

The logo for Carē Health Insurance, featuring the word "carē" in a blue, lowercase, sans-serif font with a horizontal bar over the "e".

HEALTH[®]
INSURANCE

Policy Usage Guide

super mediclaim[®]

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

WHAT IS COVERED?

POLICY COVERAGE

Refer to
policy T&C

Base benefits

-  **Hospitalization Expenses**
In-patient Care - Admission in hospital beyond 24 hrs., covered up to Sum insured.
Day-Care Treatments
Specified procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured.
-  **Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses**
Treatment prior to 30 days of admission in hospital and treatment within 60 days after discharge from hospital, covered up to Sum Insured.
-  **Chemotherapy and Radiotherapy Cover**
Chemotherapy and Radiotherapy treatment under Hospitalization expenses covered up to Sum Insured , if Medical Expenses are related to the Cancer Condition for which claim is accepted by company.
Applicable for Critical Mediclaim and Cancer Mediclaim plans only.
-  **Dialysis Cover**
Medical Expenses incurred on dialysis under Hospitalization Expenses, covered up to Sum Insured . Applicable for Critical Mediclaim only.

Clause
3.1.1

Clause
3.1.2

Clause
3.1.3

Clause
3.1.4

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|---|---|---------------|
|  | Ambulance Cover
Covers charges for Ambulance service offered by the hospital or any service provider, in an emergency situation, Up to Rs 3000 per hospitalization. | Clause 3.1.5 |
|  | Organ Donor Cover
Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to Sum Insured or 15 L whichever is lower. | Clause 3.1.6 |
|  | Alternative Treatment
In-patient Care Treatment taken for Ayurveda, Sidha , Unani and Homeopathy, covered up to 25 % Sum insured. Available only for Critical Mediclaim, Cancer Mediclaim and Heart Mediclaim plans. | Clause 3.1.7 |
|  | Second Opinion
Second Opinion from a Medical Practitioner within India covered once per Policy Year per Insured Person for any of the covered conditions. | Clause 3.1.8 |
|  | Annual Health Check-up
Health check-up is arranged (for listed tests) at Network / other empanelled Service Providers, once every Policy year for all insured members, on cashless basis. Available from 2nd Policy Year on continuous coverage available once per policy year per insured. | Clause 3.1.9 |
|  | No Claims Bonus (NCB)
Increase in 50% of Sum Insured for 1st claim free year, 25 % of Sum Insured for 2nd claim free year and 25 % of Sum Insured for 3rd claim free year, maximum up to 100% of Sum Insured. Corresponding decrease in case of claim (decrease is only in Sum Insured accrued as NCB). | Clause 3.1.10 |
|  | Health Services:
Quick Recovery Counseling
Up to Rs1000 / Session, Max. 8 Sessions Post Hospitalization per Policy year (can be taken twice per month).

Doctor on Call
Telephonic/Online Mode

Health Portal
Value added services through Company's Website | Clause 3.1.11 |
|  | Global Coverage
Hospitalization Expenses (In Patient and Day care) incurred outside India covered up to the Sum Insured. Available only for SI >=1 Cr and 10 % Co-pay applicable. | Clause 3.1.12 |
|  | OPD Expenses
Diagnostics, Consultations and Pharmacy expenses covered up to 1% of SI, Max up to Rs 25,000. | Clause 3.1.13 |

Optional Benefits

- | | | |
|---|---|--------------|
|  | Co-payment options
20% of the admissible claim amount shall be born by the insured whose entry age is below 61 years. | Clause 3.2.2 |
|---|---|--------------|



Unlimited Automatic Recharge

Base Sum Insured is reinstated, unlimited times during the Policy Year. Available for Sum Insured - 2/3/5/7/10/20/25/50 L only and for unrelated illness only.

Clause
3.2.3



International Second Opinion

Covered once per Policy Year per Insured Person for any of the covered conditions, from a Medical Practitioner anywhere in the World excluding India on Policy Holder's request.

Clause
3.2.4



Room Rent Modification

Room Rent / Room Category limit gets modified to No sub-limit (only for SI >= 5 L and for claims made in India).

Clause
3.2.5



Additional Sum Insured for Accidental Hospitalization

If Insured is admitted under In-patient Care due to an accident, Additional 100 % Sum Insured is payable.

Clause
3.2.6



Air Ambulance Cover

Air Ambulance transportation charges (during medical emergency) offered by a hospital/any service provider (in India) are covered Up to Rs.5 Lacs per Policy Year.

Clause
3.2.7



Reduction in PED Wait Period

PED Wait Period reduced to 24 months.

Clause
3.2.8

EXCLUSIONS

Standard Exclusions:



Wait Period

Clause
4.1.a

(i) Pre-Existing Diseases: Code- Excl01

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Specific Waiting Period: Code- Excl02 (applicable only for Operation Medclaim)

- i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- iv. The waiting period for listed conditions shall apply even if contracted after the

policy or declared and accepted without a specific exclusion.

