

## Prospectus

### 1. ELIGIBILITY CRITERIA

Age of Proposer	18 years or above
Entry Age –Minimum	Adult: 18 years Child: 91 days
Entry Age –Maximum	Adult: 70 years Child: 24 years
Exit Age	Adult: Life Long Child: 25 years
Cover Type	Individual Family Floater : Up to 2A4C
Tenure in Years	1 year
Who are covered (Relationship with respect to the Proposer)	Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest.

### 2. SCOPE OF COVER

#### A. GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS

1. In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Care Health Insurance Limited” and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)”
2. The maximum, total and cumulative liability of us in respect of you for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured for You.
3. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.
4. If you suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
5. Any Claim paid for the Benefits shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
6. Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
7. Coverage under this Policy will be available for you for medical expenses incurred for treatment and / or quarantine for Corona virus disease (COVID-19) with positive confirmative diagnosis from Government Authorized Centre.
8. In case the claim related to medical expenses is paid by you and thereafter Government/Competent Authority has reimbursed the said medical expenses to you, in such case the we have the right and authority to recover the said medical expenses from you, paid out under the Policy and in case you does not remit the said medical expenses within 60 days from the receipt of said medical expenses from the Government/Competent Authority, we are authorized to take all the necessary legal actions to recover the said medical expenses.
9. You cannot claim medical expenses from both us and Government/Competent Authority; you can only claim medical expenses from any one of them.

#### 2.1 Benefit 1 : Hospitalization Expenses:

- (i) In-patient Care: Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Illness related to Coronavirus disease (Covid-19), which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital.
- (ii) Day Care Treatment: we will indemnify you for Medical Expenses incurred on Day Care Treatment through Cashless or Reimbursement Facility, maximum up to the Sum Insured, provided that period of treatment for you in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.
- (iii) Sub-limits on Coverage for Quarantine: we will indemnify you for Medical Expenses incurred maximum up to 1% Sum Insured per day maximum up to 30 days in a Policy Year through Cashless or Reimbursement Facility in case Insured Person gets quarantine due to positive confirmative diagnosis of Coronavirus disease (COVID-19) in Government Authorized Centre.

Exclusion No.6 will not be applicable to the extent for Coverage of Quarantine.

## 2.2 Benefit 2 : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses:

### (i) Pre-Hospitalization Medical Expenses:

Under Pre-hospitalization Medical Expenses, for a period of 30 days immediately prior to your date of admission to the Hospital, provided that we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date; and.

### (ii) Post-Hospitalization Medical Expenses:

Under Post-hospitalization Medical Expenses, for a period of 60 days immediately after your date of discharge from the Hospital.

#### Note:

- i. Maximum of 4 diagnostic tests for Coronavirus disease (COVID-19) is available under this benefit
- ii. Payment under this benefit will only be on re-imburement basis

## 2.3 Benefit 3: OPD Benefit

We will indemnify you, through Reimbursement for availing Out-Patient consultations, Diagnostic Examinations and Pharmacy expenses, up to the specified amount, during the Policy Year provided that the Medical Expenses so incurred are after positive confirmative diagnosis of Coronavirus disease (COVID-19).

## 3. EXCLUSIONS

### 3.1 Waiting Periods:

#### (i) 15-day waiting period

- a. Expenses related to the treatment and / or quarantine for COVID 19 within 15 days from the first policy commencement date shall be excluded.
  - b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
  - c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- (ii) The Waiting Periods as defined in Clauses 3.1 (i) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

### 3.2 Permanent Exclusions:

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

1. Any Treatment and / or quarantine for any Illness, sickness or disease other than Coronavirus disease (COVID-19).
2. Any claim with respect to Coronavirus disease (COVID-19) contracted or manifested or the onset of diseases is prior to commencement date of this policy.
3. Insured Person travels to any containment zone/city/district/country where travel has been restricted by any Government Authority
4. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Prospectus cum sales literature).
5. 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.
6. 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.
7. Obesity/ Weight Control: (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

  - 1) Surgery to be conducted is upon the advice of the Doctor

- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes
8. 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.
9. 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.
10. 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.
11. 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.
12. Excluded Providers: (Code- Excl11)
 

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

Note: Refer Annexure – II of the Policy Terms & Conditions for list of excluded hospitals.
13. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
14. 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)
15. 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)
16. Refractive Error: (Code- Excl15)
 

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
17. 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.
18. 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

19. Maternity: (Code Excl18)
  - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
20. No claim shall be payable where Insured Person was living with and sharing the same address as that of Person (s) who were diagnosed with Coronavirus disease (COVID-19) or quarantined at the time of Proposal.
21. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
22. All preventive care, Vaccination including Inoculation, Immunizations and tonics.
23. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
24. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
25. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
26. Any condition directly or indirectly caused by or associated with any sexually transmitted disease except arising out of HIV.
27. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
28. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
29. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
30. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.
31. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
  - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
  - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
  - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death
32. Any other exclusion as specified in the Policy Schedule.

