 Karnataka
Panacea Hospital Pvt. Ltd.	No.334, 8th Main,3rd Stage,4th Block, Basaveshwaranagar Bangalore -560079 Karnataka

Hospital Name	Address
P.D.Hinduja Sindhi Hospital	S.R.Nagar, 0 Sampangiramnagar Bangalore -560027 Karnataka
Om Shakthi Hospital	#1 & 2, Balaji Homes, 1st Main Kempegowda International Airport Road,Bagalur Cross,Yelahanka, Anand Nagar Bangalore -560063 Karnataka
NRR Hospital	No.3&3A,Hesaraghatta Main Road, Chikkabanavara, Chikkasendra Bangalore -560090 Karnataka
NMPC Health Care Pvt Ltd	No.66, 9th Main Road, Jayaram Reddy Layout,Horamavu Main Road, Banaswadi Bangalore -560043 Karnataka
New Akshay Mallya Hospital	#93/1,565, Srinivasa Complex,Varthur Main Road, Marthahalli Main Road Bangalore -560037 Karnataka
Neighbourhood Hospital Pvt Ltd	#9,WGBCS, Near Brigade Millinium,Kothnur Main Road,7th Phase, J.P Nagar Bangalore -560078 Karnataka
Neha Prakash Hospital	No.8 V Phase,6th Cross, New Town, Yelahanka Bangalore -560064 Karnataka
Narayana Hrudayalaya	No.258/A,Bommasandra Industrial Area, Anekal Taluk, Bommasandra Bangalore -560099 Karnataka
Namratha Nursing & Maternity Home	No.158,6th Main,2nd phase, West of Chord Road,2nd Stage, Bangalore Bangalore -560086 Karnataka
N.D. R Hospital	#2118,MIG House,12th Main 'B Sector', Behind Shanthi Sagar,Near Mother Dairy Circle,Yelahanka New Town, Bangalore Bangalore -560106 Karnataka
MGMI Hospitals India Pvt Ltd	5/2,13th Cross, Hosur Road,Near Brand Factory, Wilson Garden Bangalore -560027 Karnataka
Mediscope Hospital	No.11, 3rd Stage,Pillanna Garden,Kadugondana Halli Stage 1, Kadugondana Halli Bangalore -560045 Karnataka
Manjushree Hospital	#91, Kavalbyrasandra,R.T Nagar Post, Bangalore Bangalore -560032 Karnataka
Manjunatha Maternity Home & Surgical Centre	90/1, West Park Road, Between 17th & 18th Cross, Malleshwaram Bangalore -560055 Karnataka
Manasa Hospital	G. Chandranna Building, Devanahalli Old Bus Stop, Devanahalli Bangalore -562110 Karnataka
Manasa Hospital	No. 107, 6th Main, 2nd Cross, Vijayanagar Bangalore -560040 Karnataka
Manasa Hospital	#189, Shiva Complex, M Dalapalya,Near Vijaya Bank, Shivanand Nagar Bangalore -560072 Karnataka
Mallya Hospital	#2, Vittal Mallya Road, Bangalore Bangalore -560001 Karnataka
Maharaja Agrasen Hospital	15Th Main Road,Banashankari, 17th Cross,2nd Stage, Padmanabhnagar Bangalore -560070 Karnataka
Mahanth Hospital	No.8,1st Cross, N.G.R Layout,Roopena Agraha, Bangalore Bangalore -560068 Karnataka
Live 100 Hospital Pvt. Ltd.	104/1, Hosur Main Road, Singasandra Bangalore -560068 Karnataka
Lakshmi Hospital	2nd Cross, Judges Colony, Ganga Nagar Bangalore -560006 Karnataka
Kaveri Speciality Hospital	15/2,4th Cross, Hosur Main Road, Madivala Bangalore -560068 Karnataka
Karthik Netralaya Institute Of Ophthalmology Pvt. Ltd.	89,6th Cross,NR Colony,Ashok Nagar,Stage 1 Near Kathabhavana Buildng,BSK 1St Stage, Banashankari Bangalore -560050 Karnataka
K.R.Puram Super Speciality Hospital	3rd Main Road, OLD Extension, K. R. Puram Bangalore -560036 Karnataka
K K Hospital	No. 9,A1,A2,Opp. MEC School, A Sector,New Colony, Yelahanka Bangalore -560064 Karnataka
Jeevika Hospitals Pvt Ltd	#95/3, Marthahalli Outer Ring Road, Doddanekkundi Bangalore -560037 Karnataka
Jayashree Multispeciality Hospital	No. 25/26/27,1st Cross, B Block,Vishwapriya Nagar, Begur Bangalore -560068 Karnataka
ISIS Medicare & Research Centre Pvt Ltd	No. 18,Universal House, Bellary Road, Sadashivnagar Bangalore -560080 Karnataka
Health Cottage Hospital	#289,1st Cross, Cambridge Layout,Opp. Salapuria Residency, Halasur Bangalore -560008 Karnataka
H.K Hospital	106/2, Mysore Road,Near Rainbow Bridge, Kengeri Bangalore -560060 Karnataka
Gayathri Hospital Pvt. Ltd.	No.91,Magadi Chord Road, 0 Vijayanagar Bangalore -560040 Karnataka
Garden City Hospital	#132/18, 3rd Block, 22nd Cross, Jayanagar Bangalore -560011 Karnataka
Gangothri Hospital	# 27,100 Feet Ring Road, Kuvempuna, BTM Layout Bangalore -560076 Karnataka
Family Health Providers Pvt Ltd	No. 423/2,60 Feet Road,1st Main, 1st Stage,1st Phase,Behind SBM Gokula, Mathikere Bangalore -560054 Karnataka
Dr. Natesh ENT & Surgical Care Centre	#8/45,80 Feet Road, Banashankari 1st Stage,S.B.M Colony, Banashankari Bangalore -560050 Karnataka
Dr. B.R Ambedkar Medical College Hospital	No.24, 0 Kadugondanahalli Bangalore -560045 Karnataka

