

## Prospectus - 'Student Explore'

This product (Student Explore) is a travel insurance product.

### Eligibility Criteria

|  |   |
|--|---|
| Entry Age – Minimum                                    | 12 years  |
| Entry Age – Maximum                                    | 40 years  |
| Cover Type   | Individual basis  |
| Eligible Relationship with the Insured (Student)       | Self (Student only), Legally married spouse, up to 2 children   |
| Geographical Scope                                     | <ul style="list-style-type: none"><li>Worldwide excluding India</li><li>Worldwide excluding US, Canada and India (not available under Explore Start)</li></ul> However, coverage is extended to India in case of below benefits :- <ul style="list-style-type: none"><li>Benefit 1 – 'Extended Cover in the Country of Residence'</li><li>Benefit 22 – 'Coverage At Home Country'</li></ul> |
| Policy Duration – Minimum                              | 1 month   |
| Policy Duration – Maximum<br>(in multiples of 1 month) | 36 months   |

The coverage under this product will commence only when:-

- The Insured Person crosses the international border of the Country of Residence to leave that country on a Common Carrier; And
  - The travel commences within the Policy Period.
- Specified Deductible and/or Co-payment amount (if applicable) shall be borne by the Insured Person on each Claim or the specified timeframe for which the Medical Expenses or other costs and expenses incurred in respect of the Insured Person for that timeframe shall be borne by the Insured Person on each Claim.
  - Our maximum liability for an Insured Person for any and all Claims incurring under this Policy for an insured event or occurrence that occurs during the Period of Insurance in relation to that Insured Person shall not exceed the Sum Insured per Policy Year specifically mentioned against each & every Benefit or Optional Cover. Sum Insured of all the Optional Cover (except for Optional Cover 6, Optional Cover 9 and Optional Cover 10) shall be a part of Sum Insured of Benefit 1. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.

### Benefits

#### I. Benefit 1 - Medical Expenses

We shall indemnify for the Medical Expenses reasonably incurred by the Insured for medical treatment undertaken on account of any Illness or Injury (including inter collegiate sports injuries).

##### I.1 In-patient Care

If an Insured Person is diagnosed with an Illness or suffers an Injury that requires the Insured Person's Hospitalization, We will indemnify for the Medical Expenses incurred on Hospitalization.

In-patient Care also covers the following conditions:-

##### a) Pre-existing Disease Cover in Life Threatening Medical Condition

The scope of cover under Benefit 1 is extended to the Medical Expenses incurred by the Insured Person up to 10% of Sum Insured of Benefit 1 for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease.

##### b) Extended Cover in the Country of Residence

If a Claim is admitted under Benefit 1 :

- We will indemnify for the Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence for a maximum period of 60 days from the expiry of the Period of Insurance.
- We will indemnify for the costs of direct route – economy class airfare for the Insured Person and one accompanying attendant to return to the Country of Residence from the place of occurrence of the Illness or Injury.

## 1.2 Out-patient Care

If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out-patient Care, then We will indemnify for the Medical Expenses incurred on that Out-patient Care.

### 2. Benefit 2 – Repatriation of Mortal Remains

If the Insured Person dies solely and directly due to an insurable event, We will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence or for a local burial or cremation at the place where death has occurred.

### 3. Benefit 3 – Medical Evacuation

We will indemnify for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person.

### 4. Benefit 4 – Dental Expenses

We will indemnify for the Medical Expenses incurred in connection with any Injury to the Insured Person's Sound Natural Teeth.

### 5. Benefit 5 – Daily Allowance

We will pay for each continuous and completed day of Hospitalization for a period of maximum up to 7 consecutive days if the Illness or Injury suffered by the Insured Person requires Hospitalization. We will not make any payment under this Benefit in respect of the first 3 consecutive days of Hospitalization.

### 6. Benefit 6 – Accidental Death

We shall pay the Sum Insured in case of death of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance.

### 7. Benefit 7 – Permanent Total Disablement (PTD)

We shall pay up to an amount as specified in the Policy Certificate in case of any permanent total disablement of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance. The payout of the Sum Insured shall be as per table below :

| Sr. # | Insured Events   | % of Sum Insured payable |
|-------|--|--------------------------|
| I     | Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot | 100%                     |
| II    | Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot  | 100%                     |
| III   | Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot   | 50%                      |
| IV    | Total and irrecoverable loss of use of a hand or a foot without physical separation  | 50%                      |
| V     | Paraplegia or Quadriplegia or Hemiplegia   | 100%                     |

**Note:** For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

## 8. Benefit 8 – Permanent Partial Disablement (PPD)

We shall pay up to an amount as specified in the Policy Certificate in case of any permanent partial disablement of the Insured Person on account of any Injury (including felonious assault) within twelve calendar months from the date of occurrence of the Injury during the Period of Insurance. The payout of the Sum Insured shall be as per table below:

| Sr. # | Insured Events   | % of Sum Insured payable  |
|-------|--|---|
| I     | Total and irrecoverable loss of hearing in: -  |   |
|       | Both ears  | 75%   |
|       | One ear  | 20%   |
| II    | Loss of toes   |   |
|       | All  | 20%   |
|       | Both phalanges of great toes bilateral   | 5%  |
|       | Both phalanges of one great toe  | 2%  |
|       | Both phalanges of other than great toes for each toe                                     | 1%  |
| III   | Loss of four fingers and thumb of one hand   | 40%   |
| IV    | Loss of four fingers of one hand   | 35%   |
| V     | Loss of thumb  |   |
|       | both phalanges   | 25%   |
|       | one phalanx  | 10%   |
| VI    | Loss of index finger   |   |
|       | three phalanges  | 10%   |
|       | two phalanges  | 8%  |
|       | One phalanx  | 4%  |
| VII   | Loss of middle finger  |   |
|       | three phalanges  | 6%  |
|       | two phalanges  | 4%  |
|       | One phalanx  | 2%  |
| VIII  | Loss of ring finger  |   |
|       | three phalanges  | 5%  |
|       | two phalanges  | 3%  |
|       | One phalanx  | 2%  |
| IX    | Loss of little finger  |   |
|       | three phalanges  | 4%  |
|       | two phalanges  | 3%  |
|       | One phalanx  | 2%  |
| X     | Loss of metacarpus   |   |
|       | First or second  | 3%  |
|       | Third, fourth or fifth   | 2%  |
| XI    | Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive. | Such percentage of the Sum Insured as determined in accordance with the medical assessment carried out by the Medical Practitioner of Our Network Provider provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured. |

**Note:** For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

## 9. **Benefit 9 – Compassionate Visit**

We will indemnify for the cost incurred by the Insured for the actual cost of a return (two-way) 'direct route – economy class' air ticket from the Country of Residence of an Immediate Family Member to the place of Hospitalization where Insured Person is hospitalized for Emergency Care of any Injury or Illness provided that treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 7 consecutive days.

## 10. **Benefit 10 – Loss of Checked-in Baggage**

We will indemnify the Insured for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds US\$ 100, Our liability shall be limited to US\$ 100 only.

## 11. **Benefit 11 – Delay of Checked-in Baggage**

We will pay if the delivery of the Insured Person's Checked-In Baggage is delayed by more than a 12 hours.

## 12. **Benefit 12 – Loss of Passport**

If the Insured Person loses his original passport, We will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new passport.

## 13. **Benefit 13 – Loss of International Driving License**

If the Insured Person loses his original International Driving License obtained from India, We will indemnify for the cost incurred by the Insured Person towards obtaining a duplicate or new International Driving License.

## 14. **Benefit 14 – Personal Liability**

We shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.

We shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred.

