

Prospectus

1. Eligibility Criteria

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|--------------------------------------|---|
| Sum Insured (in Rs) | 50,000/1,00,000/2,50,000/5,00,000 |
| Entry Age –Minimum | Individual(Primary Insured Person):14 Years Child:91 days |
| Entry Age-Maximum | Adult: Life Long Child:24 years |
| Exit Age | Life Long |
| Cover Type | Individual : Self Family Floater : (Up to 2 Children and 2 Adults) |
| Pre-policy Issuance Medical Check up | No Medicals Required ;Only Tele-Underwriting |
| Tenure in Years | 1/2/3(According to the Policy Tenure of the Base Policy) |
| Eligibility Criteria | <ol style="list-style-type: none">1. Proposer must have a Retail Health Indemnity Policy bought for self/family from Care Health Insurance Limited in order to buy this Add-On for Domestic Help2. For the purpose of this policy, the “Domestic Help/Staff” means, a person who is employed against a remuneration in any household, part time or full time basis to do the household work, but does not include any member/Relative of the of the employer or his family3. Proposer can buy the Insurance Policy in the name of the Domestic Help But Proposer must have an Employer-Employee relation with the Domestic Help on a declaration basis as captured in the Proposal Form |

- Note:-
- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and / or at the time of Renewal.
 - Your Eligibility Criteria is Subject to Underwriting Criteria of the Company.

2. Scope of Cover

GENERAL CONDITIONS

1. It is agreed and understood that the Add on Policy can only be bought along with the Base Policy either on Policy Issuance, Renewal or mid- term through an endorsement and cannot be bought in isolation or as a separate product.
2. In case of mid –term addition of the Add on Policy, Premium will be charged on a pro-rata basis depending on the Cover Period .But Mid –term addition of Add -on Policy will not be allowed within last 3 months of the Base Policy Period End Date.
3. In all cases, the Cover End Date will always be same as that of the Add-on Policy End Date.
4. The Add on Policy is subject to Policy terms, conditions and applicable endorsements of the Base Policy.
5. The Add on Policy shall be available under Base policy only if the same is specifically opted.
The Add on Policy Terms and Conditions will have an overriding effect on the Base Policy Terms and Condition to the extent covered under this Policy.
6. Admissibility of a Claim under this Policy is subject to purview of coverage/Benefits available under this Add on Policy only and has no relation to coverage/Benefits available under the Base Policy.
7. In case of Endorsement related to change of Domestic Help, there should be a gap of minimum 30 days between two Endorsements. The proposer needs to make an endorsement for such a change and Premium adjustment (if any) will be made In case of this Endorsement, all the Waiting Periods will be applicable from Cover Start Date of the new Domestic Help and he/she will be treated as the new Primary Insured Person.
8. Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses) and Benefit 4 (Daily Allowance).
9. Coverage for Benefit 3(Personal Accident) is over and above the sum Insured and available only on Individual Sum Insured basis. In case of Family Floater option Coverage for Benefit 3(Personal Accident) will only be available to the Primary Insured Person on an Individual Sum Insured basis.
10. In case, any Claim is paid under the Benefit 3(Personal Accident) and the coverage amount under this benefit gets exhausted, then coverage for that Insured Person under this benefit shall terminate for that Cover Period.
11. Option of Mid-term inclusion of an Insured Family Member is allowed under this Add-on Policy only in case of Marriage and Child Birth.

2.1 Benefit 1 : Hospitalization Expenses

- (i) In-patient Care: Hospitalization for at least 24 hours - If your Domestic help and/or Domestic Help’s family members covered in this policy are admitted to a hospital for in-patient care due to Illness or Injury , which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by Your Domestic help or his/her family members at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon’s fee, Doctor’s fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization. Please refer to the Schedule of Benefits for limits/ sub-limits.
- (ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries doesn’t require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for Your Domestic help and/or Domestic Help’s family members convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments as per Annexure to Prospectus of the Base Policy, maximum up to Sum Insured.

(iii) Advance Technology Methods:

The Company will indemnify the Insured Person for expenses incurred under Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:

- a. Uterine Artery Embolization and HIFU
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intra vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries
- i. Bronchical Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

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

(i) Pre-Hospitalization Medical Expenses:

Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses incurred by your Domestic help and/or Domestic Help's family members covered in this policy up to the Sum Insured for a period of 15 days immediately before the Date of Your Admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date.

