

carē

10 YEARS

HEALTH INSURANCE



instant carē

**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 Person(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 Person 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 Person 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. Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person as covered under the Policy.

**2.2.10. Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss

**2.2.11. Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

**2.2.12. Hazardous Activities** (or Adventure sports) means any

sport or activity, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes (but not limited to) stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

**2.2.13. Indemnity/Indemnify** means compensating the Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

**2.2.14. Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

**2.2.15. Insured Person (Insured)** means a self, legally married spouse, dependent children, dependent parents or any other relationship having an insurable interest and whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.

**2.2.16. Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence

**2.2.17. Nominee** means the person named in the Policy Schedule or as declared with the Policyholder who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Person is deceased.

**2.2.18. Medical device** - means any, instrument, apparatus or device including any component, part or accessory thereof, manufactured solely for medical purpose which intends to treatment and mitigation of a medical condition or to physically support the function of human body.

**2.2.19. Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or

symptoms of a disease or illness.

**2.2.20. Therapy** - A therapy is the procedure for remediation of a health problem, usually following a medical diagnosis. It means treatment to help or cure a mental or physical illness, usually without drugs or medical operations. This does not include any experimental therapies.

**2.2.21. Associate Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category applicable in a Hospital:

- (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
- (b) Fees charged by surgeon, anesthetist, Medical Practitioner;

**Note:** Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

### 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. 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.
4. 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.
5. Base Benefits can be opted in any combination.
6. If any benefit or coverage is opted in the Base Policy or its Optional Benefits, then same or similar coverage/benefit cannot be opted in Add on Policy.
7. This Add on shall be available for all those Insured Person(s) covered under Base Policy whereas Proposer has an option to cover all Insured Person (s)/specific Insured Person under the Benefit: Disease Management Program

8. Coverage under Disease Management Program shall be offered on Individual basis only.
9. 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 BENEFITS

#### 3.1.1 Base Benefit: Instant Cover

If Insured Person has chosen this Benefit, the applicable PED (Pre-Existing Disease) waiting period under the Base Policy shall be waived off on Diabetes/ Hypertension/ Hyperlipidimia/ Asthma.

**Notes:**

1) This Benefit shall be available only to the extent of applicable coverage related to Hospitalization under Base Policy.

#### 3.1.2 **Base Benefit: Disease Management Program**

Insured Person can opt any of the following listed Disease Management Program:

- i. **Asthma:** The Company will indemnify the Insured Person for expenses incurred related to Asthma for consultation, pharmacy upto the amount/limit specified in the Policy Schedule and for diagnostic tests as specified below:
  - i. Chest X-ray
  - ii. Spirometry test
  - iii. Physiotherapy
- ii. **Diabetes Mellitus:** The Company will indemnify the Insured Person for expenses incurred related to Diabetes for consultation, pharmacy upto the amount/limit specified in the policy schedule and for diagnostic tests as specified below:
  - i. HBA1c
  - ii. Urine proteins – microalbuminuria
  - iii. Electrolytes
- iii. **Hypertension:** The Company will indemnify the Insured Person for expenses incurred related to Hypertension for consultation, pharmacy upto the amount/limit specified in the policy schedule and for diagnostic tests as specified below:
  - i. Electrolytes
  - ii. Urine proteins – microalbuminuria
  - iii. 2D-Echo
- iv. **Hyperlipidimia:** The Company will indemnify

the Insured Person for expenses incurred related to Hyperlipidimia for consultation, pharmacy up to the amount/limit specified in the policy schedule and for diagnostic tests as specified below:

- i. SGOT
- ii. SGPT

**Note:**

- i. This Benefit shall be available only to those Insured Persons who are of Age 18 years or above on the Policy Period Start Date of this Add-on Policy.
- ii. All the Diagnostic tests under Disease Management Program can be availed only at the Company's network.
- iii. The Insured Person can avail maximum 4 consultations in a year under each Disease Management Program.
- iv. Coverage under this Benefit is over and above Health check-up/Out-patient coverage available under Base Policy.

## 4. EXCLUSIONS

### 4.1 Standard Exclusions:

#### (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.

**Note:**

- (i) The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

#### **Permanent Exclusions:**

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

### 4.2 Specific Exclusions:

This Add on Policy shall follow the specific exclusions as mentioned in the Base Policy.

## **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

### **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**

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by the Company which is same as Base Policy.



The logo features the word "care" in a lowercase, sans-serif font, followed by a large "10" and the word "YEARS" in a smaller font inside a yellow banner. Below this, the words "HEALTH INSURANCE" are written in a bold, uppercase, sans-serif font.

# care 10 YEARS

## HEALTH INSURANCE

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IRDAI Registration Number - 148

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