## 15. **Benefit 15 – Study Interruption**

We will indemnify for tuition fees which are to be paid to the Educational Institute on account of the Insured Person having to repeat the semester due to any of the following reasons:

- (i) Hospitalization of the Insured Person for more than 30 consecutive days or in case of Medical Evacuation to Country of Residence, or
- (ii) Death of an Immediate Family Member due to an Injury.

Provided that no claim has already been made under Benefit 16.

## 16. **Benefit 16 – Sponsor Protection**

We will indemnify for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor due to an Injury provided that no claim has already been made under Benefit 15.

## 17. **Benefit 17 – Bail Bond**

We will indemnify for the legal costs of procuring a bail bond, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority.

## 18. **Benefit 18 – University Insolvency**

We will indemnify cost incurred by the Insured for the actual additional expenses / cost incurred towards accommodation expenses and Common Carrier expenses for returning back to the Country of Residence in case the University in which the Insured Person has applied has become insolvent.

## 19. **Benefit 19 – Trip Delay**

We will pay in case the departure of a Common Carrier in which the Insured Person is scheduled to travel is delayed by more than 12 hours solely and directly due to any one of the following:

- (i) Earthquake, flood, rains, storm, cyclone or tempest; or
- (ii) Terrorism

## 20. **Benefit 20 – Loss of Laptop /tablet**

We shall indemnify for loss incurred due to theft of Laptop / Tablet during travel in a common carrier.

## 21. **Benefit 21 – Emergency Cash Advance**

We or the Assistance Service Provider will co-ordinate with the Insured Person's relatives in his Country of Residence for such relatives to provide emergency financial assistance to the Insured Person if the Insured Person suffers a Financial Emergency.

## 22. **Benefit 22 – Coverage at Home Country**

If the Insured Person returns to his Country of Residence during a vacation, the scope of cover during his stay in the Country of Residence shall be restricted to

- (i) Benefit 1 – Medical Expenses – subject to coverage limited to Medical Expenses incurred due to Hospitalization arising due to medical emergency

- (ii) Benefit 6 – Accidental Death
- (iii) Benefit 7 – Permanent Total Disablement
- (iv) Benefit 16 – Sponsor Protection

**23. Benefit 23 – Treatment of Mental and Nervous Disorder**

The scope of cover under Benefit 1 is extended to cover mental and nervous disorders Expenses incurred in respect of the Insured Person.

**24. Benefit 24 – Treatment of Alcoholism and Drug Dependency**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for Treatment of Alcoholism and Drug Dependency in case of Hospitalization.

**25. Benefit 25 – Cancer Screening and Mammographic Examination**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for cancer screening and mammographic Examination.  
This Benefit shall supersede exclusion of Oncological diseases specified as per Clause (a)(iv) of General Exclusions.

**Optional Covers**

The Policy provides the following Optional Covers which can be opted either :-

- a. At the inception of the policy or;
- b. During the Policy Period (only if it is a university requirement)

**1. Optional Cover 1 : Self Inflicted Injury**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred due to any self- inflicted injury in case of Hospitalization after the completion of the waiting period of 30 days starting from the Period of Insurance.

This Optional Cover shall supersede Clause j.(iv) of the General Exclusions.

**2. Optional Cover 2 : HIV/ AIDS Cover**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for the treatment of acquired immune deficiency syndrome (AIDS) whereas Claim would not be payable if the Insured Person is suffering from HIV / AIDS prior to the Period of Insurance.

This Optional Cover shall supersede Clause j.(vi) of the General Exclusions.

**3. Optional Cover 3 : Adventure Sports Injury**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred for the Insured Person due to any sporting Hazardous Activity injury in case of Hospitalization.

This Optional Cover shall supersede Clause j.(xxxi) & j.(xxxii) of the General Exclusions.

**4. Optional Cover 4 : Vision Care**

We will indemnify the Insured Person for the actual expenses / cost incurred for Vision Check-up and Spectacles damage for the Insured Person.

**5. Optional Cover 5 : Home Care**

We will indemnify for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing, provided that We will indemnify for the expenses incurred for up to 30 consecutive days arising from Any One Illness or an Injury except for the first 7 days of hiring of the Qualified Nurse subject to a maximum of 90 days in a Policy Year.

**6. Optional Cover 6 : Family Cover**

We provide an option for coverage of spouse and / or up to 2 children on an individual basis for the Benefits mentioned below, subject to Benefit availability in the selected plan:-

- (i) Medical Expenses (Maximum up to Sum Insured of Medical Expenses of Student)
- (ii) Delay of checked in baggage
- (iii) Loss of checked in baggage
- (iv) Loss of Passport
- (v) Personal Liability
- (vi) Trip Delay

**7. Optional Cover 7 : Maternity Cover**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery of the child after the completion of the waiting period.

This Optional Cover shall supersede Clause j.(vii) of the General Exclusions.

## 8. **Optional Cover 8 : Maternity and New Born Cover**

The scope of cover under Benefit 1 is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery and vaccination of the new born after the completion of the waiting period. Coverage for vaccination of the new born is restricted to up to US \$ 500 under this Optional Cover.

This Optional Cover shall supersede Clause j.(vii) of the General Exclusions.

## 9. **Optional Cover 9 : Co-payment Option**

The Insured Person will bear a specified Co-payment and Our liability shall be restricted to the balance amount payable. The Co-payment shall be applicable to each and every claim for each Insured Person.

Co-payment under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-

- (i) Medical Expense
- (ii) Dental Treatment
- (iii) Treatment for mental and nervous disorder
- (iv) Treatment for Alcoholism and Drug Dependency
- (v) Cancer screening and mammographic Examination
- (vi) Adventure Sports Injury
- (vii) Family Cover (only for Medical Expenses)
- (viii) HIV / AIDS Cover
- (ix) Self-inflicted injury

## 10. **Optional Cover 10 : Deductible Option**

The claim amount assessed by Us for a particular claim shall be reduced by a specified Deductible. We shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.

Deductible under this Optional Cover shall be applicable to the following Benefits / Optional Cover (if opted) :-

- (i) Medical Expenses
- (ii) Maternity Cover
- (iii) Maternity & New Born Cover
- (iv) Adventure Sports Injury
- (v) Family Cover (only Medical Expenses)
- (vi) HIV / AIDS Cover
- (vii) Self-inflicted injury

## 11. **Optional Cover 11 : Complete Pre-existing Disease Cover in Life Threatening Medical Condition**

The scope of cover under Benefit 1 is extended to cover Medical Expenses for Pre-Existing Disease in life threatening medical condition up to 100% of Benefit 1 in case of Hospitalization.

**Note:** You may opt for Optional Cover 1, Optional Cover 2, Optional Cover 7, Optional Cover 8 & Optional Cover 11 only if it is a University requirement.

## Special Condition

### I. **Additional Services**

We or Assistance Service Provider will arrange for the Insured Person to avail any of the following services which have been opted by You, including but not limited to:

- i. Medical Assistance Services  
We / Assistance Service provider shall provide Medical assistance service e.g. Referral, emergency medical assistance etc.
- ii. Medical Service Provider Referral  
We / Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). We / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although The Company / Assistance Service Provider shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured Person. We / Assistance Service Provider; however, will exercise care and diligence in selecting the Medical Service Providers.
- iii. Arrangement of Hospital Admission  
If the medical condition of the Insured Person is of such gravity as to require hospitalization, We / Assistance Service Provider will assist such Insured Person in the hospital admission.

