

Policy Terms and Conditions

I. Definitions

For the purposes of interpretation and understanding of this product the Company has defined, herein below some of the important words used in this product 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 Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- 1.1 Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Age** means the completed age of the Insured Person as on his last birthday.
- 1.3 Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 1.4 Annexure** means a document attached and marked as Annexure to this Policy.
- 1.5 Any One Illness** means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where the treatment may have been taken.
- 1.6 Break in Policy** occurs at the end of the existing Policy Period, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- 1.7 Cashless facility** means a facility extended by the Company to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Company to the extent pre authorization approved.
- 1.8 Claim** means a demand made in accordance with the

terms and conditions of the Policy for payment of Medical Expenses or Benefits in respect of the Insured Person.

- 1.9 Company** means Care Health Insurance Limited.
- 1.10 Condition Precedent** shall mean a policy term or condition upon which the Company's liability under the policy is conditional upon.
- 1.11 Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- i) **Internal Congenital Anomaly** means Congenital anomaly which is not in the visible and accessible parts of the body.
 - ii) **External Congenital Anomaly** means Congenital anomaly which is in the visible and accessible parts of the body.
- 1.12 Contribution** is essentially the right of the Company to call upon other insurers, liable to the same Insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.
- 1.13 Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 1.14 Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
- i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- 1.15 Day Care Treatment** means medical treatment and/or a Surgical Procedure as specified under Annexure I which is:
- i) undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

1.16 Disclosure to information norm : The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.17 Emergency means a medical condition arising out of any Illness or Injury contracted by the Insured Person and declared and certified by the Medical Practitioner, attending to the Insured Person, that immediate treatment is required to save the life of the Insured Person.

1.18 Grace Period means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

1.19 Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified Medical Practitioner(s) in-charge round the clock;
- iv) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the Company's authorized personnel.

1.20 Hospitalization means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

1.21 Illness means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

1.22 Injury means accidental physical bodily harm

excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

1.23 In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

1.24 Insured Person (Insured) means a person whose name specifically appears under Insured in the Policy Certificate and with respect to whom the premium has been received by the Company.

1.25 Intensive Care Unit (ICU) means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

1.26 Maternity Expenses shall include

- i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization).
- ii) Expenses towards lawful medical termination of pregnancy during the Policy Period.

1.27 Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

1.28 Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

1.29 Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

1.30 Network Provider means the Hospitals or health care providers enlisted by the Company to provide medical services to an Insured on payment by a Cashless Facility.

1.31 New Born Baby means baby born during the Policy Period and is aged between 1 day and 90 days, both

days inclusive.

1.32 Notification of claim (Intimation) means the process of notifying a Claim to the Company by specifying the timelines as well as the address/telephone number to which it should be notified.

1.33 OPD Treatment is one in which the Insured visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

1.34 Policy means these Policy Terms & Conditions and Annexures thereto, the Proposal Form, Policy Certificate and Optional Cover (if applicable) which form part of the policy contract and shall be read together.

1.35 Policy Certificate means the certificate attached to and forming part of this Policy.

1.36 Policyholder means the person named in the Policy Certificate as the Policyholder.

1.37 Policy Period means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Certificate.

If the Policy Period is more than 12 months, the Sum Insured shall apply on Policy Year basis.

1.38 Policy Period End Date means the date on which the Policy expires, as specified in the Policy Certificate.

1.39 Policy Period Start Date means the date on which the Policy commences, as specified in the Policy Certificate.

1.40 Policy Year means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

1.41 Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

1.42 Post-hospitalization Medical Expenses means Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

- i) Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii) The inpatient hospitalization claim for such hospitalization is admissible by the Company.

1.43 Pre-existing Disease means any condition, ailment or Injury or related condition(s) for which the Insured

Person had signs or symptoms, and/or were diagnosed, and/or received Medical Advice/treatment within 48 months prior to the first Policy issued by the Company.

1.44 Pre-hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:

- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii) The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.

1.45 Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

1.46 Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/Injury involved.

1.47 Rehabilitation means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

1.48 Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.

1.49 Room rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

1.50 Subrogation shall mean the right of the Company to assume the rights of the Policyholder/Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

1.51 Sum Insured means the amount specified in the Policy Certificate which represents the Company's maximum, total and cumulative liability for all Insured Persons for any and all Claims incurred during the Policy Year.

1.52 Surgery/Surgical Procedure means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

1.53 Unproven/Experimental treatment means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

1.54 Variable Medical Expenses means those Medical Expenses as listed below which vary in accordance with the Room Category in a Hospital:

- a) Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment
- b) Intensive Care Unit (ICU) charges
- c) Fees charged by surgeon, anesthetist, Medical Practitioner

2. Benefits

General Conditions applicable to all Benefits:

- a) Any Benefit shall be available only if the same is specifically mentioned in the Policy Certificate.
- b) Admissibility of a Claim under Benefit 1 is a pre-condition to the admission of a Claim for Benefit 2 and Benefit 3 and the event giving rise to the Claim under the Benefit 1 should be within the Policy Period for the Claim for such Benefit to be accepted.
- c) Any Claim under Benefit 1 shall always be subject to Clause 6.5.
- d) Any Claim paid under Benefit 1 to Benefit 3 shall reduce the Sum Insured for that Policy Year and only the balance shall be available for all future claims for that Policy Year.
- e) Admissibility of a Claim under Benefit 4 is a pre-condition to the admission of a Claim for Benefit 5 to Benefit 7 and the event giving rise to the Claim under the Benefit 4 should be within the Policy Period for the Claim for such Benefit to be accepted.
- f) Any Claim paid under Benefit 4 to Benefit 7 shall reduce the Sum Insured for that Policy Period and only the balance shall be available for all future claims for that Policy Period.

2.1 Benefit 1 : Hospitalization Expenses

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Policy Period and while the Policy is in force that requires:

- a) **In-patient Care:** Company will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the

written advice of a Medical Practitioner.

