

Prospectus

1. ELIGIBILITY CRITERIA

Entry Age – Minimum	Elite – 45 years Premium - 60 years
Entry Age – Maximum	Elite – less than 60 years based on completed age Premium – Lifelong
Exit Age	Lifelong
Age of Proposer	18 Years or above
Policy Term	1/2/3 Years
Cover Type	Individual - Maximum up to 6 Person Floater - 2A
Who are covered (Relationship with respect to the Proposer)	Self, Legally married spouse, son, daughter, father, mother, mother-in-law, father-in-law.

Notes:

- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.

2. SCHEDULE OF DISCOUNTS

Sr. No	Description	Parameters	Rates
1.	Discount for Employees and / or their dependents of : CHIL CHIL's Promoters	-	15.00%
2.	Tenure Discount	7.5% on the second year premium if you pay for 2 year policy term in advance and additional 10% on the third year premium if you pay for 3 year policy term in advance.	
3.	Family Discount	Fixed 2.5% discount on premium of additional member(s) covered (other than the eldest member) in the same policy having Sum Insured on Individual basis.	
4.	Discount if policy bought through digital mode. (This discount is available for first purchase only.)	-	5.00%

Notes: Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible and Co-payment) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 30% of the Premium)

3. BENEFITS COVERED UNDER THE POLICY:

A. GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS AND OPTIONAL BENEFITS

1. The Eligibility Criteria, Benefits & Optional Benefits mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
2. In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Care Health Insurance” and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)”
3. Benefits / Optional Benefit (if opted) shall be available to you, only if the particular Benefit / Optional Benefit are specifically opted.
4. The maximum, total and cumulative liability of us in respect of you for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured as mentioned in the policy schedule against that benefit for you.
 - I. On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all of you, shall not exceed the Sum Insured as mentioned in the policy schedule.
 - II. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claim Bonus, Optional Benefit: No Claim Bonus Super, Optional Benefit: Additional Sum Insured for Accidental Hospitalization, Optional Benefit: Additional Sum Insured for Defined Critical Illnesses.
 - III. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.
5. The Co-payment proportion (if applicable) shall be borne by you on each Claim which will be applicable on Benefit namely In-patient Care, Day Care Treatment, Domiciliary Hospitalization, Organ Donor Cover, AYUSH Treatment, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Road Ambulance Cover, Optional Benefit: Additional Sum Insured for Accidental Hospitalization, Optional Benefit: Additional Sum Insured for Defined Critical Illnesses and Optional Benefit: Air Ambulance Cover.
6. Deductible Option (if opted) is applicable on the Benefits namely In-patient Care, Day Care Treatment, Domiciliary Hospitalization, Organ Donor Cover, AYUSH Treatment, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Road Ambulance Cover, Optional Benefit: Additional Sum Insured for Accidental Hospitalization, Optional Benefit: Additional Sum Insured for Defined Critical Illnesses and Optional Benefit: Air Ambulance Cover.
7. Any Claim paid for Benefits namely In-patient Care, Day Care Treatment, Domiciliary Hospitalization, Organ Donor Cover, AYUSH Treatment, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Road Ambulance Cover and Optional Benefit: Companion Benefit shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
8. Admissibility of a Claim under Benefit “In-patient Care and/or Day Care Treatment” is a pre-condition to the admission of a Claim under Organ Donor Cover, Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Road Ambulance Cover, Optional Benefit: Additional Sum Insured for Accidental Hospitalization, Optional Benefit: Additional Sum Insured for Defined Critical Illnesses, Optional Benefit: Air Ambulance Cover and Optional Benefit: Companion Benefit and the event giving rise to a Claim under Benefit “In-patient Care and/or Day Care Treatment” shall be within the Policy Period for the Claim of such Benefit to be accepted.
9. Coverage amount for Optional Benefit: OPD Care, Optional Benefit: OPD Consultation & Therapy Expenses, Optional Benefit: Additional Sum Insured for Accidental Hospitalization, Optional Benefit: Additional Sum Insured for Defined Critical Illnesses, Optional Benefit: Air Ambulance Cover and Optional Benefit: Disease Management Programs are covered over and above the 'Sum Insured'.
10. Coverage under Optional Benefit: OPD Care, Optional Benefit: OPD Consultation & Therapy Expenses and Optional Benefit: Disease Management Programs shall be offered on Individual basis
11. If you are belonging to the same family are covered on an Individual basis, then each of you can opt for different Sum Insured and different Optional Benefit.
12. Optional Benefits opted (except Optional Benefit: OPD Care, Optional Benefit: OPD Consultation & Therapy Expenses and Optional Benefit: Disease Management Programs) are available for all members in a floater policy.

3.1 BASE BENEFITS

3.1.1 Benefit : Hospitalization Expenses:

- (i) **Benefit: In-patient Care:** Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Illness or Injury , which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.
- (ii) **Benefit: Day Care Treatment:** Hospitalization involving less than 24 hours – Some surgeries doesn't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments, maximum up to Sum Insured.
- (iii) **Advance Technology Methods:**

We will indemnify you for expenses incurred under In-patient Care and/or Day Care Treatment for treatment taken through following advance technology methods:

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation

- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

(iv) Benefit : Domiciliary Hospitalization:

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you maximum up to Sum Insured, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

- (i) Asthma;
- (ii) Bronchitis;
- (iii) Chronic Nephritis and Chronic Nephritic Syndrome;
- (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis;
- (v) Diabetes Mellitus and Diabetes Insipidus;
- (vi) Epilepsy;
- (vii) Hypertension;
- (viii) Influenza, cough or cold;
- (ix) All Psychiatric or Psychosomatic Disorders;
- (x) Pyrexia of unknown origin;
- (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
- (xii) Arthritis, Gout and Rheumatism.

(v) Benefit : Organ Donor Cover:

We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to Sum Insured for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor.

(vi) Benefit : AYUSH Treatments:

It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay You up to Sum Insured for medical expenses incurred by You towards Your in-patient admission at any AYUSH Hospitals or health care facilities, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (12) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

(vii) Benefit : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses :

1. Pre-Hospitalization Medical Expenses:

Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (Up to Sum Insured) incurred by You for a period of 60 days immediately before the date of Your admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date .

2. Post-Hospitalization Medical Expenses:

Back home and till You are back on Your feet - The expenses don't end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (Up to Sum Insured) incurred by You for a period of 90 days immediately after the date of Discharge from Hospital and claim documents to be submitted within 30 days after completion of 90 days from the date of discharge from Hospital.

Note: Payment under this benefit will only be on re-imburement basis

3.1.2 Benefit : Road Ambulance Cover:

It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount/limit per Policy Year, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for your health condition.

3.1.3 Benefit : Automatic Recharge

A refill is always welcome! So your sum insured is reinstated just when you need it the most.

If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire base sum insured immediately, once in the policy year.

In case of a floater policy, all Insured Person will be eligible to utilize the Recharged amount for any illness or injury pertaining to that Policy Year.

- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- Please note that the applicable 'No Claim Bonus (NCB)' and 'Optional Benefit: No Claim Bonus Super' shall not be considered while calculating 'Automatic Recharge'.
- Recharge amount can be utilized for same illness as well as different Illnesses.
- A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit: Hospitalization Expenses;
- The Sum Insured available under Automatic Recharge can only be utilized for Benefit 'In-patient Care' 'Day Care Treatment', 'Domiciliary Hospitalization', 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses', 'Road Ambulance Cover'.