(II) Post-Hospitalization Medical Expenses:

The expenses don't end once your Domestic help and/or Domestic Help's family members covered in this policy are discharged. There might be follow-up visits to medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses incurred by your Domestic help or his/her family members covered in this policy up to the Sum Insured for a period of 30 days immediately after the Date of Discharge of Your Admissible Hospitalization.

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

2.3 Benefit 3: Personal Accident:

Accidents never tell and come but a little planning for such unforeseen events can protect the interests of your beneficiaries in a big way.

This includes two benefits namely Accidental Death and Permanent Total Disablement. Coverage amount under this benefit will be 3 times of Sum Insured for Accidental Death and up to 3 times of Sum Insured for Permanent Total Disablement (as per the PTD table).

(i) Accidental Death: If Your Domestic Help covered in the Policy suffers an Injury during the Cover Period, which directly results in the Insured Person's death within 12 months from the date of Accident (including date of Accident), then We will pay to the Nominee or the legal heir of the insured, 3 times of the Sum Insured under this Benefit.

(ii) Permanent Total Disablement (PTD): If Your Domestic Help covered in the Policy suffers an Injury during the Cover Period, which directly results in his/her Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), then We will pay the Insured an amount as specified in the table below.

| Sr. No. | Insured Events | Amount payable = % of the Coverage amount of that Insured Person as specified in the Add on Policy Schedule under this Benefit |
|---------|--|--|
| i | Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot | 100% |
| ii | Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot | 100% |
| iii | Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot | 50% |
| iv | Total and irrecoverable loss of use of a hand or a foot without physical separation | 50% |
| v | Paraplegia or Quadriplegia or Hemiplegia | 100% |

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

For the purpose of this Benefit only:

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

2.4 **Benefit 4 : Daily Allowance**

A trip to a hospital involves more than merely using the doctor's services and hospital facilities. Your Domestic help and/or Domestic Help's family members covered in the Policy are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that they may not be able to foresee. We would pay Daily Allowance - a fixed lump sum amount to the Insured, for each completed day (24 hours) of hospitalization, payable for a maximum of 5 consecutive days per Hospitalization and maximum 30 days in an Add on Policy Year with a Deductible of 1 day, so that these expenses are met without a bother.

3. EXCLUSIONS

3.1 **Wait Period**

(I) **30-day Waiting Period-Code: Excl03**

- a) Expenses related to the treatment of any illness within 30 days from the Cover Start 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 under this Add-on Policy.
- c) The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently under this Add-on Policy.

(ii) **Specific Waiting Period: Code- Excl02**

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

(iii) **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 48 months of continuous coverage after the date of inception of the first policy with insurer for that Insured Person.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase under this Add-on Policy.

- c. If the Insured Person is continuously covered without any break under this Add-on Policy 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- (iv) The Waiting Periods as defined in Clauses 3.1(i), 3.1(ii) and 3.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

3.2 Permanent Exclusions:

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

- a) The following list of permanent exclusions is applicable to all the Benefits :
1. Any item or condition or treatment specified in List of Non-Medical Items (same as per Annexure to Base Policy Terms & Conditions).
 2. 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 to the base Policy Terms & Conditions.
 3. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
 4. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
 5. 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.
 6. 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
 7. 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.
 8. Charges incurred for Treatment/Diagnosis in connection with eye, ear and dental and all other external appliances and/or devices whether for diagnosis or treatment.
 9. 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.
 10. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1(iv).
 11. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
 12. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability
 13. 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.
 14. 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.
 15. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
 16. All preventive care, Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
 17. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
 18. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
 19. War (whether declared or not) 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.
 20. 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.

21. 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 ,tobacco(smoking/non -smoking)or hallucinogens or Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
 22. 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.
 23. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
 24. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
 25. 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.
 26. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature. With respect to this Exclusion only professional means a person for whom this activity is a full time occupation for living and semi –professional means a person for whom this activity is it not a full time occupation for living.
 27. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded. Treatment sought for any medical condition, not covered under the benefit but arising during the Hospitalization for the condition covered under the benefit.
 28. Investigation & Evaluation: (Code- Excl04)
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 29. 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.
 30. Obesity/ Weight Control: (Code- Excl06)

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

 - i. Surgery to be conducted is upon the advice of the Doctor
 - ii. The surgery/Procedure conducted should be supported by clinical protocols
 - iii. The member has to be 18 years of age or older and
 - iv. Body Mass Index (BMI);
 - (i) greater than or equal to 40 or
 - (ii) greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 1. Obesity-related cardiomyopathy
 2. Coronary heart disease
 3. Severe Sleep Apnea
 4. Uncontrolled Type2 Diabetes
 31. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
 32. 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)
 33. 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)
 34. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- b) Additional Exclusions applicable to any Claim under Personal Accident:
- Any Claim in respect of any Insured Person for, arising out of or 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 pre-existing injury or disability;
2. An Insured Person operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;
3. An Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
4. Sexually transmitted disease except arising out of HIV.
5. Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;
6. Training for or participating in professional sport of any kind;
7. The Insured Person serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
8. The Primary Insured Person working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities.
9. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.
10. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
11. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
12. As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.