- b) **Day Care Treatment:** The Insured Person to undergo Day Care Treatment Company will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

c) Conditions for Medical Expenses

i) Room Category (Room, boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment):

- i) If the Insured Person is admitted in a room where the Room Category is other than Single Private Room with A.C., then the Policyholder shall bear the ratable proportion of the total Variable Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of Single Private Room with A.C. to the Room Rent actually incurred.
 - ii) For the purpose of this Clause only, Single Private Room with A.C. means a Hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have the provision for accommodating an attendant. Such room shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.
- d) Any Claim under this Benefit can be made under Clause 6.2(a) & (b).

2.2 Benefit 2 : Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

- a) The Company will indemnify the Medical Expenses incurred for the Insured Person:
 - i) As Pre-hospitalization Medical Expenses' during a period of 30 days immediately prior to the date of the Insured Person's admission to the Hospital; and
 - ii) As Post-hospitalization Medical Expenses' during a period of 60 days immediately following the date of the Insured Person's discharge from Hospital,Provided that, the Medical Expenses relate to the same Illness/Injury for which the Company has accepted the Insured Person's Claim.
- b) If the provisions of Clause 6.6(d) of the Policy

Terms & Conditions has been invoked, then:

- i) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for that Any One Illness; and
 - ii) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to that Any One Illness.
- c) Any Claim under this Benefit can be made under Clause 6.2(b).

2.3 Benefit 3 : Ambulance Cover

- a) The Company will indemnify up to the amount specified against this Benefit in the Policy Certificate, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.
- b) Any Claim under this Benefit can be made under Clause 6.2(a) & (b).

2.4 Benefit 4 : Maternity Cover (including Pre-natal & Post natal Expenses)

- a) The Company will indemnify up to the amount specified against this Benefit in the Policy Certificate for the Maternity Expenses including pre-natal Medical Expenses & Post natal Medical Expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child during the Policy Period.
- b) It is agreed and understood that:
 - i) The Company shall be liable under this Benefit only if the Insured Person for whom the Claim is made under this Benefit is covered for a continuous period as specified in the Policy Certificate.
 - ii) Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit, for this purpose 'week' shall constitute any consecutive 7 days.
 - iii) Medical Expenses for ectopic pregnancy are not covered under this Benefit. However, these expenses are covered under Benefit 1.
- c) Clause 6.5 of the Policy Terms & Conditions shall

be not applicable to this Benefit.

- d) Any Claim under this Benefit can be made under Clause 6.2(a) & (b).
- e) Claim under this Benefit shall be admissible only if the Age of the Insured Person is 45 years or below.

2.5 Benefit 5 : New Born Baby Cover

- a) The Company will indemnify up to the amount specified against this Benefit in the Policy Certificate for the Medical Expenses incurred in respect of a New Born Baby whose claim under Benefit 4 is admissible by the Company.
- b) Any Claim under this Benefit can be made under Clause 6.2(a) & 6.2(b).
- c) For continuous coverage under this Policy of the child of 91 days and above, an additional premium would be required to be paid.

2.6 Benefit 6 : New Born Birth Defects

- a) The Company will pay the amount specified against this Benefit in the Policy Certificate, as a lump sum, in case the New Born Baby is diagnosed with Down's syndrome or Cerebral Palsy.
- b) No Claim under Benefit 5 shall be made with respect to Down's syndrome or Cerebral Palsy in case Claim is payable under this Benefit.
- c) Any Claim under this Benefit can be made under Clause 6.2(b).

3. Special Conditions

Special Conditions shall be applicable only if the same is specifically mentioned in the Policy Certificate.

3.1 Special Condition 1 : Floater Cover

- a) The Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Sum Insured.
- b) Definition 1.51 is deleted entirely and replaced with the following:

Sum Insured: The amount specified in the Policy Certificate which represents the Company's maximum, total and cumulative liability for all Insured Persons for any and all Claims incurred during the Policy Year.

3.2 Special Condition 2 : Co-payment

- a) The Policyholder shall bear 20% of the Final claim

Amount assessed by the Company in accordance with Clause 6.5 in accordance with the table below and the Company's liability shall be restricted to the balance amount payable:

Cover	Entry Age* of Insured Person or Eldest Insured Person (in case of Floater)	Applicable To Type
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 of issue of the first Policy with the Company.

- b) The Co-payment shall be applicable to each and every Claim, for each Insured Person.

4. Exclusions

4.1 Waiting Period:

- a) 30-Day waiting period
- i) Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days of Policy Period Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury.
 - ii) This exclusion shall not apply for subsequent Policy Years provided that there is no break in insurance cover for that Insured Person and that the Policy has been renewed with the Company for that Insured Person on time and for the same or lower Sum Insured.
- b) Specific waiting period
- i) Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Person by the Company from the first Policy Period Start Date:
 - 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;
 - ii) If an Insured Person is suffering from any of the above Illnesses, conditions or Pre-existing Diseases at the time of commencement of first policy with the Company, any Claim in respect of that Illness, condition or Pre-existing Disease shall not be covered until the completion of 48 months of continuous insurance coverage with the Company from the first Policy Period Start Date.
- c) Pre-existing Disease: Claims will not be admissible for any Medical Expenses incurred for Hospitalization diagnosis/treatment of any Pre-existing Disease until 48 months of continuous coverage has elapsed, since the inception of the first Policy with the Company.
- d) Maternity Cover (Benefit 4): Claims will not be admissible for any expenses incurred for diagnosis/treatment related to any Maternity Expenses until 9 months of continuous coverage has elapsed under Plan - Joy Today or 24 months of continuous coverage has elapsed under Plan - Joy Tomorrow, since the inception of the first Policy with the Company.
- e) If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 4.1(a), 4.1(b), 4.1(c) and 4.1(d) shall be applicable afresh to the incremental amount of the Sum Insured only, amount of the Sum Insured only.
- f) If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 4.1(a), 4.1(b), 4.1(c) and
- 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

4.1(d) shall be restricted to the lowest Sum Insured under the previous Policy.