Hospital Name	Address
Divine Speciality Hospital	No.110,6th Main, ITI Layout, Benson Town Bangalore -560046 Karnataka
Divakars Speciality Hospital	No. 220, 9th Cross,2nd Phase, J.P. Nagar Bangalore -560078 Karnataka
Dhanush Hospital	63,2nd Main, Nagarabhavi Main Road, Byraveshwara Nagar Bangalore -560072 Karnataka
Deeksha Hospital	#387/347,Yelahanka Old Town, Next to Post Office,B.B Road, Nehru Nagar Bangalore -560064 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#1533, 9th Main,3rd Block, Jayanagar Bangalore -560011 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#115, Kodihalli Old Airport Road, Opp. Total Mall Bangalore -560017 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	# 47, 17th Cross,11th Main, Malleshwaram Bangalore -560055 Karnataka
Chinmaya Narayana Hrudayalaya	CMH Complex, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chinmaya Mission Hospital	1/1, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chaya Hospital	No.66-335,4th Main Road,6th Cross, O.M.B.R.Layout,HRBR Layout Block 1, Kalyan Nagar Bangalore -560043
Chaitanya Hospital	No.80,3rd Cross, P & T Colony, RT Nagar Bangalore -560032 Karnataka
C.R Medical Centre	#6/2, Brigade Champak,Union Street,Infantry Road, Bangalore Bangalore -560001 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	# 1141,BMS Plaza, Mangammanapalya Main Road, Bommanahalli Bangalore -560068 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	#1023, Post-Singasandra,Hosa Road, Channakeshavanagar Bangalore -560100 Karnataka
Bilva Hospital	#21-22, 2nd Main Road,Palace Guttahalli, Bangalore Bangalore -560003 Karnataka
Bhaanu Nursing Home	69/5B,Hosur Main Road, Near Central Silk Board, Bommanahalli Bangalore -560068 Karnataka
Bellevues Cambridge Hospital	No 18/17, Cambridge Road, Ulsoor Bangalore -560008 Karnataka
Beams Hospitals Pvt Ltd	640,12th main, 80 Ft. Road,4th Block, Koramangala Bangalore -560034 Karnataka
Axon Speciality Hospital-Unit Of Sapna Medical Sciences Ltd.	Building No.321, 6th Main,Hal 2nd Stage, Indiranagar Bangalore -560038 Karnataka
Abhaya Hospital	No.17,Dr.M.H.Mari Gowda, Hosur Road,Opposite Park Area,Raja Ram Mohan Roy Extension Wilson Garden Bangalore Bangalore -560027 Karnataka
Raksha Multispeciality Hospital	No.141/142,1st Main, Krishnanandnagar, KBH Colony, Police Quarters, Nandini Layout, Bangalore – 560096 Karnataka
St. Johns Medical College Hospital	John Nagar, Sarjapur Road, Koramangala, Bangalore – 560034 Karnataka
Vasan Eye Care Hospital	No.897/C,80 Feet Road,6th Block, Opposite I.B.L.Petrol Bunk, Koramangala Bangalore -560095 Karnataka
Vasan Eye Care Hospital	No.28&29,7th Main, Diagonal Road,4th Block, Jayanagar Bangalore -560011 Karnataka
Vasan Eye Care Hospital	Sri Murthy Complex,No.43,Garvey Bhav Palya, Hongasandra Village Begur,Hobli,Hosur Main Road, Bommanahalli Bangalore -560068 Karnataka
Vasan Eye Care Hospital	No.25/5-D, Outer Ring Road, Marathalli, Bangalore -560037 Karnataka
Vasan Eye Care Hospital	No.483,16th Cross, 8th Main Road, Rajarajeshwari Nagar Bangalore -560098 Karnataka
Vasan Eye Care Hospital	No-533,108b Circle, Vijayalakshmi Arcade,Ganga Nagar Bus Stand, R. T. Nagar Bangalore -560032 Karnataka
Vasan Eye Care Hospital	1127/A,7th Sector, Near BDA Complex, HSR Layout Bangalore -560102 Karnataka

