

Policy Usage Guide



Health Insurance with Maternity & Newborn Cover

Note: This is an illustrative summary description of the health insurance policy cover for quick customer overview and does not in any way claim to present exhaustive information. Please refer to policy document for complete details.

WHAT IS COVERED?

Refer to
policy T&C

- ✓ **Hospitalization Expenses**
Upto Sum Insured.
- ✓ **In-patient Care**
If the Insured Person is hospitalized for a minimum period of 24 consecutive hours, the Company pays for the expenses pertaining to in-patient treatment such as room charges, nursing expenses, intensive care unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theatre charges, etc.
- ✓ **Day Care Treatment**
Reimburses for the medical expenses incurred during specified treatments for the list of treatments covered (refer Annexure – I) that require the Insured Person to be hospitalized for less than 24 hours.
- ✓ **Pre-hospitalization Medical Expenses**
Reimburses for the medical expenses incurred immediately prior to the hospitalization up to 30 days.

Clause
3.1
Benefit 1

Clause
3.1(a)
Benefit 1

Clause
3.1(b)
Benefit 1

Clause
3.2(a)(i)
Benefit 2

- 
Post-hospitalization Medical Expenses
 Reimburses for the medical expenses incurred immediately after the discharge from hospital up to 60 days.

Clause 3.2(a)(ii)
 Benefit 2
- 
Maternity Cover (including Pre-natal & Post-natal Expenses)
 Reimburses for the Maternity expenses including Pre-natal & Post-natal Expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child up to an amount specified against this Benefit . Claim under this benefit shall be admissible only till age of the Insured Person is 45 years or below.

Clause 3.4
 Benefit 4
- 
New Born Baby Cover
 reimburses up to the amount specified against this Benefit for the Medical Expenses incurred in respect of treatment of New Born Baby.

Clause 3.5
 Benefit 5
- 
New Born Birth defects
 Pays for the amount specified against this Benefit, as a lump sum, in case the New Born Baby is diagnosed with Down's Syndrome or Cerebral Palsy provided that No Claim under Benefit - 'New Born Baby Cover' shall be made with respect to Down's syndrome or Cerebral Palsy in case Claim is payable under this Benefit.

Clause 3.6
 Benefit 6
- 
Ambulance Cover
 Reimburses for expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.

Clause 3.3
 Benefit 3

WHAT IS NOT COVERED?



Any hospital admission primarily for investigation/diagnostic purposes, infertility, circumcision, sex change, surgery, cosmetic surgery & plastic surgery, refractive error correction, substance abuse, self-inflicted injuries war, terrorism, civil war or breach of law. Treatment expenses in blacklisted hospitals is also not covered.

WAITING PERIOD



The time span during which you can not claim some or all benefits, specified for the illnesses covered under the insurance policy. A 30 day initial wait period applies at start of policy except for policy renewal & accident cases. For specified illness, treatment & surgeries for example – Hernia, Ulcer, ENT related, Arthrities, Ligament Tear, Cataract & Stone the applicant will wait 24 month and for pre-existing ailment 36 months.

Clause 4.1(a)
 (i)(ii)(iii)

Note: Information provided is representative and summary of waiting period applicable under the policy, for complete details please refer to T&C

HOW TO CLAIM



There are two modes of claiming, cashless & reimbursement.

- In case of cashless claim, the individual can get hospitalized in any of our empaneled network hospitals and the hospital bill will be settled directly by the insurance company.
- In case of reimbursement: The insured members has the flexibility to visit a hospital that can be outside of our empaneled network list, wherein they can settle the hospitalization bill and claim for the reimbursements of same as per policy terms & conditions, after getting discharged.
- We request all our insured members to intimate us of any accident or illness (for cashless claims) before hospitalization. For unplanned hospitalization within 24 hours of admission and in case of planned hospitalization at least 48 hours prior to the planned date of admission to hospital.
- For hassle free claim intimation : just scan and upload the claim documents at self-help portal link.
- For hard copy claim intimation send us at : Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)

HOW CAN I RENEW POLICY

On basis of your existing policy details and renewal request, a new renewal premium will be intimated to you within specified period before the policy expires. You can pay renewal premium through below payment modes.



Through
Mobile app



Scan
QR code



Through
website



Cheque/DD



EMI through
credit card



Paytm



HDFC &
Axis Bank
branches



Phonepe

Note: This summary description is only to aid your understanding of the primary coverage / benefits offered. For detailed information please refer to related policy document. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana) Website: www.careinsurance.com

Disclaimer: This is only summary of selective features of product *JOY*. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Insurance is a subject matter of solicitation. CIN:U66000DL2007PLC161503 UIN:RHIHLIP21373V022021

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Care Health - Customer App:
<https://careinsurance.app.link/3QB1xwRrNPb>



www.careinsurance.com/self-help-portal.html



Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html