POLICY_NAME: Care Supreme

POLICY_TYPE: Health Insurance

General Conditions Applicable to All Benefits and Optional Benefits

1. Base Benefits

- 2. Benefit: Hospitalization Expenses
 - Eligibility: If an Insured Person is diagnosed with an illness or suffers an injury and requires admission to a Hospital in India, which is Medically Necessary during the Policy Year and while the Policy is in force.
 - Room Types:
 - Twin Sharing Room: A Hospital room where at least two patients are accommodated simultaneously. It is the most basic and economical of all accommodations available as twin sharing rooms in that Hospital.

3. Child Policy Migration

 Upon attaining the age of 25 years, a child will be migrated to a separate Policy and treated as an adult unless eligible to be covered under the current Policy as an Adult.

4. Claim Limits and Liability

- Maximum Liability: The Company's total and cumulative liability for any and all Claims during the Policy Year shall not exceed the Sum Insured mentioned in the policy schedule for that Insured Person.
- Floater Basis: The maximum liability for all Insured Persons under a Floater Policy shall not exceed the Sum Insured mentioned in the policy schedule.
- Single Claim: The maximum amount payable for any single Claim during a Policy Year is the sum total of Sum Insured, Cumulative Bonus, Cumulative Bonus Super (if applicable), and Plus Benefit (if applicable).
- Claim Payment: All Claims are payable subject to terms, conditions, exclusions, sublimits, and wait periods of the Policy and the availability of the Sum Insured.

5. Deductible and Co-payment

- Deductible Option (if opted): Applicable on Benefits such as Hospitalization Expenses, Road Ambulance Cover, Claim Shield, Plus Benefit, and Air Ambulance Cover.
- Co-payment Proportion (if opted): The Insured Person bears the Co-payment proportion on each Claim for Benefits such as Hospitalization Expenses, Road Ambulance Cover, Optional Benefits - Claim Shield, Plus Benefit, and Air Ambulance Cover.

6. In-Patient Care

 The Company indemnifies the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, up to the Sum Insured, as specified in the Policy.

7. Claim Reduction and Admissibility

 Any Claim paid for Benefits such as Hospitalization Expenses (In-Patient Care, Day Care Treatment Methods, Pre-Hospitalization Medical Expenses, Post-Hospitalization Medical Expenses, Organ Donor, Ayush Treatment, Domiciliary Hospitalization), Road Ambulance Cover, Claim Shield, and Air Ambulance Cover shall reduce the Sum Insured for the Policy Year. Only the balance is available for future claims for that Policy Year.

Admissibility: A Claim under Benefit "In-patient Care and/or Day Care Treatment" is a
pre-condition for admission of Claims under Pre Hospitalization Medical Expenses,
Post Hospitalization Medical Expenses, Organ Donor Cover, Road Ambulance Cover,
Claim Shield, Plus Benefit, and Air Ambulance Cover. The event giving rise to a Claim
must be within the Policy Period for the Claim to be accepted.

8. Mid-Term Inclusion

 Option for mid-term inclusion of a Person in the Policy is allowed only upon marriage or childbirth. Additional differential premium will be calculated on a pro-rata basis.

9. Individual and Floater Basis Options

- Insured Persons covered on an Individual basis can opt for different Sum Insured and different Optional Benefits.
- Insured Persons covered on a Floater basis will have the same Optional Benefits for all Insured Persons unless specifically mentioned in the Policy.

10. Premium Calculation

 Linear interpolation methodology will be applied to calculate premium rates if an intermittent value of Sum Insured/sub-limit/benefit amount is chosen by the Policyholder.

11. Advanced Technology Methods Coverage

12. The Company indemnifies expenses for the following advanced technology methods:

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy (Monoclonal Antibody injections)
- Intra Vitreal Injections
- Robotic Surgeries
- Stereotactic Radiosurgeries
- Bronchial Thermoplasty
- Prostate Vaporization (Green laser/holmium laser treatment)
- IONM (Intra Operative Neuro Monitoring)
- Stem Cell Therapy (Hematopoietic stem cells for bone marrow transplant for haematological conditions)

13. AYUSH Treatment

 Coverage for AYUSH treatments (Ayurveda, Sidha, Unani, and Homeopathy) at AYUSH Hospitals or health care facilities.

14. Pre-Hospitalization and Post-Hospitalization Medical Expenses

- Pre-Hospitalization: Medical expenses for 60 days immediately prior to the Insured Person's date of admission to the Hospital.
- Post-Hospitalization: Medical expenses for 180 days immediately after the Insured Person's date of discharge from the hospital, with claim documents to be submitted within 30 days after the completion of 180 days.

15. Domiciliary Hospitalization

 Coverage for Medically Necessary treatment taken at home, exceeding 3 consecutive days, and related Pre and Post-Hospitalization Medical Expenses.

16. Organ Donor Cover

• Coverage for Medical Expenses incurred for transplant surgery, provided the donor is eligible under The Transplantation of Human Organs Act, 1994 (amended).

17. Road Ambulance Cover

 Coverage for necessary transportation via road ambulance, subject to specific conditions.