3.1.4 Benefit : No Claim Bonus (NCB):

If no Claim has been paid by Us in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 25 per cent in your sum insured for the next Policy year. In any case the No Claim bonus will not exceed 100% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claim Bonus accrued will be reduced by same rate as it was accrued. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad. The 'Automatic Recharge' or 'Optional Benefit: Unlimited Automatic Recharge' amount shall not be considered while calculating 'No Claim Bonus (NCB)'. Accrued 'No Claim Bonus' can only be utilized for Benefit 'In-patient Care' 'Day Care Treatment', 'Domiciliary Hospitalization', 'Organ Donor Cover', 'AYUSH Treatment', 'Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses' and 'Road Ambulance Cover' under the Policy. In case no claim is made in a particular Policy Year, No Claim Bonus would be credited automatically to the subsequent Policy year even in case of multi-year Policies (with 2 or 3 year policy tenure).

3.1.5 Benefit : Annual Health Check-up:

Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!

To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network to provide the services, in India, for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

- i. Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to Rs.75 Lac are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	SI < Rs.5L
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	SI= Rs.5L-Rs.10L
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	SI=Above Rs.10L-Rs.75L

- ii. Medical Tests covered in the Annual Health Check-up, applicable for SI above Rs.75L are as follows:

Infection Markers	Lipid Profile
<ul style="list-style-type: none"> • Complete Blood Count (CBC) • ESR • ABO Group & Rh Type • Urine Routine • Stool Routine 	<ul style="list-style-type: none"> • Cholesterol • LDL • HDL • Triglycerides • VLDL

Liver Function Test <ul style="list-style-type: none"> • S Bilirubin (Total/Direct) • SGPT • SGOT • GGT • Alkaline Phosphatase • Total Protein • Albumin : Globulin 	Kidney Function Test <ul style="list-style-type: none"> • Creatinine • Blood Urea Nitrogen • Uric Acid
Lung Function Markers <ul style="list-style-type: none"> • Lung Function Test) 	Diabetes Markers <ul style="list-style-type: none"> • Hb1c
Cardiac Markers <ul style="list-style-type: none"> • Treadmill Test • ECG 	Imaging Tests <ul style="list-style-type: none"> • X-Ray – Chest • Ultrasound Abdomen

3.1.6 Benefit : Unlimited E-Consultation

We shall offer unlimited e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.).

3.1.7 Benefit : Other Value Added Services

Discount Connect: You may access to Special rates for OPD, Diagnostics, and Pharmacy etc. through Network as available on our website.

3.2 OPTIONAL BENEFITS:

The Policy provides the following Optional Benefits which can be opted either at the inception of the policy or at the time of renewal. The Policy Schedule will specify the Optional Benefits that are in force for the Insured Persons.

3.2.1 Optional Benefit : Room Rent and ICU Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, we agree to modify the Room Rent / Room Category and ICU Charges limit as per the following:

Sr. No.	Sum Insured	From Eligibility	To Eligibility
1	SI<Rs.5L	Room Rent / Room Category: Up to 1% of SI per day ICU Limit: Up to 2% of SI per day	Room Rent / Room Category: Single Private AC Room ICU Limit: No Sub limit
2	SI>=Rs.5L	Room Rent / Room Category: Single Private AC Room ICU Limit: No Sub-limit	Room Rent / Room Category: No Sub-limit ICU Limit: No Sub-limit
3	SI=5L-10L	Room Rent / Room Category: Single Private AC Room ICU Limit: No Sub-limit	Room Rent / Room Category: Twin Sharing Room ICU Limit: Up to 2% of Sum Insured per day

Note: Sr. No. 2 and 3 cannot be opted together.

3.2.2 Optional Benefit : Sub-limit on Advance Technology Methods

If this Optional Benefit is opted, then there shall be sub-limits on Advance Technology Methods treatments up to the specified amount against each treatment and procedures and liability shall be limited to such extent.

Note: Clause 3.1.1 (iii) under Benefit: Hospitalization Expenses shall be limited to the extent covered under this Benefit.

3.2.3 Optional Benefit: Unlimited Automatic Recharge:

This Optional Benefit is an extension to “Benefit: Automatic Recharge”. Through this Optional Benefit, your base sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire base sum insured unlimited times in a policy year.

Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.

3.2.4 Optional Benefit : OPD Care

We will indemnify you, through Reimbursement/Cashless Facility, for availing Out-Patient Diagnostic Examinations, Pharmacy, Medical devices as prescribed by Medical Practitioner, up to the specified amount/limit, during the Policy Year.

The above benefit is subject to the following conditions:

1. All the valid claim expenses incurred by you under this Optional Benefit in a policy year will be payable / reimbursed by us. However, claim can be filed with us, only quarterly during that Policy Year, as and when you may deem fit. However, you will be allowed only 1 more filing within 30 days after the Policy Year.
2. Pharmacy expenses are limited up to 50% of OPD Care Sum Insured per policy year
3. Medical Device expenses are limited up to 50% of OPD Care Sum Insured per policy year
4. Medical Devices that are replaceable can be availed only once in 3 years on continuous renewal of Policy
5. Procurement amount of the Medical Devices must not exceed the reasonable purchase price of the Medical Devices.
6. Spectacles, Thermometer, contact lenses, blood pressure measurement device, oxygen measurement device and diabetes measurement device are not included in the list of Medical Device for the purpose of this Optional Benefit.
7. Clause 4.2 (4), (5) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

3.2.5 Optional Benefit : OPD Consultation & Therapy Expenses

We will indemnify you, through Reimbursement/Cashless Facility, for availing Out-Patient Consultations and prescribed Therapy expenses, up to the specified amount against this Optional Benefit, during the Policy Year.

The above benefit is subject to the following conditions:

1. All the valid claim expenses incurred by you under this Optional Benefit in a policy year will be payable / reimbursed by us. However, claim can be filed with us, only quarterly during that Policy Year, as and when you may deem fit. However, you will be allowed only 1 more filing within 30 days after the Policy Year.

3.2.6 Optional Benefit : Sub-Limit on Specified Diseases

If this Optional Benefit is opted, then there shall be sub-limits on listed treatments and procedures up to the specified amount against each treatment and procedures and our liability shall be limited to such extent.

Listed Treatments and Procedures are as follows:

- (i) Treatment of Cataract
- (ii) Treatment of Total Knee Replacement
- (iii) Cerebrovascular Accident and Cardio vascular Diseases
- (iv) Cancer (Including Chemotherapy / Radiotherapy)
- (v) Medical Renal Diseases (Including Dialysis)
- (vi) Treatment of Breakage of Long Bones

Note:

- 1- The above Optional Benefit can be opted only if this policy is issued for the first time with us.
- 2- Sub-limits shall apply to total claim amount payable under all Hospitalization related benefits listed in base Plan

3.2.7 Optional Benefit: Voluntary Co-payment:

If this Optional Benefit is opted, then you will have an option to bear a Co-payment, as specified, and our liability shall be restricted to the balance amount payable.