- v. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

vi. List of specific diseases/procedures:

1. Any treatment related to Arthritis (if noninfective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries for – Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders and surgeries related to disorders of internal ear, middle ear, external ear disorders, and Upper airway disease
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers

(iii) Initial waiting period- Code- Excl03

- i. Expenses related to the treatment of any illness within 90 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- iv. The Waiting Periods as defined in Clauses 4.1 (a) (i), 4.1 (a) (ii) and 4.1(a) (iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- v. If Coverage for Benefits (in case of change in Product Plan) or Optional Benefits are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1(a) (i), 4.1(a) (ii) and 4.1 (a) (iii) shall be applicable afresh to the newly added Benefits or Optional Benefits, from the time of such renewal.

(b)Permanent Exclusions:

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

- i. The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits
1. Investigation & Evaluation: (Code- Excl04)
 - (a). Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - (b). Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
2. Rest Cure, rehabilitation and respite care: (Code- Excl05)
 - (a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. Obesity/ Weight Control: (Code- Excl06)

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

 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
4. Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
5. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deepsea diving.
7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code-Excl14)

12. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments: (Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

15. Maternity: (Code Excl18)

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



Specific Exclusions:

Clause
4.2.a

Permanent Exclusions:

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

i. The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits

- 1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
- 2. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- 3. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV and not specifically mentioned in definition above.

4. 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.
5. Charges incurred (or Treatment undergone) in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
6. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1 (iv).
7. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
8. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
9. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
10. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
11. All preventive care (except eligible and entitled for Benefit 9: Annual Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
12. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
13. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
14. 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.
15. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol, tobacco (smoking/non-smoking) or hallucinogens.
16. 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:
 - Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - 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.
 - 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.
17. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
18. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
19. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
20. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
21. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
22. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.

ii. Additional Exclusions applicable to any Claim under the Optional Benefit 6 'Additional Sum Insured due to Accidental Hospitalization'

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

1. The Insured Person operating or learning to operate any aircraft or performing duties as a Person of a crew on any aircraft or Scheduled Airline or any airline personnel;
2. The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
3. Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanor;
4. The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
5. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport;
6. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Policy Year;
7. Infections (except pyogenic infection which occurs through an Accidental cut or wound);
8. As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.

iii. Additional Exclusions applicable to any Claim for the Covered Condition related to Operation Mediclaim Plan

1. All OPD based procedures not requiring day care/hospitalization
2. Any Surgery done for diagnostic/investigative purpose except in case of Pre and Post Hospitalization

Note to 'Permanent Exclusions' : 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 Permanent

Exclusions shall also be excluded.

- Any other exclusion as specified in the Policy Schedule.

FINANCIAL LIMITS OF COVERAGE

i. Sub-Limit

Room/ICU charges: 1% of SI per day, only for SI < 5 L and Single Private room (SI => 5L)

(Option to modify the room category as Single Private Room available under

Optional Benefit: Room Rent Modification for SI >= 5L)

ICU: 2% of SI per day, only for SI < 5 L and No Sub-limit (SI => 5L)

Clause
3.1.1(iii)

ii. Co-Payment

- Mandatory Co-payment of 20% per Claim will be applicable if Age of Insured Person or eldest Insured Person (in case of Floater) is 61 Years or above.
- Option to bear 20 % Co-payment applicable on each claim for all the Insured whose entry age is below 61 years (Optional Benefit).
- 10 % co-pay under Global coverage (Base Benefit)

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3(3)

Clause
3.2.2

Clause
3.1.12

iii. Deductible

Deductible amount (as opted) applicable on aggregate basis for all claims in a policy year.

Clause
3.2.1

HOW TO CLAIM



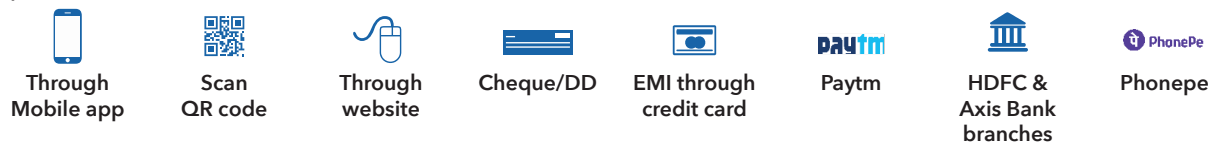
There are two modes of claiming, cashless & reimbursement.

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

Clause
6.1

HOW CAN I RENEW POLICY

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



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

Care Health Insurance Limited

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Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)
Website: www.careinsurance.com

Disclaimer: This is only summary of selective features of product **super mediclaim**. 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.

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