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

#### 4. CLAIMS PROCEDURE AND MANAGEMENT

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

##### 4.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Yours during Hospitalization on behalf of You should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by the Us as an Insured Person.

- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

## 4.2 Claim settlement - Facilities

### (a) Cashless Facility

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

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.
- (ii) **Identification Documents:** The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.
- (iii) **Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) **Authorization:**
  - a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.
  - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
  - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 4.4 and 4.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Rejection:** If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

### (b) Re-imbursment Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 4.4 and Clause 4.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- (ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.

- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

#### 4.3 Duties of a Claimant/ Insured Person in the event of Claim

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

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 (Claims Procedure and Management) of the Policy.
- (iv) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (v) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

#### 4.4 Claims Intimation

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

- (i) If Coronavirus disease 2019 (COVID-19) is diagnosed or discovered which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

**Note:** 4.4 (i) and 4.4 (ii) are precedent to admission of liability under the policy.

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

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

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

#### 4.5 Documents to be submitted for filing a valid Claim

The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 4 in respect of all Claims:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner's referral letter advising Hospitalization;



4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theater Notes(if applicable);
9. Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. MLC/FIR report, Post Mortem Report if applicable and conducted;
12. Any other document as required by us to assess the Claim, in case fraud is suspected.

**Notes:**

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

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

#### **4.6 Claim Assessment**

- (a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.
- (b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:
  - (i) If any sub-limits on Room Rent/Category for Medical Expenses are applicable as specified the Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.

#### **4.7 Payment Terms**

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.
- (c) We shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by us .We shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person We shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the insurer, it shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines from the date of receipt of last necessary document to the date of payment of claim, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (d) If the Policyholder / Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

## **5. SALIENT FEATURES**

### **5.1 Multiple Policies**

- (a) In case any Policyholder/Insured Person is covered under more than one indemnity insurance policies, with us or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Sum Insured of such Policy.
- (b) In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Person shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.
- (c) Policyholder/Insured Persons shall also have the right to prefer claims from other policy / policies for the balance claim or amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted.
- (d) In case of multiple policies which provide fixed benefits, each insurer shall make the claim payments independent of payments received under other similar policies.

## 5.2 Free Look Period

- (a) The Policyholder may, within 15 days (30 days in case of distance marketing) from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- (b) If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- (c) Provision for Free look period is not applicable and available at the time of renewal of the Policy.

## 5.3 Underwriting Loading:

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

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

## 5.4 Renewal Terms

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach to us on or before the Policy Period End Date.
- (b) The premium payable on renewal shall be paid to us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
- (c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity Benefits. Coverage is not available for the period for which premium is not received by us and we shall not be liable for any Claims incurred during such period.
- (d) The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-cooperation of the insured.
- (e) We may carry out underwriting in accordance with its Board approved underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.
- (f) This product may be withdrawn / modified by us after due approval from the Authority (IRDAI). In case this product is withdrawn / modified by us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by the Authority (IRDAI). We shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
- (g) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the Authority's (IRDAI) rules and regulations as applicable from time to time. Change in rates will be applicable only post approval by the Authority and be effective from the date of launch of the revised Product and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
- (h) Renewal shall be offered lifelong. The Insured Person shall be given an option to port this Policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this Policy for the standard waiting periods.
- (i) No loading based on individual claim experience shall be applicable on renewal premium payable.



## 5.5 Cancellation / Termination

- (a) We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by You, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and We shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by us.
- (b) The Policyholder may also give 15 days' notice in writing, to us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice, cancel the Policy and refund the premium (exclusive of taxes) for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received:

Cancellation date from Policy Period Start Date	Policy Tenure – 1 Year
Up to 1 month	75.00%
1 month to 3 months	50.00%
3 months to 6 months	25.00%
6 months to 12 months	0.00%

- (c) In case of demise of the Policyholder,
- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:
- I. Written notice in this regard is given to us before the Policy Period End Date; and
  - II. A person of Age 18 years or above, who satisfies Our criteria applies to become the Policyholder.