Note:

- i. If you or eldest member (in case of Floater) entry age or renewal age is above 70 years then, additional 10% Co-payment shall be applicable over & above the selected Co-payment.
- ii. The above Optional Benefit can be opted at the time of first issue of Policy with us and the same cannot be opt out till the completion of 3 years of continuous coverage under this policy and vice versa.

3.2.8 Optional Benefit: No Claims Bonus Super:

For every year that you enjoy un-interrupted good health, your No Claims Bonus Super keeps building up!

This Optional Benefit serves as an extension to Benefit: No Claims Bonus. In a particular year, if this option is chosen by you and we have not paid any claim, we raise a cheer to your good health in the form of a No Claims Bonus Super for you. You receive an increase of 50 percent flat in your Sum Insured, which is over & above the Sum Insured accrued under Benefit: No Claims Bonus, for the next Policy year. In any case the No Claims Bonus Super will not exceed 100% of the Sum Insured and in the event there is a claim paid in a policy year, then the No Claims Bonus Super accrued will be reduced at same rate at which it is accrued at the commencement of next Policy Year. 'Automatic Recharge & Unlimited Automatic Recharge' shall not be considered while calculating 'No Claims Bonus Super'. Accrued 'No Claims Bonus Super' can only be utilized for Benefit 'In-patient Care' 'Day Care Treatment', 'Domiciliary Hospitalization', 'Organ Donor Cover', 'AYUSH Treatment', 'Pre-Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' and 'Road Ambulance Cover' under the Policy. In case no claim is made in a particular Policy Year, 'No Claims Bonus Super' would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

3.2.9 Optional Benefit: Additional Sum Insured for Accidental Hospitalization:

In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Year, we shall automatically provide an additional Sum Insured equal to the Sum Insured for In-patient Care for that Insured Person who is hospitalized, provided that:

- (i) The 'Additional Sum Insured for Accidental Hospitalization' shall be utilized only after the Sum Insured has been completely exhausted;
- (ii) The total amount payable under this Optional Benefit shall not exceed the sum total of the Sum Insured, No Claim Bonus (NCB), No Claims Bonus Super (NCBS) (if opted) and 'Additional Sum Insured for Accidental Hospitalization';
- (iii) The 'Additional Sum Insured for Accidental Hospitalization' shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;
- (iv) The 'Additional Sum Insured for Accidental Hospitalization' shall be applied only once during the Policy Year.

3.2.10 Optional Benefit: Additional Sum Insured for Defined Critical Illnesses

In case any Claim is made for any of the specified Critical Illnesses (as per Appendix IV) under In-patient Care/Day Care Treatment of Benefit: Hospitalization Expenses during the Policy Year, we shall automatically provide an additional Sum Insured up to the specified amount/limit against this Optional Benefit, for that Insured Person who is hospitalized, provided that:

- (i) The 'Additional Sum Insured for Defined Critical Illnesses' shall be utilized only after the Sum Insured has been completely exhausted;
- (ii) The total amount payable under this Optional Benefit shall not exceed the sum total of the Sum Insured, No Claim Bonus (NCB), No Claims Bonus Super (NCBS) (if opted) and 'Additional Sum Insured for Defined Critical Illnesses';
- (iii) The 'Additional Sum Insured for Defined Critical Illnesses' shall be available only for such Insured Person for whom Claim under In-Patient Care/Day Care Treatment due to specified critical illnesses has been accepted under the Policy;
- (iv) The 'Additional Sum Insured for Defined Critical Illnesses' shall be applied only once during the Policy Year.

3.2.11 Optional Benefit : Air Ambulance Cover:

Through this Optional Benefit, we will pay you up to the specified amount for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

3.2.12 Optional Benefit : Smart Select:

This Optional Benefit provides you a reduction in the premium you pay!

By choosing this Optional Benefit and thereby getting a reduction on the total premium (which includes premium of base Benefits, Optional Benefit: Unlimited Automatic Recharge, Optional Benefit: No Claim Bonus Super (NCBS), Optional Benefit: Modification of No Claim Bonus, Optional Benefit: Additional Sum Insured for Accidental Hospitalization and Optional Benefit: Additional Sum Insured for Defined Critical Illnesses) payable as specified, you can avail Medical Treatment at any hospital listed under Annexure – III to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – III to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

NOTE: For an updated list of Hospitals mentioned under Annexure – III to the Prospectus, please refer to our Website. <https://www.careinsurance.com/>

3.2.13 Optional Benefit: Increase in PED Waiting Period

Choosing this Optional Benefit increases the applicable waiting period of 12 months for Claims related to Pre-existing diseases, to specific time period as specified.

Hence all the provisions stated under Clause 4.1 (a) (i) holds good for this benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after specific time period of continuous coverage has elapsed as specified, since the inception of the first Policy with us.

3.2.14 Optional Benefit: Instant Cover

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit we shall waive off the applicable PED waiting period on Diabetes/ Hypertension/ Hyperlipidimia/ Asthma at the time of issuance of first Policy with us.

Note: The above Optional Benefit can be opted only if this policy is issued for the first time with us.

3.2.15 Optional Benefit: Termination of Automatic Recharge Coverage

Notwithstanding anything to the contrary in the Policy, if this Optional Benefit is opted, then coverage of Benefit: Automatic Recharge as per Clause 3.1.3 shall be ceased under this Policy.

Note: Optional Benefit: Unlimited Automatic Recharge shall not be available if this Optional Benefit is opted.

3.2.16 Optional Benefit : Modification of No Claim Bonus

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit the Benefit: No Claim Bonus (NCB) shall be modified and limited to 10% of Sum Insured for every claim free year, subject to maximum up to 50% of the Sum Insured, hence all the provisions stated under Clause 3.1.4, holds good for this benefit, except the below clauses which have been modified for the purpose of this Optional Benefit:

- i. You receive a flat increase of 10% in your sum insured for the next Policy year. In any case the No Claim bonus will not exceed 50% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claim Bonus accrued will be reduced by same rate as it was accrued.

Note: Optional Benefit: No Claim Bonus Super (NCBS) shall not be available if this Optional Benefit is opted.

3.2.17 Optional Benefit: Disease Management Programs

You have an option to opt any of the following listed Disease Management Programs:

- i. Asthma: We will indemnify you for expenses incurred related to Asthma for consultation, pharmacy up to the amount/limit as specified and for diagnostic tests as specified below:
 - i. Chest X-ray
 - ii. Spirometry test
 - iii. Physiotherapy
- ii. Diabetes Mellitus: We will indemnify you for expenses incurred related to Diabetes for consultation, pharmacy up to the amount/limit as specified and for diagnostic tests as specified below:
 - i. HBA1c
 - ii. Urine proteins – microalbuminuria
 - iii. Electrolytes
- iii. Hypertension: We will indemnify you for expenses incurred related to Hypertension for consultation, pharmacy up to the amount/limit as specified and for diagnostic tests as specified below:
 - i. Electrolytes
 - ii. Urine proteins – microalbuminuria
 - iii. 2D-Echo
- iv. Hyperlipidimia: We will indemnify you for expenses incurred related to Hyperlipidimia for consultation, pharmacy up to the amount/limit as specified and for diagnostic tests as specified below:
 - i. SGOT

- ii. SGPT

Note:

- i. All the Diagnostic tests under Disease Management Program can be availed only at our network
- ii. The Insured Person can avail maximum 4 consultations in a year under each Disease Management Program.

