

Policy Usage Guide

care plus

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

WHAT IS COVERED?



Hospitalization Expenses:

In-patient Care - Admission in hospital beyond 24 hrs., covered up to Sum Insured.

Day Care Treatment - All procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum Insured.

Advance Technology Methods - Specified/ Listed methods taken during 'Hospitalization expenses', covered up to Sum Insured.



Pre-Hospitalization Medical Expenses & Post Hospitalization Medical Expenses

Pre-hospitalization - treatment prior to admission in hospital) of 60 days, covered up to Sum Insured.

Post-hospitalization - treatment after discharge from hospital within 90 days from date of discharge, covered up to Sum Insured.



Ayush Treatment

In-patient Care/ Day Care Treatment taken for Ayurveda, Yoga, Naturopathy, Sidha, Unani and Homeopathy, covered up to Sum insured.

Refer to policy T&C

Clause 3.1.1

Clause 3.1.2

Clause 3.1.9 Domiciliary Hospitalization
Treatment taken at home, covered up to Sum Insured
Organ Donor Cover

Clause 3.1.5

Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to Sum Insured.

Clause 3.1.4

No Claim Bonus Protect

Clause 3.1.11

Increase in 50% of Sum Insured for every claim free year, maximum up to 200% of Sum Insured and will reduce by 50% in case of claim.

No reduction in NCB in subsequent year, if total claim amount <25% of applicable SI in a policy year.

Personal Accident Cover (AD and PTD)

Clause 3.1.13

Accidental Death covered up to Sum Insured and Permanent Total Disablement, covered as per table of benefits . This Benefit is applicable for Primary Insured member.

Clause 3.1.14

Inflation Shield

The Sum Insured will be increased on cumulative basis at each renewal on the basis of

inflation rate in previous year.

Unlimited Automatic Recharge
the base Sum Insured is reinstated, unlimited times during the Policy Year, Availal

Clause

the base Sum Insured is reinstated, unlimited times during the Policy Year. Available for Unlimited Times for unrelated or same illness.

Clause 3.1.15

Unlimited E-Consultation

Unlimited e-consultations with qualified General Physicians at company's network through Voice/Video Call /Chat /Email Chat/etc.

Clause 3.1.16

Earn and Burn

Wellness program allows the adult Insured person to Earn and Burn the reward points on the basis of healthy regimes.

Clause 3.1.17

Health services

Health Portal - Doctor on chat, Healthy tips reminder, Digital locker for medical records, etc. **Discount Connect** – Discounts on services at our network

OPD Coverage :

a) Out-patient Consultations: Out-patient Consultation (except Dental and Ophthalmic Treatment) covered up to limits specified in Policy Schedule (limit of Rs. 350 per consultation)

Clause 3.1.12

b) Out-patient Dental and Ophthalmic Treatments: Out-patient Consultation for Dental and Ophthalmic Treatment only covered up to limits specified in Policy Schedule.

ICU Cover

Up to 2% of SI/day (for SI<5L) No limit (SI>=5Lac)

Clause 3.1.1(iii)

Waiting Period

Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)

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

Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for listed Named Ailments

Pre-existing diseases: Covered after 36 months

Optional Benefits



Room Rent Modification

Room Rent / Room Category limit gets modified to Single Private AC room and ICU charges to no limit (only for SI < 5 L)

Clause 3.2.7



Maternity & New Born Cover:

Clause 3.2.1

Medical Expenses for Hospitalization of Insured Person (aged 18 Years or above) for the delivery of a child and for the New Born Baby, covered up to specified amount. Available only under Floater combination of 2A & 2A1C and after Waiting period of 24 months.



International Second Opinion

Covers once per Policy Year per Insured Person for each Major illness/injury, from a Medical Practitioner.

Clause 3.2.3



Smart Select

Reduction on the premium for treatment taken at listed smart select hospitals, 20% Co-pay shall be applicable if treatment taken other than smart select hospitals.

Clause 3.2.4

WHAT IS NOT COVERED?



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

4.1(b) and 4.2 (b)

WAITING PERIOD



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

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

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

HOW TO CLAIM



There are two modes of claiming, cashless & reimbursement.

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

HOW CAN I RENEW POLICY

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











paytm



PhonePe

Through Mobile app Scan QR code Through website Cheque/DD

EMI through credit card

Paytm

HDFC & Axis Bank branches Phonepe

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

Care Health Insurance Limited

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CIN:U66000DL2007PLC161503 UIN:CHIHLIP22047V012122

IRDAI Registration Number - 148

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