Note: For an updated list of Hospitals, please visit the Company's website.

Annexure IV - Basis of treatment of Optional Benefits

Optional Benefits	Pay-out Basis	Individual / Floater	Sum Insured and Impact on Basic / Medical Sum Insured
Maternity & New Born Cover	Indemnity	Individual / Floater	Part of SI
Daily Allowance	Benefit	Individual / Floater	Separate SI- Claim doesn't impact the Basic/Medical SI
International Second Opinion	Benefit	Only Individual	Claim doesn't impact the Basic/Medical SI
Smart Select	Indemnity	Individual / Floater	Coverage up to Basic / Medical SI applicable in listed hospitals (coverage to non-listed hospitals with a co-payment)
Deductible Option	Indemnity	Individual / Floater	Deductible opted to be applied on Basic / Medical SI

Annexure V – Benefit / Premium illustration

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
44	8,210	3,00,000	8,210	10%	7,389	3,00,000	18,460	NA	18,460	3,00,000
40	8,210	3,00,000	8,210	10%	7,389	3,00,000				
22	6,419	3,00,000	6,419	10%	5,777	3,00,000				
14	6,419	3,00,000	6,419	10%	5,777	3,00,000				
Total Premium for all members of family is Rs.29,256 when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000			Total Premium for all members of family is Rs.26,331 when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000				Total Premium when policy is opted on floater basis is Rs. 18,460 Sum Insured of Rs. 3,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
61	28,757	3,00,000	28,757	5%	27,320	3,00,000	50,492	NA	50,492	3,00,000
57	18,940	3,00,000	18,940	5%	17,993	3,00,000				
21	6,419	3,00,000	6,419	5%	6,098	3,00,000				
Total Premium for all members of family is Rs.54,116 when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000			Total Premium for all members of family is Rs.51,410 , when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000				Total Premium when policy is opted on floater basis is Rs. 50,492 Sum Insured of Rs. 3,00,000 is available for entire family			

Illustration 3

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
75	51,118	3,00,000	51,118	5%	48,562	3,00,000	82,174	NA	82,174	3,00,000
71	51,118	3,00,000	51,118	5%	48,562	3,00,000				
Total Premium for all members of family is Rs. 1,02,237 when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000			Total Premium for all members of family is Rs. 97,125 , when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000				Total Premium when policy is opted on floater basis is Rs. 82,174 Sum Insured of Rs. 3,00,000 is available for entire family			

Notes:
1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.