3.2.18 Optional Benefit: Modification of Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, the Benefit: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses shall be modified and limited to 30 days and 60 days respectively.

Note: The above Optional Benefit can be opted only if this policy is issued for the first time with us.

3.2.19 Optional Benefit: Companion Benefit

By choosing this Optional Benefit, We will pay the specified amount against this Benefit; if you are hospitalized for at least 10 consecutive days for Illness or Accident provided that:

- i. The Hospitalization is only for In-patient Care for the Insured Person; and
- ii. We shall not be liable to make payment under this Benefit more than once in a Policy Year.

3.2.20 Optional Benefit : Sub-Limit on Hospitalization related Expenses

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, there shall be sub-limit, up to the specified percentage (%) of Sum Insured per Hospitalization, for 'Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees' under Benefit: Hospitalization Expenses' and our liability shall be limited to such extent.

Note: The above Optional Benefit can be opted at the time of first issue of Policy with the Company and the same cannot be opt out till the completion of 3 years of continuous coverage under this policy and vice versa.

4. EXCLUSIONS

4.1 Standard Exclusions:

a. Waiting Periods:

(i) Pre-Existing Diseases: Code- Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Specific Waiting Period: Code- Excl02

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 - 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair

2. Surgical treatments for 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
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers
14. Parkinson's or Alzheimer's disease or Dementia

(iii) 30-day waiting period- Code- Excl03

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

Notes:

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

b. Permanent Exclusions:

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

1. Investigation & Evaluation: (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care: (Code- Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);

- a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
4. **Change-of-Gender treatments: (Code- Excl07)**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 5. **Cosmetic or plastic Surgery: (Code- Excl08)**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 6. **Hazardous or Adventure sports: (Code- Excl09)**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
 7. **Breach of law: (Code- Excl10)**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 8. **Excluded Providers: (Code- Excl11)**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
Note: Refer Annexure – II of the Policy Terms & Conditions for list of excluded hospitals.
 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
 10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**
 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code-Excl14)**
 12. **Refractive Error: (Code- Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 13. **Unproven Treatments: (Code- Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
 14. **Sterility and Infertility: (Code- Excl17)**
Expenses related to sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
 15. **Maternity: (Code Excl18)**

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

4.2 Specific Exclusions:

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

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Prospectus cum Sales Literature).
2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which the is licensed or any kind of self-medication.
4. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment
5. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
7. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
9. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
10. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
11. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
13. 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.
14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.
15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
16. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.
18. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
20. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
21. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).
23. Hormone replacement therapy.
24. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

5. GENERAL TERMS AND CLAUSES

5.1 Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of us, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days we shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

5.2 Multiple Policies

- i. In case of multiple policies taken by you during a period from the same or one or more insurers to indemnify treatment costs, you shall have the right to require a settlement of your claim in terms of any of your policies. In all such cases the insurer chosen by you shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. You having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, you shall have the right to choose insurers from whom you want to claim the balance amount.
- iv. Where you have a policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5.3 Fraud

If any claim made by you, is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by you or by your agent or the hospital/doctor/any other party acting on your behalf, with intent to deceive the us or to induce us to issue an insurance Policy:-

- (a) The suggestion, as a fact of that which is not true and which you does not believe to be true;
- (b) The active concealment of a fact by you having knowledge or belief of the fact;
- (c) Any other act fitted to deceive; and
- (d) Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if you / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

5.4 Cancellation / Termination

- (i) You may cancel this policy by giving 15 days 'written notice and in such an event, we shall refund premium for the unexpired policy period as detailed below.

Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Policy Tenure- 1 Year	Policy Tenure - 2 Year	Policy Tenure- 3 Year
Upto 1 month	75.0%	87.50%	91.70%
1 month to 3 months	50.0%	75.0%	83.30%
3 months to 6 months	25.0%	62.50%	75.00%
6 months to 12 months	0.0%	50.00%	66.70%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.70%
18 months to 24 months	N.A.	0.0%	33.30%
24 months to 30 months	N.A.	N.A.	8.30%
Beyond 30 months	N.A.	N.A.	0.0%

- (ii) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy
- (ii) We may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by you, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

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 Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by you under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:
- I. Written notice in this regard is given to us before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.

In case Premium Installment mode is opted for, then:

- I. If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy

5.5 Migration

You will have the option to migrate the policy to other health insurance products/plans offered by us by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by us, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration

For Detailed Guidelines on Migration, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

5.6 Portability

You will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>.

5.7 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by you.

- (i) We shall endeavor to give notice for renewal. However, we are not under obligation to give any notice for renewal.
- (ii) Renewal shall not be denied on the ground that you had made a claim or claims in the preceding policy years.
- (iii) Request for renewal along with requisite premium shall be received by us before the end of the policy period.
- (iv) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period
- (v) No loading shall apply on renewals based on individual claims experience

5.8 Withdrawal of Policy

- (i) In the likelihood of this product being withdrawn in future, we will intimate you about the same 90 days prior to expiry of the policy.
- (ii) You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

5.9 Premium Payment in Installments

If you have opted for Payment of Premium on an installment basis i.e. Half yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 30 days would be given to pay the installment premium due for the policy
- ii. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by us
- iii. You will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace period, the policy will get cancelled
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable. (This clause will not apply to claims arising under 'Annual Health Check-up' and 'Other Value added Services' benefits).
- vii. We have right to recover and deduct all the pending installments from the claim amount due under the policy.

Note: Tenure Discount will not be applicable if you have opted for Premium Payment in Installments.

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

We, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

5.11 Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

You shall be allowed free look period of fifteen days (Thirty days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If you have not made any claim during the Free Look Period, you shall be entitled to

- i. A refund of the premium paid less any expenses incurred by us on medical examination of the yours and the stamp duty charges or
- ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

5.12 Tax Benefit

The Insured person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

5.13 Grievances

In case of any grievance the insured person may contact the company through

Website/link: <https://www.careinsurance.com/contact-us.html>

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate Office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or Corporate Office. For updated details of grievance officer,

Kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure IV.

6. OTHER TERMS AND CLAUSES (CLAIMS PROCEDURE AND MANAGEMENT)

This section explains about procedures involved to file a valid Claim by you and related processes involved to manage the Claim by us.

6.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Yours during Hospitalization on behalf of You should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by the Us as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

6.2 Claim settlement - Facilities

(a) Cashless Facility

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) Submission of Pre-authorization Form: A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.
- (ii) Identification Documents: The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.
- (iii) Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) Authorization:
 - a) If the request for availing Cashless Facility is authorized by us, 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 us for availing Cashless Facility.

- a) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - b) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** 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 under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Rejection:** If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(b) Re-imbursment Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 6.4 and Clause 6.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- (ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non -Hospitalization related Benefits.

6.3 Duties of a Claimant/ Insured Person in the event of Claim

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

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization 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) 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 (Claims Procedure and Management) of the Policy.
- (iv) If we request you to submit for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by us.
- (v) Our 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.
- (vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

6.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, all of the following shall be undertaken:

- (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, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non hospitalization benefits.
 Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.
- (iii) The following details are to be disclosed to us 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 necessary information, documentation or details requested by us
- (iv) In case of an Emergency Hospitalization, We shall be notified either at our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.
- (v) In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned date of admission to Hospital

6.5 Documents to be submitted for filing a valid Claim

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:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner's referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes(if applicable);
9. Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. MLC/FIR report, Post Mortem Report if applicable and conducted;
12. Ambulance Receipt;
13. Any other document as required by us to assess the Claim, in case fraud is suspected.