Note to 'Permanent Exclusions': 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

Claim Procedure and Management under this Add on Policy Will be same as the Base Policy except for Claim settlement under reimbursement, the Company will pay the Insured Person (or the Nominee or legal heir if the Insured Person is deceased).

In case of, age of the Insured at the time of Claim is less than 18 years then the Claim settlement under reimbursement will be made to Nominee of the Insured.

4.1 Documents to be submitted for filing a valid Claim

- a) The following information and documentation shall be submitted in accordance with the procedures and within the same timeframes as specified under the Base Policy
 1. Duly filled and signed Claim form by the Insured Person;
 2. Copy of Photo ID of Insured Person;
 3. Medical Practitioner's referral letter advising Hospitalization;
 4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
 5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
 6. Original bills from pharmacy/chemists;
 7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
 8. Operation Theatre Notes;
 9. Indoor case papers(if applicable)
 10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
 11. Ambulance Receipt;
 12. Any other document as required by the Company to assess the Claim, in case fraud is suspected.

b) Additional Documents required for a Claim under Personal Accident(Benefit 3):

It is a condition precedent to the Company's liability under these Benefits that the following information and documentation shall be submitted to the Company immediately and in any event within 30 days of the event giving rise to the Claim under these Benefits:

1. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report.
2. Original Death Certificate; if applicable.
3. Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable.
4. A newspaper cutting about accident (if available).

Notes:

- The Company may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any benefit shall be submitted to the company.
- The Company will accept bills/invoices which are made in the Insured Person's name only.

- The company may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company.

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

5. Cancellation / Termination

- a) The Company may at any time, cancel this Add on Policy independently and irrespective of the Base Policy as per disclosure to information norm by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and the Company 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 the Company.
- b) The Policyholder may also give 15 days' notice in writing independently and irrespective of the Base Policy, to the Company, for the cancellation of this Add on Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the balance period of this Policy at the short period scales as mentioned in the Base Policy, provided no Claim has been made under the Policy.
- c) Short Period Scales to be applied on premium received will be same as that of the percentages mentioned in the Base Policy but for the purpose of Refund only Policy Start Date will be replaced with Add on Policy Start Date .
- d) In-case of Cancellation of the Base Policy by the Policy Holder, then this Add on Policy will get cancelled automatically and the premium would be refunded for the balance period of this Policy at the short period scales as mentioned in the Base Policy.
- e) In case of Termination of the Base Policy as per disclosure to information norm or any other Terms and Conditions of the Policy, this Add on Policy shall stand null and void from the date and time of termination of the Base Policy and the Company 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 the Company.
- f) In case of demise of the Primary Insured Person or the Proposer ,
 - I. Where the Policy covers only the Primary Insured Person, this Policy shall stand null and void from the date and time of demise of the Primary Insured Member. The premium would be refunded (excl of taxes) for the balance period of this Policy at the short period scales as mentioned in the Base Policy subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy
 - II. Where the Policy covers other Insured Persons, this Policy shall continue till the end of Cover Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a Primary Insured Person provided that:
 - i. Written notice in this regard is given to the Company before the Cover End Date; and
 - ii. A Person who satisfies the Company's eligibility criteria to become a Primary Insured Person.

6. Salient Features

6.1 Underwriting Loading:

There will be no Underwriting Loading in this Add on

6.2 Pre-Policy Medical Check-up

There are no pre medical tests irrespective of age.

6.3 Tax Benefit

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

7. Portability and Multiple Policies

a) Portability

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

For Detailed Guidelines on Portability, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

b) Multiple Policies

- a. In case of multiple policies taken by an insured 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.
- b. 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.
- c. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

8. Renewal Terms and Free-Look Period

Renewal Terms and Free-Look Period under this Add on Policy will be similar to the Base Policy.

9. Endorsements

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

Any request for addition or deletion of a Member shall always be reviewed by the underwriter prior to the execution. The underwriter shall have sole discretion whether or not to approve such request based on any additional information as sought for.

