

carē

HEALTH  
INSURANCE

**BEST HEALTH INSURANCE  
COMPANY OF THE YEAR**  
INDIA INSURANCE SUMMIT & AWARDS 2023

carē saksham

**Know Your Policy Better**

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**Customer Information Sheet**

S.No.	Title	Description	Refer To Policy Clause Number
1	Product Name	Care Saksham – Care Health Insurance Limited	NA
2	What I am covered for	<p>a) <b>Hospitalization expenses</b> – Expenses incurred on hospitalization for a minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post-hospitalization expenses for a period of 60 days. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.</p> <p>b) <b>AYUSH Coverage</b> – Expenses incurred on hospitalization under AYUSH Treatment.</p> <p>c) Expenses incurred for treatment of cataract.</p> <p>d) Expenses incurred on hospitalisation for Modern Treatment listed procedures.</p> <p>e) Expenses on road Ambulance are subject to a maximum of Rs. 2000/- per hospitalization.</p>	Section 4
3	What are the major exclusions in the policy	<p>Following is a partial list of the policy exclusions, please refer to the policy document for the complete list of exclusions:</p> <p>a. Admission primarily for investigation &amp; evaluation</p> <p>b. Admission primarily for rest Cure, rehabilitation, and respite care</p> <p>c. Expenses related to the surgical treatment of obesity that does not fulfil certain conditions</p> <p>d. Change of Gender treatments</p> <p>e. Expenses for cosmetic or plastic surgery expenses related to any treatment necessitated due to participation in hazardous or adventure sports.</p>	Section 8
4	Waiting period	<p>a Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of forty-eight (48) months of continuous coverage.</p> <p>b. 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</p> <p>c. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy.</p> <p>d. Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 24 months Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 48 months.</p>	Section 5
5	Payment basis	Payment on an indemnity basis (Cashless/ Reimbursement).	Section 10
6	Loss Sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>a) Expenses exceeding the following sub-limits:                      i. Room Charges (Hospitalization):                      - Room Rent – Up to maximum of 1% of SI per day                      - ICU charges – Up to maximum of 2% of SI per day</p> <p>b) Cataract – up to Rs. 40,000/- per each eye in one policy year.</p>	Section 4

		<p>c) Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured.</p> <p>d) AYUSH Treatment expenses covered up to 50% of Sum insured</p> <p>e) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.</p> <p>f) Each and every claim under the policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the policy. This co-payment can be waived off by paying an additional premium.</p> <p>g) Aggregate Deductible Option (applicable on per Policy Year basis) - Rs.25,000/ 50,000/ 100,000/ 200,000</p>										
7	<b>Renewal Conditions</b>	<p>The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, or misrepresentation by the insured person.</p> <p>Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years for details on the renewal please refer to the policy document.</p>	Section 9.1.10									
8	<b>Cancellation</b>	<p>a. The Insured may cancel this Policy by giving 15 days written notice and in such an event, the Company shall refund the premium on short-term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions.</p> <p>b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, or fraud by the Insured Person by giving 15 days written notice.</p>	Section 9.1.7									
9	<b>Claims</b>	<p>a. <b>For Cashless Service:</b> Hospital Network details can be obtained from: <a href="http://www.careinsurance.com">www.careinsurance.com</a></p> <p>b. <b>For Reimbursement of claims:</b> For reimbursement of claims the insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="389 978 934 1194"> <thead> <tr> <th>S.No.</th> <th>Type of Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, daycare, and pre-hospitalization expenses</td> <td>Within thirty days of the date of discharge from the hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post-hospitalization expenses</td> <td>Within fifteen days from completion of post-hospitalization treatment</td> </tr> </tbody> </table> <p>For details on the claim procedure please refer to the policy document.</p>	S.No.	Type of Claim	Prescribed Time Limit	1	Reimbursement of hospitalization, daycare, and pre-hospitalization expenses	Within thirty days of the date of discharge from the hospital	2	Reimbursement of post-hospitalization expenses	Within fifteen days from completion of post-hospitalization treatment	Section 10
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10	<b>Policy Servicing</b>	<a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a>										
11	<b>Grievances/ Complaints</b>	<p>a. Details of Grievance redressal officer, <a href="https://www.careinsurance.com/customer-grievance-redressal.html">https://www.careinsurance.com/customer-grievance-redressal.html</a></p> <p>b. IRDAI Integrated Grievance Management System – <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> <p>c. Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of the Policy document</p>	Section 9.1.15									

12	<b>Insured's Rights</b>	<ul style="list-style-type: none"> <li>a. Free Look Period of 15 days from the date of receipt of the policy shall be applicable at the inception.</li> <li>b. Lifelong renewability (except on certain specific grounds)</li> <li>c. Right to migrate from one product to another product of the company only due to withdrawal of this product.</li> <li>d. Customer Service whatsApp no 8860402452</li> <li>e. Right to port from one company to another company into the same product.</li> <li>f. Change in SI during the policy term or at the time of renewal.</li> <li>g. Norms on TAT for Pre-Auth and Settlement of reimbursement</li> </ul>	Section 9
13	<b>Insured's Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>Non-disclosure may result in the claim not being paid.</p>	

**List of Conditions -**

Care Saksham - Hearing & Vision	Care Saksham - Mental Health	Care Saksham - Physical Abilities	Care Saksham – Special Ailments	Care Saksham - HIV
Hearing Impairment (Deaf & Hard of Hearing)	Specific Learning Disabilities	Muscular Dystrophy	Leprosy Cured Person	
Speech and Language Disability	Intellectual Disability	Chronic Neurological Conditions	Locomotor Disability	
Blindness	Mental Illness	Multiple Sclerosis	Dwarfism	
Low Vision	Autism Spectrum Disorder	Acid Attack Victims	Thalassemia	
		Cerebral Palsy	Haemophilia	
		Parkinson's Disease	Sickle Cell Disease	

**Note -** In case of Multiple Disability including deaf/blindness premium shall be charged as per the discretion of Underwriter.