Notes:

- We may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any benefit shall be submitted to us
- We will accept bills/invoices which are made in the Insured person's name only.
- We may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.6 Claim Assessment

- (a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.
- (b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:
 - (i) If a room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicable for that Insured Person as specified, then, the Associate Medical Expenses payable shall be pro-rated as per the applicable limits.
 - (ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.
 - (iii) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by us.
 - (iv) The balance amount, if any, subject to the applicability of sub-limits, our liability to make payment shall be limited to such extent as applicable and shall be the Claim payable
- (c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:
 - i. Sum Insured;
 - ii. Additional Sum Insured for Accidental Hospitalization / Additional Sum Insured for Defined Critical Illnesses, as applicable;
 - iii. No Claim Bonus, as applicable;
 - iv. No Claim Bonus Super, as applicable;
 - v. Automatic Recharge, as applicable;
 - vi. Unlimited Automatic Recharge, as applicable;
- (d) All claims incurred in India are serviced by us directly.

6.7 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) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.
- (c) We shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you we shall make payment within 7 days from the date of receipt of such acceptance.
- (d) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (e) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

7. PRE-POLICY ISSUANCE MEDICAL CHECK-UP

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if your proposal is accepted.

Age/Sum Insured including Deductible	Below 15 Lakhs	15 Lakhs to 25 Lakhs	Above 25 Lakhs to 40 Lakhs	50 Lakhs to below 100 Lakhs	100 Lakhs and above
45 to 50 Years	No Medical Tests if no Pre-Existing declared			No Medical Tests if no Pre-Existing declared	No Medical Tests if no Pre-Existing declared
51 to 65 Years				Tele followed by Set 2	Tele followed by Set 3
66 Years and above	No Medical Tests if no Pre-Existing declared	Set 1		Tele followed by Set 2	Tele followed by Set 3

Test covered under following sets are mention below.

Test Set	Medical Tests
Set 1	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
Set 2	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abdomen/pelvis (M&F), PSA (M), 2D ECHO, TMT
Set 3	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abdomen/pelvis (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH, 2D ECHO, TMT

8. SCHEDULE OF BENEFITS:

Sr. No.	Plan Name	Elite/ Premium
	Base Sum Insured (SI) – on annual basis (in Rs.)	1L\ 2L\ 3L\ 4L\ 5L\ 7L\ 10L\ 15L\ 20L\ 25L\ 30L\ 40L\ 50L\ 60L\ 75L\ 1Cr\ 2Cr\ 3 CR
Benefits		
1.	Benefit: Hospitalization Expenses	
	- In-Patient Care	Covered Up to Sum Insured
	- Day Care Treatment	Covered Up to Sum Insured, All Day Care Procedures
	- Advance Technology Methods	Covered Up to Sum Insured
	- Domiciliary Hospitalization	Covered Up to Sum Insured, if domiciliary hospitalization exceeds 3 days.
	- Organ Donor Cover	Covered Up to Sum Insured
	- AYUSH Treatment	Covered Up to Sum Insured
	- Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	60 days and 90 days respectively; Covered Up to Sum Insured
2.	Road Ambulance Cover	Up to 1% of SI or Rs.5000 whichever is lower per hospitalization
3.	Automatic Recharge	Available for only once during policy year for related or unrelated illness.
4.	No Claim Bonus (NCB)	25% of SI for every claim free year, Max up to 100% of SI, Reducing on claim at same rate as it was accrued
5.	Annual Health Check-up	Available for All Insured Members, Tests defined as per Appendix I
6.	Unlimited E-Consultations	Available for Consultations with General Physicians
7.	Other Value Added Services	Discount Connect – Discounts on services at our network.
Waiting Periods		
	- Initial Waiting Period	30 Days
	- Named Ailments	24 months
	- Pre-existing Diseases	12 months
Sub Limits		
	- Room Rent / Room Category	SI<Rs.5L-Up to 1% of SI per day SI>=5L= Single Private AC Room
	- ICU Charges	SI<Rs.5L -Up to 2% of SI per day SI>=Rs.5L- No Sub-limit

Sr. No.	Sum Insured – on annual basis (in Rs.)	1L\ 2L\3L\ 4L\ 5L\ 7L\ 10L\ 15L\ 20L\ 25L\ 30L\ 40L\ 50L\60L\ 75L\ 1Cr\ 2Cr\ 3 CR																
Optional Benefit																		
1.	Room Rent and ICU Modification	<table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Sum Insured</th> <th>Room Category (Non ICU)</th> <th>ICU Category</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>For <Rs.5L</td> <td>Single Private AC Room</td> <td>No Sub-limit</td> </tr> <tr> <td>2.</td> <td>For >=Rs.5L</td> <td>No Sub limit</td> <td>No Sub-limit</td> </tr> <tr> <td>3.</td> <td>SI=5L-10L</td> <td>Twin Sharing Room</td> <td>Up to 2% of Sum Insured per day</td> </tr> </tbody> </table> <p>(Sr. No. 2 and 3 cannot be opted together)</p>	Sr. No.	Sum Insured	Room Category (Non ICU)	ICU Category	1.	For <Rs.5L	Single Private AC Room	No Sub-limit	2.	For >=Rs.5L	No Sub limit	No Sub-limit	3.	SI=5L-10L	Twin Sharing Room	Up to 2% of Sum Insured per day
Sr. No.	Sum Insured	Room Category (Non ICU)	ICU Category															
1.	For <Rs.5L	Single Private AC Room	No Sub-limit															
2.	For >=Rs.5L	No Sub limit	No Sub-limit															
3.	SI=5L-10L	Twin Sharing Room	Up to 2% of Sum Insured per day															
2.	Sub-limit on Advance Technology Methods	Covered, Select either of the Sublimit 1 or Sublimit 2 as per Appendix II																
3.	Unlimited Automatic Recharge	Available for unlimited times for unrelated or same illness.																
4.	OPD Care	<p>Coverage Amount - Up to 1K / 3K/ 5K / 10K / 15K / 20K/ 25K / 30K / 35K / 40K / 45K / 50K</p> <p>Cover diagnostic charges, pharmacies, medical devices. These mentioned benefits shall be prescribed by doctor only.</p> <p>Pharmacies- up to 50% of OPD Care SI per policy year</p> <p>Medical Devices - up to 50% of OPD Care SI per policy year (Medical Devices that are replaceable can be availed only once in 3 years on continuous renewal of Policy)</p>																
5.	OPD Consultation & Therapy Expenses	Coverage Amount- Up to 1K / 3K / 5K / 10K / 15K / 20K/ 25K / 30K / 35K / 40K / 45K / 50K, Out-Patient Consultations & prescribed therapies																
6.	Sub-Limit on Specified Diseases	Option to Select either of the Sublimit 1 or Sublimit 2 as per appendix III																
7.	Voluntary Co-Payment	Co-pay Option of 10%, 20%, 30%, 40% and 50%. If entry age or renewal age is >70 years then, additional 10% co-payment shall be applicable over & above the Co-payment opted.																
8.	No Claim Bonus Super (NCBS)	<p>50% increase in SI per Policy Year in case of claim free year; maximum up to 100% SI</p> <p>(50% decrease in SI per Policy Year in case a claim has been paid; such decrease is only in SI accrued as NCBS)</p>																
9.	Additional Sum Insured for Accidental Hospitalization	Additional SI of up to 100% of SI or Rs.75L whichever is lower, if an Insured is admitted under In-patient Care due to an accident																
10.	Additional Sum Insured for Defined Critical Illnesses	Additional SI of Up to 100% of SI or Rs.25L whichever is lower, if an Insured is admitted under In-patient Care/Day Care Treatment due to Critical illness defined under Appendix IV																
11.	Air Ambulance Cover	Up to Rs. 5 Lacs per policy Year																
12.	Smart Select	For listed Hospitals : Up to Sum Insured; Other Hospitals : Up to Sum Insured with an additional co-payment of 20% per claim																
13.	Increase in PED Waiting Period	Applicable Pre-Existing Disease Waiting Period of 1 Year, will be increased to 2 Years/ 4 Years as opted																
14.	Instant Cover	The applicable PED Waiting Period shall be waived off related to Diabetes/ Hypertension/ Hyperlipidimia/ Asthma at the time of issuance of first Policy with us.																
15.	Termination of Automatic Recharge Coverage	If Insured person opts for this Optional Benefit coverage for Automatic Recharge shall be ceased.																
16.	Modification of No Claim Bonus	10% of SI for every claim free year, Max up to 50% of SI, Reducing on claim at same rate as it was accrued																

