

Prospectus

I. Eligibility Criteria

Minimum Entry Age	Individual- Adult: 18 years and above Children: 5 years to 24 years Floater – Adult: 18 years and above Children: 1 day to 24 years with at least 1 member of age 18 years or above	
Maximum Entry Age	No age bar	
Maximum Renewal Age	Lifelong	
Age of Proposer	18 years or above	
Floater combinations	1 Adult + 1 Child 1 Adult + 2 Children 1 Adult + 3 Children 1 Adult + 4 Children	2 Adults 2 Adults + 1 Child 2 Adults + 2 Children 2 Adults + 3 Children 2 Adults + 4 Children
Relationship Covered	Individual: Legally married Spouse, Children, Parents, Brother, Sister, Parents-in-Law, Grandparents, Grandchildren, Uncle, Aunt, Nephew and Niece. Family Floater: Self, Legally married Spouse, Children & Parents Group: Insurable interest between Group Administrator & Member of the Group	

2. Key Benefits

2.1 Hospitalization Expenses

(i) In-patient Care

Hospitalization for at least 24 hours – We indemnify for the medical expenses incurred during Hospitalization for a minimum period of 24 consecutive hours like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.

(ii) Day Care Treatment

Hospitalization for less than 24 hours – We also indemnify for your medical expenses if you undergo a Day Care Treatment at a hospital or a day care centre that requires Hospitalization for less than 24 hours.

(iii) Advance Technology Methods:

We will indemnify you for the Hospitalization Expenses incurred for treatment taken through following advance technology methods:

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

2.2 Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

This benefit indemnifies for

- The medical expenses incurred by you for a period 30 days immediately before your Hospitalization.
- The medical expenses incurred by you for a period 60 days immediately after your Hospitalization.

2.3 Organ Donor Cover

We will indemnify you for medical expenses that are incurred by an organ donor while undergoing the organ transplant surgery.

2.4 Health Check-up

We shall arrange for an annual health check-up for yourself and your family members who is not covered under the Policy as Your child at our Network Provider or any other Service Providers empaneled with Us to provide the services, in India.

2.5 Enhance Anywhere

We shall indemnify you for the medical expenses (including air ambulance) incurred for select diseases / ailments / treatments anywhere across the world.

3. Special Conditions

3.1 Floater Cover

Under the 'floater' plan, you can cover any member of your immediate family (yourself or spouse, parents and children) for the sum insured in a single policy.

3.2 Co-payment

You will bear 20% of the Final Claim Amount, as mentioned in the table below, and our liability shall be restricted to the balance amount, subject to the available Sum Insured.

Cover Type	Entry Age* of Insured Person or Eldest Insured Person (in case of Floater)	Applicable to
Individual	>=61 years	Individual Insured Person
Floater	>=61 years	All Insured Person's

*Entry Age means the age of the Insured Person at the time first buying of the Policy with us.

4. Add-on Benefits

4.1 Everyday Care

We understand that healthcare needs are not only limited to Hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and provide unlimited consultations to our wide network of consultants, specialists and surgeons at a nominal charge.

To add to this, our Everyday Care wellness package provides you access to a free health helpline, health & wellness offers from our associates nationwide, online health risk assessments and health perquisites.

4.2 Expert Opinion

You are entitled to an expert opinion from a specialist medical professional, on ailments pertaining to certain specified major illnesses. We shall arrange the services for you on your behalf.

5. Salient Features

5.1 Cashless Facility

With Cashless Facility, you no longer need to run around paying off hospital bills and then follow up for a reimbursement. All you now need to do is get admitted to any of our Network Hospitals and concentrate only on your recovery. Leave the bill payment arrangements to us, except for any non-medical expenses that you incur at the Hospital.

5.2 Deductible

Deductible is the claim amount which is to be borne by you under this Policy. Deductible would apply on an aggregate basis in a Policy Year. We shall be liable only once the aggregate amount of all the Claims exceed the Deductible.

5.3 Underwriting Loading

Based on the assessment of the extra risk on account of medical conditions by the underwriter, the premium shall be loaded in accordance with the specified table so as to arrive at total premium to be charged. Such extra premium shall be communicated to You for Your consent before the Policy is issued. Such extra premium shall be applicable at renewals of the policy also.

5.4 Policy Term

The Policy term can be one, two or three years.