- g) The Waiting Periods as defined in Clauses 4.1 (a), 4.1(b), 4.1(c) and 4.1(d) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

4.2 Permanent Exclusions:

- a) Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- i) Any condition or treatment as specified in Annexure -II.
 - ii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
 - iii) Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
 - 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/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
 - 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) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
 - ix) Treatment of any Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.
 - x) Treatment of mental illness, stress or psychological disorders.
 - xi) Aesthetic treatment, cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.
 - xii) Any treatment/surgery for change of sex or gender reassignments including any complication arising from these treatments.
 - 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), vitamins and tonics.
 - xv) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
 - xvi) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
 - xvii) Non-allopathic treatment.
 - xviii) Any OPD Treatment.

- xix) Treatment received outside India.
- xx) Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/Day Care Treatment is required.
- xxi) 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.
- xxii) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
- xxiii) 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.
- xxiv) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- xxv) 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.
- xxvi) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- xxvii) 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:
 - i) 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.
 - ii) 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.
 - iii) 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.
- xxviii) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- xxix) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- xxx) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.

5. Portability

In case portability has been granted to the Policyholder and / or Insured Person under this Policy then :-

- a) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) of this Policy 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 and Cumulative Bonus under the

- expiring health insurance policy.
- b) The Waiting Periods under Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and Cumulative Bonus under the terms of the expiring policy.
 - c) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
 - d) No credit for Waiting Period as defined in Clause 4.1 (d) shall be available under portability if the health insurance policy with the previous insurer does not include maternity cover.
 - e) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - i) If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this 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.
 - f) In case the Policyholder has 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) The Company may at the request of the Policyholder, 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, the Policyholder shall first pay the premium so as to make the Policy Period part of full Policy as applicable. The Company's liability for the payment of the Claim shall commence only once such premium is received. Alternately, the Company may deduct the premium payable by the Policyholder and pay the balance Claim amount, if any and issue Policy for the balance Policy Period.
- a) Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, the Policyholder or Insured Person shall undertake all of the following:
 - i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Person, shall notify the Company either at the Company's call center or in writing immediately.
 - ii) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:
 - 1) Policy Number;
 - 2) Name of the Policyholder;
 - 3) Name of the Insured Person in respect of whom the Claim is being made;
 - 4) Nature of Illness or Injury;
 - 5) Name and address of the attending Medical Practitioner and Hospital;
 - 6) Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 - 7) Any other information, documentation or details requested by the Company.
 - iii) In case of an emergency Hospitalization: within 24 hours of Hospitalization
 - iv) In case of planned Hospitalization: 48 hours prior to Hospitalization.

6.2 Claims Procedure

- a) Cashless

For availing the Cashless Facility at a Network Provider, the Policyholder/Insured Person shall :-

 - i) Submit a pre-authorization form to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
 - ii) Present the health card provided by the Company under this Policy along with a valid photo identification document (Voter ID card/Driving License/Passport/PAN Card or any other identification documentation as approved by the Company).
 - iii) The Company will confirm in writing

6. Claims Intimation, Assessment & Management

6.1 Claims Intimation

authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.

iv) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified at Clause 6.4 shall be submitted to the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.

v) If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.

vi) It is agreed and understood that the Company may, in its sole discretion, modify or add to the list of Network Provider or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Provider and the extent of Cashless Facilities available at each Network Provider, the Policyholder or Insured Person can refer to the list of Network Provider available on the Company's website or at the call centre.

b) Re-impbursement

It is agreed and understood that in all cases where intimation of a Claim has been provided under this clause, all the information and documentation specified in Clause 6.4 below shall be submitted (at the Policyholder or Insured Person's expense) to the Company immediately and in any event within 15 days of Insured Person's discharge from Hospital.

6.3 Policyholder's or Insured Person's duty at the time of Claim

a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

i) The Policyholder or Insured Person shall check the updated list of Network Provider before submission of a pre-authorisation request for cashless facility.

ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

iii) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and the Company shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.

iv) Intimation of the Claim, notification of the 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.

v) The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.

vi) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.

vii) The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

viii) List of black listed hospitals have been mentioned in Annexure III. Modification of hospitals can be made to this list from time to time. A list of such hospitals will be available on our website.

6.4 Claim Documents

a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:

i) Duly completed and signed Claim form, in original;

- ii) Medical Practitioner's referral letter advising Hospitalization;
 - iii) Medical Practitioner's prescription advising drugs/diagnostic tests/consultation;
 - iv) Original bills, receipts and discharge card from the Hospital/ Medical Practitioner;
 - v) Original bills from pharmacy/chemists;
 - vi) Original pathological/diagnostic test reports/radiology reports and payment receipts;
 - vii) Indoor case papers;
 - viii) Original investigation test reports and payment receipts
 - ix) Ambulance Receipt
 - x) Any other document as required by the Company to assess the Claim
- b) The Company will only accept bills/invoices which are made in the Insured Person's name.

6.5 Claim Assessment

- a) All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - i) If the provisions of the Contribution Clause in Clause 7.7 are applicable, the Company's liability to make payment under that Claims shall first be apportioned accordingly.
 - ii) If a room accommodation has been opted for where the category is higher than the Single Private Room with A.C. that Insured Person under the Policy, then, the Variable Medical Expenses payable shall be pro-rated.
 - iii) The balance amount, if any, shall be the Claim payable.

6.6 Payment Terms

- a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- b) The Company 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.
- c) The Company shall settle any Claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and

upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, the Company 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 it.

- d) If the Policyholder or Insured Person suffers a relapse 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.
- e) For cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- f) For the Reimbursement Claims, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company 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.

7. General Terms and Conditions

7.1 Disclosure to information norm

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder or the Insured Person or any one acting on his / their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company.

7.2 Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to the Company's liability under the Policy.

7.3 Reasonable Care

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury that may give rise to a Claim.