Sr. No.	Sum Insured – on annual basis (in Rs.)	1L\ 2L\3L\ 4L\ 5L\ 7L\ 10L\ 15L\ 20L\ 25L\ 30L\ 40L\ 50L\60L\ 75L\ 1Cr\ 2Cr\ 3 CR																								
Optional Benefit																										
17.	Disease Management Programs a. Asthma or b. Diabetes Mellitus or c. Hypertension or d. Hyperlipidemia	<p>Asthma:</p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>Chest X-ray, Spirometry test & Physiotherapy</td> </tr> </table> <p>Diabetes:</p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>HBA1c, Urine proteins – microalbuminuria & Electrolytes</td> </tr> </table> <p>Hypertension:</p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>Electrolytes, Urine proteins – microalbuminuria & 2D-Echo</td> </tr> </table> <p>Hyperlipidimia:</p> <table border="1"> <tr> <td>Consultations</td> <td>Up to 4 consultations in a year; maximum up to Rs.750 per consultation</td> </tr> <tr> <td>Pharmacy</td> <td>Up to Rs. 6000 in a year</td> </tr> <tr> <td>Diagnostic tests</td> <td>SGOT & SGPT</td> </tr> </table> <p>Diagnostic tests under Disease Management Program can be availed only at the Company's network</p>	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	Chest X-ray, Spirometry test & Physiotherapy	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	HBA1c, Urine proteins – microalbuminuria & Electrolytes	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	Electrolytes, Urine proteins – microalbuminuria & 2D-Echo	Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation	Pharmacy	Up to Rs. 6000 in a year	Diagnostic tests	SGOT & SGPT
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Consultations	Up to 4 consultations in a year; maximum up to Rs.750 per consultation																									
Pharmacy	Up to Rs. 6000 in a year																									
Diagnostic tests	SGOT & SGPT																									
18.	Modification of Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	30 days and 60 days respectively, Covered Up to Sum Insured																								
19.	Companion Benefit	Rs.10,000 if hospitalization exceeds 10 consecutive days (Once in a policy year)																								
20.	Sub-Limit on Hospitalization related Expenses	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees subject to a maximum up to 25% of the Sum Insured per hospitalisation																								

Appendix - I Annual Health Check-up Methods

Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!

To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services, in India, for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

(a) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to Rs.75 Lac are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
Set 1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	SI < Rs.5L
Set 2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	SI= Rs.5L-Rs.10L
Set 3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	SI= Rs.15L-Rs.75L

(b) Medical Tests covered in the Annual Health Check-up, applicable for SI of Rs.1Cr or more are as follows:

Infection Markers Complete Blood Count(CBC) ESR ABO Group & Rh Type Urine Routine Stool Routine	Lipid Profile Cholesterol LDL HDL Triglycerides VLDL
Liver Function Test S Bilirubin (Total/Direct) SGPT SGOT GGT Alkaline Phosphatase Total Protein Albumin : Globulin	Kidney Function Test Creatinine Blood Urea Nitrogen Uric Acid
Lung Function Markers Lung Function Test	Diabetes Markers Hb1c
Cardiac Markers Treadmill Test ECG	Imaging Tests X-Ray – Chest Ultrasound Abdomen

Appendix II Advance Technology Methods

Sr. No.	Sum Insured – on annual basis (in Rs.)	Sub limit Option 1	Sub limit Option 2
1.	Uterine Artery Embolization and HIFU	30% of SI	15% of SI
2.	Balloon Sinuplasty	10% of SI	5% of SI
3.	Deep Brain stimulation	50% of SI	25% of SI
4.	Immunotherapy- Monoclonal Antibody to be given as injection	50% of SI	25% of SI
5.	Intra vitreal injections	10% of SI	5% of SI
6.	Robotic surgeries	50% of SI	25% of SI
7.	Stereotactic radio surgeries	50% of SI	25% of SI
8.	Stem cell therapy	50% of SI	25% of SI

Appendix - III Sub-limits shall be applicable on specified treatments and procedures

(In Rs.) Limit Per Policy year

Plan	Sub limit Option 1	Sub limit Option 2
Treatment of Cataract	- (SI <Rs.5L) - up to Rs.30,000 per eye; - (SI=Rs.5L- Rs.10L) – up to Rs.40,000 per eye; - (SI>Rs.10L) – up to Rs.50,000 per eye.	- (SI <Rs.5L) - up to Rs.30,000 - (SI=Rs.5L- Rs.10L) – up to Rs.40,000 - (SI>Rs.10L) – up to Rs.50,000

Treatment of Total Knee Replacement	<ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.40,000 per knee; - (SI-Rs.2L) - Up to Rs.70,000 per knee; - (SI-Rs.3L/Rs.4L) -Up to Rs.80,000 per knee; - (SI-Rs.5L) - Up to Rs.100,000 per knee; - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.120,000 per knee; - (SI>Rs.10L) - Up to Rs.150,000 per knee. 	<ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.40,000; - (SI-Rs.2L) - Up to Rs.70,000 - (SI-Rs.3L/Rs.4L) -Up to Rs.80,000 - (SI-Rs.5L) - Up to Rs.100,000 - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.120,000 - (SI>Rs.10L) - Up to Rs.150,000
Treatment for each and every Ailment / Procedure mentioned below:-	<ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.70,000; - (SI-Rs.2L) - Up to Rs.150,000; - (SI-Rs.3L) -Up to Rs.200,000; - (SI-Rs.4L) - Up to Rs.225,000; - (SI-Rs.5L) - Up to Rs.250,000 - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.300,000 - (SI>Rs.10L) - Up to Rs.400,000 	<ul style="list-style-type: none"> - (SI-Rs.1L) - Up to Rs.60,000; - (SI-Rs.2L) - Up to Rs.1,20,000; - (SI-Rs.3L) -Up to Rs.1,50,000; - (SI-Rs.4L) - Up to Rs.1,80,000; - (SI=Rs.5L) - Up to Rs.2,00,000. - (SI>Rs.5L & SI<=Rs.10L) - Up to Rs.2,50,000. - (SI>Rs.10L) - Up to Rs.3,00,000.
I. Cerebrovascular Accident and Cardiovascular Diseases		
ii. Cancer (Including Chemotherapy / Radiotherapy)		
iii. Medical Renal Diseases (Including Dialysis)		
iv. Treatment of Breakage of Long Bones		

