





INDIA INSURANCE SUMMIT & AWARDS 2024

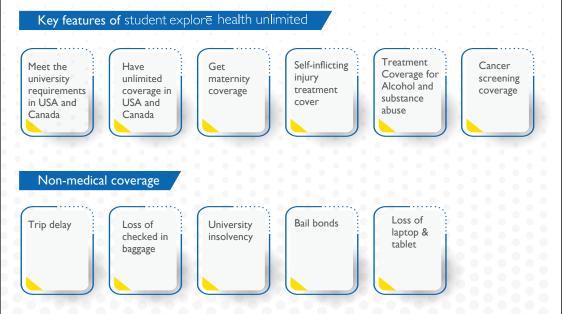
student explore health unlimited

International Travel & Health Insurance for students





Exploring another country as a student is a defining experience. Care Health Insurance understands your needs while studying abroad, offering the student explore health unlimited plan. This comprehensive international travel and health insurance covers medical and non-medical needs in USA and Canada, at economical premiums. Focus on your studies and make happy memories with us.



This is a summary of select features of Student Explore Health Unlimited. For complete details, please refer to the prospectus cum sales literature uploaded on www.careinsurance.com

Plan Details			
Benefit			
Policy Year Maximum		Unlimited	
Per Illness / Injury Maximum Limit		Unlimited	
Area of Cover		USA & Canada	
Maximum Outside Area of Cover Limit per Insured Person per policy year	USD 500		
	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada
Policy Deductible (Per Insured Person per policy year)	USD 250	USD 500	USD 250
Out of Pocket Maximum Expenses per Insured Person per Policy Year	USD 6,350	NA	NA
In-patient and Day-Care treatment B	Senefits		
Hospital Room & Board – Single Private Room	90%	60%	100%
 Hospital Charges Diagnostic procedures Surgical procedures Operating theatre charges Nursing care, drugs and dressings Surgical appliance and surgical implants Surgeon and anaesthetist charges Intensive care unit and high dependency unit charges CT scan, MRI, x-rays and other such proven medical imaging techniques Chemotherapy and/or radiotherapy Kidney dialysis 	90%	60%	100%
Mental Health (treated as any other eligible medical condition)	90%	60%	100%
Organ Transplant • Expenses for Donor are not covered • No benefits when an Out-of-Network Provider is used	90%	No Benefit	100%



Injury from Attempted Suicide/ Self-inflicted Injury	90%	60%	100%
Alcohol and Substance Abuse	90% 60% 80		80%
AIDS, HIV, and Sexually Transmitted Diseases	90% 60%		80%
Coverage at home country i. In-patient & Day care Treatment Subject to benefit Deductible- USD \$ 100	Up to USD \$3,000		
(Policy deductible and coinsurance do not apply to this benefit)			
Out-patient treatment Benefits			
Benefit Deductible per visit by the Insured Person to a General Practitioner who is not from the University Student Centre or Student Health Centre	USD 25	USD 50	USD 25
Benefit Deductible per visit by the insured Person to a Specialist who s not from the University Student Centre or Student Health Centre	USD 50	USD 100	USD 50
Out-patient Treatment • Consultation • Diagnostic procedures • CT Scan, PET Scan, MRI • Radiotherapy and/or Chemotherapy • Kidney dialysis • Out-patient Surgical Procedures	90%	60%	100%
Out-patient Prescription Drugs ncluding Contraception drugs (Benefit Deductible do not apply to this benefit)	90%	60%	100%
Emergency Out-patient Treatment (Benefit Deductible shall be waived off if admitted as an in-patient)	100%	100%	100%
Therapeutic Services • Occupational Therapy • Physical Therapy • Speech Therapy Subject to USD 50 per visit and a maximum of 30 days per Insured Person per policy year	90%	60%	100%

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Mental Health	90%	60%	100%	
Maternity Benefits				
Maternity Care for covered pregnancy • Pre- and post-natal routine care, • Pre- and post-natal complications and • Cost of delivery • Investigation and treatment to the	90%	60%	80%	
cause of infertility			0070	
* Dependent daughters are excluded from the coverage * No waiting period on coverage. * Conception must occur after the policy effective date				
Surgical Contraception Policy deductible and coinsurance do not apply to this benefit)	100%	No Benefit	No Benefit	
Abortion				
Subject to USD 500 per Insured Person per policy year	90%	60%	80%	
New born Benefits				
Premature Birth, Congenital conditions, Anomalies of the New born.	90%	60%	80%	
Routine New born Care	90%	60%	100%	
Other Benefits				
Dental Treatment due to accident				
Subject to USD 300 per tooth and	90%	60%	100%	
a maximum of USD 600 per Insured Person per policy year				
insured reison per policy year				
Paediatric Dental and Vision (for	100%	70%	No Benefit	
dependent child < 19 years old) (Policy Deductible do not apply to this benefit)	Out-patient routine dental check-up subject to 2 visits per policy year Vision examination subject to 1 per policy year Eye glasses or contact lens subject to US\$ 150 per policy year			
Cancer Screening (Policy deductible and coinsurance do not apply to this benefit)	100%	No Benefit	No Benefit	
Extended Care / Inpatient Clinics /in-patient Rehabilitation	90%	60%	100%	
Subject to maximum of 30 days per Insured Person per policy year		0070	100,0	
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Hospice and palliative care Subject to lifetime maximum of 30 days	90%	60%	80%
Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse Subject to a maximum of 100 days per Insured Person per policy year	90% 60%		80%
Intercollegiate, interscholastic, intramural, club sports (shall restrict to IPD, OPD)	Pays 90% Up to USD 1500 Pays 60% Up to USD 1500 per Insured Person per policy year year		Pays 80% Up to USD 500 per Insured Person per policy year
Durable Medical Equipment	90%	60%	80%
Local Road Ambulance	100%		
Pre-Existing Condition	No waiting period		
Non Pre-certification Penalty	Applicable		
Emergency Medical Evacuation and Repatriation	Unlimited Upto Outside USA & Canada cover limit		
Repatriation of Mortal Remains	Unlimited Upto Outside USA & Canada cover limit		
Emergency Reunion (Policy deductible and coinsurance do not apply to this benefit)	Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy 5 Days of Minimum hospitalisation required to avail this benefit.		
Accidental Death and Dismemberment (PTD, PPD) Note - Coverage under this benefit shall be available in Home Country as well.	Lifetime Maximum USD 25,000 (Insured person), USD 10,000 (Spouse), USD 5,000 (Child)		
Value Added Services (VAS)	VAS Services are provided by Assistance Service Provider such as Arrangement of Emergency Medical Evacuation, Medical Service Provider Referral, Psychological Hotline etc.		

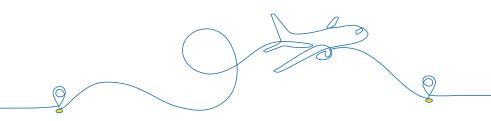
Additional Covers*				
Benefit	Deductible	Pay-out Basis	Description	
Daily Allowance	3 days	Benefit	US \$ 50 per day, max 7 days	
Loss of Checked-in Baggage	N.A.	Indemnity	US \$ 1000	
Delay of Checked-in Baggage	12 Hours	Benefit	US \$ 150	
Loss of Passport	US \$ 50	Indemnity	US \$ 150	
Loss of International driving license	US \$ 50	Indemnity	US \$ 100	
Personal Liability	US \$ 200	Indemnity	US \$ 100,000	
Study interruption	N.A.	Indemnity	US \$ 10,000	
Sponsor Protection Coverage under this benefit shall be available in Home Country as well.	N.A.	Indemnity	US \$ 15,000	
Bail Bond	N.A.	Indemnity	US \$ 5,000	
University Insolvency	N.A.	Indemnity	US \$ 7,500	

Note: Fitch has affirmed the "A+" rating for Care Health Insurance Ltd * Available on payment of additional premium

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Trip Delay	12 Hours	Benefit	US \$ 200
Loss of Laptop / Tablet	N.A.	Indemnity	US \$ 250
Health Screening /Preventive Care	N.A.	Indemnity	Upto \$500 Note - Coverage applicable only in USA & Canada (In Network)
Optional Covers [^]			
Adventure Sports Injury	US \$ 100	Indemnity	US \$ 50,000 / US \$ 100,000 / US \$ 300,000 / US \$ 500,000 / US \$ 1,000,000

^ Available on payment of additional premium





Care Health Insurance LimitedRegistered Office: 5th Floor, 19 Chawla House,Nehru Place,NewDelhi-110019Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43,Gurugram-122009 (Haryana)Website: www.careinsurance.com

Disclaimer: This is only summary of selective features of product student explore health unlimited. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. If you require any further information or clarification, please seek the advice of your insurance advisor or read prospectus cum sales literature carefully which have been uploaded on our website.

Insurance is a subject matter of solicitation. CIN:U66000DL2007PLC161503 UAN:XXXXX UIN: CHITIOP24111V012324 IRDAI Registration Number - 148