7.4 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

7.5 Complete discharge

Payment made by the Company to the Policyholder or Insured Person or the nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

7.6 Subrogation

The Policyholder and Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.7 Contribution

- a) In case any Insured is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.
- b) In case the Claim amount exceeds the Sum Insured, then Policyholder shall have the right to

choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under :

- i) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company shall not be liable to pay or contribute more than its ratable proportion of any Claim.
- ii) This clause shall not apply to any Benefit offered on a fixed benefit basis.

7.8 Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law. The disputes on quantum on payment of losses or any other dispute explained in the paragraph shall be preferred to be dealt and resolved under the alternative dispute resolutions system including Arbitration and Conciliation Act of India.

7.9 Free Look Period

- a) The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- b) If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.

7.10 Renewal Terms

- a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.
- b) The premium payable on renewal shall be paid to the Company on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
- c) 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. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period.

- d) The Company will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non co operation by the Insured.
- e) The Company reserves the right to carry out underwriting in relation to any request for increase of the Sum Insured at the time of renewal of the Policy.
- f) This product may be withdrawn / modified by the Company after due approval from the IRDA. In case this product is withdrawn / modified by the Company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder 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.
- g) The Company 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.
- h) Renewal shall be offered lifelong. The Insured Person shall be given an option to port this policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.

7.11 Cancellation / Termination

- a) The Company may at any time, cancel this Policy on grounds as specified in Clause 7.1 and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to the Policyholder at his last known address.
- b) The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and 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.

c) Refund % to be applied on premium received

Cancellation Date from Policy Period Start Date	Joy Tomorrow	Joy Tomorrow	Joy Today / Joy Tomorrow
	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%

- d) In case of demise of the Policyholder,
 - i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policy holder. The premium would be refunded for the unexpired period of this Policy at the short period scales.
 - ii) Where the Policy covers other Insured Person, this Policy shall continue till the end of Policy Period. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - i) Written notice in this regard is given to the Company before the Policy Period End Date; and
 - ii) A person over Age 18 who satisfies the Company's criteria to become a Policyholder.

7.12 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

7.13 Communication

- a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Certificate. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Certificate.
- b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Certificate. Agents are not authorized to receive notices and declarations on the Company's behalf.
- c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.14 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

7.15 Overriding effect of Policy Certificate

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

7.16 Electronic Transactions

The Policyholder and Insured Person agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

7.17 Grievances

The Company has developed proper procedures and effective mechanism to address complaints by the

customers. The Company is 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 the Policyholder / Insured Person has a grievance that the Policyholder / Insured Person wishes the Company to redress, the Policyholder / Insured Person may contact the Company with the details of the grievance through:

Website: www.careinsurance.com

Email: customerfirst@careinsurance.com

Contact No.: 1800-102-4488 / 1800-102-6655

Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Person may also approach the grievance cell at any of the Company's branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

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

Head - Customer Services,

Care Health Insurance Limited,

(Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor,

Tower C, Unitech Cyber Park,

Sector-39, Gurugram -122001 (Haryana)

- c) If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are on the next page:

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 67504123 / 23312122 E-mail : bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.emakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkamagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

Secretary General/Secretary,

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai - 400 054.

Tel : 022-26106889/671/980

Fax : 022-26106949

Email - inscoun@ecoi.co.in

Annexure I : List of Day Care Surgeries

1. **Microsurgical operations on the middle ear**

1. Stapedotomy to treat various lesions in middle ear
2. Revision of a stapedectomy
3. Other operations on the auditory ossicles
4. Myringoplasty (post-aura/endaural approach as well as simple Type-I Tympanoplasty)
5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
6. Revision of a tympanoplasty
7. Other microsurgical operations on the middle ear

2. **Other operations on the middle & internal ear**

8. Myringotomy
9. Removal of a tympanic drain
10. Incision of the mastoid process and middle ear
11. Mastoidectomy
12. Reconstruction of the middle ear
13. Other excisions of the middle and inner ear
14. Fenestration of the inner ear
15. Revision of a fenestration of the inner ear
16. Incision (opening) and destruction (elimination) of the inner ear
17. Other operations on the middle and inner ear
18. Removal of Keratosis Obturans

3. **Operations on the nose & the nasal sinuses**

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration
Foreign body removal from nose

4. **Operations on the eyes**

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Correction of Eyelid Ptosis by Levator Palpebrae Superioris Resection (bilateral)
27. Correction of Eyelid Ptosis by Fascia Lata Graft (bilateral)

28. Excision and destruction of diseased tissue of the eyelid
29. Operations on the canthus and epicanthus
30. Corrective surgery for entropion and ectropion
31. Corrective surgery for blepharoptosis
32. Removal of a foreign body from the conjunctiva
33. Removal of a foreign body from the cornea
34. Incision of the cornea
35. Operations for pterygium
36. Other operations on the cornea
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball
40. Operation of cataract
41. Diathermy/Cryotherapy to treat retinal tear
42. Anterior chamber Paracentesis /Cyclodiathermy/Cyclocryotherapy/ Goniotomy/Trabeculotomy and Filtering and Allied Operations to treat glaucoma
43. Enucleation of Eye without Implant
44. Dacryocystorhinostomy for various lesions of Lacrimal Gland
45. Laser Photocoagulation to treat Retinal Tear

5. **Operations on the skin & subcutaneous tissues**

46. Incision of a pilonidal sinus
47. Other incisions of the skin and subcutaneous tissues
48. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
49. Local excision of diseased tissue of the skin and subcutaneous tissues
50. Other excisions of the skin and subcutaneous tissues
51. Simple restoration of surface continuity of the skin and subcutaneous tissues
52. Free skin transplantation, donor site
53. Free skin transplantation, recipient site