Note:

1. The limits are applicable for treatment of each disease / condition
2. Above mentioned disease wise sub-limits shall apply to total claim amount payable under all Hospitalization related benefits listed in base Plan

Appendix - IV Defined Critical Illness

Sr. No	Critical Mediclaim
1.	Cancer
2.	End Stage Renal Failure
3.	Parkinson's Disease
4.	Alzheimer's Disease
5.	Major Organ Transplant
6.	Angioplasty
7.	Coronary Artery Bypass Graft
8.	Stroke
9.	Paralysis
10.	Implantation of Pacemaker of Heart
11.	Blindness

Contact details for Claims & Policy Servicing

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of features of senior health advantage. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

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

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.

Unique Advertisement number: 23015572

IRDAI Registration Number - 148

CIN : U66000DL2007PLC161503

UIN : CHIHLIP22223V012122

Annexure I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

Sr. No.	LIST - I - OPTIONAL ITEMS	Sr. No.	LIST - I - OPTIONAL ITEMS
1	BABY FOOD		ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
2	BABY UTILITIES CHARGES		
3	BEAUTY SERVICES	55	ECG ELECTRODES
4	BELTS/ BRACES	56	GLOVES
5	BUDS	57	NEBULISATION KIT
6	COLD PACK/HOT PACK	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
7	CARRY BAGS		
8	EMAIL / INTERNET CHARGES		
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	59	KIDNEY TRAY
10	LEGGINGS	60	MASK
11	LAUNDRY CHARGES	61	OUNCE GLASS
12	MINERAL WATER	62	OXYGEN MASK
13	SANITARY PAD	63	PELVIC TRACTION BELT
14	TELEPHONE CHARGES	64	PAN CAN
15	GUEST SERVICES	65	TROLLEY COVER
16	CREPE BANDAGE	66	UROMETER, URINE JUG
17	DIAPER OF ANY TYPE	67	AMBULANCE
18	EYELET COLLAR	68	VASOFIX SAFETY
19	SLINGS		
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES		
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED		
22	TELEVISION CHARGES		
23	SURCHARGES		
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE		
27	CERTIFICATE CHARGES		
28	COURIER CHARGES		
29	CONVEYANCE CHARGES		
30	MEDICAL CERTIFICATE		
31	MEDICAL RECORDS		
32	PHOTOCOPIES CHARGES		
33	MORTUARY CHARGES		
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)		
36	SPACER		
37	SPIROMETRE		
38	NEBULIZER KIT		
39	STEAM INHALER		
40	ARMSLING		
41	THERMOMETER		
42	CERVICAL COLLAR		
43	SPLINT		
44	DIABETIC FOOT WEAR		
45	KNEE BRACES (LONG/ SHORT/ HINGED)		
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		
47	LUMBO SACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED CHARGES		
49	AMBULANCE COLLAR		
50	AMBULANCE EQUIPMENT		
51	ABDOMINAL BINDER		
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES		
53	SUGAR FREE TABLETS		
54	CREAMS POWDERS LOTIONS (TOILETRIES)		

Sr. No.	LIST - II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES	Sr. No.	List III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	1	HAIR REMOVAL CREAM
2	HAND WASH	2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	SHOE COVER	3	EYE PAD
4	CAPS	4	EYE SHEILD
5	CRADLE CHARGES	5	CAMERA COVER
6	COMB	6	DVD, CD CHARGES
7	EAU-DE-COLOGNE / ROOM FRESHNERS	7	GAUSE SOFT
8	FOOT COVER	8	GAUZE
9	GOWN	9	WARD AND THEATRE BOOKING CHARGES
10	SLIPPERS	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	TISSUE PAPER	11	MICROSCOPE COVER
12	TOOTH PASTE	12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	TOOTH BRUSH	13	SURGICAL DRILL
14	BED PAN	14	EYE KIT
15	FACE MASK	15	EYE DRAPE
16	FLEXI MASK	16	X-RAY FILM
17	HAND HOLDER	17	BOYLES APPARATUS CHARGES
18	SPUTUM CUP	18	COTTON
19	DISINFECTANT LOTIONS	19	COTTON BANDAGE
20	LUXURY TAX	20	SURGICAL TAPE
21	HVAC	21	APRON
22	HOUSE KEEPING CHARGES	22	TORNIQUET
23	AIR CONDITIONER CHARGES	23	ORTHO BUNDLE, GYNAEC BUNDLE
24	IM IV INJECTION CHARGES		
25	CLEAN SHEET		
26	BLANKET/WARMER BLANKET		
27	ADMISSION KIT		
28	DIABETIC CHART CHARGES		
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES		
30	DISCHARGE PROCEDURE CHARGES		
31	DAILY CHART CHARGES		
32	ENTRANCE PASS / VISITORS PASS CHARGES		
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE		
34	FILE OPENING CHARGES		
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)		
36	PATIENT IDENTIFICATION BAND / NAME TAG		
37	PULSE OXYMETER CHARGES		

SR. NO.	LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure II - List of Hospitals where Claim will not be admitted

<i>Hospital Name</i>	<i>Address</i>
Nulife Hospital And Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15, Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70, S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh
City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opp. Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.
Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra
Gokul Hospital	Thakur Complex, Kandivali East, Mumbai, Maharashtra
Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra
Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital & Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2, Imli Bazar, Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi
R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana
Prakash Hospital	D -12, 12A, 12B, Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat
Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra
Scope Hospital	628, Niti Khand-I, Indirapuram, Ghaziabad, Uttar Pradesh
Agarwal Medical Centre	E-234, Greater Kailash 1, New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41, Noida, Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Ahmedabad, Gujarat
Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana
B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka
East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana
Jagtap Hospital	Anand Nagar, Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg, Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road, Bahalgarh, Sonapat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra

<i>Hospital Name</i>	<i>Address</i>
Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E, Station Road, Panki, Kanpur, Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh
Amrapali Hospital	Plot No. NH-34, P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh
Hardik Hospital	29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh
Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra
Santosh Hospital	L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh
Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana
Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana
Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh
Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34, Noida, Uttar Pradesh
Aakanksha Hospital	126, Aaradhnagar Soc, B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat
Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat
Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet, Godadara Road, Surat, Gujarat
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road, Bhatar Road, Surat, Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat
Hari Milan Hospital	L H Road, Surat, Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat
Krishnavati General Hospital	Bamroli Road, Surat, Gujarat
Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat
Poshia Children Hospital	Harekrishan Shopping Complex 1St Floor, Varachha Road, Surat, Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat
Santosh Hospital	L H Road, Varachha, Surat, Gujarat
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure III - List of Hospitals where Co-Payment of 20% is not applicable under Optional Cover “Smart Select”

