

## Prospectus

### 1. ELIGIBILITY CRITERIA

Plan	Instant Care
Age of Proposer	As per Base Policy
Entry Age – Minimum	As per Base Policy
Entry Age – Maximum	As per Base Policy
Exit Age	As per Base Policy
Cover Type	As per Base Policy
Tenure Options	As per Base Policy
Premium Payment Term	As per Base Policy
Eligibility Criteria	Proposer must have a Retail Policy bought for self/family from Care Health Insurance Ltd in order to buy this Add-on

### 2. SCHEDULE OF DISCOUNTS & LOADINGS

Discounts & Loadings in this Add on Policy shall be as applicable as mentioned in the Base Policy.

### 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: We will indemnify the Insured Person for expenses incurred related to Asthma for consultation, pharmacy up-to the amount/limit as opted and for diagnostic tests as specified below:
  - i. Chest X-ray
  - ii. Spirometry test

- iii. Physiotherapy
- ii. Diabetes Mellitus: We will indemnify the Insured Person for expenses incurred related to Diabetes for consultation, pharmacy up to the amount/limit as opted and for diagnostic tests as specified below:
  - I. HBA1c
  - ii. Urine proteins – microalbuminuria
  - iii. Electrolytes
- iii. Hypertension: We will indemnify the Insured Person for expenses incurred related to Hypertension for consultation, pharmacy up to the amount/limit as opted and for diagnostic tests as specified below:
  - I. Electrolytes
  - ii. Urine proteins – microalbuminuria
  - iii. 2D-Echo
- iv. Hyperlipidimia: We will indemnify the Insured Person for expenses incurred related to Hyperlipidimia for consultation, pharmacy up to the amount/limit as opted 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 our 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.

**Notes:**

- (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 Us which is same as Base Policy.

## 7. SCHEDULE OF BENEFITS:

S. No.	Benefits	Payout basis	Description																								
1	<b>Base Benefit:</b> Instant Cover	Indemnity	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.																								
2	<b>Base Benefit:</b> Disease Management Program a. Asthma or b. Diabetes Mellitus or c. Hypertension or d. Hyperlipidaemia	Indemnity	<p>The following DMP can be opted in any combination:</p> <p><b>Asthma:</b></p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>Chest X-ray Spirometry test Physiotherapy</td> </tr> </table> <p><b>Diabetes:</b></p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>HBA1c Urine proteins – microalbuminuria Electrolytes</td> </tr> </table> <p><b>Hypertension:</b></p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>Electrolytes Urine proteins – microalbuminuria 2D-Echo</td> </tr> </table> <p><b>Hyperlipidemia:</b></p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>SGOT SGPT</td> </tr> </table> <p>Diagnostic tests under Disease Management Program can be availed only at our network</p>	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	Chest X-ray Spirometry test Physiotherapy	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	HBA1c Urine proteins – microalbuminuria Electrolytes	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	Electrolytes Urine proteins – microalbuminuria 2D-Echo	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	SGOT SGPT
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### Contact details for Claims & Policy Servicing

Registered Office:	<b>Care Health Insurance Limited</b> 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:	<a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a>
Website	<a href="http://www.careinsurance.com">www.careinsurance.com</a>

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

**Correspondence Office Address :** Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)

**Disclaimer:** This is only a summary of features of 'Instant Care'. The actual benefits available are as described in the Add on 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.

**Statutory Warning:** Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

**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](http://www.careinsurance.com)
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

**Insurance is a subject matter of solicitation.**

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