**NOTE:**

1. The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.
2. In case of any clarification pertaining to the above details, the Policyholder or the Insured Person may please contact the Company:

<b>Address</b>	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
<b>Website</b>	<a href="http://www.careinsurance.com">www.careinsurance.com</a>

3. The information mentioned above is illustrative and not exhaustive.

## Policy Terms and Conditions

### 1. PREAMBLE

This Policy is a contract of insurance issued by Care Health Insurance Limited (hereinafter called the 'Company') to the policy holder mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the "Insured Persons). The policy is based on the statements and declaration provided in the Proposal Form by the policy holder and is subject to receipt of the requisite premium.

This policy is specially designed for.

- A) Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 and The Mental Healthcare Act 2017. The cover under this policy is available for persons with the following disability/disabilities as defined under the Rights of Persons with Disabilities Act, 2016 and any subsequent additions / modifications **t h e l i s t i n t h e A c t .**

1. Blindness	12. Thalassemia
2. Muscular Dystrophy	13. Intellectual Disability
3. Low vision	14. Haemophilia
4. Chronic Neurological conditions	15. Mental Illness
5. Leprosy Cured persons	16. Sickle Cell disease
6. Specific Learning Disabilities	17. Autism spectrum disorder
7. Hearing Impairment (deaf and hard of hearing)	18. Multiple Disabilities including deaf/blindness
8. Multiple Sclerosis	19. Cerebral Palsy
9. Locomotor Disability	20. Acid Attack victim
10. Speech and Language disability	21. Parkinson's disease
11. Dwarfism	

- a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.
- b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

Or/and

- B) Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

### 2. OPERATIVE CLAUSE

If during the Policy Period an Insured Person is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary, expenses towards the Coverage mentioned in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims paid under indemnity, during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

### 3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

#### 3.1 Standard Definitions

- 1. Accident** means sudden, unforeseen, and involuntary event caused by external, visible, and violent means.
- 2. Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken.
- 3. AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 4. AYUSH Hospital** means an AYUSH

Hospital is a healthcare facility wherein medical / surgical / para- surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- i. Central or State Government AYUSH Hospital; or
  - ii. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/ Central Council for Homeopathy; or
  - iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    - a) Having at least 5 in-patient beds.
    - b) Having qualified AYUSH Medical Practitioner in charge round the clock;
    - c) Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;
    - d) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
- i. Having qualified registered AYUSH Medical Practitioner in charge round the clock;
  - ii. Having dedicated AYUSH therapy

sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
6. **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof
7. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
8. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position.
- i. Internal Congenital Anomaly– Congenital Anomaly which is not in the visible and accessible parts of the body.
  - ii. External Congenital Anomaly– Congenital Anomaly which is in the visible and accessible parts of the body
10. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
11. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under:
- i. has qualified nursing staff under its



employment.

- ii. has qualified medical practitioner/s in charge.
- iii. has fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**12. Day Care Treatment** means medical treatment, and/or surgical procedure which is

- i. Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**13. Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions, and surgery.

**14. Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**15. Emergency Care** means management for an Illness which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.

**16. Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**17. Hospital** means any institution established for In-patient Care and Day Care Treatment

of diseases, injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock,
- ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- iii. has qualified Medical Practitioner(s) in charge round the clock,
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out,
- v. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**18. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**19. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible, and evident means which is verified and certified by a Medical Practitioner.

**20. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- i. Acute condition - Acute condition is a disease, Illness that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness which leads to full recovery
- ii. Chronic condition - A chronic condition is defined as a disease, Illness that has one or more of the following characteristics:
  - a. it needs ongoing or long-term monitoring through consultations,

- examinations, check-ups, and/or tests
- b. it needs ongoing or long-term control or relief of symptoms
  - c. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it
  - d. it continues indefinitely.
  - e. it recurs or is likely to recur.
21. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
  22. **Insured Person** means person(s) named in the schedule of the Policy.
  23. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
  24. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
  25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.
  26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
  27. **Medical Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which:
    - i. is required for the medical management of the illness or injury suffered by the Insured Person.
    - ii. must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity.
    - iii. must have been prescribed by a medical practitioner.
    - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
  28. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
  29. **Migration** means the right accorded to health insurance policyholders (including all members under Family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
  30. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
  31. **New born Baby** means baby born during the Policy Period and is aged up to 90 days.
  32. **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the Network.
  33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
  34. **OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or inpatient.
  35. **Pre-Hospitalization Medical Expenses**

means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 36. Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury, or disease.
- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
  - ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 37. Post-Hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 38. Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 39. Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.
- 40. Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions

and for all waiting periods.

- 41. Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 42. Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 43. Surgery or Surgical Procedures** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
- 44. Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

### 3.2 Specific Definitions

1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he/she is trained or not.
2. **Age** means completed years on last birthday as on Commencement Date.
3. **Ambulance** means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.
5. **Associated Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner. In case of co-payment associated with room rent higher than the

entitled room rent limit, Associated Medical Expenses will not include:

- a. Cost of pharmacy and consumables.
  - b. Cost of implants and medical devices
  - c. Cost of diagnostics
6. **Alternative /AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
7. **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.
8. **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.
9. **Claims** means a demand made by the Policyholder/Insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.
10. **Commencement Date** means the date of inception of first policy with Us as specified in the Policy Schedule.
11. **Company** means Care Health Insurance Limited
12. CD4 cells are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.
13. **Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.
14. **Person with Disability/Disabilities/ Disabled** means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.
15. **HIV** means Human Immunodeficiency Virus
16. **Insured Person/You/Your** means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.
17. **Life-threatening emergency** shall mean a serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.
18. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
19. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
20. **Medical practitioner for treatment of mental illnesses** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of

that State to be a psychiatrist for the purposes of this Act;

21. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends;
22. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions, and the terms & conditions applicable under the Policy.
23. **Policy Period** means the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
24. **Policyholder** means the entity or person named as such in the Schedule.
25. **Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
26. **Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.
27. **Proposal Form** means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
28. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub-limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.
29. **Sum Insured** means the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the policy in respect of each insured person as mentioned in the Policy Schedule.
30. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.
31. **We/Our/Us/Company** means the Care Health Insurance Limited

#### 4. BASE COVER

##### HOSPITALIZATION COVER

#### 4.1 Inpatient Care

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person

during the Policy Year, up to the Base Sum Insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital Nursing Home up to maximum of 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/surgeon or to the hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

#### **Other expenses**

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments

#### **Note:**

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

#### **4.2 AYUSH Treatment**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH

Hospital.