- iv. Arrangements of Appointments with Local Doctors for Treatment  
We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local doctors for treatment.
- v. Medical Translation Service  
We / Assistance Service Provider will arrange for the provision of medical translation to the Insured Person over the telephone.
- vi. Delivery of Essential Medicine  
We / Assistance Service Provider will arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. We / Assistance Service Provider will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.
- vii. Arrangement of Compassionate Visit  
We / Assistance Service Provider will arrange for one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is hospitalized outside the Country of Residence / City of Residence.
- viii. Inoculation and Visa Requirement Information  
We / Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. We / Assistance Service Provider shall inform the Insured Person requesting such information that The Company / Assistance Service Provider is simply communicating the requirements set forth in a document and The Company / Assistance Service Provider shall name the document.
- ix. Embassy Referral  
We / Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- x. Emergency Document Delivery  
We / Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Family Member, upon the Insured Person's request to do so.
- xi. Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or Hotel or any travel related services and skin-clinics
- xii. Special discounts on medical equipment's or medicines as provided by service providers
- xiii. Health risk assessment  
Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his / her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status
- xiv. Tele Support: Basic medical advice and symptom information, pre-travel advice, Details of local and national support groups, emotional stress related to foreign environs

## Salient Features

### 1. Cashless Facility

With Cashless Facility, You no longer need to run around paying off hospital bills and then follow up for a reimbursement. All You now need to do is get admitted to any of Our Network Providers (updated list of Network Providers would be available at Our or Assistance Service Provider's website or our call centre) and concentrate only on Your recovery. Leave the bill payment arrangements to Us, except for any non-medical expenses as specified in Annexure – I that You incur at the Hospital.

### 2. Reimbursement

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation as required shall be submitted (at the Insured Person's expense) to Us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss.

### 3. Free Look Period

- (i) This Clause shall be applicable only for the policies which are issued for a period of at least 12 months.
- (ii) You may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for Your objection, if You disagrees with any of the Policy terms and conditions.
- (iii) If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- (iv) Provision for Free look period is not applicable and available at the time of extension of the Policy.

#### 4. Cancellation / Termination

- (i) We may at any time, cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Person or any one acting on his or their behalf and We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio to Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.
- (ii) Policies where the Policyholder and Insured Person are different, in the event of Your demise, this Policy shall continue till the Policy Period End Date.
- (iii) At the request of the Policyholder, the Policy will be cancelled any time prior to the Policy Period End Date subject to the following conditions:
  - i. Full refund shall be made if the request for Policy cancellation is received by Us not later than 30 days from the Policy Period Start Date and before commencement of Period of Insurance if the sole reason for such cancellation is denial of visa for countries where the Insured Person was scheduled to Study or in the event of non-acceptance of this Policy by the Educational Institute. The visa denial or cancellation or the Educational Institute's non-acceptance letter issued by appropriate authorities shall be submitted to Us along with the request for cancellation.
  - ii. In the event of cancellation of Policy prior to Policy Period Start Date for any reason whatsoever other than the one mentioned above, We shall deduct Rs. 300/- towards cancellation charges before refunding the balance amount.
  - iii. Cancellation of Policy, at a date earlier than the Policy Period End Date can be done only if the Insured Person completes or discontinues the educational course at the Educational Institute prior to the Policy Period End Date. Refund of premium shall only be applicable if the difference between the date of completion or discontinuance and the Policy Period End Date is at least 30 days. Premium refunded will be the difference of the amount of premium paid for the original Policy Period and the premium applicable by taking such date of completion or discontinuance as the new Policy Period End Date.
  - iv. No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred/ registered under the Policy.

#### 5. Extension

##### (i) Extension of the Policy Period –

- i. The reason for requesting the extension is the extension of the duration of the education course specified in the Policy Certificate.
- ii. The total Policy Period shall not in any event exceed 36 months from the original Policy Period End Date
- iii. Additional premium is received by the Company in advance of commencement of coverage
- iv. If a Claim has been made under the Policy in respect of the original Policy Period:
  - a. No insurance cover will be available under the Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on a fixed benefit amount basis for that Policy Year;
  - b. Insurance cover up to the available Sum Insured will be available under the Benefit or Optional Cover in respect of which the Claim is made if such Benefit or Optional Cover is available on an indemnity basis for that Policy Year.
- v. Extension premium will be premium for extended Policy Period.

Example – Premium for 2 months Policy Period is Rs. X & Premium for 8 months Policy Period is Rs. Y.

If the Proposer buys the Policy for a period of 8 months, then the premium will be Rs. Y. Now if he wants to extend his Policy Period by months, he will have to pay an additional premium of Rs. X.

##### (ii) Extension of the Geographical Scope –

- i. On the Policyholder's written request, the Company will extend Geographical Scope specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope made any medical related Claim under the Policy.
- ii. Extension premium will be calculated as difference in the premiums of the new geographical scope & existing geographical scope for the travel duration of the new extended geographical scope only.

Example – If a person buys 12 month policy for 'Worldwide excluding US, Canada and India' and later on extends his geographical scope to 'Worldwide excluding India' for say one month, he/she will have to pay the difference in the one month premium of 'Worldwide excluding India' and 'Worldwide excluding US, Canada and India'.

##### (iii) Extension (Increase) of Sum Insured –

- i. On the Policyholder's written request within 30 days from Policy Period Start Date, the Company will extend the Sum Insured specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that Insured Person has not already made any medical related Claim under the Policy and the premium of the increased Sum Insured will be charged from the inception of the Policy.
- ii. Extension premium will be premium for new Sum Insured opted less premium for existing Sum Insured.

All requests for extensions must be made at least 1 day before the expiry of the original Policy Period and accompanied by all the following information and documentation:

- (i) Duly completed application for extension
- (ii) Details of complete particulars of all Claims
- (iii) A good health declaration.



**Note** - Extension will automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

This product may be withdrawn / modified by the Company after due approval from the IRDA. In case this product is withdrawn / modified by the Company, this Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to the Policyholder at the time of extension of this policy.

## 6. Contribution Clause

In case you are covered under more than one indemnity insurance policies, with Us or with other insurers, You shall have the right to settle the claim with Us or any of the other insurers, provided that the claim amount payable is up to sum insured of such policy.

In case the claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then You shall have the right to choose the companies with whom the claim is to be settled. In such cases, the settlement shall be done as under:

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

## 7. Subrogation Clause

You shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We would become entitled upon by paying for a claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. You shall not prejudice these subrogation rights in any manner and shall at Your own expense provide with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us of effecting a recovery, where after We shall pay any balance remaining to the You. This clause shall not apply to any Benefit offered on a fixed benefit basis.

## Grievance Redressal

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

- (a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance 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/>

## Claims Management

### a. Notification of Claim

In case of claim, You / Insured Person should immediately notify Us or the Assistance Service Provider about the Claim by calling at the toll free number as specified in the Policy or in writing and provide the following details:

- (i) Policy Number
- (ii) Policyholder's Name
- (iii) Name of the Insured Person in respect of whom the Claim is being made
- (iv) Nature of Illness or Injury or contingency for which Claim is being made and the Benefit under which the Claim is being made
- (v) Date of admission to Hospital or date of loss, as applicable
- (vi) Name and address of the attending Medical Practitioner and Hospital (if applicable)

(vii) Any other information, documentation or details requested by Us or the Assistance Service Provider

#### **b. Documents to be submitted**

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) provide the documents specified below and any additional information or documents as specified in the benefit under which the claim is being made to Us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury / Illness or loss or treatment.

- (i) Duly completed and signed Claim form, in original;
- (ii) Passport copy with entry/exit stamp;
- (iii) Any other document as required by Us or Assistance Service Provider
- (iv) Additional documents as specified for each benefit

**Note :** All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefits or Optional Covers. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels.

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

#### **c. Claim Assessment**

All claims incurred in India are dealt by the Company directly. All claims made under this Policy shall be assessed by Us / Assistance Service Provider in the following progressive order:

- (i) If the provisions of the Contribution Clause as mentioned above are applicable, Our liability to make payment under that Claims shall first be apportioned accordingly.
- (ii) The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
- (iii) Co-payment shall then be applicable on the amount payable by the Us.