18. Cumulative Bonus

 Annual enhancement of the Sum Insured by 50%, up to a maximum of 100% of the Sum Insured, under specific conditions.

19. Unlimited Automatic Recharge

 Automatic re-instatement of up to the base Sum Insured unlimited times in a policy year, subject to conditions.

20. Health Services

 Unlimited e-consultations with qualified General Physicians and access to healthrelated information and services through the Company's health portal.

21. Discount Connect

 Access to special rates for OPD, Diagnostics, maternity, Pharmacy, etc., through the Company's network.

22. Optional Benefits: Room Rent Modification

 Modification of Room Rent/Room Category to Single Private AC room/Twin sharing room as specified in the Policy schedule, with conditions for bearing the ratable proportion of the total Associate Medical Expenses.

ELIGIBILITY:

Room Rent Eligibility

- Single Private AC Room: Eligible for hospitalization in a single private AC room as per the policy schedule.
- Twin Sharing Room: Eligible for hospitalization in a twin-sharing room as per the policy schedule.
- ICU Charges: No limit on ICU charges under the optional benefit.
- Room Category Nomenclature: Room categories may vary between hospitals; final consideration will align with the policy definitions.

Pre-Existing Disease (PED) Waiting Period Modification

- Modified Waiting Period: Waiting period for pre-existing diseases can be modified to a specific time as mentioned in the policy schedule.
- First Policy Clause: Applicable only if this is the first policy issued with the company and renewed without a break.
- Waiver for Specific Conditions: Waiver of applicable PED waiting period on Diabetes, Hypertension, Hyperlipidemia, and Asthma at the issuance of the first policy.

Named Ailment Waiting Period Modification

• Modified Waiting Period: Waiting period for named ailments can be modified to a specific time as mentioned in the policy schedule.

Deductible

- Policyholder Discount: Entitled to a discount on the premium payable if the deductible option is chosen.
- Claim Reduction: Claims assessed will be reduced by the deductible amount specified in the policy schedule.
- Aggregate Basis: Deductible applies on an aggregate basis for all claims made by the insured person in a policy year.
- Illustration:
 - Sum Insured: 25,00,000
 - o Deductible: 10,00,000
 - Claim 1: Payable amount after deductible.
 - Claim 2: Payable amount after deductible.
 - Claim 3: Payable amount after deductible until the sum insured is exhausted.

Co-Payment

- Optional Benefit: Insured person can opt to bear a co-payment, as specified in the policy schedule, reducing the company's liability to the balance amount payable.
- Applicable to Every Claim: Co-payment applies to each claim for each insured member.

New Born Cover

- From Day 1: Allows addition of a newborn baby from day 1.
- Applicable Waiting Periods: All applicable waiting periods remain valid.
- Pro-rated Premium: Premium for this benefit is payable at the time of addition and will be pro-rated for the exposure period.

Plus Benefit

- Additional Amount: Specified additional amount available for all admissible claims during the policy year.
- Conditions:
 - Plus benefit applied on base sum insured only.
 - Unutilized amount not carried forward.
 - Applicable only after exhaustion of base sum insured.
 - Does not include cumulative bonus, optional benefits, or recharge amounts in calculations.

Cumulative Bonus Super

- 100% Increase: Flat 100% increase in the sum insured as a cumulative bonus super over and above the accrued cumulative bonus.
- No Carry Forward: Not carried forward to subsequent policy years.
- No Impact on Claims: No impact on accrual in case of a claim.
- Maximum Accrual: Accrual shall not exceed 500% of the sum insured in any policy year.
- Forfeiture on Non-Renewal: Forfeited if not renewed.

Annual Health Check-Up

- Medical Tests: List of tests covered includes physical exams, eye and dental exams, growth charting, urine tests, complete blood count, etc.
- Availability: Available once per policy year for insured persons aged 18 and above.

Be-Fit Benefit

- Unlimited Fitness Visits: Insured persons aged 12+ can avail unlimited visits to fitness centers.
- Conditions: Services provided through empanelled fitness centers only, with no liability on the company's part for service quality.

Wellness Benefit

- Healthy Days Discount: Discount on renewal premium by accumulating healthy days (10,000+ steps recorded daily).
- Conditions: Discount applicable on an individual basis; average calculated for floater policies; certain periods and instalment modes have specific considerations.

Air Ambulance Cover

- Coverage: Indemnification for air ambulance services in India up to the specified amount in the policy schedule.
- Conditions:
 - Certification by a medical practitioner.
 - Cashless facility.
 - Documentation required within 30 days of the event.

Women Care

- Out-Patient Medical Expenses: Coverage for specified diagnostic tests for women aged 18+.
- Conditions: Available through cashless facility and limited to amounts specified in the policy schedule.

Mental Health Wellbeing

- Coverage: Out-patient medical expenses for conditions like acute depression, OCD, anxiety, and PTSD.
- Conditions: Items not payable as per List-I under Annexure I become payable if the claim is accepted under this benefit.

Claim Shield

• Enhanced Coverage: Items not payable as per List-I under Annexure I related to the particular claim become payable if a claim is accepted under this benefit.