This Add on Policy has a feature where the Proposer in case of change of the Domestic Help can replace the previous Domestic Help with the new Domestic Help even before the Renewal is due after adjusting of the Premium (if any) subject to, there must be a gap of at least 30 days between two endorsements related to this replacement and the new Person(s) must satisfy the eligibility criteria as set out in the Policy Terms and Conditions.

10. Migration

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

For Detailed Guidelines on Migration, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

11. Grievances

In case of any grievance the insured person may contact the company through

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

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate Office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or Corporate Office. For updated details of grievance officer,

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

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

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

12. Schedule of Discounts / Loading

| Sr. No. | Description | Parameters | Rates |
|---------|---|------------------------|------------------------|
| 1 | Discount for Employees and / or their dependents of | As per the Base Policy | As per the Base Policy |
| 2 | Tenure Discount | As per the Base Policy | As per the Base Policy |

Note: All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (Maximum cap on all discounts will be the cumulative discounts of the base product pertaining to the discounts applicable to this Add on.)

Schedule of Benefits:

Plan Details

| | |
|--------------------------------------|--|
| Sum Insured (in Rs) | 50,000/1,00,000/2,50,000/5,00,000 |
| Entry Age –Minimum | Individual(Primary Insured Person):14 Years Child:91 days |
| Exit age | Life Long |
| Cover Type | Individual : Self Family Floater : (Up to 2 Children and 2 Adults) |
| Pre-policy Issuance Medical Check up | No Medicals Required ;Only Tele-Underwriting |
| Tenure in Years | 1/2/3(According to the Policy Tenure of the Base Policy) |
| Eligibility Criteria | <p>~ Proposer must have a Retail Health Indemnity Policy bought for self/family from Care Health Insurance Limited in order to buy this Add-On for Domestic Help</p> <p>~ For the purpose of this policy, the "Domestic Help/Staff" means, a person who is employed against a remuneration in any household, part time or full time basis to do the household work, but does not include any member/Relative of the of the employer or his family</p> <p>~ Proposer can buy the Insurance Policy in the name of the Domestic Help But Proposer must have an Employer -Employee relation with the Domestic Help on a declaration basis as captured in the Proposal Form</p> |

| Sum Insured in Rs(SI) | 50,000 | 1,00,000 | 2,50,000 | 5,00,000 |
|----------------------------|--|--|--|--|
| Benefits | | | | |
| Hospitalization Expenses | | | | |
| In-Patient Hospitalization | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured |
| Day Care Treatment | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured |
| Pre/Post Hospitalization | Pre-Hospitalization for 15 days & Post-Hospitalization for 30 days; Maximum up to SI | Pre-Hospitalization for 15 days & Post-Hospitalization for 30 days; Maximum up to SI | Pre-Hospitalization for 15 days & Post-Hospitalization for 30 days; Maximum up to SI | Pre-Hospitalization for 15 days & Post-Hospitalization for 30 days; Maximum up to SI |
| Personal Accident | ~ Accidental Death – 3 times of Sum Insured ~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) | ~ Accidental Death – 3 times of Sum Insured ~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) | ~ Accidental Death – 3 times of Sum Insured ~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) | ~ Accidental Death – 3 times of Sum Insured ~ Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) |
| Daily Allowance | Rs. 100 per day; Max. 5 days per hospitalization covered after 1 day | Rs. 100 per day; Max. 5 days per hospitalization covered after 1 day | Rs. 250 per day; Max. 5 days per hospitalization covered after 1 day | Rs. 500 per day; Max. 5 days per hospitalization covered after 1 day |
| Wait Periods | | | | |
| Initial Wait Period | 30 days | 30 days | 30 days | 30 days |
| Named ailments | 24 Months | 24 Months | 24 Months | 24 Months |
| Pre-existing Diseases | 48 Months | 48 Months | 48 Months | 48 Months |