#### **d. Duties of the Claimant**

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

- (i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (ii) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- (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 'Claims Management' and the specific procedures and timeframes specified under the respective Benefit or Optional Cover under which the Claim is being made.
- (iv) The Insured Person will, at our request and at his own cost and expense, submit himself for a medical examination by the Our/Assistance Service Provider's nominated Medical Practitioner as often as We considers reasonable and necessary.
- (v) Our/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) We shall be provided with complete documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.
- (vii) Report any information / document which helps the insurance system to eliminate bad practices in the market.

#### **e. Payment Terms**

- (i) We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
- (ii) Only for reimbursement cases, payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement Claims, the exchange rate on the date of payment shall be applied and for all admissible benefit Claims, the exchange rate on the date of loss shall be applied.
- (iii) If We or Assistance Service Provider requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You or the Insured Person.
- (iv) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Benefit or any Optional Cover applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- (v) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- (vi) If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (vii) For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (viii) For the Reimbursement Claims, We will pay to the Insured Person unless specified otherwise. In the event of death of the Insured Person, unless specified otherwise, We will pay to the Nominee and in case of no Nominee to the legal heir of the Insured Person whose discharge shall be

treated as full and final discharge of its liability under the Policy.

- (ix) We shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by 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. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (x) No loading based on individual claim experience shall be applicable on renewal premium payable in case of Annual Trip Policy.
- (xi) The Premium for the policy will remain the same for the policy period mentioned in the Policy Certificate.

#### Contact Details of the Assistance Service Provider

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

## Exclusions

### a. Exclusions applicable to Benefit I – Medical Expenses

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Medical treatment taken outside Country of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
- (iii) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and/or injuries suffered during the Period of Insurance.
- (iv) Degenerative or oncological (Cancer) diseases.
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vii) Physiotherapy expenses or any services provided by chiropractitioner.
- (viii) Expenses related to any kind of Non-medical charges, service charge, surcharge, night charges levied by the hospital under whatever head.

### b. Exclusions applicable to Benefit 4 – Dental Expenses

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Treatment of orthopedic, degenerative or oncological diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (iii) Treatment, which could reasonably be delayed until the Insured's return to the Country of Residence.

### c. Exclusions applicable to Benefit I0 – Loss of Checked-In Baggage

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage.
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- (iii) Any loss due to damage to the Checked-In Baggage.
- (iv) Any loss of the Checked-In Baggage sent in advance or shipped separately.
- (v) Valuables
- (vi) Any loss for which a Claim has already been made under Benefit I I.

For this Benefit, Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

**d. Exclusions applicable to Benefit I I - Delay of Checked-in Baggage**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any delay which does not exceed the time period specified in this Benefit.
- (ii) Any loss for which a Claim has already been made under Benefit I 0;
- (iii) Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- (iv) Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.

**e. Exclusions applicable to Benefit I 4 - Personal Liability**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Liability of the Insured Person in relation to any professional services rendered by him.
- (ii) Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities.
- (iii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract.
- (iv) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances.
- (v) Fines, penalties, punitive or exemplary damages of any kind.
- (vi) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- (vii) Any liability, which is the subject matter of specific insurance elsewhere.
- (viii) Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial.
- (ix) Liability resulting from transmission of an illness or disease by the Insured Person.
- (x) Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from.
- (xi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (xii) Liability arising from the possession of animals, birds, reptiles or insects and their byproducts like skin, hair, feathers, horns, fur, ivory, bones or eggs.
- (xiii) Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or use of firearms.
- (xiv) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (xv) Liability arising from any supply of goods or services on the part of the Insured Person.
- (xvi) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- (xvii) Any liability arising from a contingency occurring anywhere in the Country of Residence of the Insured Person.
- (xviii) Liability arising out of any breach of law or rules or any criminal liability.

**f. Exclusions applicable to Benefit I 7 - Bail Bond**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Legal liability of the Insured Person
- (ii) Any amount paid towards bail, surety or guarantee or of similar nature
- (iii) Fines, penalties, punitive or exemplary damages of any kind.
- (iv) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- (v) Any liability, which is the subject matter of specific insurance elsewhere.
- (vi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (vii) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (viii) Liability arising out of any breach of law or rules or any criminal liability.

**g. Exclusions applicable to Benefit I 8 – University Insolvency**

- (i) A Claim is not admissible under this Benefit unless expressly stated to the contrary elsewhere in respect of any Insured Person for, arising out of or directly or indirectly due to the Insured failing to adhere to the rules of the University or regulation of state in connection to admission as the case may be.

**h. Exclusions applicable to Benefit 19 – Trip Delay**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any contingencies other than those specifically named above;
- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority.

**i. Exclusions applicable to Benefit 20 – Loss Of Laptop /Tablet**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere:

- (i) Any electrical or mechanical breakdown of the laptop / Tablet
- (ii) Any loss of softwares or data in the laptop / Tablet and any consequential loss
- (iii) Any loss as a result of any action taken by customs department.

**j. General Exclusions (applicable to all Benefits & Optional Covers)**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere:

- (i) Any condition or treatment as specified in Annexure – I.
- (ii) The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – II.
- (iii) The Insured Person:
  - I traveling against the advice of a Medical Practitioner; or
  - II receiving, or is supposed to receive, medical treatment; or
  - III having received terminal prognosis for a medical condition; or
  - IV travelling for the purpose of obtaining medical treatment; or
  - V taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
- (iv) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness.
- (v) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
- (vi) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (vii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynecologist that it is life threatening.
- (viii) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (ix) Any dental treatment or surgery unless necessitated due to an Injury.
- (x) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- (xi) Charges incurred in connection with cost of spectacles and contact lenses, aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
- (xii) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- (xiii) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker; belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear; glucometer/thermometer; crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implant(s).
- (xiv) Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).
- (xv) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an

establishment that is not a Hospital.

- (xvi) Treatment of all external Congenital Anomalies or Illnesses or defects or anomalies or treatment relating to external birth defects.
  - (xvii) Treatment of mental illness, stress, psychiatric or psychological disorders.
  - (xviii) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an accident injury or burns.
  - (xix) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
  - (xx) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
  - (xxi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
  - (xxii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
  - (xxiii) All expenses related to donor screening, treatment, including surgery to remove organs from the donor; in case of transplant surgery.
  - (xxiv) Non-allopathic treatment.
  - (xxv) Illness or Injury attributable to the consumption, use, misuse of intoxicating drugs or alcohol.
  - (xxvi) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care is required.
  - (xxvii) 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.
  - (xxviii) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
  - (xxix) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    - I Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
    - II Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    - III Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly 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 is also excluded
- (xxx) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
  - (xxxi) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
  - (xxxii) Any claim relating to Hazardous Activities.
  - (xxxiii) Any claim relating to aviation training.