54. Revision of skin plasty
 55. Other restoration and reconstruction of the skin and subcutaneous tissues.
 56. Chemosurgery to the skin.
 57. Destruction of diseased tissue in the skin and subcutaneous tissues
 58. Reconstruction of Deformity/Defect in Nail Bed
- 6. Operations on the tongue**
59. Incision, excision and destruction of diseased tissue of the tongue
 60. Partial glossectomy
 61. Glossectomy
 62. Reconstruction of the tongue
 63. Other operations on the tongue
- 7. Operations on the salivary glands & salivary ducts**
64. Incision and lancing of a salivary gland and a salivary duct
 65. Excision of diseased tissue of a salivary gland and a salivary duct
 66. Resection of a salivary gland
 67. Reconstruction of a salivary gland and a salivary duct
 68. Other operations on the salivary glands and salivary ducts
- 8. Other operations on the mouth & face**
69. External incision and drainage in the region of the mouth, jaw and face
 70. Incision of the hard and soft palate
 71. Excision and destruction of diseased hard and soft palate
 72. Incision, excision and destruction in the mouth
 73. Palatoplasty
 74. Other operations in the mouth
- 9. Operations on tonsils and adnoids**
75. Transoral incision and drainage of a pharyngeal abscess
 76. Tonsillectomy without adenoidectomy
 77. Tonsillectomy with adenoidectomy
 78. Excision and destruction of a lingual tonsil
 79. Other operations on the tonsils and adenoids
 80. Trauma surgery and orthopaedics
 81. Incision on bone, septic and aseptic
 82. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
 83. Suture and other operations on tendons and tendon sheath
 84. Reduction of dislocation under GA
 85. Arthroscopic knee aspiration
 86. Adenoidectomy
- 10. Operations on the breast**
86. Incision of the breast abscess
 87. Operations on the nipple
 88. Excision of single breast lump
- 11. Operations on the digestive tract, Kidney and Bladder**
89. Incision and excision of tissue in the perianal region
 90. Surgical treatment of anal fistulas
 91. Surgical treatment of hemorrhoids
 92. Division of the anal sphincter (sphincterotomy)
 93. Other operations on the anus
 94. Ultrasound guided aspirations
 95. Sclerotherapy, etc.
 96. Laparotomy for grading Lymphoma with Splenectomy/Liver/Lymph Node Biopsy
 97. Therapeutic Laparoscopy with Laser
 98. Cholecystectomy and Choledochostomy/Jejunostomy/Duodenostomy/Gastrostomy/Exploration Common Bile Duct
 99. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/removal of foreign body/diathermy of bleeding lesions
 100. Lithotripsy/Nephrolithotomy for renal calculus
 101. Excision of renal cyst
 102. Drainage of Pyonephrosis/Perinephric Abscess
 103. Appendicectomy with/without Drainage
- 12. Operations on the female sexual organs**
104. Incision of the ovary
 105. Insufflations of the Fallopian tubes
 106. Other operations on the Fallopian tube

- 107. Dilatation of the cervical canal
 - 108. Conisation of the uterine cervix
 - 109. Therapeutic curettage with Colposcopy/Biopsy /Diathermy/Cryosurgery/
 - 110. Laser Therapy of Cervix for Various lesions of Uterus
 - 111. Other operations on the uterine cervix
 - 112. Incision of the uterus (hysterectomy)
 - 113. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
 - 114. Incision of vagina
 - 115. Incision of vulva
 - 116. Culdotomy
 - 117. Operations on Bartholin's glands (cyst)
 - 118. Salpingo-Oophorectomy via Laparotomy
- 13. Operations on the prostate & seminal vesicles**
- 119. Incision of the prostate
 - 120. Transurethral excision and destruction of prostate tissue
 - 121. Transurethral and percutaneous destruction of prostate tissue
 - 122. Open surgical excision and destruction of prostate tissue
 - 123. Radical prostatovesiculectomy
 - 124. Other excision and destruction of prostate tissue
 - 125. Operations on the seminal vesicles
 - 126. Incision and excision of periprostatic tissue
 - 127. Other operations on the prostate
- 14. Operations on the scrotum & tunica vaginalis testis**
- 128. Incision of the scrotum and tunica vaginalis testis
 - 129. Operation on a testicular hydrocele
 - 130. Excision and destruction of diseased scrotal tissue
 - 131. Other operations on the scrotum and tunica vaginalis testis
- 15. Operations on the testes**
- 132. Incision of the testes
 - 133. Excision and destruction of diseased tissue of the testes
 - 134. Unilateral orchidectomy
 - 135. Bilateral orchidectomy
 - 136. Orchidopexy
 - 137. Abdominal exploration in cryptorchidism
 - 138. Surgical repositioning of an abdominal testis
 - 139. Reconstruction of the testis
 - 140. Implantation, exchange and removal of a testicular prosthesis
 - 141. Other operations on the testis
- 16. Operations on the spermatic cord, epididymis and ductus deferens**
- 142. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
 - 143. Excision in the area of the epididymis
 - 144. Epididymectomy
- 17. Operations on the penis**
- 145. Operations on the foreskin
 - 146. Local excision and destruction of diseased tissue of the penis
 - 147. Amputation of the penis
 - 148. Other operations on the penis
- 18. Operations on the urinary system**
- 149. Cystoscopic removal of stones
 - 150. Catheterisation of Bladder
- 19. Other Operations**
- 151. Lithotripsy
 - 152. Coronary angiography
 - 153. Biopsy of Temporal Artery for Various Lesions
 - 154. External Arterio-venous Shunt
 - 155. Haemodialysis
 - 156. Radiotherapy for Cancer
 - 157. Cancer Chemotherapy
 - 158. Endoscopic polypectomy
- 20. Operations of bones and joints**
- 159. Surgery for ligament tear
 - 160. Surgery for meniscus tear
 - 161. Surgery for hemoarthrosis/pyoarthrosis
 - 162. Removal of fracture pins/nails
 - 163. Removal of metal wire
 - 164. Closed reduction on fracture, luxation

- 165. Reduction of dislocation under GA
- 166. Epiphyseolysis with osteosynthesis
- 167. Excision of Bursitis
- 168. Tennis Elbow Release
- 169. Excision of Various Lesions in Coccyx
- 170. Arthroscopic knee aspiration