Note: The below is a Non-exhaustive list of Network Hospitals under Smart Select optional cover. Please check the latest & complete list of Network Hospitals on <https://www.careinsurance.com/smart-select-network-locator.html>

<i>Hospital Name</i>	<i>Address</i>
Fortis Flt.Lt.Rajan Dhall Hospital	Sector B,Pocket 1, Aruna Asif Ali Marg, Vasant Kunj, New Delhi – 110070
Fortis Escorts Ltd.	Majtha-Verka Bypass Road, Khanna Nagar, Amritsar – 143004
Fortis Escorts Hospital	Jawahar Lal Nehru Marg, Opposite Hotel Clarks Amer, Malviya Nagar, Jaipur – 302017
Fortis SI Raheja Hospital	Raheja Raghunulaya Marg, Near New Police Quarters Colony, Mahim, Mumbai – 400016
Hiranandani Fortis Hospital	Mini Sea Shore Road, Sector 10A, Vashi, Maharashtra – 400703
Fortis Malar Hospital	52,First Main Road, Gandhi Nagar, Adyar, Chennai – 600020
Fortis Hospital	Sector 62,Phase VIII, Sector 62, Mohali – 160062
Maxcure Medicity Hospitals	5-9-22,Secretariat Road, Hill Fort, Hyderabad – 500063
Maxivision Laser Centre Pvt. Ltd.	40-1-48,Krishna Sai Bhavan, Opposite D.V.Manor Hotel, Labbipeta, Vijayawada – 520010
Maxivision Laser Centre Pvt. Ltd.	1-11-252/1A To 1D,Alladin Mansion, Street No 3, Begumpet, Hyderabad – 500016
Maxivision Laser Centre Pvt. Ltd.	No.16-11-741/D/66, Dilsukhnagar, Moosa Ram Bagh, Hyderabad – 500036
Maxivision Laser Centre Pvt. Ltd.	6-9-903/A/1/1, Somajiguda, Hyderabad – 500082
Fortis Hospitals Ltd	No.730, EM Bypass Road, Anandpur, Kolkata – 700107
Fortis Hospital Ltd	Mulund Goregaon Link Road, Mulund, Mumbai – 400078
Fortis Health Management Ltd	No.23 80 Feet Road,Guru Krupa Layout, 2nd Stage, Nagarbhavi, Bangalore – 560072
Fortis Hospital	A Block, Shalimar Bagh, New Delhi – 110088
Fortis Hospitals Ltd.	111A, Rash Behari Avenue, Rashbehari Avenue, Kolkata – 700029
Fortis Hospital Ltd.-Wockhardt	154,9, Opposite IIM-B, Bannerghatta Road, Bangalore – 560076
Fortis Hospital Ltd.-Wockhardt	No 14,Cunningham Road, Sheriffs Chamber, Cunnigham, Bangalore – 560052
Fortis Hospital Ltd.-Wockhardt	No 14,Cunningham Road, Sheriffs Chamber, Cunnigham, Bangalore – 560052
Fortis Hospital Ltd	Opposite APMC Market,Bail Bazaar, Shill Road, Kalyan City, Kalyan - 421301
International Hospital Limited - Fortis Hospital Ltd	No.111,West of Chord Road, 1st Block Junction, Rajajinagar, Bangalore – 560086
Fortis Hospital Ltd.-Wockhardt	No.65,1St Main Road, Seshadripuram, Bangalore – 560020
Fortis Memorial Research Institute	Sector 44, Opposite HUDA Center Metro Station, HUDA Metro Station, Gurgaon – 122002
Fortis C-Doc Healthcare Limited	B-16, Chirag Enclave, Opp Nehru Place, New Delhi – 110041
Max Smart Super Specialty Hospital	Press Enclave Marg, Mandir Marg, Saket, New Delhi – 110017
Fortis Escorts Hospital	2nd Floor,Pt Deen Dayal, Coronation Hospital, Curzon Road, Dehradun – 248001
Fortis Healthcare Limited	Kangra-Dharamshala Road, Near Main Bus Stand, Kangra – 176001
Maxivision Eye Care Medfort Hospitals	No. 78/6, 3rd Avenue, Anna Nagar, Chennai – 600102
Max Vision Eye Care Centre	95,Neel Padam Sarovar Marg, Nursery Circle,Gandhi Path,Nemi Nagar, Vaishali, Jaipur – 302021
Fortis O.P. Jindal Hospital	Patrapali, Kharsia Road, Raigarh – 496001
Fortis Hospital	Radha Swami Satsang, Chandigarh Road, Village - Mundian, Radha Swami Satsang, Ludhiana – 141001
Fortis Medical Centre	2/7, Sarat Bose Road, Kolkata – 700020
Maxcare Hospital And Laparoscopic Surgery Institute	1st Floor,Hyatt Medicare, Plot No.12,Khare Marg, Dhantoli, Nagpur – 440012
Max Care Hospital	Near Ashoka Hotel, Opp.Kuda Office, Hanamkonda, Warangal – 506001
Fortis Suchirayu Hospital	S.No.29/8,9,10,11 Javali Garden, Off Gokul Road,Opp. To Reg. KSRTC Bus Depot,Off NH4 Highway, Hubli - 580030
Max Vision Advanced Eye Care Centre	216-A,Soham Plaza, Soham Gardens,Opp. Manpada Bus Stop,Chitalsar, Chitalsar G.B Road, Thane - 400607

Annexure IV - Office of the Ombudsman

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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.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	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	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 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.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, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
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- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.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'

3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.

Tel : 022-69038801/03/04/05/06/07/08/09

Email- inscoun@cioins.co.in

Annexure V – Benefit / Premium illustration

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
46	11,440	3,00,000	11,440	2.5%	11,154	3,00,000	21,943	NA	21,943	3,00,000
51	13,731	3,00,000	13,731	2.5%	13,388	3,00,000				
Total Premium for all members of family is Rs.25,171 when each member is covered separately Sum Insured available for each individual is Rs. 3,00,000			Total Premium for all members of family is Rs.24,542 when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000				Total Premium when policy is opted on floater basis is Rs. 21,943 Sum Insured of Rs. 3,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
56	17,619	3,00,000	17,619	2.5%	17,179	3,00,000	28,277	NA	28,277	3,00,000
60	17,619	3,00,000	17,619	2.5%	17,179	3,00,000				
Total Premium for all members of family is Rs.35,238 when each member is covered separately Sum Insured available for each individual is Rs. 3,00,000			Total Premium for all members of family is Rs.34,357 when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000				Total Premium when policy is opted on floater basis is Rs. 28,277 Sum Insured of Rs. 3,00,000 is available for entire family			

Illustration 3

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
61	27,821	3,00,000	27,821	2.5%	27,125	3,00,000	44,314	NA	44,314	3,00,000
64	27,821	3,00,000	27,821	2.5%	27,125	3,00,000				
Total Premium for all members of family is Rs.55,642 when each member is covered separately Sum Insured available for each individual is Rs. 3,00,000			Total Premium for all members of family is Rs.54,251 when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000				Total Premium when policy is opted on floater basis is Rs. 44,314 Sum Insured of Rs. 3,00,000 is available for entire family			

Notes:
1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.