#### **4.3 Pre-Hospitalization Medical Expenses:**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

#### **Conditions:**

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

#### **4.4 Post-Hospitalization Medical Expenses:**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

#### **Conditions:**

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

#### **4.5 Emergency Ground Ambulance**

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

#### **Specific Conditions:**

The Company will reimburse payments under this Benefit provided that.

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from

the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.

- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments).
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

#### 4.6 Cataract Treatment

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.

#### 4.7 Modern Treatment

The following procedures will be covered (wherever medically indicated) either as Inpatient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

- a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- 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. Bronchial Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)

k. IONM- (Intra Operative Neuro Monitoring)

1. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

#### Optional Covers

**4.8 Co-payment Waiver:** If this optional benefit is opted then the mandatory co-payment of 20% shall be waived off.

#### 4.9 Deductible Option:

If this Optional Benefit is opted then:

- (i) The claim amount assessed by the Company for a particular claim shall be reduced by the Deductible as specified in the Policy Schedule and the Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.
- (ii) The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year.
- (iii) Illustration for applicability of Deductible in the same Policy Year:

(Amount in Rs.)

Case	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3
1	500,000	1,00,000	75,000	125,000	100,000
2	500,000	1,00,000	75,000	250,000	300,000
3	500,000	100,000	250,000	400,000	400,000

Case	Sum Insured	Deductible	Payable 1	Payable 2	Payable 3
1	500,000	1,00,000	-	100,000	100,000
2	500,000	1,00,000	-	225,000	275,000
3	500,000	100,000	150,000	350,000	Claim not payable as SI is exhausted

#### 5. WAITING PERIOD

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

## A. Waiting Periods

### 1. 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 24 months for pre-existing disability/ 48 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) 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 number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

### 2. First 30 days 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 within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

### 3. Specified disease/procedure 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 as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. 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.

#### 24 Months waiting period.

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.



18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

## 6. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalization arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

## 7. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV -AIDS

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

### Conditions

- i. This cover will exclude cost for any Anti-Retroviral Treatment.

## 8. EXCLUSIONS

### 8.1 Standard Exclusions

#### 1. 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.

#### 2. 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.

### 3. Obesity/Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil 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 must 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 Apnoea
    - iv. Uncontrolled Type2 Diabetes

### 4. 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.

### 5. 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.

**6. 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.

**7. 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.

**8. 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-IV of the policy terms and conditions for the list of excluded hospitals.

**9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code-Excl12**

**10. 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**

**11. 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**

**12. Refractive Error: Code-Excl15**

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.

**13. 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.

**14. 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

**15. Maternity: Code Excl18**

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

**8.2 Specific Exclusions**

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - a. any nuclear fuel or from any nuclear waste; or
  - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
  - c. nuclear weapons material.
  - d. nuclear equipment or any part of that equipment.
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalization as a result

of accidental Bodily Injury.

13. Venereal/ Sexually Transmitted disease.
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

## 9. GENERAL TERMS AND CONDITIONS

### 9.1 Standard terms & Conditions

#### I. Condition Precedent to the contract

##### 1. Disclosure of Information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Insured Person.

##### 2. Condition Precedent to Admission of Liability

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

##### 3. Claim Settlement (provision for Penal interest)

- i. The Company shall settle or reject a claim as the case may be, 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder 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 the Company, 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

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

#### **4. Complete Discharge**

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

#### **5. Multiple Policies**

- i. In case of multiple policies taken by an Insured person during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the insured person 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
- ii. Insured person 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.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the Insured Beneficiary shall have the right to choose Insurer from whom

he/she wants to claim the balance amount.

- iv. Where an Insured person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.
- v. Under this product, no insured can take more than one policy from any or all insurers.
- vi. In case of this product, the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

#### **6. Fraud**

If any claim made by the Insured Person, in any respect of 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 the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid 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 the

Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured

person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;
- b) the active concealment of a fact by the Insured person 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

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / 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. Cancellation

The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Yr
Up to 30 days	75.00%
31 to 90 days	50.00%
91 days to 180 days	25.00%
181 days to 365 days	0.00%

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 You under this Policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

In case Premium Installment mode is opted for, then:

If Insured cancels the Policy after the Free look period or demise of Insured, then Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy.

## 8. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
- iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations For Detailed Guidelines on Migration, kindly refer the link <https://www.careinsurance.com/other-disclosures.html>

## 9. Portability

The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall

not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link -

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

#### 10. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

#### 11. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalments basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your 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 installment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under — "Waiting Periods", "Specific Waiting Periods" Sections shall continue 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.

#### 12. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

#### 13. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

#### 14. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the Policy. The insured person shall be allowed free look period of fifteen days 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 the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, 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.

## 15. Redressal of Grievance

Grievance—In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

Insurance Ombudsman —The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

No loading shall apply on renewals based on individual claims experience.

## 16. Nomination

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

### 9.2 Specific Conditions

#### I. Condition Precedent to the contract

##### a. Arbitration clause

- i. If any dispute or difference shall arise

as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996) as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

#### b. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start a fresh only for the enhance portion of the Sum Insured.

#### c. Material Change

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

#### **d. Notice and Communication**

- i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

#### **e. Records to be Maintained.**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

#### **f. Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

#### **g. Eligibility Criteria**

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

### **II. Conditions applicable during the contract**

#### **a. Alterations in the Policy**

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which

will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

#### **b. Revision and Modification of the Policy Product-**

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable there under. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

#### **c. Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

## **10. CLAIM PROCEDURE**

### **10.1 Procedure for Cashless claims:**

- i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible



expenses.

- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

### 10.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified here under.

Sr. No.	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

### 10.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

### 10.4 Documents to be submitted

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Duly Completed claim form.
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission.
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.

- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/invoices of the Implants, wherever applicable.
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

On receipt of claim documents from Insured Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

### 10.5 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 20%

applicable to claim amount admissible and payable as per the terms and conditions of the policy. The amount payable shall be after deduction of the co-payment.

This co-payment can be waived off by paying an additional premium (optional).

## 10.6 Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- i. Claim settlement and claim rejection.
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

## 10.7 Payment of Claim

All claims under the Policy shall be payable in Indian currency only.

## 11. TABLE OF BENEFITS

Name	Care Saksham – Care Health Insurance
Coverage Basis	Individual basis only
Category of Cover	Indemnity
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available(in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	Policy can be availed on Individual basis. Age eligibility for adults: 18 years to 65 years Age eligibility for Children: 90 days to 17 years
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalization Cover	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.

Pre-Hospitalization	For 30 days prior to the date of hospitalization
Post-Hospitalization	For 60 days from the date of discharge from the hospital
Sublimit for Room/Doctors fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum insured per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Up to Rs.40,000/-, per each eye, in one policy year.
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalization Care
Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalization.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 50% of sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident.
PED waiting period	48 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered)
Specific Disease/illness waiting period	24 months
Waiting Period and specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable for Indemnity basis cover. b. Sum Insured would be available for Hospitalization Expenses as per terms and conditions of the policy.
Waiting Period and specific Sublimit for Disability Cover	For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.
Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same.
Deductible	Option to opt deductible of RS. 25K/50K /1Lac/2Lac

## Annexure I - List Of Ombudsman Details

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on - IRDAI website: [www.irdai.gov.in](http://www.irdai.gov.in),  
on the website of Office of Executive Council of Insurers: <https://www.cioins.co.in> and our website <https://www.careinsurance.com> or from  
any of our offices.

## Annexure II – Non-medical Expenses

Sr. No.	LIST I - ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY	Sr. No.	LIST I - ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY
1	BABY FOOD		CHARGES
2	BABY UTILITIES CHARGES	49	AMBULANCE COLLAR
3	BEAUTY SERVICES	50	AMBULANCE EQUIPMENT
4	BELTS/ BRACES	51	ABDOMINAL BINDER
5	BUDS	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
6	COLD PACK/HOT PACK		
7	CARRY BAGS	53	SUGARFREE Tablets
8	EMAIL / INTERNET CHARGES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)		
10	LEGGINGS	55	ECG ELECTRODES
11	LAUNDRY CHARGES	56	GLOVES
12	MINERAL WATER	57	NEBULISATION KIT
13	SANITARY PAD	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
14	TELEPHONE CHARGES		
15	GUEST SERVICES	59	KIDNEY TRAY
16	CREPE BANDAGE	60	MASK
17	DIAPER OF ANY TYPE	61	OUNCE GLASS
18	EYELET COLLAR	62	OXYGEN MASK
19	SLINGS	63	PELVIC TRACTION BELT
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	64	PAN CAN
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	65	TROLLY COVER
22	TELEVISION CHARGES	66	UROMETER, URINE JUG
23	SURCHARGES	67	AMBULANCE
24	ATTENDANT CHARGES	68	VASOFIX SAFETY
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	K N E E I M M O B I L I Z E R / S H O U L D E R I M M O B I L I Z E R		
47	LUMBO SACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED		

SR. NO.	LIST - II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES	SR. NO.	LIST III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	1	HAIR REMOVAL CREAM
2	HAND WASH	2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	SHOE COVER		
4	CAPS	3	EYE PAD
5	CRADLE CHARGES	4	EYE SHEILD
6	COMB	5	CAMERACOVER
7	EAU-DE-COLOGNE / ROOM FRESHNERS	6	DVD, CD CHARGES
8	FOOT COVER	7	GAUSE SOFT
9	GOWN	8	GAUZE
10	SLIPPERS	9	WARD AND THEATRE BOOKING CHARGES
11	TISSUE PAPER	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
12	TOOTH PASTE		
13	TOOTH BRUSH	11	MICROSCOPE COVER
14	BED PAN	12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
15	FACE MASK		
16	FLEXI MASK	13	SURGICAL DRILL
17	HAND HOLDER	14	EYE KIT
18	SPUTUM CUP	15	EYE DRAPE
19	DISINFECTANT LOTIONS	16	X-RAY FILM
20	LUXURY TAX	17	BOYLES APPARATUS CHARGES
21	HVAC	18	COTTON
22	HOUSE KEEPING CHARGES	19	COTTON BANDAGE
23	AIR CONDITIONER CHARGES	20	SURGICAL TAPE
24	IM IV INJECTION CHARGES	21	APRON
25	CLEAN SHEET	22	TORNIQUET
26	BLANKET/WARMER BLANKET	23	ORTHO BUNDLE, GYNAEC BUNDLE
27	ADMISSION KIT		
28	DIABETIC CHART CHARGES		
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES		
30	DISCHARGE PROCEDURE CHARGES		
31	DAILY CHART CHARGES		
32	ENTRANCE PASS / VISITORS PASS CHARGES		
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE		
34	FILE OPENING CHARGES		
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)		
36	PATIENT IDENTIFICATION BAND / NAME TAG		
37	PULSE OXYMETER CHARGES		