Annexure II : List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy

S. No.	List of expenses generally excluded ("Non-medical") in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical") in hospital indemnity policy
1	HAIR REMOVAL CREAM	37	TOOTH PASTE
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	38	TOOTH BRUSH
3	BABY FOOD	39	GUEST SERVICES
4	BABY UTILITES CHARGES	40	BED PAN
5	BABY SET	41	BED UNDER PAD CHARGES
6	BABY BOTTLES	42	CAMERA COVER
7	BRUSH	43	CLINIPLAST
8	COSY TOWEL	44	CREPE BANDAGE
9	HAND WASH	45	CURAPORE
10	MOISTURIZER PASTE BRUSH	46	DIAPER OF ANY TYPE
11	POWDER	47	DVD, CD CHARGES
12	SHOE COVER	48	EYELET COLLAR
13	BEAUTY SERVICES	49	FACE MASK
14	BELTS/BRACES	50	FLEXI MASK
15	BUDS	51	GAUSE SOFT
16	BARBER CHARGES	52	GAUZE
17	CAPS	53	HAND HOLDER
18	COLD PACK/HOT PACK	54	HANSAPLAST/ADHESIVE BANDAGES
19	CARRY BAGS	55	LACTOGEN/INFANT FOOD
20	CRADLE CHARGES	56	SLINGS
21	COMB	<i>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</i>	
22	EAU-DE-COLOGNE/ROOM FRESHENERS	57	WEIGHT CONTROL PROGRAMS/SUPPLIES/SERVICES
23	EYE PAD	58	COST OF SPECTACLES/CONTACT LENSES/HEARING AIDS, ETC.
24	EYE SHIELD		
25	EMAIL/INTERNET CHARGES	59	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
26	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)		
27	FOOT COVER	60	HORMONE REPLACEMENT THERAPY
28	GOWN	61	HOME VISIT CHARGES
29	LEGGINGS		
30	LAUNDRY CHARGES	62	INFERTILITY/SUBFERTILITY/ASSISTED CONCEPTION PROCEDURE
31	MINERAL WATER		
32	OIL CHARGES	63	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
33	SANITARY PAD	64	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
34	SLIPPERS	65	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
35	TELEPHONE CHARGES	66	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
36	TISSUE PAPER	67	DONOR SCREENING CHARGES
		68	ADMISSION/REGISTRATION CHARGES

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
69	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	97	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
70	EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	98	TELEVISION & AIR CONDITIONER CHARGES
71	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS OR SUFFERING FROM/HIV/AIDS ETC IS DETECTED/DIRECTLY OR INDIRECTLY	99	SURCHARGES
		100	ATTENDANT CHARGES
		101	IM IV INJECTION CHARGES
72	STEM CELL IMPLANTATION/SURGERY AND STORAGE	102	CLEAN SHEET
		103	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
<i>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</i>		104	BLANKET/WARMER BLANKET
73	WARD AND THEATRE BOOKING CHARGES	<i>ADMINISTRATIVE OR NON-MEDICAL CHARGES</i>	
74	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	105	ADMISSION KIT
75	MICROSCOPE COVER	106	BIRTH CERTIFICATE
76	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	107	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
77	SURGICAL DRILL	108	CERTIFICATE CHARGES
78	EYE KIT	109	COURIER CHARGES
79	EYE DRAPE	110	CONVENYANCE CHARGES
80	X-RAY FILM	111	DIABETIC CHART CHARGES
81	SPUTUM CUP	112	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
82	BOYLES APPARATUS CHARGES		
83	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	113	DISCHARGE PROCEDURE CHARGES
		114	DAILY CHART CHARGES
84	ANTICEPTIC OR DISINFECTANT LOTIONS	115	ENTRANCE PASS / VISITORS PASS CHARGES
85	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	116	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
86	COTTON	117	FILE OPENING CHARGES
87	COTTON BANDAGE	118	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
88	MICROPORE/SURGICAL TAPE		
89	BLADE	119	MEDICAL CERTIFICATE
90	APRON	120	MAINTAINANCE CHARGES
91	TORNIQUET	121	MEDICAL RECORDS
92	ORTHO BUNDLE, GYNAEC BUNDLE	122	PREPARATION CHARGES
93	URINE CONTAINER	123	PHOTOCOPIES CHARGES
ELEMENTS OF ROOM CHARGE		124	PATIENT IDENTIFICATION BAND / NAME TAG
94	LUXURY TAX	125	WASHING CHARGES
95	HVAC	126	MEDICINE BOX
96	HOUSE KEEPING CHARGES	127	MORTUARY CHARGES

