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HEALTH
INSURANCE

BEST

HEALTH INSURANCE
COMPANY IN RURAL SECTOR

**CLAIMS
SERVICE**

LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024



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Know Your Policy Better

Policy Terms and Conditions

1. Preamble

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured(also referred as You) and Care Health Insurance Ltd. (also referred as Company/ We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Add-on Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein and the Base policy, the Company agrees to pay/indemnify the Insured(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective Benefit in this policy in any Add-on Policy Year.

Please check whether the details given by you about the insured in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the Add-on Policy Schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the Add-on policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of the Add-on policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal /policy details.

For the purposes of interpretation and understanding of the Add-on Policy, the Company has defined, herein below some of the important words used in the Add-on Policy and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other Benefits, various procedures and

conditions which have been built-in to the Add-on Policy are to be construed in accordance with the applicable provisions contained in the Add-on Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Add-on Policy and, where appropriate.

2. Definitions

2.1. Standard Definitions:

This Add-on Policy shall follow the standard definitions as mentioned in the Base Policy.

2.2. Specific Definitions:

2.2.1. Add-on Policy means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and any endorsements which form part of this Policy shall be read together.

2.2.2. Add-on Policy Period means the period commencing from the Add-on Policy Period Start Date and ending on the Add-on Policy Period End Date of the Policy as specifically appearing in the Add-on Policy Schedule.

2.2.3. Add-on Policy Period End Date means the date on which the Add-on Policy expires, as specifically appearing in the Add-on Policy Schedule.

2.2.4. Add-on Policy Period Start Date means the date on which the Add-on Policy commences, as specifically appearing in the Add-on Policy Schedule.

2.2.5. Add-on Policy Schedule is a schedule attached to and forming part of this Add-on Policy and which can be endorsed depending on the requirement of the Add-on Policy.

2.2.6. Add-on Policy Year means a period of one year commencing on the Add-on Policy Period Start Date or any anniversary thereof.

2.2.7. Annexure means the document attached and marked as Annexure to this Policy.

2.2.8. Base Policy means retail policy issued by the Company including Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and to which this Add-on shall be attached

2.2.9. Therapy A therapy is the procedure for remediation of a health problem, following a medical diagnosis. It means treatment to help or

cure a mental or physical illness without drugs or medical operations. This does not include any experimental therapies

2.2.10. Physiotherapist refers to a person who is licensed to practice physiotherapy by the competent Authority and is recognized as a physiotherapist.

2.2.11. Network Service Provider means any person, organization, institution that has been empanelled with the Company to provide Services specified under the benefits.

3. Benefits Covered Under The Add-On Policy

General Conditions:

- 1 The Add-on policy can only be bought along with the Base Policy either on Policy Issuance or on Renewal and cannot be bought in isolation or as a separate product or mid-term.
- 2 The Add-on policy is subject to the terms and conditions and applicable endorsements stated herein and in the Base Policy.
- 3 Coverage available under this Add-on shall be over and above Base Policy Sum Insured except for the Benefit "Sub-Limit on Specified Diseases".
- 4 All Claims shall be payable subject to the limits, terms, conditions, wait periods, exclusions of the Add-on Policy and Base policy and subject to availability of the amount against each and every Benefit.
- 5 Benefits can be opted in any combination.
- 6 If any Benefit or coverage is opted in the Base Policy, then same or similar coverage/Benefit cannot be opted in Add on Policy.
- 7 This Add-on policy shall be available only if the same is specifically mentioned in the Base Policy Schedule.
- 8 This Add-on shall be available for only those Insured Person covered under Base Policy.
- 9 The maximum, total and cumulative liability of the Company towards an Insured Person for any and all Claims arising under this Add-on Policy during the Add-on Policy Year, on occurrence of an Insured event in relation to that Insured Person, shall not exceed the amount/limit of that

Insured Person which is specified against every Benefit, mentioned in the Add-on Policy Schedule.

10 Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or child birth. Additional differential premium will be calculated on a pro rata basis.