5.5 Tax Benefit

Opting for health insurance is certainly a step in the right direction, and it comes with a two-fold benefit. Not only does it ensure that you and your family can access good medical care at all times, it also enables you to avail of a tax benefit on the premiums you pay towards your 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 your tax advisor for more details)

5.6 Free Look Period

You may, within 15 days from the receipt of the Policy, return the Policy stating reasons, if the terms and conditions are not acceptable. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges.

5.7 Premium

The premium charged under the Policy depends upon the age of the member, Sum Insured and Deductible chosen, cover (individual or floater), no. of members in the policy, tenure and the health status of the individual. The premium rates for the plans offered are annexed hereto with the prospectus.

5.8 Cancellation / Termination

You can cancel / terminate the policy any time by giving a 15 days' notice in writing. We shall refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

Cancellation date up to (x months) from Policy Period Start Date	1 Year	2 Year	3 Year
Up to 1 month	75.0%	87.0%	91.0%
1 month to 3 months	50.0%	74.0%	82.0%
3 months to 6 months	25.0%	61.5%	73.5%
6 months to 12 months	0.0%	48.5%	64.5%
12 months to 15 months	N.A.	24.5%	47.0%
15 months to 18 months	N.A.	12.0%	38.5%
18 months to 24 months	N.A.	0.0%	30.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

6. Portability & Migration

If You wish to migrate your individual health insurance policy from any other non-life insurance company, you can apply for a health insurance policy under portability, but in no case later than 30 days after the renewal date of your policy and the Waiting Periods as under the policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer.

If You apply to Us for a health insurance policy, provided that You have to be covered without any break under any individual indemnity health insurance policy from any non-life insurance company registered with the IRDA or any group indemnity health insurance policy from Us.

The Waiting Periods as defined in Clauses 9(1), 9(2) and 9(3) of the Policy Terms and Conditions shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the Sum Insured under the expiring health insurance policy.

The Waiting Periods under Clauses 9(1), 9(2) and 9(3) shall be applicable afresh to the amount by which the Sum Insured under the Policy exceeds the sum insured of the expiring policy.

The Waiting Period, Specific Waiting Period and waiting period for Pre-existing Diseases shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

Credit for the Sum Insured of the expiring policy shall additionally be available as under:

- (i) If the insured person was covered of a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
- (ii) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

In case the You have opted to switch to any other insurer under Portability and the outcome of acceptance of the Portability is awaited from the new insurer on the date of renewal:

- (i) We may at the Your request, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
- (ii) In case any Claim is reported during the extended Policy Period, You shall first pay the premium so as to make the Policy Period of 12 full calendar months. Our liability for the payment of the Claim shall commence only once such premium is received.

***Note: This provision will apply even if the Insured Person migrates to any other health insurance policy.**

7. Grievance Redressal

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

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

Website: www.careinsurance.com

Email: customerfirst@careinsurance.com

Contact No.: 1800-102-4488

Courier: Any of Our Branch Office or corporate office

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

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

Head - Customer Services,

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurugram -122001 (Haryana)

8. Claims Management

We shall process all the Claims under this policy. With You directly interacting with Us, We can be doubly sure that You are satisfied. And when You are satisfied, We feel satisfied too.

We deliver on our promises. We take pride in offering hassle-free clearance and speedy settlements.

Intimation : Kindly notify Us in case of occurrence of any event that can give rise to Claim. The notification should be

- (i) At least 48 hours before the commencement of planned Hospitalization; or
- (ii) Within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

Claim Process

1. Please send the duly signed claim form and all the information/documents mentioned therein to Us. Please refer to claim form for complete documentation.
2. If there is any deficiency in the documents/information submitted by You, We will send the deficiency letter.
3. On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement in Your name.

Cashless

The Cashless Facility is available only at Our Network Hospitals. All You have to do is present the CHIL Health Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless service. You need to request for the cashless facility in a prescribed format. We may authorize Your request and thereafter You shall not be required to pay for the hospital bills, except for the non-medical expenses.

Re-imburement

The necessary documents as specified below should be sent to Us. We shall examine these documents and process Your Claim

List of Documents :

1. Duly completed and signed Claim form, in original;
2. Medical Practitioner's referral letter advising Hospitalization;
3. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
4. Original bills, receipts and discharge card from the Hospital / Medical Practitioner;
5. Original bills from pharmacy / chemists;
6. Original pathological / diagnostic test reports / radiology reports and payment receipts;
7. Indoor case papers;
8. First Information Report, final police report, if applicable;
9. Post mortem report, if conducted;
10. Any other document as required by us to assess the Claim.