| Sub-limits | | | | |
|---|--|--|---|---|
| Room Rent / Room Category | Lower of 1% of SI or 'General Ward' | Lower of 1% of SI or 'General Ward' | Lower of 1% of SI or 'General Ward' | Lower of 1% of SI or 'General Ward' |
| ICU Charges | Lower of 2% of SI or Up to Rs 2000 per day | Lower of 2% of SI or Up to Rs 2000 per day | Lower of 2% of SI Up to Rs 5000 per day | Lower of 2% of SI Up to Rs 5000 per day |
| Treatment of Cataract | Up to 10,000 per eye | Up to 10,000 per eye | Up to 10,000 per eye | Up to 12,500 per eye |
| Treatment of Total Knee Replacement. | Up to Rs 50,000 per Knee | Up to Rs 50,000 per Knee | Up to Rs 50,000 per Knee | Up to Rs 62,500 per Knee |
| Treatment for each and every Ailment / Procedure mentioned below:- | | | | |
| i. Surgery for treatment of all types of Hernia | Up to Rs 20,000 | Up to Rs 20,000 | Up to Rs 20,000 | Up to Rs 25,000 |
| ii. Hysterectomy | | | | |
| iii. Surgeries for Benign Prostate Hypertrophy (BPH) | | | | |
| iv. Surgical treatment of stones of renal system | | | | |

Appendix-I (PTD Table):

| Sr. No. | Insured Events | Amount payable = % of the coverage amount of that Insured Person under this Benefit |
|---------|--|---|
| I | Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot | 100% |
| II | Total and irrecoverable loss of (d) use of two hands or two feet; or (e) one hand and one foot; or (f) sight of one eye and use of one hand or one foot | 100% |
| III | Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot | 50% |
| IV | Total and irrecoverable loss of use of a hand or a foot without physical separation | 50% |
| V | Paraplegia or Quadriplegia or Hemiplegia | 100% |

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

For the purpose of this Benefit only:

- (iv) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- (v) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (vi) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

About Us

Care Health Insurance Limited

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance was awarded 'Smart Insurer of the Year' and 'Sales Champion of the Year' at The Economic Times Insurance Summit & Awards 2022. The company was also conferred the 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alerts Awards, 2021, and was adjudged 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

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

Disclaimer: This is only a summary of product Domestic Staff Insurance Add-On. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. 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.

Insurance is a subject matter of solicitation. UAN:23015574 UIN: RHIHLIP21407V022021 CIN: U66000DL2007PLC161503 IRDAI Registration Number - 148

Note:

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

Annexure I - Benefit / Premium illustration

Illustration 1

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|---|--|-------------------|---|-------------------|------------------------------|-------------------|---|---------------------------|-----------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater Discount (if any) | Premium after discount(Rs.) | Sum Insured (Rs.) |
| 44 | 2019 | 50,000 | NA | | | | 3,538 | NA | 3,538 | 50,000 |
| 39 | 1079 | 50,000 | | | | | | | | |
| 22 | 1079 | 50,000 | | | | | | | | |
| 14 | 1079 | 50,000 | | | | | | | | |
| Total Premium for all members of family is Rs. 5256, when each member is covered separately. Sum Insured available for each individual is Rs. 50,000 | | | Total Premium for all members of family is Rs. , when they are covered under a single policy Sum Insured available for each family member is Rs. | | | | Total Premium when policy is opted on floater basis is Rs. 3538 Sum Insured of Rs. 50,000 is available for entire family | | | |

Illustration 2

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|---|--|-------------------|---|-------------------|------------------------------|-------------------|---|---------------------------|-----------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater Discount (if any) | Premium after discount(Rs.) | Sum Insured (Rs.) |
| 55 | 2,019 | 50,000 | NA | | | | 3,538 | NA | 3,538 | 50000 |
| 49 | 2,019 | 50,000 | | | | | | | | |
| | | | | | | | | | | |
| Total Premium for all members of family is Rs. 4038, when each member is covered separately. Sum Insured available for each individual is Rs. 50,000 | | | Total Premium for all members of family is Rs. , when they are covered under a single policy Sum Insured available for each family member is Rs. | | | | Total Premium when policy is opted on floater basis is Rs. 3538 Sum Insured of Rs. 50,000 is available for entire family | | | |

Illustration 3

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|---|--|-------------------|---|-------------------|------------------------------|-------------------|---|---------------------------|-----------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater Discount (if any) | Premium after discount(Rs.) | Sum Insured (Rs.) |
| 70 | 5,912 | 50,000 | NA | | | | 9,815 | NA | 9,815 | 50000 |
| 64 | 5,912 | 50,000 | | | | | | | | |
| | | | | | | | | | | |
| Total Premium for all members of family is Rs. 11,824, when each member is covered separately. Sum Insured available for each individual is Rs. 50,000 | | | Total Premium for all members of family is Rs. , when they are covered under a single policy Sum Insured available for each family member is Rs. | | | | Total Premium when policy is opted on floater basis is Rs. 9815 Sum Insured of Rs. 50,000 is available for entire family | | | |

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