## ANNEXURE III - INDICATIVE LIST OF DAY CARE PROCEDURES

1. Coronary Angiography
2. Suturing Oral Mucosa
3. Myringotomy With Grommet Insertion
4. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)
5. Removal Of a Tympanic Drain
6. Keratosis Removal Under Ga
7. Operations On the Turbinate's (nasal Concha)
8. Removal Of Keratosis Obturans
9. Stapedotomy To Treat Various Lesions In Middle Ear
10. Revision Of A Stapedectomy
11. Other Operations On The Auditory Ossicles
12. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
13. Fenestration Of The Inner Ear
14. Revision Of A Fenestration Of The Inner Ear
15. Palatoplasty
16. Transoral Incision And Drainage Of A Pharyngeal Abscess
17. Tonsillectomy Without Adenoidectomy
18. Tonsillectomy With Adenoidectomy
19. Excision And Destruction Of A Lingual Tonsil
20. Revision Of A Tympanoplasty
21. Other Microsurgical Operations On The Middle Ear
22. Incision Of The Mastoid Process And Middle Ear
23. Mastoidectomy
24. Reconstruction Of The Middle Ear
25. Other Excisions Of The Middle And Inner Ear
26. Incision (opening) And Destruction (elimination) Of The Inner Ear
27. Other Operations On The Middle And Inner Ear
28. Excision And Destruction Of Diseased Tissue Of The Nose
29. Other Operations On The Nose – ( other operation of the nose is very broad if any drainage of local pus will be considered as OPD)
30. Nasal Sinus Aspiration
31. Foreign Body Removal From Nose ( if same is removed without using any anaesthesia at OPD)
32. Other Operations on The Tonsils And Adenoids
33. Adenoidectomy
34. Labyrinthectomy For Severe Vertigo
35. Stapedectomy Under GA
36. Stapedectomy Under LA
37. Tympanoplasty (Type IV)
38. Endolymphatic Sac Surgery for Meniere's Disease
39. Turbinectomy
40. Endoscopic Stapedectomy
41. Incision And Drainage of Perichondritis
42. Septoplasty
43. Vestibular Nerve Section
44. Thyroplasty Type I
45. Pseudocyst Of The Pinna - Excision
46. Incision And Drainage - Haematoma Auricle
47. Tympanoplasty (Type II)
48. Reduction Of Fracture Of Nasal Bone
49. Thyroplasty (Type II)
50. Tracheostomy
51. Excision Of Angioma Septum
52. Turbinoplasty
53. Incision & Drainage Of Retro Pharyngeal Abscess
54. Uvulo Palato Pharyngoplasty
55. Adenoidectomy With Grommet Insertion
56. Adenoidectomy Without Grommet Insertion
57. Vocal Cord Lateralisation Procedure
58. Incision & Drainage Of Para Pharyngeal Abscess
59. Tracheoplasty
60. Cholecystectomy
61. Choledcho-jejunostomy
62. Duodenostomy
63. Gastrostomy
64. Exploration Common Bile Duct
65. Esophagoscopy
66. Gastroscopy
67. Duodenoscopy with Polypectomy
68. Removal of Foreign Body
69. Diathery Of Bleeding Lesions
70. Pancreatic Pseudocyst Eus & Drainage
71. Rf Ablation For Barrett's Oesophagus
72. Ercp And Papillotomy
73. Esophagoscope And Sclerosant Injection
74. Eus + Submucosal Resection
75. Construction Of Gastrostomy Tube
76. Eus + Aspiration Pancreatic Cyst
77. Small Bowel Endoscopy (therapeutic)

77. Small Bowel Endoscopy (therapeutic)
78. Colonoscopy ,lesion Removal –( only for investigation purpose is considered under investigation purpose)
79. ERCP
80. Colonoscopy Stenting Of Stricture
81. Percutaneous Endoscopic Gastrostomy
82. Eus And Pancreatic Pseudo Cyst Drainage
83. ERCP And Choledochoscopy
84. Proctosigmoidoscopy Volvulus Detorsion
85. ERCP And Sphincterotomy
86. Esophageal Stent Placement
87. ERCP+ Placement Of Biliary Stents
88. Sigmoidoscopy W/ Stent
89. Eus + Coeliac Node Biopsy
90. UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers
91. Incision Of A Pilonidal Sinus / Abscess
92. Fissure In Ano Sphincterotomy
93. Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
94. Orchidopexy
95. Abdominal Exploration In Cryptorchidism
96. Surgical Treatment Of Anal Fistulas
97. Division Of The Anal Sphincter (sphincterotomy)
98. Epididymectomy
99. Incision Of The Breast Abscess
100. Operations On The Nipple
101. Excision Of Single Breast Lump
102. Incision And Excision Of Tissue In The Perianal Region
103. Surgical Treatment Of Hemorrhoids
104. Other Operations On The Anus
105. Ultrasound Guided Aspirations
106. Sclerotherapy, Etc
107. Laparotomy For Grading Lymphoma With Splenectomy.
108. Laparotomy For Grading Lymphoma with Liver Biopsy
109. Laparotomy For Grading Lymphoma with Lymph Node Biopsy
110. Therapeutic Laparoscopy With Laser
111. Appendicectomy With Drainage
112. Appendicectomy without Drainage
113. Infected Keloid Excision
114. Axillary Lymphadenectomy
115. Wound Debridement And Cover
116. Abscess-decompression
117. Cervical Lymphadenectomy
118. Infected Sebaceous Cyst
119. Inguinal Lymphadenectomy
120. Infected Lipoma Excision
121. Maximal Anal Dilatation
122. Piles
123. A) Injection Sclerotherapy
124. B) Piles Banding
125. Liver Abscess- Catheter Drainage
126. Fissure In Ano- Fissurectomy
127. Fibroadenoma Breast Excision
128. Oesophageal Varices Sclerotherapy
129. ERCP - Pancreatic Duct Stone Removal
130. Perianal Abscess I&d
131. Perianal Hematoma Evacuation
132. UgiScopy And Polypectomy Oesophagus
133. Breast Abscess I& D
134. Feeding Gastrostomy
135. Oesophagoscopy And Biopsy Of Growth Oesophagus
136. ERCP - Bile Duct Stone Removal
137. Ileostomy Closure
138. Polypectomy Colon
139. Splenic Abscesses Laparoscopic Drainage
140. Ugi Scopy And Polypectomy Stomach
141. Rigid Oesophagoscopy For Fb Removal
142. Feeding Jejunostomy
143. Colostomy
144. Ileostomy
145. Colostomy Closure
146. Submandibular Salivary Duct Stone Removal
147. Pneumatic Reduction Of Intussusception
148. Varicose Veins Legs - Injection Sclerotherapy
149. Rigid Oesophagoscopy For Plummer Vinson Syndrome
150. Pancreatic Pseudocysts Endoscopic Drainage
151. Zadek's Nail Bed Excision
152. Subcutaneous Mastectomy
153. Excision Of Ranula Under Ga
154. Rigid Oesophagoscopy For Dilatation Of Benign Strictures
155. Eversion Of Sac
156. Unilateral
157. Bilateral
158. Lord's Plication