## Schedule of Benefits

| What am I covered for?  |            |               |               |                                     |   |  |
|---|------------|---------------|---------------|-------------------------------------|---|--|
| Benefits  | Deductible | Pay-out Basis | Explore Start | Explore Plus                        | Explore Super   | Explore Ultra  |
| <b>Medical Expenses</b>   | US \$ 100  | Indemnity     | ✖             | US \$50,000 /<br>US \$ 100,000      | US \$ 50,000 /<br>US \$ 100,000 /<br>US \$ 300,000 /<br>US \$ 500,000 | US \$ 50,000 /<br>US \$ 100,000 /<br>US \$ 300,000 /<br>US \$ 500,000 /<br>US \$ 1,000,000 |
| <b>In-patient Care</b>  | US \$ 100  | Indemnity     | ✖             | Up to SI of Medical Expenses        | Up to SI of Medical Expenses  | Up to SI of Medical Expenses   |
| <b>Pre-Existing Disease Cover in Life Threatening Medical Condition</b> | US \$ 100  | Indemnity     | ✖             | Up to 10% of SI of Medical Expenses | Up to 10% of SI of Medical Expenses                                   | Up to 10% of SI of Medical Expenses  |
| <b>Extended Cover in the Country of Residence</b>                       | US \$ 100  | Indemnity     | ✖             | Up to SI of Medical Expenses        | Up to SI of Medical Expenses  | Up to SI of Medical Expenses   |
| <b>Out-patient Care</b>   | US \$ 100  | Indemnity     | ✖             | Up to SI of Medical Expenses        | Up to SI of Medical Expenses  | Up to SI of Medical Expenses   |
| <b>Repatriation of Mortal Remains (Part of Medical Expenses)</b>        | N.A.       | Indemnity     | ✖             | US \$ 7,500                         | Up to SI of Medical Expenses  | Up to SI of Medical Expenses   |
| <b>Medical Evacuation (Part of Medical Expenses)</b>                    | N.A.       | Indemnity     | ✖             | US \$ 7,500                         | Up to SI of Medical Expenses  | Up to SI of Medical Expenses   |
| <b>Dental Expenses</b>  | US \$ 50   | Indemnity     | ✖             | US \$ 250                           | US \$ 500   | US \$ 750  |
| <b>Daily Allowance</b>  | 3 days     | Benefit       | ✖             | ✖                                   | ✖   | US \$ 30 per day, max 7 days   |
| <b>Accidental Death</b>   | N.A.       | Benefit       | US \$ 30,000  | US \$ 15,000                        | US \$ 30,000  | US \$ 30,000   |
| <b>Permanent Total Disablement (note – 3)</b>                           | N.A.       | Benefit       | US \$ 30,000  | US \$ 15,000                        | US \$ 30,000  | US \$ 30,000   |
| <b>Permanent Partial Disablement (note – 3)</b>                         | N.A.       | Benefit       | US \$ 30,000  | US \$ 15,000                        | US \$ 30,000  | US \$ 30,000   |
| <b>Compassionate Visit</b>  | N.A.       | Indemnity     | US \$ 5,000   | ✖                                   | US \$ 5,000   | US \$ 7,500  |
| <b>Loss of Checked-in Baggage</b>                                       | N.A.       | Indemnity     | US \$ 1000    | US \$ 500                           | US \$ 1000  | US \$ 2000   |
| <b>Delay of Checked-in Baggage</b>                                      | 12 Hours   | Benefit       | US \$ 150     | ✖                                   | US \$ 150   | US \$ 150  |
| <b>Loss of Passport</b>   | US \$ 50   | Indemnity     | US \$ 150     | US \$ 150                           | US \$ 150   | US \$ 200  |
| <b>Loss of International driving license</b>                            | US \$ 50   | Indemnity     | US \$ 100     | ✖                                   | US \$ 100   | US \$ 150  |
| <b>Personal Liability</b>   | US \$ 200  | Indemnity     | US \$ 100,000 | US \$ 100,000                       | US \$ 100,000   | US \$ 100,000  |
| <b>Study interruption</b>   | N.A.       | Indemnity     | US \$ 10,000  | US \$ 7,500                         | US \$ 10,000  | US \$ 15,000   |

## Schedule of Benefits

| What am I covered for?  |            |               |               |                                    |   |   |
|---|------------|---------------|---------------|------------------------------------|---|---|
| Benefits  | Deductible | Pay-out Basis | Explore Start | Explore Plus                       | Explore Super                               | Explore Ultra                               |
| <b>Sponsor Protection</b>   | N.A.       | Indemnity     | US \$ 15,000  | US \$ 10,000                       | US \$ 15,000                                | US \$ 15,000                                |
| <b>Bail Bond</b>  | N.A.       | Indemnity     | US \$ 5,000   | US \$ 500                          | US \$ 5,000                                 | US \$ 5,000                                 |
| <b>University Insolvency</b>  | N.A.       | Indemnity     | x             | x                                  | x   | US \$ 7,500                                 |
| <b>Trip Delay</b>   | 12 Hours   | Benefit       | x             | x                                  | x   | US \$ 200                                   |
| <b>Loss of Laptop / Tablet</b>  | N.A.       | Indemnity     | x             | x                                  | x   | US \$ 250                                   |
| <b>Emergency Cash Advance</b>   | N.A.       | Indemnity     | x             | x                                  | x   | US \$ 1,000                                 |
| <b>Coverage at home country</b>   | US \$ 100  | Indemnity     | x             | Up to 5% of SI of Medical Expenses | Up to 5% of SI of Medical Expenses          | Up to 5% of SI of Medical Expenses          |
| <b>Treatment for Mental and Nervous disorders (Part of Medical Expenses)</b>                          | N.A.       | Indemnity     | x             | x                                  | US \$ 1,500                                 | US \$ 3,000                                 |
| <b>Treatment for Alcoholism and Drug Dependency (Part of Medical Expenses)</b>                        | N.A.       | Indemnity     | x             | x                                  | US \$ 1,500                                 | US \$ 3,000                                 |
| <b>Cancer screening and Mammographic Examination (Part of Medical Expenses)</b>                       | N.A.       | Indemnity     | x             | x                                  | US \$ 2,000                                 | US \$ 4,000                                 |
| Optional Covers   |            |               |               |                                    |   |   |
| <b>Self-inflicted injury</b>  | US \$ 100  | Indemnity     | x             | US \$ 7,500                        | US \$ 7,500                                 | US \$ 7,500                                 |
| <b>HIV / AIDS Cover</b>   | US \$ 100  | Indemnity     | x             | US \$ 7,500                        | US \$ 7,500                                 | US \$ 7,500                                 |
| <b>Adventure Sports Injury</b>  | US \$ 100  | Indemnity     | x             | Up to SI of Medical Expenses       | Up to SI of Medical Expenses                | Up to SI of Medical Expenses                |
| <b>Vision Care (co-payment of 50%)</b>  | US \$ 100  | Indemnity     | x             | US \$ 200                          | US \$ 200                                   | US \$ 200                                   |
| <b>Home Care (co-payment of 10%) (Max. 30 days per occurrence &amp; Max. 90 days per policy year)</b> | 7 Days     | Indemnity     | x             | US \$ 100 per day                  | US \$ 100 per day                           | US \$ 100 per day                           |
| <b>Family cover Benefits covered :-</b>   |            |               |               |                                    |   |   |
| <b>i. Medical Expenses (Maximum up to SI of Medical Expenses of Student)</b>                          | US \$ 100  | Indemnity     | x             | US \$50,000 / US \$ 100,000        | US \$50,000 / US \$ 100,000 / US \$ 300,000 | US \$50,000 / US \$ 100,000 / US \$ 300,000 |
| <b>ii. Delay of checked in baggage</b>  | 12 Hours   | Benefit       | x             | As per Plan                        | As per Plan                                 | As per Plan                                 |