We shall condone delay on merit for delayed Claims where the delay is proved to be for reasons beyond your control.

Claim Assessment

All Claims made under this Policy shall be assessed by Us in the following progressive order:

- (i) If a room category opted for, is higher than the eligible limit as applicable, then the Variable Medical Expenses payable shall be pro-rated.
- (ii) The Deductible shall be applied to aggregate of all Claims, paid or payable, under this Policy.
- (iii) Co-payment, if any, shall then be applicable.
- (iv) Balance amount, if any, shall be the claim payable.

Duties of the Claimant

- (a) You shall check the updated list of Network Hospitals before submission of a pre-authorisation request for Cashless Facility; and
- (b) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
 - (i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy
 - (ii) Notification of Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy.
 - (iii) You will, at Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
 - (iv) Our Medical Practitioner and representatives shall be given access and co-operation to inspect Your medical and Hospitalization records and to investigate the facts and examine You.
 - (v) We shall be provided with complete documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

Payment Terms

- (a) This Policy except covers only medical treatment taken entirely within India (Except for Benefit 5). All payments under this Policy shall be made in Indian Rupees and within India.
- (b) Payment under this Policy shall be made only to the extent that such Medical Expenses are not paid under any other insurance policy, if any.
- (c) The Sum Insured shall be reduced by the amount payable or paid under the Policy Terms and Conditions and only the balance amount shall be available as the Sum Insured for the unexpired Policy Year.
- (d) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- (e) If a relapse is suffered within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (f) For cashless Claims, the payment shall be made to the Network Hospital whose discharge would be complete and final.
- (g) For the Reimbursement Claims, We will pay to You. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Certificate) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (h) We shall decide on its liability under any Claim post the receipt of all the necessary documents as required for settlement of such Claim. In case We accept our liability under any Claim, We shall make the payment within 7 days from the confirmation by You. However, if a claim warrants an investigation in the opinion of us, then we shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

9. Exclusions

1. 30-day waiting period- Code- Excl03

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

2. 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, as may be the case after the date of inception of the first 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.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures:
 - i) Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
 - ii) Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders;
 - iii) Benign Prostatic Hypertrophy;
 - iv) Cataract;
 - v) Dilatation and Curettage;
 - vi) Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers;
 - vii) Surgery of Genito urinary system unless necessitated by malignancy;
 - viii) All types of Hernia, Hydrocele;
 - ix) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
 - x) Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
 - xi) Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone;
 - xii) Myomectomy for fibroids;
 - xiii) Varicose veins and varicose ulcers

3. Pre-Existing Diseases: Code- Excl01

- (i) 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.
- (ii) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- (iii) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- (iv) 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.
 - (a) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 9 (1), 9 (2) and 9 (3) shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.
 - (b) The Waiting Periods as defined in Clauses 9 (1), 9 (2) and 9 (3) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

4. We shall provide an option to You to renew the Policy without an applicable Deductible, on the expiry of 4 continuous years of coverage under this Policy, subject to the following:

- (i) You shall pay in full in advance the premium specified for exercising this option.
- (ii) This option shall be permitted to be exercised provided that We receive written notice from You for exercising this option at least 15 days prior to the expiry of this Policy.
- (iii) The waiting periods as defined in Clause 9 (2) and 9 (3) shall be further applicable for a period of 12 months to the amount of the Deductible.
- (iv) If the Sum Insured selected while exercising this option exceeds the Sum Insured of this Policy, the credit for waiting periods as defined in Clause 9 (1), 9 (2) and 9 (3) shall be applicable afresh to the incremental Sum Insured.
- (v) You shall be permitted to exercise this option only if all the Insured Persons under this Policy opt for a Sum Insured which is at least equal to or higher than the sum of the Sum Insured and Deductible under this Policy.
- (vi) This option shall be applicable only for those Insured Persons who have completed 4 continuous years under this Policy.
- (vii) Exercise of this option shall be permitted only at the time of renewal of this Policy.

5. Permanent Exclusions

- (i) Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
- (ii) Maternity: (Code Excl I 8)
 - 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.
- (iii) Sterility and Infertility: (Code- Excl I 7)

Expenses related to sterility and infertility. This includes:

 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization.
- (iv) 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.
- (v) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- (vi) Unproven Treatments: (Code- Excl I 6)

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.
- (vii) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- (viii) Rest Cure, rehabilitation and respite care: (Code- Excl05)

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.
- (ix) Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth

defects.