159. Jaboulay's Procedure
160. Scrotoplasty
161. Circumcision For Trauma
162. Meatoplasty
163. Intersphincteric Abscess Incision And Drainage
164. Psoas Abscess Incision And Drainage
165. Thyroid Abscess Incision And Drainage
166. Tips Procedure For Portal Hypertension
167. Esophageal Growth Stent
168. Pair Procedure Of Hydatid Cyst Liver
169. Tru Cut Liver Biopsy
170. Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
171. Excision Of Cervical Rib
172. Laparoscopic Reduction Of Intussusception
173. Microdochectomy Breast
174. Surgery For Fracture Penis
175. Parastomal Hernia
176. Revision Colostomy
177. Prolapsed Colostomy- Correction
178. Laparoscopic Cardiomyotomy( Hellers)
179. Laparoscopic Pyloromyotomy( Ramstedt)
180. Operations On Bartholin's Glands (cyst)
181. Incision Of The Ovary
182. Insufflations Of The Fallopian Tubes
183. Other Operations On The Fallopian Tube
184. Conisation Of The Uterine Cervix
185. Therapeutic Curettage With Colposcopy.
186. Therapeutic Curettage With Biopsy
187. Therapeutic Curettage With Diathermy
188. Therapeutic Curettage With Cryosurgery
189. Laser Therapy Of Cervix For Various Lesions Of Uterus
190. Other Operations On The Uterine Cervix
191. Incision Of The Uterus (hysterectomy)
192. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
193. Incision Of Vagina
194. Incision Of Vulva
195. Culdotomy
196. Salpingo-oophorectomy Via Laparotomy
197. Endoscopic Polypectomy
198. Hysteroscopic Removal Of Myoma
199. D&C -
200. Hysteroscopic Resection Of Septum
201. Thermal Cauterisation Of Cervix
202. Hysteroscopic Adhesiolysis
203. Polypectomy Endometrium
204. Hysteroscopic Resection Of Fibroid
205. Lletz
206. Conization
207. Polypectomy Cervix
208. Hysteroscopic Resection Of Endometrial Polyp
209. Vulval Wart Excision
210. Laparoscopic Paraovarian Cyst Excision
211. Uterine Artery Embolization
212. Laparoscopic Cystectomy
213. Hymenectomy (Imperforate Hymen)
214. Endometrial Ablation
215. Vaginal Wall Cyst Excision
216. Vulval Cyst Excision
217. Laparoscopic Paratubal Cyst Excision
218. Repair of Vagina (Vaginal Atresia)
219. Hysteroscopy, Removal Of Myoma
220. Turbt
221. Ureterocoele Repair - Congenital Internal
222. Vaginal Mesh For Pop
223. Laparoscopic Myomectomy
224. Surgery For Sui
225. Repair Recto-Vagina Fistula
226. Pelvic Floor Repair ( Excluding Fistula Repair)
227. URS + LL
228. Laparoscopic Oophorectomy
229. Percutaneous Cordotomy
230. Intrathecal Baclofen Therapy
231. Entrapment Neuropathy Release
232. Diagnostic Cerebral Angiography
233. Vp Shunt 234 Ventriculoatrial Shunt
235. Radiotherapy For Cancer
236. Cancer Chemotherapy
237. IV Push Chemotherapy
238. HBI - Hemibody Radiotherapy
239. Infusional Targeted Therapy
240. SRT - Stereotactic Arc Therapy
241. Sc Administration Of Growth Factors

242. Continuous Infusional Chemotherapy
243. Infusional Chemotherapy
244. CCRT - Concurrent Chemo + Rt
245. 2D Radiotherapy
246. 3D Conformal Radiotherapy
247. IGRT - Image Guided Radiotherapy
248. IMRT - Step & Shoot
249. IMRT – DMLC
250. Rotational Arc Therapy
251. Tele Gamma Therapy
252. FSRT - Fractionated Srt
253. VMAT - Volumetric Modulated Arc Therapy
254. SBRT - Stereotactic Body Radiotherapy
255. Helical Tomotherapy
256. SRS - Stereotactic Radiosurgery
257. X - Knife Srs
258. Gamma knife Srs
259. TBI - Total Body Radiotherapy
260. Intraluminal Brachytherapy
261. TSET - Total Electron Skin Therapy
262. Extracorporeal Irradiation Of Blood Products
263. Telecobalt Therapy
264. Teleseism Therapy
265. External Mould Brachytherapy
266. Interstitial Brachytherapy
267. Intracavity Brachytherapy
268. 3D Brachytherapy
269. Implant Brachytherapy
270. Intravesical Brachytherapy
271. Adjuvant Radiotherapy
272. After loading Catheter Brachytherapy
273. Conditioning Radiotherapy For Bmt
274. Extracorporeal Irradiation to The Homologous Bone Grafts
275. Radical Chemotherapy
276. Neoadjuvant Radiotherapy
277. LDR Brachytherapy
278. Palliative Radiotherapy
279. Radical Radiotherapy
280. Palliative Chemotherapy
281. Template Brachytherapy
282. Neoadjuvant Chemotherapy
283. Induction Chemotherapy
284. Consolidation Chemotherapy
285. Maintenance Chemotherapy
286. HDR Brachytherapy
287. Incision And Lancing Of A Salivary Gland And A Salivary Duct
288. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
289. Resection Of A Salivary Gland
290. Reconstruction Of A Salivary Gland And A Salivary Duct
291. Other Operations On The Salivary Glands And Salivary Ducts
292. Other Incisions Of The Skin And Subcutaneous Tissues
293. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
294. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
295. Other Excisions Of The Skin And Subcutaneous Tissues
296. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
297. Free Skin Transplantation, Donor Site
298. Free Skin Transplantation, Recipient Site
299. Revision Of Skin Plasty
300. Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues
301. Chemosurgery To the Skin
302. Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues
303. Reconstruction Of Deformity/defect In Nail Bed
304. Excision Of Bursitis
305. Tennis Elbow Release
306. Incision, Excision and Destruction Of Diseased Tissue Of The Tongue
307. Partial Glossectomy
308. Glossectomy
309. Reconstruction Of the Tongue
310. Other Operations On The Tongue
311. Surgery For Cataract
312. Incision Of Tear Glands
313. Other Operations On The Tear Ducts
314. Incision Of Diseased Eyelids
315. Excision And Destruction Of Diseased Tissue Of The Eyelid