3.1. Base Benefit 1 : Concierge/ Geriatric Care

Under this Add-on Policy, if this Benefit is opted then the Company shall provide the following services through the Company's network to the Insured Person during the Add-on Policy Year:

- i. Emergency Doctor on Call
- ii. Access to 24*7 Help Desk
- iii. Fortnightly health check up via electronic mode- Once in a 15 Days
- iv. Health related content access

Conditions applicable under this Benefit:

- i. The services under this Benefit are provided by the respective Network Service Provider to Insured Person. The Company is only a facilitator for such services by Network Service Provider and does not represent, assure or endorse the accuracy, completeness, reliability, suitability, appropriateness or the quality of the actual services provided by Network Service Provider/s. Decision to avail the services of Network Service Provider shall be taken by Insured Person after careful and independent evaluation, which shall be at Insured Person's sole discretion and risk. The Company is not responsible / liable in any way for any deficiency of services provided by Network Service Providers or for any losses / sufferings / injuries, if any, incurred by the Insured Person as a result of availing / utilizing the services from Network Service Provider/s
- ii. The Company and /or Network Service Provider will not be held liable for non-delivery of Services in case of unforeseen circumstances beyond their control including but not limited to strikes, lockouts, civil commotion, riots, war, acts of terrorism, action of any government or regulatory authority, abnormal weather conditions or act of God perils at the location of services, or any other cause beyond the reasonable control which by exercise of reasonable diligence could not have been prevented or provided against.
- iii. Insured Person agrees to pay for all the additional charges levied for the services booked and

availed through 24*7 Help Desk. These additional charges are not reimbursable from the Company.

- iv. The Insured Person should under no circumstances share their password or banking credentials or any critical personal information with the Network Service Provider.

3.2 Base Benefit 2: Palliative Care

The Company shall indemnify medical expenses up to the amount per day maximum up to limit as specified against this Benefit in Add-on Policy Schedule, if the Insured Person has been diagnosed with terminal illness during Add-on Policy Year and treating Medical Practitioner certifies that Insured Person requires Palliative Care.

For this Benefit purpose:

Palliative Care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than the treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

Exclusion:

1. Any services, equipment used or treatment provided to cure Terminal Illness
2. Any nursing services availed under this Benefit

3.3 Base Benefit 3: Home Modification:

The Company shall indemnify the relevant expenses incurred during the Add-on Policy Year, as specified in the Add-on Policy Schedule, for the reasonable and necessary modification of the Insured Person's place of residence, if Insured Person is hospitalized for a medically necessary treatment and post discharge from the hospital requires mobility support to facilitate the Insured Person's movement at his/her place of residence, subject to admissible Hospitalization, provided that such modification is carried out within 30 days from the date of discharge from the hospital.

3.4 Base Benefit 4: Home Physiotherapy

The Company shall reimburse the medical expenses up to the amount per session per Insured Person as specified in Add-on Policy Schedule for physiotherapy sessions with a qualified Physiotherapist at home taken during the Add-on Policy Year, provided that:

- i. The Insured Person suffers from any

illness/injury i.e. occurred during the Add-on Policy Year for which Physiotherapy is required and same shall be prescribed by a qualified Medical Practitioner.

- ii. Coverage can be availed up to maximum 10 sessions per Insured Person during the Add-on Policy Year.

3.5 Base Benefit 5: Sub-Limit on Specified Diseases

Under this Add-on Policy, if this Benefit is opted then sub-limits shall be applicable on listed treatments and procedures up to the amount specified against each treatment and procedures on Base Policy Sum Insured and Company's liability shall be limited to such extent.

Listed Treatments and Procedures are as follows:

- i. Treatment of Cataract
- ii. Treatment of Total Knee Replacement
- iii. Cerebrovascular Accident and Cardiovascular Diseases
- iv. Cancer (Including Chemotherapy / Radiotherapy)
- v. Medical Renal Diseases (Including Dialysis)
- vi. Treatment of Breakage of Long Bones
- vii. Surgery for treatment of all types of Hernia
- viii. Hysterectomy
- ix. Surgeries for Benign Prostate Hypertrophy (BPH)
- x. Surgical treatment of stones of renal system

Note:

- a. Sub-limits shall apply to total claim amount payable under all Hospitalization related Benefits listed in Base Policy.

3.6 Base Benefit 6: Vaccination cover

The Company shall indemnify the vaccination cost up to the amount as specified in Add-on Policy Schedule during the Add-on Policy Year incurred by the Insured Person for vaccination of Pneumococcal, Influenza and Zoster vaccine only.

3.7 Base Benefit 7: Nursing Care

The Company shall indemnify the Insured Person for the expenses incurred up to the limit per day as specified in Add-on Policy Schedule incurred towards the hiring of a qualified nurse. If Insured Person requires to be attended by a qualified nurse at home after the discharge from the hospital to avail

post-operative care at home during the Add-on Policy Year subject to admissible Hospitalization, provided that:

- i. Nursing care must be recommended and certified by attending Medical Practitioner in writing.
- ii. The Company shall not be liable to make payment under this Benefit for more than 7 days per Add-on Policy Year per Insured Person.
- iii. This Benefit does not apply to terminally ill, Palliative Care and coma patients.