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
128	MEDICO LEGAL CASE CHARGES (MLC CHARGES) EXTERNAL DURABLE DEVICES	160	ECG ELECTRODES
129	WALKING AIDS CHARGES	161	GLOVES
130	BIPAP MACHINE	162	HIV KIT
131	COMMODE	163	LISTERINE/ANTISEPTIC MOUTHWASH
132	CPAP/ CAPD EQUIPMENTS	164	LOZENGES
133	INFUSION PUMP - COST	165	MOUTH PAINT
134	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	166	NEBULISATION KIT
135	PULSE OXYMETER CHARGES	167	NOVARAPID
136	SPACER	168	VOLINI GEL/ANALGESIC GEL
137	SPIROMETRE	169	ZYTEE GEL
138	SPO2 PROBE	170	VACCINATION CHARGES
139	NEBULIZER KIT	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
140	STEAM INHALER	171	AHD
141	ARMSLING	172	ALCOHOL SWABES
142	THERMOMETER	173	SCRUB SOLUTION/STERILLIUM OTHERS
143	CERVICAL COLLAR	174	VACCINE CHARGES FOR BABY
144	SPLINT	175	AESTHETIC TREATMENT/SURGERY
145	DIABETIC FOOT WEAR	176	TPA CHARGES
146	KNEE BRACES (LONG / SHORT / HINGED)	177	VISCO BELT CHARGES
147	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	178	ANY KIT WITH NO DETAILS MENTIONED (DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC.)
148	LUMBO SACRAL BELT	179	EXAMINATION GLOVES
149	NIMBUS BED OR WATER OR AIR BED CHARGES	180	KIDNEY TRAY
150	AMBULANCE COLLAR	181	MASK
151	AMBULANCE EQUIPMENT	182	OUNCE GLASS
152	MICROSHEILD	183	OUTSTATION CONSULTANT'S/SURGEON'S FEES
153	ABDOMINAL BINDER	184	OXYGEN MASK
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		185	PAPER GLOVES
154	BETADINE/HYDROGEN PEROXIDE/SPIRIT/ DISINFECTANTS ETC.	186	PELVIC TRACTION BELT
155	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	187	REFERAL DOCTOR'S FEES
156	NUTRITION PLANNING CHARGES-DIETICIAN CHARGES-DIET CHARGES	188	ACCU CHECK (GLUCOMETRY/STRIPS)
157	SUGAR FREE TABLETS	189	PAN CAN
158	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	190	SOFNET
159	DIGESTION GELS	191	TROLLY COVER
		192	UROMETER, URINE JUG
		193	AMBULANCE
		194	TEGADERM/VASOFIX SAFETY
		195	URINE BAG
		196	SOFTOVAC
		197	STOCKINGS

Annexure III : List of Black Listed Hospitals

S. No.	HOSPITAL NAME	ADDRESS	ZONE
1	Nulife Hospital & Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
2	Taneja Hospital	F-15, Vikas Marg, Preet Vihar, New Delhi, Delhi	North
3	Shri Komal Hospital & Dr. Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road, Rewari, Haryana	North
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Gurgaon, Haryana	North
5	Amar Hospital	S.A.S. Nagar, Mohali, Sector-70, Mohali, Punjab	North
6	Brij Medical Centre	K K 54, Kavi Nagar, Ghaziabad, Uttar Pradesh	North
7	Family Medicare	A-55, Sector-61, Rajat Vihar Sector-62, Noida, Uttar Pradesh	North
8	Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh	North
9	City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opp. Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, Uttar Pradesh	North
10	Dayal Maternity & Nursing Home	No. 953/23, D.C.F Chowk, DLF Colony, Rohtak, Haryana	North
11	Metas Adventist Hospital	No. 24, Ring-Road, Athwalines, Surat, Gujarat	West
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V Lane Road, Lokhandwala, Near Laxmi Indst Estate, Andheri, Mumbai, Maharashtra	West
13	Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra	West
14	Gokul Hospital	Thakur Complex, Kandivali East, Mumbai, Maharashtra	West
15	Shree Sai Hospital	Gokul Nagri - I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra	West
16	Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra	West
18	Arpan Hospital And Research Centre	No. 151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
19	Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No. 43, Raipur, Chhattisgarh	East
20	Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi	North
21	R.K. Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township- I, Faridabad, Haryana	North
22	Prakash Hospital	D-12, I2A, I2B, Noida, Sector-33, Noida, Uttar Pradesh	North
23	Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, I32, Ring Road, Satellite, Ahmedabad, Gujarat	West
25	Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
26	Scope Hospital	628, Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
27	Agarwal Medical Centre	E-234, Greater Kailash- I, New Delhi, Delhi	North
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector-41, Noida, Uttar Pradesh	North
30	Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
31	Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North

Annexure III : List of Black Listed Hospitals

S. No.	HOSPITAL NAME	ADDRESS	ZONE
32	B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
33	East West Medical Centre	No.71 I, Sector-14, Gurgaon, Haryana	North
34	Jagtap Hospital	Anand Nagar, Singhgood Road, Anandnagar, Pune, Maharashtra	West
35	Dr.Malwankar'sRomeenNursingHome	Ganesh Marg, Tagore Nagar, Vikhroli East, Mumbai, Maharashtra	West
36	Noble Medical Centre	SVP Road, Borivali West, Mumbai, Maharashtra	West
37	Rama Hospital	Sonepat Road, Bahalgarh, Sonipat, Haryana	North
38	S.B. Nursing Home & ICU	Lake Bloom 16, 17, 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai, Mumbai, Maharashtra	West
39	Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp. Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra	West
40	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
41	Mahaveer Hospital & Trauma Centre	76-E, Station Road, Panki, Kanpur, Uttar Pradesh	North
42	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South
43	Amrapali Hospital	Plot No. NH-34, P-2, Omega -I, Greater Noida, Uttar Pradesh	North
44	Hardik Hospital	29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
45	Jabalpur Hospital & Research Centre Pvt. Ltd.	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
46	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
47	Santosh Hospital	L-629/63 I, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
48	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
49	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
50	Navjeevan Hospital & Maternity Centre	753/2 I, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
51	Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
52	Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
53	Sparsh Medicare and Trauma Centre	Shakti Khand-III/54, Indirapuram, Ghaziabad, Uttar Pradesh	North
54	Saras Healthcare Pvt. Ltd.	K-1 I 2, Sec-12, Pratap Vihar, Ghaziabad, Uttar Pradesh	North
55	Getwell Soon Multi-Speciality Institute Pvt. Ltd.	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
56	Shivalik Medical Centre Pvt. Ltd.	A-93, Sec-34, NOIDA, Uttar Pradesh	North
57	Aakanksha Hospital	126, Aaradhnagar Society, B/H Bhulakshavan School, Aanand-Mahal Road, Adajan, Surat, Gujarat	West
58	Abhinav Hospital	Harsh Apartment, Nr. Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat	West
59	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat	West
60	Aris Care Hospital	A 223-224, Mansarovar Society, 60 Feet, Godadara Road, Surat, Gujarat	West
61	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Road, Surat, Gujarat	West
62	Auc Hospital	B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat	West
63	Dharamjivan General Hospital & Trauma Centre	Karmayogi- I, Plot No. 20/2 I, Near Piyush Point, Pandesara, Surat, Gujarat	West
64	Dr. Santosh Basotia Hospital	Bhatar Road, Surat, Gujarat	West
65	God Father Hospital	344, Nandvan Society, B/H Matrushakti Society, Puna Gam, Surat, Gujarat	West
66	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West