316. Operations On The Canthus And Epicanthus
317. Corrective Surgery For Entropion And Ectropion
318. Corrective Surgery For Blepharoptosis
319. Removal Of A Foreign Body From The Conjunctiva
320. Removal Of A Foreign Body From The Cornea
321. Incision Of The Cornea
322. Operations For Pterygium
323. Other Operations On The Cornea
324. Removal Of A Foreign Body From The Lens Of The Eye
325. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
326. Removal Of A Foreign Body From The Orbit And Eyeball
327. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
328. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
329. Diathermy/cryotherapy To Treat Retinal Tear
330. Anterior Chamber Paracentesis.
331. Anterior Chamber Cyclodiathermy
332. Anterior Chamber Cyclocryotherapy
333. Anterior Chamber Goniotomy
334. Anterior Chamber Trabectulotomy
335. Anterior Chamber Filtering
336. Allied Operations to Treat Glaucoma
337. Enucleation Of Eye Without Implant
338. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
339. Laser Photocoagulation To Treat Retinal Tear
340. Biopsy Of Tear Gland
341. Treatment Of Retinal Lesion
342. Surgery For Meniscus Tear
343. Incision On Bone, Septic And Aseptic
344. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
345. Suture And Other Operations On Tendons And Tendon Sheath
346. Reduction Of Dislocation Under GA
347. Arthroscopic Knee Aspiration
348. Surgery For Ligament Tear
349. Surgery For Hemoarthrosis / pyoarthrosis
350. Removal Of Fracture Pins/nails
351. Removal Of Metal Wire
352. Closed Reduction On Fracture, Luxation
353. Reduction Of Dislocation Under GA
354. Epiphyseolysis With Osteosynthesis
355. Excision Of Various Lesions In Coccyx
356. Arthroscopic Repair Of Acl Tear Knee
357. Arthroscopic Repair Of Pcl Tear Knee
358. Tendon Shortening
359. Arthroscopic Meniscectomy - Knee
360. Treatment Of Clavicle Dislocation
361. Haemarthrosis Knee- Lavage
362. Abscess Knee Joint Drainage
363. Carpal Tunnel Release
364. Closed Reduction Of Minor Dislocation
365. Repair Of Knee Cap Tendon
366. Orif With K Wire Fixation- Small Bones
367. Release Of Midfoot Joint
368. Orif With Plating- Small Long Bones
369. Implant Removal Minor
370. Closed Reduction And External Fixation
371. Arthrotomy Hip Joint
372. Syme's Amputation
373. Arthroplasty
374. Partial Removal Of Rib
375. Treatment Of Sesamoid Bone Fracture
376. Shoulder Arthroscopy / Surgery
377. Elbow Arthroscopy
378. Amputation Of Metacarpal Bone
379. Release Of Thumb Contracture
380. Incision Of Foot Fascia
381. Partial Removal Of Metatarsal
382. Repair / Graft Of Foot Tendon
383. Revision/removal Of Knee Cap
384. Exploration Of Ankle Joint
385. Remove/graft Leg Bone Lesion
386. Repair/graft Achilles Tendon
387. Remove Of Tissue Expander
388. Biopsy Elbow Joint Lining
389. Removal Of Wrist Prosthesis
390. Biopsy Finger Joint Lining
391. Tendon Lengthening
392. Treatment Of Shoulder Dislocation
393. Lengthening Of Hand Tendon
394. Removal Of Elbow Bursa

