

PROSPECTUS AND SALES LITERATURE

1. Eligibility Criteria

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	<ul style="list-style-type: none">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 HelpFor 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 familyProposer 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

Notes:

- AllTheAgeCalculationsAreAsPer ‘AgeLastBirthday’ AsOnTheDateOfFirstIssueOfPolicyAnd/OrAtTheTimeOf 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 The 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.

IV Ayush Treatment

We Will Indemnify The Insured Person, Through Cashless Or Reimbursement Facility, Up To The Sum Insured, As Specified In The Policy Schedule, Towards Medical Expenses Incurred With Respect To The Insured Person's Medical Treatment Undergone At Any Ayush Hospitals Or Health Care Facilities For Any Of The Listed Ayush Treatments Namely Ayurveda, Yoga And Naturopathy, Sidha, Unani And Homeopathy, Subject To The Conditions Specified Below:

- I. A Claim Will Be Admissible Under This Benefit Only If The Claim Is Admissible Under 'In-Patient Care' Of Benefit 'Hospitalization Expenses'.
- II. Medical Treatment Should Be Rendered From A Registered Medical Practitioner Who Holds A Valid Practicing License In Respect Of Such Ayush Treatments; And
- III. Such Treatment Taken Is Within The Jurisdiction Of India; And
- IV. Clause 3.2(A)(18) Under Permanent Exclusions, Is Superseded To The Extent Covered Under This Benefit

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-Imbursement 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 on 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 36 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 36 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 Persons'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.
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. Tak 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 dioptries.

35. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.

36. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary

- a. 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.

Noteto '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 registration of 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 and claim will be registered only on submission of below documents. The date of submission of such information shall be deemed as date of claim registration for the purpose of claim processing:
 1. Duly filled and signed Claim form by the Insured Person;
 2. Copy of Photo ID and address proof of Insured Person;
 3. Medical Practitioner's first consultation paper and referral letter advising Hospitalization;
 4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
 5. Original numbered bills/ receipts and discharge summary from the Hospital/Medical Practitioner;
 6. Original numbered bills from licensed pharmacy/chemists;
 7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
 8. Operation Theatre Notes;
 9. Emergency Notes, Initial Assessment Sheet and 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 along with an original certificate of the extent of payment received from such insurance company.

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

5. Cancellation / Termination

- a. The policyholder may cancel this Add-on Policy independently and irrespective of the Base Policy by giving 7 days' written notice and in such an event, the Company shall refund proportionate premium for the unexpired policy period.
- b. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.
- c. If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre-policy medical examination etc. incurred by the Company will also be deducted before refunding of premium.
- d. The Company may cancel this Add-on Policy independently and irrespective of the Base Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.
- e. 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 on proportionate basis.
- f. In case of Termination of the Base Policy on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, 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.

Notes:

In case of demise of the Policyholder,

- i. Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder and the Company shall refund proportionate premium for unexpired Policy Period 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 Policy 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 policyholder provided that:
 - i. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - ii. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

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

This policy is portable. If the insured is desirous of porting this policy to any other policy offered by the Company, application in the appropriate form should be made to the Company at least 30 days before but not earlier than 60 days from the date when the renewal is due.

b Multiple Policies

- a.** In case any Insured Person is covered under more than one indemnity insurance policies, with the Company 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 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.

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

Policy holder 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 the Company.

- i.** The Policy holder should initiate the action to approach the Company to exercise migration option at least 30 days before the renewal date of Policy to avoid any break in the policy coverage.
- ii.** The Waiting Periods as defined in Clauses 3.1(i), 3.1(ii) and 3.1(iii) of this Add-on 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), 3.1(ii) and 3.1(iii) shall be applicable afresh to the amount by which the Sum Insured under this Add-on 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), 3.1(ii) and 3.1(iii) shall be applicable individually for each

Insured Person and Claims shall be assessed accordingly under this Add-on Policy.

- v. Credit for the sum insured of the expiring Add-on policy shall additionally be available as under:
 - a. If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this Add-on Policy would also be applied on a Floater basis only.
 - b. In all other cases the sum insured to be carried forward for credit in this Add-on Policy would be applied on an individual basis only.

11. Grievances

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

Website/link: <https://www.careinsurance.com/customer-grievance-redressal.html>

Mobile App : Care Health- Customer App

Toll free (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/>
Policyholder/Insured Person can refer the Ombudsman list as mentioned in the Base Policy

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

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
AYUSH 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	<ul style="list-style-type: none"> Accidental Death – 3 times of Sum Insured Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) 	<ul style="list-style-type: none"> Accidental Death – 3 times of Sum Insured Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) 	<ul style="list-style-type: none"> Accidental Death – 3 times of Sum Insured Permanent Total Disablement – up to 3 times of Sum Insured (As per Appendix- I) 	<ul style="list-style-type: none"> 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	36 Months	36 Months	36 Months	36 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 ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system	Up to Rs 20,000	Up to Rs 20,000	Up to Rs 20,000	Up to Rs 25,000

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 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:

- 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 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.

Apart from numerous awards since inception, in December 2024 Care Health Insurance was conferred the 'Overall Achievement Award' (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and 'Smart Insurer' and 'Sales Champion' awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was awarded 'Best Health Insurance Plan – Care Plus' at the Global Financial Planner's Summit 2024 held in October'24, and 'Claims Service Leader for the Year' & 'Best Health Insurance Company in Rural Sector' awards at the India Insurance Summit & Awards 2024 in March'24.

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

Disclaimer: This is only a summary of features of Domestic Staff Insurance Add-on. 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.

Insurance is a subject matter of solicitation. UAN:25026538 UIN: U66000DL2007PLC161503

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 provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

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

Annexure I - Benefit / Premium illustration

Illustration I

Age of mem- bers 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)	Premi-um after discount (Rs.)	Sum Insured (Rs.)	Premium or con-solidated premium for all members of family (Rs.)	Floater Discount (if any)	Premi-um 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.			Total Premium for all members of family is Rs. when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs. 3,538			
Sum Insured available for each individual is Rs. 50,000			Sum Insured available for each family mem-ber is Rs.				Sum Insured of Rs. 50,000 is available for entire family			

Illustration II

Age of mem- bers 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)	Premi- um after discount (Rs.)	Sum Insured (Rs.)	Premium or con- solidated premium for all members of family (Rs.)	Floater Discount (if any)	Premi- um after discount (Rs.)	Sum Insured (Rs.)
55	2019	50,000	NA				3,538	NA	3,538	50,000
49	1079	50,000								
Total Premium for all members of family is Rs.4038 when each member is covered separately.			Total Premium for all members of family is Rs. when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs. 3,538			
Sum Insured available for each individual is Rs. 50,000			Sum Insured available for each family mem-ber is Rs.				Sum Insured of Rs. 50,000 is available for entire family			

Illustration III

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	50,000
64	5,912	50,000								
Total Premium for all members of family is Rs.11,824 when each member is covered separately.			Total Premium for all members of family is Rs.when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs. 9,815			
Sum Insured available for each individual is Rs. 50,000			Sum Insured available for each family member is Rs.				Sum Insured of Rs. 50,000 is available for entire family			