Annexure III : List of Black Listed Hospitals

S. No.	HOSPITAL NAME	ADDRESS	ZONE
67	Hari Milan Hospital	L.H. Road, Surat, Gujarat	West
68	Jaldhi Ano-Rectal Hospital	103, Payal Apt., Next To Rander Zone Office, Tadwadi, Surat, Gujarat	West
69	Jeevan Path Gen. Hospital	2nd Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
70	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat	West
71	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Society, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
72	Krishnavati General Hospital	Bamroli Road, Surat, Gujarat	West
73	Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shoping Complex, 1st Floor, Varachha Road, Surat, Gujarat	West
76	R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp. Hans Society, L.H. Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L. H. Road, Varachha, Surat, Gujarat	West
79	Sparsh Multy Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr. Udhana Citizan Co-Op. Bank, Surat, Gujarat	West

Optional Cover

1. The Optional Cover shall be available only if the same is specifically mentioned in the Policy Certificate.
2. The Optional Cover is subject to the terms and conditions stated below and the Policy Terms & Conditions.

3. Optional Cover – I : No Claim Bonanza

- 3.1 If the Policy is renewed or continued for three consecutive claim free Policy Years without any break, the Company will provide 100% of the Sum Insured of the expiring Policy on a cumulative basis as a No Claims Bonanza.
- 3.2 In any Policy Year, the accrued No Claims Bonanza shall not exceed 100% of the total of the Sum Insured available in the renewed Policy.

3.3 General Terms and Conditions:

- (a) For a Floater policy, the No Claim Bonanza, shall also be available only on Floater basis and shall accrue only if no Claim has been made in respect of any Insured Person during the expiring block of three continuous claim free Policy Years. The No Claim Bonanza which is accrued during the Claim-free Policy Period will only be available to those Insured Persons who were insured in such Claim-free Policy Period and continue to be insured in the subsequent Policy Period.
- (b) The accrued No Claim Bonanza as notified in the renewal notice shall be provisional and is subject to revision if a Claim is made under the expiring Policy Year.
- (c) The accrued No Claim Bonanza will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date and in any event not later than the expiry of the Grace Period.
- (d) The No Claim Bonanza shall be applicable subject to continuation of the Policy for three continuous Policy Years.
- (e) This clause does not alter the Company's right to decline renewal or cancellation of the Policy.
- (f) In the event of a Claim occurring during any Policy Period, the accrued No Claim Bonanza will not be available in subsequent renewal, but in no case shall the Sum Insured be reduced.
- (g) At the time of Policy renewal if the Policyholder chooses not to renew this Optional Cover, then the No Claim Bonanza under the expiring Policy shall be forfeited.

- (h) Any Claim under this Optional Cover shall always be subject to Clause 5.5 of the Policy Terms and Conditions.
- (i) In case Sum Insured under the Policy is increased at the time of renewal, the No Claim Bonanza shall be calculated on the Sum Insured applicable on the last completed Policy Year.

3.4. Cancellation

- (a) The Policyholder may give 15 days' notice in writing, to the Company, for the cancellation of this Optional Cover, in which case the company shall from the date of receipt of the notice, cancel this Optional Cover and refund the premium for the unexpired period at the short period scales, as mentioned below provided no Claim has been made under any of the benefits as specified in Clause 2 of the Policy Terms and Conditions:
 - b) Refund % to be applied on annual premium rates.

Cancellation Date (x months) from Policy Period Start Date	Joy Tomorrow	Joy Tomorrow	Joy Today / Joy Tomorrow
	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%

- (c) If any Claim is made and the Policyholder chooses to cancel this Optional Cover then Company shall not be liable to refund any premium paid in respect of this Optional Cover.

Illustration: Working of No Claim Bonanza

For Policy Period 1st Jan. 2014 to 31st Dec. 2016 (either by continuous renewal without any break in case of 1 year/2 year policy tenure or by taking a policy with tenure of 3 years)

Details	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Sum Insured at Policy Year Start Date (01.01.2014)	300,000	300,000	300,000	300,000
No Claims Bonanza	-	-	90,000	90,000
			Assuming that policy has 3 completed & continuous claim free years	
Total Eligible Sum Insured for Claim	300,000	300,000	6,00,000	6,00,000
Claim 1 on 01.05.2017 :				
Claim made for (Rs.)	2,00,000	4,00,000	3,50,000	7,50,000
Claim Amount Eligible	2,00,000	3,00,000	3,50,000	6,00,000
Sum Insured utilized for Claim	2,00,000	3,00,000	3,00,000	3,00,000
No Claims Bonanza available	No	No	Yes	Yes
No Claim Bonanza amount to be utilized for Claim	N.A.	N.A.	50,000	3,00,000
Total Claim Payable	2,00,000	3,00,000	3,50,000	6,00,000
Balance Sum Insured available for the balance policy period	1,00,000	-	-	-
Balance No Claim Bonanza available for the balance policy period	-	-	2,50,000	-
Claim 2 on 01.09.2017 :				
Claim made for (Rs.)	2,00,000	4,00,000	3,50,000	3,50,000
Claim Amount Eligible	1,00,000	0	2,50,000	0
Sum Insured utilized for Claim	1,00,000	0	0	0
No Claims Bonanza available	No	No	Yes	No
No Claim Bonanza amount to be utilized for Claim	N.A.	N.A.	2,50,000	N.A.
Total Claim Payable	1,00,000	0	2,50,000	0
Balance Sum Insured for the balance policy period	Nil	Nil	Nil	Nil

Note : It is assumed that Claim Event 1 and Claim Event 2 are not related events

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HEALTH INSURANCE

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