## Schedule of Benefits

| What am I covered for?   |   |  |  |  |   |   |
|--|---|--|--|--|---|---|
| Benefits   | Deductible                                | Pay-out Basis                                  | Explore Start  | Explore Plus   | Explore Super   | Explore Ultra   |
| <b>iii. Loss of checked in baggage</b><br><b>iv. Loss of Passport</b><br><b>v. Personal Liability</b><br><b>vi. Trip Delay</b>   | N.A.<br>US \$ 50<br>US \$ 200<br>12 Hours | Indemnity<br>Indemnity<br>Indemnity<br>Benefit | As per Plan<br>As per Plan<br>As per Plan<br>As per Plan | As per Plan<br>As per Plan<br>As per Plan<br>As per Plan   | As per Plan<br>As per Plan<br>As per Plan<br>As per Plan  | As per Plan<br>As per Plan<br>As per Plan<br>As per Plan  |
| <b>Maternity Cover (wait period (in months)–0/10/24 Co-payment (in %)–0/20/40) (maximum up to SI of Medical Expenses)</b>  | US \$ 100                                 | Indemnity                                      | x  | US \$500/US\$1000/<br>US\$2000/<br>US\$3000/<br>US\$5000/<br>US\$50,000/<br>US\$100,000              | US \$500/US\$1000/<br>US\$2000/<br>US\$3000/US\$5000/<br>US\$50,000/<br>US\$100,000/<br>US\$300,000/<br>US\$500,000 | US \$500/US\$1000/<br>US\$2000/US\$3000/<br>US\$5000/US\$50,000/<br>US\$100,000/<br>US\$300,000/<br>US\$500,000/<br>US\$1,000,000 |
| <b>Maternity &amp; New Born Cover (wait period (in months)–0/10/24 Co-payment (in %)–0/20/40) (maximum up to SI of Medical Expenses) New Born Cover restricted to US \$ 500</b>  | US \$ 100                                 | Indemnity                                      | x  | US \$500 / US \$1000 /<br>US \$2000 /<br>US \$3000 /<br>US \$5000 /<br>US \$50,000 /<br>US \$100,000 | US \$500/US\$1000/<br>US\$2000/<br>US\$3000/US\$5000/<br>US\$50,000/<br>US\$100,000/<br>US\$300,000/<br>US\$500,000 | US \$500/US\$1000/<br>US\$2000/US\$3000/<br>US\$5000/US\$50,000/<br>US\$100,000/<br>US\$300,000/<br>US\$500,000/<br>US\$1,000,000 |
| <b>Co-payment Option Applicable to the following Benefits (if opted):-</b><br><b>i. Medical Expense</b><br><b>ii. Dental Treatment</b><br><b>iii. Treatment for mental &amp; nervous disorder</b><br><b>iv. Treatment for Alcoholism &amp; Drug Dependency</b><br><b>v. Cancer screening &amp; mammographic Examination</b><br><b>vi. Adventure Sports Injury</b><br><b>vii. Family Cover (only for Medical Expenses)</b><br><b>viii. HIV / AIDS Cover</b><br><b>ix. Self-inflicted injury</b> | N.A.                                      | N.A.   | x  | 10% / 20% / 40%<br>Co-payment option available   | 10% / 20% / 40%<br>Co-payment option available  | 10% / 20% / 40%<br>Co-payment option available  |
| <b>Deductible Option Applicable to the following Benefits (if opted):-</b><br><b>i. Medical Expenses</b><br><b>ii. Maternity Cover</b><br><b>iii. Maternity &amp; New Born Cover</b>   | Default Deductible is US \$100            | N.A.   | x  | US \$200 / US \$500 /<br>US \$1,000<br>Deductible option available                                   | US \$200/US\$500/<br>US\$1,000<br>Deductible option available   | US \$200/US\$500/<br>US\$1,000<br>Deductible option available   |

## Schedule of Benefits

| What am I covered for?   |            |               |                           |                              |                              |                              |
|--|------------|---------------|---------------------------|------------------------------|------------------------------|------------------------------|
| Benefits   | Deductible | Pay-out Basis | Explore Start             | Explore Plus                 | Explore Super                | Explore Ultra                |
| <b>iv. Adventure Sports Injury</b><br><b>v. Family Cover (only Medical Expenses)</b><br><b>vi. HIV / AIDS Cover</b><br><b>vii. Self-inflicted injury</b> |            |               |                           |                              |                              |                              |
| <b>Complete Pre-Existing Disease Cover in Life Threatening Medical Condition</b>   | US \$ 100  | Indemnity     | x                         | Up to SI of Medical Expenses | Up to SI of Medical Expenses | Up to SI of Medical Expenses |
| Special Conditions   |            |               |                           |                              |                              |                              |
| <b>Additional Services</b>   | N.A.       | N.A.          | This is a service feature | This is a service feature    | This is a service feature    | This is a service feature    |

### Notes:

1. Sum Insured of All Optional Covers (except Coverage for Family Cover; Co-payment Option & Deductible Option) form part of Sum Insured of Medical Expenses.
2. All the Sum Insured mentioned are on a Policy Year basis.
3. % of Sum Insured payable as per the Insured Events defined in Benefit 7 and Benefit 8 above.
4. The premium rates for the plans offered are annexed hereto with the prospectus.
5. Mid Term endorsements are allowed in the Product.

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

| S. No. | List of expenses generally excluded ("Non-medical")in hospital indemnity policy | S. No.   | List of expenses generally excluded ("Non-medical")in hospital indemnity policy   |
|--------|---|--|---|
|        | <i>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</i>               |  | <i>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS</i>   |
| 1      | Hair removal cream  | 54   | Hansaplast/Adhesive bandages  |
| 2      | Baby charges (unless specified/indicated)                                       | 55   | Lactogen/Infant food  |
| 3      | Baby food   | 56   | Slings  |
| 4      | Baby utilites charges   | Items specifically excluded in the policies  |   |
| 5      | Baby set  | 57   | Weight control programs/supplies/services   |
| 6      | Baby bottles  | 58   | Cost of spectacles/contact lenses/hearing aids, etc.  |
| 7      | Brush   | 59   | Dental treatment expenses that do not require hospitalisation   |
| 8      | Cosy towel  | 60   | Hormone replacement therapy   |
| 9      | Hand wash   | 61   | Home visit charges  |
| 10     | Moisturizer paste brush   | 62   | Infertility/subfertility/assisted conception procedure  |
| 11     | Powder  | 63   | Obesity (including morbid obesity) treatment  |
| 12     | Shoe cover  | 64   | Psychiatric & psychosomatic disorders   |
| 13     | Beauty services   | 65   | Corrective surgery for refractive error   |
| 14     | Belts/braces  | 66   | Treatment of sexually transmitted diseases  |
| 15     | Buds  | 67   | Donor screening charges   |
| 16     | Barber charges  | 68   | Admission/registration charges  |
| 17     | Caps  | 69   | Hospitalisation for evaluation/diagnostic purpose   |
| 18     | Cold pack/Hot pack  | 70   | Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed                                  |
| 19     | Carry bags  | 71   | Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly |
| 20     | Cradle charges  |  |   |
| 21     | Comb  |  |   |
| 22     | Eau-de-cologne/Room fresheners  | 72   | Stem cell implantation/surgery and storage  |
| 23     | Eye pad   | items which form part of hospital services where separate consumables are not payable but the service is |   |
| 24     | Eye shield  |  |   |
| 25     | Email/Internet charges  | 73   | Ward and Theatre booking charges  |
| 26     | Food charges (other than patient's diet provided by Hospital)                   | 74   | Arthroscopy & Endoscopy instruments   |
| 27     | Foot cover  | 75   | Microscope cover  |
| 28     | Gown  | 76   | Surgical blades, Harmonic scalpel, shaver   |
| 29     | Leggings  | 77   | Surgical drill  |
| 30     | Laundry charges   | 78   | Eye kit   |
| 31     | Mineral water   | 79   | Eye drape   |
| 32     | Oil charges   | 80   | X-ray film  |
| 33     | Sanitary pad  | 81   | Sputum cup  |
| 34     | Slippers  | 82   | Boyles apparatus charges  |
| 35     | Telephone charges   | 83   | Blood grouping and cross matching of donors samples   |
| 36     | Tissue paper  | 84   | Savlon  |
| 37     | Tooth paste   | 85   | Band aids, bandages, sterile injections, needles, syringes  |
| 38     | Tooth brush   | 86   | Cotton  |
| 39     | Guest services  | 87   | Cotton bandage  |
| 40     | Bed Pan   | 88   | Micropore/Surgical tape   |
| 41     | Bed under pad charges   | 89   | Blade   |
| 42     | Camera cover  | 90   | Apron   |
| 43     | Cliniplast  | 91   | Torniquet   |
| 44     | Crepe bandage   | 92   | Orthobundle, Gynaec bundle  |
| 45     | Curapore  | 93   | Urine container   |
| 46     | Diaper of any type  | Elements of room charge  |   |
| 47     | DVD, CD charges   | 94   | Luxury tax  |
| 48     | Eyelet collar   | 95   | HVAC  |
| 49     | Face mask   | 96   | House keeping charges   |
| 50     | Flexi mask  | 97   | Service charges where nursing charge also charged   |
| 51     | Gause soft  | 98   | Television & Air conditioner charges  |
| 52     | Gauze   | 99   | Surcharges  |
| 53     | Hand holder   | 100  | Attendant charges   |