## 5.6 Tax Benefit

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

## 5.7 Portability and Continuity Benefits

- (i) Insured(s) have an option to port from their existing health insurance policy of any other Indian non-life insurer/standalone health insurer to any other similar policy with us, at the time of renewal, provided the previous policy/policies has been maintained without any break and the policy holder shall apply to us at least 45 days before, but not earlier than 60 days from the policy renewal date of his or her existing policy in prescribed format
- (ii) The Waiting Periods as defined in Clauses 3.1 (i) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (iii) The Waiting Periods under Clauses 3.1 (i) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.
- (iv) The Waiting Periods as defined in Clauses 3.1 (i) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) Credit for the sum insured of the expiring policy shall additionally be available as under:
- a) Sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.
  - b) If you were covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only
- (vi) In case the Policyholder has opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:
- a) We may at the request of the Policyholder, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
  - b) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with us for that Policy year

**Note:** Such Portability is allowed as per the Guideline as amended from time to time.

## 5.8 Migration

Insured(s) has an option to migrate from their existing Health Insurance Policy to any other Individual Health Insurance Policy or a Family Floater Policy or a Group Health Insurance Policy (only if the member complies with the norms relating to the Health Insurance coverage under the concerned Group Insurance Policy) with us.

- (i) The insured(s) should initiate the action to approach us to exercise migration option at least 30 days before the renewal date to avoid any break in the policy coverage.
- (ii) The Waiting Periods as defined in Clauses 3.1 (i) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (iii) The Waiting Periods under Clauses 3.1 (i) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.
- (iv) The Waiting Periods as defined in Clauses 3.1 (i) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) Credit for the sum insured of the expiring policy shall additionally be available as under:
  - a) Sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.
  - b) If you were covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only

**Note:** Such migration is allowed as per the Guideline as amended from time to time.

## 5.9 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, 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

We shall not repudiate the policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries

## 5.10 GRIEVANCES

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

- (a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:

Website: [www.careinsurance.com](http://www.careinsurance.com)

Email: [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Contact No.: 1800-102-4488

Courier: Any of Our Branch Office or corporate office

You / Insured person may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

Exclusively for Senior Citizens, We have a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal

- (b) If You / Insured person is not satisfied with Our redressal of the Your / Insured person 's grievance through one of the above methods, You / Insured person may contact Our Head of Customer Service at:

Head – Customer Services,

Care Health Insurance Limited, (Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon, Haryana – 122001

If you / Insured Person is not satisfied with the our redressal of the Policyholder's / Insured Person's grievance through one of the above methods, You / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: [www.irdaindia.org](http://www.irdaindia.org), or on the Company's website at [www.careinsurance.com](http://www.careinsurance.com)

## 6. SCHEDULE OF DISCOUNTS/LOADING

SL.No.	Description	Parameters	Rates
1	Discount for Employees and their dependents of :	-	15.00%
	CHIL		
	CHIL's Promoters		

## 7. SCHEDULE OF BENEFITS:

Plan	Covid Care Plus	Covid Care Advantage
<b>Sum Insured in Rs(SI)</b>	3 lakhs, 5 lakhs, 10 lakhs	3 lakhs, 5 lakhs, 10 lakhs
<b>Benefits</b>		
<b>Hospitalization Expenses</b> -In-Patient Hospitalization -Day Care Treatment	Up to Sum Insured	Up to Sum Insured
<b>Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses</b>	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI
<b>OPD Benefit</b>	NA	Up to Rs. 3000 for 3 lakhs SI; Up to Rs. 5000 for 5 lakhs SI; Up to Rs. 10,000 for 10 lakhs SI; for consultation, diagnostics & pharmacy
<b>Wait Periods</b>		
<b>Initial Wait Period</b>	15 days	15 days
<b>Sub-limits</b>		
<b>Coverage for Quarantine</b>	Up to 1% of Sum Insured per day	Up to 1% of Sum Insured per day
<b>Room Rent / Room Category</b>	3L SI – up to 1% of Sum Insured per day 5L & 10L SI – Single Private Room	3L SI – up to 1% of Sum Insured per day 5L & 10L SI – Single Private Room
<b>ICU Charges</b>	3L SI - up to 2% of Sum Insured per day 5L & 10L SI – No Sub-limit	3L SI - up to 2% of Sum Insured per day 5L & 10L SI – No Sub-limit

### Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)
Contact No.	1800-102-4488
E-mail ID for Claims	<a href="mailto:claims@careinsurance.com">claims@careinsurance.com</a>
E-mail ID for Policy servicing	<a href="mailto:customerfirst@careinsurance.com">customerfirst@careinsurance.com</a>
Website	<a href="http://www.careinsurance.com">www.careinsurance.com</a>

### Registered Office Address :

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

### Correspondence Office Address :

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)

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

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

### Note:

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

Insurance is a subject matter of solicitation.