3.8 Base Benefit 8: Compassionate Care

The Company shall indemnify the expenses incurred on hiring compassionate caregiver up to the amount per day as specified in the Add-on Policy Schedule for a maximum period of 14 days in an Add-on Policy Year subject to admissible Hospitalization, provided Insured Person is hospitalized for a medically necessary treatment and post discharge from the hospital Insured Person is unable to perform Activities of Daily Living independently.

Conditions applicable on this Benefit

- i. Post Hospitalization care must be recommended and certified by attending Medical Practitioner in writing.
- ii. This Benefit does not apply to terminally ill Palliative Care and Coma patients.

For purpose of this Benefit Activities of Daily Living means:

- a. Bathing: Ability to wash in a bathtub or shower (including getting in and out of a bathtub or shower) or otherwise wash satisfactorily.
- b. Dressing: The ability to put on, take off, tighten, and unfasten all clothing and, as necessary, braces, prosthetics, or other surgical devices.
- c. Transfer: Ability to transfer from bed to upright chair or wheelchair and vice versa.
- d. Mobility: The ability to move from room to room on a flat surface indoors.
- e. Toilet: Ability to use a toilet or otherwise manage bowel and bladder function in order to maintain a satisfactory level of personal hygiene. When the meal is ready and served.
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

Note: Either of Base Benefit: Nursing Care or

Base Benefit: Compassionate Care can be opted but not both

4. Exclusions

4.1 Standard Exclusions

a. Waiting Periods

i. 30-day waiting period- Code- Excl03

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

Notes:

- i. The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- ii. If Coverage for Benefits are added afresh at the time of renewal of this Add-on Policy, the Waiting Periods as defined above shall be applicable afresh to the newly added Benefits (if applicable), from the time of such renewal.

b. Permanent Exclusion

This Add-on policy shall follow exclusions as mentioned in the Base policy.

4.2 Specific Exclusions

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

- 1. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
- 2. Treatment taken from anyone who is not a Medical Practitioner/therapist or from a Medical Practitioner/therapist who is practicing outside the discipline for which he

is licensed or any kind of self-medication.

3. Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
4. 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.
5. 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, alcohol or hallucinogens.
6. 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.
7. Impairment of an Insured's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
8. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature 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.

5. General Terms And Clauses

5.1 Disclosure of Information

Conditions under this section are same as Base Policy.

5.2 Condition Precedent to Admission of Liability

Conditions under this section are same as Base Policy.

5.3 Claim Settlement (provision for Penal Interest)

Conditions under this section are same as Base Policy.

5.4 Complete Discharge

Conditions under this section are same as Base Policy.

5.5 Multiple Policies

Conditions under this section are same as Base Policy.

5.6 Fraud

Conditions under this section are same as Base Policy.

5.7 Cancellation / Termination

Conditions under this section are same as Base Policy.

5.8 Migration

Conditions under this section are same as Base Policy.

5.9 Portability

Conditions under this section are same as Base Policy.

5.10 Renewal of Policy

Conditions under this section are same as Base Policy.

5.11 Withdrawal of Policy

Conditions under this section are same as Base Policy.

5.12 Moratorium Period

Conditions under this section are same as Base Policy.

5.13 Premium payment Installment

Conditions under this section are same as Base Policy

Original supportive documents to be submitted for claim admissibility under this Add-on Policy

5.14 Possibility of Revision of Terms of the Policy Including the Premium Rates

Conditions under this section are same as Base Policy.

5.15 Free Look Period

Conditions under this section are same as Base Policy.

5.16 Grievances

Conditions under this section are same as Base Policy.

5.17 Nomination

Conditions under this section are same as Base Policy.

5.18 Material Change

Conditions under this section are same as Base Policy.

5.19 Records to be maintained

Conditions under this section are same as Base Policy.

5.20 No constructive Notice

Conditions under this section are same as Base Policy.

5.21 Policy Disputes

Conditions under this section are same as Base Policy.

5.22 Limitation of liability

Conditions under this section are same as Base Policy.

5.23 Communication

Conditions under this section are same as Base Policy.

5.24 Alterations in the Policy

Conditions under this section are same as Base Policy.

5.25. Electronic Transactions

Conditions under this section are same as Base Policy.

6. Other Terms And Clauses

6.1 Claims procedure and management

Claim Procedure and Management under this Add on Policy shall be same as in the Base Policy.



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