| S. No.                                | List of expenses generally excluded ("Non-medical")in hospital indemnity policy | S. No.                                       | List of expenses generally excluded ("Non-medical")in hospital indemnity policy                         |
|---------------------------------------|---|--|---|
| 101                                   | Im Iv Injection charges   | 152  | Microsheild   |
| 102                                   | Clean sheet   | 153  | Abdominal binder  |
| 103                                   | Extra diet of patient (other than that which forms part of bed charge)          | Items payable if supported by a prescription |   |
| 104                                   | Blanket/Warmer blanket  | 154  | Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.  |
| Administrative or Non-medical charges |   | 155  | Private nurses charges- Special nursing charges   |
| 105                                   | Admission kit   | 156  | Nutrition planning charges - Dietician charges - Diet charges   |
| 106                                   | Birth certificate   | 157  | Sugar free tablets  |
| 107                                   | Blood reservation charges and Ante-natal booking charges                        | 158  | Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable) |
| 108                                   | Certificate charges   |  |   |
| 109                                   | Courier charges   | 159  | Digestion gels  |
| 110                                   | Conveyance charges  | 160  | Ecg electrodes  |
| 111                                   | Diabetic chart charges  | 161  | Gloves  |
| 112                                   | Documentation charges/Administrative expenses                                   | 162  | HIV kit   |
| 113                                   | Discharge Procedure charges   | 163  | Listerine/Antiseptic mouthwash  |
| 114                                   | Daily chart charges   | 164  | Lozenges  |
| 115                                   | Entrance pass/Visitors pass charges   | 165  | Mouth paint   |
| 116                                   | Expenses related to prescription on discharge                                   | 166  | Nebulisation kit  |
| 117                                   | File opening charges  | 167  | Novarapid   |
| 118                                   | Incidental expenses/Misc. charges (not explained)                               | 168  | Volini gel/Analgesic gel  |
| 119                                   | Medical certificate   | 169  | Zytee gel   |
| 120                                   | Maintenance charges   | 170  | Vaccination charges   |
| 121                                   | Medical records   | Part of hospital's own costs and not payable |   |
| 122                                   | Preparation charges   | 171  | AHD   |
| 123                                   | Photocopies charges   | 172  | Alcohol swabes  |
| 124                                   | Patient identification band/Name tag  | 173  | Scrub solution/Sterillium others  |
| 125                                   | Washing charges   | 174  | Vaccine charges for baby  |
| 126                                   | Medicine box  | 175  | Aesthetic treatment/Surgery   |
| 127                                   | Mortuary charges  | 176  | TPA charges   |
| 128                                   | Medico legal case charges (MLC charges)   | 177  | Visco belt charges  |
| External durable devices              |   | 178  | Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.                           |
| 129                                   | Walking aids charges  | 179  | Examination gloves  |
| 130                                   | BIPAP machine   | 180  | Kidney tray   |
| 131                                   | Commode   | 181  | Mask  |
| 132                                   | CPAP/CAPD equipments  | 182  | Ounce glass   |
| 133                                   | Infusion pump - cost  | 183  | Outstation consultant's/Surgeon's fees  |
| 134                                   | Oxygen cylinder (for usage outside the hospital)                                | 184  | Oxygen mask   |
| 135                                   | Pulseoxymeter charges   | 185  | Paper gloves  |
| 136                                   | Spacer  | 186  | Pelvic traction belt  |
| 137                                   | Spirometre  | 187  | Referral doctor's fees  |
| 138                                   | SpO2 Probe  | 188  | Accu check (glucometry/strips)  |
| 139                                   | Nebulizer Kit   | 189  | Pan can   |
| 140                                   | Steam Inhaler   | 190  | Sofnet  |
| 141                                   | Arm sling   | 191  | Trolley cover   |
| 142                                   | Thermometer   | 192  | Urometer; Urine jug   |
| 143                                   | Cervical collar   | 193  | Ambulance   |
| 144                                   | Splint  | 194  | Tegaderm/Vasofix safety   |
| 145                                   | Diabetic foot wear  | 195  | Urine bag   |
| 146                                   | Knee braces (long/short/hinged)   | 196  | Softovac  |
| 147                                   | Knee immobilizer/Shoulder immobilizer   | 197  | Stockings   |
| 148                                   | Lumbo sacral belt   |  |   |
| 149                                   | Nimbus bed or water or air bed charges  |  |   |
| 150                                   | Ambulance collar  |  |   |
| 151                                   | Ambulance equipment   |  |   |