- (x) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
- (xi) 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.
- (xii) 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.
- (xiii) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xiv) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
- (xv) Expenses incurred for artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
- (xvi) Any travel or transportation expenses including Ambulance charges.
- (xvii) All expenses related to treatment, including surgery to remove organs from the donor; in case of transplant surgery.
- (xviii) Non-allopathic treatment.
- (xix) Any out-patient treatment.
- (xx) Treatment received outside India.
- (xxi) Domiciliary Hospitalization / treatment.
- (xxii) Investigation & Evaluation: (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- (xxiii) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (xxiv) Breach of law: (Code- Excl I 0)
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- (xxv) 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 tobacco, intoxicating drugs and alcohol or hallucinogens.
- (xxvi) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxvii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xxviii) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (xxix) 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.
- (xxx) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
- (xxxi) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxxii) Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1 (d).
- (xxxiii) 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.
- (xxxiv) Obesity/ Weight Control: (Code- Excl06)
Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or

- b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

(xxxv) 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.

(xxxvi) Excluded Providers: (Code- Excl I 1)

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 – III of the Policy Terms & Conditions for list of excluded hospitals.

(xxxvii) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl I 2)

(xxxviii) 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- Excl I 3)

(xxxix) 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- Excl I 4)

(xl) Refractive Error: (Code- Excl I 5)

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

(xli) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.

(xlii) Any specific time-bound or lifetime exclusions specified in the Policy Schedule.

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

For further details on the exclusions applicable, please refer to the Policy Terms & Conditions or seek the advice of your financial advisor.

10. Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite Medical Check-up based on the plan, age and the Sum Insured-Deductible selected. The result of these tests shall be valid for a period of 3 months from the date of tests. The test is to be taken as per the corresponding grid:

Plan	Enhance 1	Enhance 1	Enhance 2
Deductible	50 K / 1 Lac / 2 Lac	2 Lac to 10 Lac	All
Sum Insured (Including the Deductible)	Up to 5 Lac	Above 5 Lac	All
< 46 yrs	No	Yes	Yes
>= 46 yrs	Yes	Yes	Yes

The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure. In case the policy tenure is 1 year and if the cost of medical tests is borne by You, we shall reimburse at least 50% of the costs of these medical tests if Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of the member's age.

Renewal Terms

1. This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.
2. We may, in its sole discretion, revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
3. For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which premium is not received by Us and the We shall not be liable for any Claims incurred during such period. The provisions of Section 64VB of the Insurance Act shall be applicable.
4. We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation You.
5. We reserve the right to carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.
6. This product may be withdrawn/ modified by Us after due approval from the IRDA. In case this product is withdrawn/ modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate You at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
7. No claims based loading shall be applicable to this product.

Schedule of Discounts

S.No	Description	Parameters	Rates
		No. of persons	Discount
1	Family Discount - This discount shall be applicable if more than one persons of the same are covered in the same Policy, individually	2,3 members	5.00%
		4 and above	10.00%
2	Discount for multi-year policies (on single premium) 2 year rate = Annual Rate x 2 x (1 - Discount applicable) 3 year rate = Annual Rate x 3 x (1 - Discount applicable)	Tenure	Discount
		2 Year	7.50%
		3 Year	10.00%
3	Group Discount	Number of Members	Discount
		15 to 100	5%
		101 to 600	10%
		601 to 2000	15%
		2001 and above	20%
4	Discount for Employees and their dependents of : A. Religare Enterprises Limited & its subsidiaries / affiliates B. Corporation Bank & its subsidiaries / affiliates C. Union Bank of India & its subsidiaries / affiliates D. Any other Stakeholder or Partners	15%	

Note:

1. Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application.
2. Maximum discount on a cumulative basis shall not exceed 20% of the premium.

Loading

Sr. #	Condition	Loading
1.	Diabetes Mellitus – II	15%
2.	Hypertension	15%
3.	Body Mass Index (Obesity)	15%
4.	Cholesterol / Lipid Profile	15%
5.	ECG / TMT	15%
6.	Asthma	15%
7.	Left Anterior/Posterior Hemi Block	15%
8.	Other cases of single morbidity	15%

Note:

1. In case of 2 conditions being diagnosed for a single risk, the loading would be applied @ 30%.
2. In case of more than 2 conditions being diagnosed for a single risk, the loading would be applied @ 50%