395. Fixation Of Knee Joint
396. Treatment Of Foot Dislocation
397. Surgery Of Bunion
398. Tendon Transfer Procedure
399. Removal Of Knee Cap Bursa
400. Treatment Of Fracture Of Ulna
401. Treatment Of Scapula Fracture
402. Removal Of Tumor Of Arm Under GA
403. Removal Of Tumor Of Arm under RA
404. Removal Of Tumor Of Elbow Under GA
405. Removal Of Tumor Of Elbow Under RA
406. Repair Of Ruptured Tendon
407. Decompress Forearm Space
408. Revision Of Neck Muscle (torticollis Release )
409. Lengthening Of Thigh Tendons
410. Treatment Fracture Of Radius & Ulna
411. Repair Of Knee Joint
412. External Incision And Drainage In The Region Of The Mouth.
413. External Incision And Drainage in the Region Of the Jaw.
414. External Incision And Drainage in the Region Of the Face.
415. Incision Of The Hard And Soft Palate
416. Excision And Destruction Of Diseased Hard Palate
417. Excision And Destruction Of Diseased Soft Palate
418. Incision, Excision And Destruction In The Mouth
419. Other Operations In The Mouth
420. Excision Of Fistula-in-ano
421. Excision Juvenile Polyps Rectum
422. Vaginoplasty
423. Dilatation Of Accidental Caustic Stricture Oesophageal
424. Presacral Teratomas Excision
425. Removal Of Vesical Stone
426. Excision Sigmoid Polyp
427. Sternomastoid Tenotomy
428. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
429. Excision Of Soft Tissue Rhabdomyosarcoma
430. High Orchiectomy For Testis Tumours
431. Excision Of Cervical Teratoma
432. Rectal myomectomy
433. Rectal Prolapse (delorme's Procedure)
434. Detorsion Of Torsion Testis
435. Eua + Biopsy Multiple Fistula In Ano
436. Construction Skin Pedicle Flap
437. Gluteal Pressure Ulcer-excision
438. Muscle-skin Graft, Leg
439. Removal Of Bone For Graft
440. Muscle-skin Graft Duct Fistula
441. Removal Cartilage Graft
442. Myocutaneous Flap
443. Fibro Myocutaneous Flap
444. Breast Reconstruction Surgery After Mastectomy
445. Sling Operation For Facial Palsy
446. Split Skin Grafting Under Ra
447. Wolfe Skin Graft
448. Plastic Surgery To The Floor Of The Mouth Under Ga
449. Thoracoscopy And Lung Biopsy
450. Excision Of Cervical Sympathetic Chain Thoracoscopic
451. Laser Ablation Of Barrett's Oesophagus
452. Pleurodesis
453. Thoracoscopy And Pleural Biopsy
454. Ebus + Biopsy
455. Thoracoscopy Ligation Thoracic Duct
456. Thoracoscopy Assisted Empyema Drainage
457. Haemodialysis
458. Lithotripsy/nephrolithotomy For Renal Calculus
459. Excision Of Renal Cyst
460. Drainage Of Pyonephrosis Abscess
461. Drainage Of Perinephric Abscess
462. Incision Of The Prostate
463. Transurethral Excision And Destruction Of Prostate Tissue
464. Transurethral And Percutaneous Destruction Of Prostate Tissue
465. Open Surgical Excision And Destruction Of Prostate Tissue
466. Radical Prostatovesicectomy
467. Other Excision And Destruction Of Prostate Tissue
468. Operations On The Seminal Vesicles
469. Incision And Excision Of Periprostatic Tissue
470. Other Operations On The Prostate
471. Incision Of The Scrotum And Tunica Vaginalis Testis
472. Operation On A Testicular Hydrocele

473. Excision And Destruction Of Diseased Scrotal Tissue
474. Other Operations On The Scrotum And Tunica Vaginalis Testis
475. Incision Of The Testes
476. Excision And Destruction Of Diseased Tissue Of The Testes
477. Unilateral Orchiectomy
478. Bilateral Orchiectomy
479. Surgical Repositioning Of An Abdominal Testis
480. Reconstruction Of The Testis
481. Implantation, Exchange And Removal Of A Testicular Prosthesis
482. Other Operations On The Testis
483. Excision In The Area Of The Epididymis
484. Operations On The Foreskin
485. Local Excision And Destruction Of Diseased Tissue Of The Penis
486. Amputation Of The Penis
487. Other Operations On The Penis
488. Cystoscopic Removal Of Stones
489. Lithotripsy
490. Biopsy Of Temporal Artery For Various Lesions
491. External Arterio-venous Shunt
492. Av Fistula - Wrist
493. Ursl With Stenting
494. Ursl With Lithotripsy
495. Cystoscopic Litholapaxy
496. Eswl
497. Bladder Neck Incision
498. Cystoscopy & Biopsy
499. Cystoscopy And Removal Of Polyp
500. Suprapubic Cystostomy
501. Percutaneous Nephrostomy
502. Cystoscopy And "sling" Procedure
503. Tuna- Prostate
504. Excision Of Urethral Diverticulum
505. Removal Of Urethral Stone
506. Excision Of Urethral Prolapse
507. Mega-ureter Reconstruction
508. Kidney Renoscopy And Biopsy
509. Ureter Endoscopy And Treatment
510. Vesical Ureteric Reflux Correction
511. Surgery For Pelvic Ureteric Junction
- Obstruction
512. Anderson Hynes Operation
513. Kidney Endoscopy And Biopsy
514. Paraphimosis Surgery
515. Injury Prepuce- Circumcision
516. Frenula Tear Repair
517. Meatotomy For Meatal Stenosis
518. Surgery For Fournier's Gangrene Scrotum
519. Surgery Filarial Scrotum
520. Surgery For Watering Can Perineum
521. Repair Of Penile Torsion
522. Drainage Of Prostate Abscess
523. Orchiectomy
524. Cystoscopy And Removal Of Fb
525. RF Ablation Heart
526. RF Ablation Uterus
527. RF Ablation Varicose Veins
528. Percutaneous nephrolithotomy (PCNL)
529. Laryngoscopy Direct Operative with Biopsy
530. Treatment of Fracture of Long Bones
531. Treatment of Fracture of Short Bones
532. Treatment of Fracture of Foot
533. Treatment of Fracture of Hand
534. Treatment of Fracture of Wrist
535. Treatment of Fracture of Ankle
536. Treatment of Fracture of Clavicle
537. Chalazion Surgery

#### Annexure IV - List of Hospitals where Claim will not be admitted

<i>Hospital Name</i>	<i>Address</i>
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,Opp. Krishna Cinema Hall,Kanpur Road,Alambagh, Lucknow, U.P.
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 & 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 No43, 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
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



<b>Hospital Name</b>	<b>Address</b>
Saraswati Hospital	Divya Sruuti 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	Russet 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
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. Bhulka bhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat
Abhinav Hospital	Harsh Apartment, Nr Jamma 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	LH Road, Surat, Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat
Jeevan Path Gen. Hospital	2nd. Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udha, Surat, Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwamagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat
Krishnavati General Hospital	Bamroli Road, Surat, Gujarat
Niramayam Hospital & 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, LH Road, Varachha Road, Surat, Gujarat
Santosh Hospital	LH Road, Varachha, Surat, Gujarat
Sparsh Multy Sppeciality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op. Bank, Surat, Gujarat

**Notes:**

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



**Care Health Insurance Limited**

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

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

CIN: U66000DL2007PLC161503 UIN: CHIHLP23186V012223

IRDAI Registration Number - 148

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Self Help Portal:

[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:

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