## Annexure II : List of Hospitals where Claim will not be admitted

| S. No. | HOSPITAL NAME                                     | ADDRESS   | ZONE  |
|--------|---|---|-------|
| 1      | Nulife Hospital and Maternity Centre              | 1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi                            | North |
| 2      | Taneja Hospital                                   | Q-Block, South City-2, Sohna Road, Main Sector-47, Preet Vihar, New Delhi, Delhi                      | North |
| 3      | Shri Komal Hospital & Dr. Saxena's Nursing Home   | Silver Plaza Complex, Opposite Rupali Cinema, Rander Road, Rewari, Haryana                            | North |
| 4      | Sona Devi Memorial Hospital & Trauma Centre       | Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana  | North |
| 5      | Amar Hospital                                     | Sector-70, S.A.S. Nagar, Mohali, Sector 70, Mohali, Punjab  | North |
| 6      | Brij Medical Centre                               | Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sector 17, Ghaziabad, U.P.                | North |
| 7      | Famliy Medicare                                   | A-55, Sector 61, Rajat Vihar Sector 62, Noida, U.P.   | North |
| 8      | Jeevan Jyoti Hospital                             | 162, Lowther Road, Bai Ka Bagh, Allahabad, U.P.   | North |
| 9      | City Hospital & Trauma Centre                     | C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.          | North |
| 10     | Dayal Maternity & Nursing Home                    | No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana   | North |
| 11     | Metas Adventist Hospital                          | No.24, Ring-Road, Athwalines, Surat, Gujarat  | West  |
| 12     | Surgicare Medical Centre                          | Sai Dwar Oberoi Complex, S.A.B.T.V. Lane Road, Lokhandwala, Andheri, Mumbai, Maharashtra              | West  |
| 13     | Paramount General Hospital & I.C.C.U.             | 42-1, Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra                                      | West  |
| 14     | Gokul Hospital                                    | Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra                        | West  |
| 15     | Shree Sai Hospital                                | Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra          | West  |
| 16     | Shreedevi Hospital                                | Akash Arcade, Bhanu Nagar, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra                    | West  |
| 17     | Saykhedkar Hospital And Research Centre Pvt. Ltd. | Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra                                    | West  |
| 18     | Arpan Hospital And Research Centre                | No.151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh                                | West  |
| 19     | Ramkrishna Care Hospital                          | Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh         | East  |
| 20     | Gupta Multispeciality Hospital                    | Mezzanine Floor, Shakuntal B, Near Sanghvi Tower, Gujrat, Gas Circle, Adajan Road, Vivek Vihar, Delhi | North |
| 21     | R.K.Hospital                                      | 3C/59, BP, Near Metro Cinema, New Industrial Township I, Faridabad, Haryana                           | North |
| 22     | Prakash Hospital                                  | D - 12, 12A, 12B, Noida, Sector 33, Noida, Uttar Pradesh  | North |
| 23     | Aryan Hospital Pvt. Ltd.                          | Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana                                       | North |
| 24     | Medilink Hospital Research Centre Pvt. Ltd.       | Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat                                | West  |
| 25     | Mohit Hospital                                    | Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra                    | West  |
| 26     | Scope Hospital                                    | 628, Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh                                 | North |
| 27     | Agarwal Medical Centre                            | E-234, -, Greater Kailash I, New Delhi  | North |
| 28     | Oxygen Hospital                                   | Bhiwani Stand, Durga Bhawan, Rohtak, Haryana  | North |
| 29     | Prayag Hospital & Research Centre Pvt. Ltd.       | J-206 A/1, Sector 41, Noida, Uttar Pradesh  | North |
| 30     | Karnavati Superspeciality Hospital                | Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat                                   | West  |
| 31     | Palwal Hospital                                   | Old G.T. Road, Near New Sohna Mod, Palwal, Haryana  | North |
| 32     | B.K.S. Hospital                                   | No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka   | South |
| 33     | East West Medical Centre                          | No.711, Sector 14, Sector 14, Gurgaon, Haryana  | North |
| 34     | Jagtap Hospital                                   | Anand Nagar, Singhgood Road, Anandnagar, Pune, Maharashtra  | West  |
| 35     | Dr. Malwankar's Romeen Nursing Home               | No 14, Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra                          | West  |
| 36     | Noble Medical Centre                              | C.K. Emerald No., N.S. Palya, Kaveriappa Industrial Area, Borivali West, Mumbai, Maharashtra          | West  |
| 37     | Rama Hospital                                     | Sonepat Road, Bahalgarh, Bahalgarh, Sonapat, Haryana  | North |
| 38     | S.B.Nursing Home & ICU                            | Lake Bloom 16 to 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Powai, Mumbai, Maharashtra       | West  |
| 39     | Saraswati Hospital                                | 103-106, Vrurel Appt., Opp. Navjivan Post Office, Ajwa Road, Malad West, Mumbai, Maharashtra          | West  |
| 40     | Shakuntla Hospital                                | 3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh                                  | North |
| 41     | Mahaveer Hospital & Trauma Centre                 | Plot No-25, B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh             | North |
| 42     | Eashwar Lakshmi Hospital                          | Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh                        | South |
| 43     | Amrapali Hospital                                 | Plot No. NH-34, P-2, Omega - I, Greater Noida, Noida, Uttar Pradesh                                   | North |
| 44     | Hardik Hospital                                   | 29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi  | North |
| 45     | Jabalpur Hospital & Research Centre Pvt. Ltd.     | Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh   | West  |
| 46     | Panvel Hospital                                   | Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra  | West  |
| 47     | Santosh Hospital                                  | L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh   | North |
| 48     | Sona Medical Centre                               | 5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh  | North |
| 49     | City Super Speciality Hospital                    | Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana  | North |
| 50     | Navjeevan Hospital & Maternity Centre             | 753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana  | North |
| 51     | Abhishek Hospital                                 | C-12, New Azad Nagar, Kanpur, Uttar Pradesh   | North |
| 52     | Raj Nursing Home                                  | 23-A, Park Road, Allahabad, Uttar Pradesh   | North |
| 53     | Sparsh Medicare and Trauma Centre                 | Shakti Khand - III/54, Indirapuram, Ghaziabad, Uttar Pradesh  | North |
| 54     | Saras Healthcare Pvt. Ltd.                        | K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh   | North |
| 55     | Getwell Soon Multispeciality Institute Pvt. Ltd.  | S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh                  | North |
| 56     | Shivalik Medical Centre Pvt. Ltd.                 | A-93, Sector 34, Noida, Uttar Pradesh   | North |

| S. No. | HOSPITAL NAME  | ADDRESS   | ZONE |
|--------|--|---|------|
| 57     | Aakanksha Hospital                                   | 126, Aaradhnanagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat | West |
| 58     | Abhinav Hospital                                     | Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat                      | West |
| 59     | Adhar Ortho Hospital                                 | Dawer Chambers, Nr: Sub Jail, Ring Rd., Surat, Gujarat                                      | West |
| 60     | Aris Care Hospital                                   | A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat                          | West |
| 61     | Arzoo Hospital                                       | Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat  | West |
| 62     | Auc Hospital   | B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat                                      | West |
| 63     | Dharamjivan General Hospital & Trauma Centre         | Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat                 | West |
| 64     | Dr. Santosh Basotia Hospital                         | Bhatar Road, Surat, Gujarat   | West |
| 65     | God Father Hospital                                  | 344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat                          | West |
| 66     | Govind-Prabha Arogya Sankool                         | Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat                           | West |
| 67     | Hari Milan Hospital                                  | L H Road, Surat, Gujarat  | West |
| 68     | Jaldhi Ano-Rectal Hospital                           | 103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat                         | West |
| 69     | Jeevan Path Gen. Hospital                            | 2nd Floor, Dwarkesh Nagri, Nr: Laxmi Farsan, Sayan, Surat, Gujarat                          | West |
| 70     | Kalrav Children Hospital                             | Yashkamal Complex, Nr: Jivan Jyot, Udhna, Surat, Gujarat                                    | West |
| 71     | Kanchan General Surgical Hospital                    | Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat                   | West |
| 72     | Krishnavati General Hospital                         | Bamroli Road, Surat, Gujarat  | West |
| 73     | Niramayam Hosptial & Prasutigruah                    | Shraddha Raw House, Near Natures Park, Surat, Gujarat                                       | West |
| 74     | Patna Hospital                                       | 25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat                                   | West |
| 75     | Poshia Children Hospital                             | Harekrishan Shoping Complex 1 St Floor, Varachha Road, Surat, Gujarat                       | West |
| 76     | R.D. Janseva Hospital                                | 120 Feet Bamroli Road, Pandesara, Surat, Gujarat  | West |
| 77     | Radha Hospital & Maternity Home                      | 239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat       | West |
| 78     | Santosh Hospital                                     | L H Road, Surat, Gujarat  | West |
| 79     | Sparsh Multy Specality Hospital & Trauma Care Center | G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat                                  | West |

**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.

## About us

### Care Health Insurance Limited

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance was awarded 'Smart Insurer of the Year' and 'Sales Champion of the Year' at The Economic Times Insurance Summit & Awards 2022. The company was also conferred the 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alerts Awards, 2021, and was adjudged 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

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

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

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 provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation. UAN:23015580 UIN: IRDA/NL-HLT/RHI/P-T/V.I/71/2014-15 CIN:U66000DL2007PLC161503 IRDAI Registration Number - 148

#### 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. The Company also places on its website all necessary matters & material including advertisement about the product & its features in compliance of IRDA advertisement regulations & guidelines. The prospect / customer is requested to take a view of the same & if there are queries thereon, the same can be referred to the Company or any of its representatives soliciting insurance business.
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 receives the premium (including all taxes and levies thereto) and underwriting acceptance.
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to [www.careinsurance.com](http://www.careinsurance.com)
6. The product is in conformity with the IRDA approval and health insurance regulations and standardization guidelines.