Unique Advertisement Number: 20094107

IRDA Registration Number - 148

CIN : U66000DL2007PLC161503

UIN : RHIHLIP21073V012021

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

Sr. No.	List I – Optional Items	Sr. No.	List I – Optional Items
1	Baby Food	56	Gloves
2	Baby Utilities Charges	57	Nebulisation Kit
3	Beauty Services	58	Any Kit With No Details Mentioned [delivery Kit, Orthokit, Recovery Kit, Etc]
4	Belts/ Braces		
5	Buds	59	Kidney Tray
6	Cold Pack/hot Pack	60	Mask
7	Carry Bags	61	Ounce Glass
8	Email / Internet Charges	62	Oxygen Mask
9	Food Charges (other Than Patient's Diet Provided By Hospital)	63	Pelvic Traction Belt
		64	Pan Can
10	Leggings	65	Trolley Cover
11	Laundry Charges	66	Urometer, Urine Jug
12	Mineral Water	67	Ambulance
13	Sanitary Pad	68	Vasofix Safety
14	Telephone Charges		
15	Guest Services		
16	Crepe Bandage		
17	Diaper Of Any Type		
18	Eyelet Collar		
19	Slings		
20	Blood Grouping And Cross Matching Of Donors Samples		
21	Service Charges Where Nursing Charge Also Charged		
22	Television Charges		
23	Surcharges		
24	Attendant Charges		
25	Extra Diet Of Patient (other Than That Which Forms Part Of Bed Charge)		
26	Birth Certificate		
27	Certificate Charges		
28	Courier Charges		
29	Conveyance Charges		
30	Medical Certificate		
31	Medical Records		
32	Photocopies Charges		
33	Mortuary Charges		
34	Walking Aids Charges		
35	Oxygen Cylinder (for Usage Outside The Hospital)		
36	Spacer		
37	Spirometre		
38	Nebulizer Kit		
39	Steam Inhaler		
40	Armsling		
41	Thermometer		
42	Cervical Collar		
43	Splint		
44	Diabetic Foot Wear		
45	Knee Braces (long/ Short/ Hinged)		
46	Knee Immobilizer/shoulder Immobilizer		
47	Lumbo Sacral Belt		
48	Nimbus Bed Or Water Or Air Bed Charges		
49	Ambulance Collar		
50	Ambulance Equipment		
51	Abdominal Binder		
52	Private Nurses Charges- Special Nursing Charges		
53	Sugar Free Tablets		
54	Creams Powders Lotions (toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)		
55	Ecg Electrodes		

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

<b>Sr. No.</b>	<b>List II – Items that are to be subsumed into Room Charges</b>	<b>SR. NO.</b>	<b>List III – Items that are to be subsumed into Procedure Charges</b>
1	Baby Charges (unless Specified/indicated)	1	Hair Removal Cream
2	Hand Wash	2	Disposables Razors Charges (for Site Preparations)
3	Shoe Cover	3	Eye Pad
4	Caps	4	Eye Sheild
5	Cradle Charges	5	Camera Cover
6	Comb	6	Dvd, Cd Charges
7	Eau-de-cologne / Room Freshners	7	Gause Soft
8	Foot Cover	8	Gauze
9	Gown	9	Ward And Theatre Booking Charges
10	Slippers	10	Arthroscopy And Endoscopy Instruments
11	Tissue Paper	11	Microscope Cover
12	Tooth Paste	12	Surgical Blades, Harmonicscalpel, Shaver
13	Tooth Brush	13	Surgical Drill
14	Bed Pan	14	Eye Kit
15	Face Mask	15	Eye Drape
16	Flexi Mask	16	X-ray Film
17	Hand Holder	17	Boyles Apparatus Charges
18	Sputum Cup	18	Cotton
19	Disinfectant Lotions	19	Cotton Bandage
20	Luxury Tax	20	Surgical Tape
21	Hvac	21	Apron
22	House Keeping Charges	22	Torniquet
23	Air Conditioner Charges	23	Orthobundle, Gynaec Bundle
24	Im Iv Injection Charges		
25	Clean Sheet		
26	Blanket/warmer Blanket		
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	Pulseoxymeter Charges		



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

<b>Sr. No.</b>	<b>List IV – Items that are to be subsumed into costs of treatment</b>
1	Admission/registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\spirit\ Disinfectants Etc
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	Hiv Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabs
16	Scrub Solution/sterillium
17	Glucometer & Strips
18	Urine Bag

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

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15, Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70, S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh
City Hospital & Trauma Centre	C-1, Cinder Dump Complex, 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, Sinhgoud 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
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad , Uttar Pradesh

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

**Notes:**

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