Schedule of Benefits

Features / Plan	Enhance 1	Enhance 2
Sum Insured	1 Lac to 30 Lac (in multiple of 1 Lac)	45 Lac; 55 Lac / 40 Lac; 50 Lac / 35 Lac; 45 Lac / 30 Lac; 40 Lac
Deductible	50K / 1 Lac to 10 Lac (in multiple of 1 Lac)	5 Lac / 10 Lac / 15 Lac / 20 Lac
Minimum Sum Insured	Rs 1 Lac	Rs 30 Lacs
Minimum Sum Insured	Rs 30 Lacs	Rs 55 Lacs
Hospitalization Expenses		
In-patient Care	Up to Sum Insured	Up to Sum Insured
Day Care Treatment	170 Surgeries	170 Surgeries
Room Category	Single Private Room	Single Private Room, upgradable to next level
Pre-hospitalization Medical Expenses	30 Days	30 Days
Post-hospitalization Medical Expenses	60Days	60Days
Organ Donor Cover	Up to Sum Insured	Up to Sum Insured
Health Check-up	Yes	Yes
Enhance Anywhere	No	Yes

Special Conditions

Features / Plan	Enhance 1	Enhance 2
Floater	Yes	Yes
Co-payment	@ 20% per claim, where age of eldest member at entry is 61 years or above	@ 20% per claim, where age of eldest member at entry is 61 years or above

Add-on Benefits

Features / Plan	Enhance 1	Enhance 2
Everyday Care	Yes	Yes
Expert Opinion	Yes	Yes

Illustration for applicability of Deductible

(Amount in ₹)

Sr. #	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	600,000	200,000	75,000	125,000	100,000	-	-	100,000
2	600,000	200,000	75,000	250,000	300,000	-	125,000	300,000
3	600,000	200,000	250,000	400,000	400,000	50,000	400,000	150,000

About us

Care Health Insurance Limited (Formerly Religare Health Insurance Company Limited)

Care Health Insurance (CHI) is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With CHI's 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 currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates.

The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Awards & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards. Care Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards.

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

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

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

Website: www.careinsurance.com E-mail: customerfirst@careinsurance.com Call: 1800-102-4488 / 1800-102-6655

Disclaimer: This is only a summary of product enhance. 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 provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation. UAN: 20094204 UIN: RHIHLIP21372V022021 CIN: U66000DL2007PLC161503 IRDAI Registration Number - 148
enhance is a trademarks of Care Health Insurance Limited.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus 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 this 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 II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

Sr. No.	List I – Optional Items		
1	BABY FOOD	53	SUGAR FREE TABLETS
2	BABY UTILITIES CHARGES	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
3	BEAUTY SERVICES		
4	BELTS/ BRACES	55	ECG ELECTRODES
5	BUDS	56	GLOVES
6	COLD PACK/HOT PACK	57	NEBULISATION KIT
7	CARRY BAGS	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
8	EMAIL / INTERNET CHARGES		
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	59	KIDNEY TRAY
		60	MASK
10	LEGGINGS	61	OUNCE GLASS
11	LAUNDRY CHARGES	62	OXYGEN MASK
12	MINERAL WATER	63	PELVIC TRACTION BELT
13	SANITARY PAD	64	PAN CAN
14	TELEPHONE CHARGES	65	TROLLY COVER
15	GUEST SERVICES	66	UROMETER, URINE JUG
16	CREPE BANDAGE	67	AMBULANCE
17	DIAPER OF ANY TYPE	68	VASOFIX SAFETY
18	EYELET COLLAR		
19	SLINGS		
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES		
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED		
22	TELEVISION CHARGES		
23	SURCHARGES		
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE		
27	CERTIFICATE CHARGES		
28	COURIER CHARGES		
29	CONVEYANCE CHARGES		
30	MEDICAL CERTIFICATE		
31	MEDICAL RECORDS		
32	PHOTOCOPIES CHARGES		
33	MORTUARY CHARGES		
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)		
36	SPACER		
37	SPIROMETRE		
38	NEBULIZER KIT		
39	STEAM INHALER		
40	ARMSLING		
41	THERMOMETER		
42	CERVICAL COLLAR		
43	SPLINT		
44	DIABETIC FOOT WEAR		
45	KNEE BRACES (LONG/ SHORT/ HINGED)		
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		
47	LUMBO SACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED CHARGES		
49	AMBULANCE COLLAR		
50	AMBULANCE EQUIPMENT		
51	ABDOMINAL BINDER		
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES		

Sr. No.	List IV – Items that are to be subsumed into costs of treatment
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG