

POLICY_NAME: Care Classic

POLICY_TYPE: Health Insurance

BASE_BENEFITS:

- NAME: Hospitalization Expenses

DESCRIPTION: Covers in-patient care, day care treatments, pre and post hospitalization expenses

SUB_BENEFITS:

- In-patient Care

- Day Care Treatment

- Pre-Hospitalization Medical Expenses

- Post-Hospitalization Medical Expenses

WAITING_PERIOD: None

EXCLUSIONS: As per policy terms

- NAME: AYUSH Treatment

DESCRIPTION: Covers Ayurveda, Sidha, Unani and Homeopathy treatments

CONDITIONS:

- Must be at recognized AYUSH hospitals

- Claim admissible under In-patient Care

LIMIT: As specified in policy schedule

- **NAME:** Domiciliary Hospitalization

DESCRIPTION: Covers treatment taken at home

CONDITIONS:

- Treatment must exceed 3 consecutive days
- Medical expenses must be reasonable and customary

EXCLUSIONS: Specific diseases as listed in policy

- **NAME:** Organ Donor Cover

DESCRIPTION: Covers medical expenses for organ donor

CONDITIONS:

- Donor must be eligible as per Transplantation of Human Organs Act
- Insured person must be the recipient

EXCLUSIONS: Donor's pre and post hospitalization expenses

- NAME: Ambulance Cover

DESCRIPTION: Covers ambulance transportation expenses

CONDITIONS:

- Must be for medically necessary transportation**
- From place of emergency to hospital or between hospitals**

LIMIT: As specified in policy schedule

- NAME: No Claims Bonus

DESCRIPTION: Increases sum insured for claim-free years

DETAILS:

- 25% increase per claim-free year**
- Maximum up to 150% of base sum insured**
- Reduces at same rate if claim made**

OPTIONAL_BENEFITS:

- NAME: Smart Select

DESCRIPTION: Provides premium discount if treatment taken at specified hospitals

CONDITIONS:

- 20% co-payment applies at non-specified hospitals

- **NAME:** Deductible Option

DESCRIPTION: Provides premium discount with chosen deductible amount

DETAILS: Deductible applied on aggregate basis for all claims in policy year

- **NAME:** Copayment Waiver

DESCRIPTION: Waives mandatory 20% co-payment for insured persons aged 61+

- **NAME:** OPD Care

DESCRIPTION: Covers out-patient consultations and diagnostic examinations

LIMIT: As specified in policy schedule

- NAME: Additional Sum Insured for Accidental Hospitalization

DESCRIPTION: Provides extra sum insured equal to base SI for accidental hospitalization

- NAME: Home Care

DESCRIPTION: Covers expenses for hiring qualified nurse at home

CONDITIONS:

- Must be certified as necessary by medical practitioner**

- Maximum 7 consecutive days per illness/injury**

- Maximum 45 days per policy year**

- NAME: Air Ambulance Cover

DESCRIPTION: Covers air ambulance services in India

CONDITIONS:

- Must be certified as necessary by medical practitioner**

- Available only through cashless facility unless emergency**

- NAME: Maternity and New Born Baby Cover

DESCRIPTION: Covers maternity expenses and newborn baby

WAITING_PERIOD: 24 months

CONDITIONS:

- Available only for primary insured or spouse**
- Maximum 2 living children**
- Age limit 45 years at policy start**

- NAME: Annual Health Check-up

DESCRIPTION: Provides annual health check-up at network providers

DETAILS: Different test packages based on sum insured and age

GENERAL_CONDITIONS:

- Benefits available only if mentioned in policy schedule**
- Maximum liability limited to sum insured in policy schedule**

- Claims subject to terms, conditions, exclusions, sub-limits
- Co-payment and deductible apply as per policy terms
- Claim payment reduces available sum insured for policy year

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CLAIMS_PROCEDURE:

1. PRE-REQUISITES_FOR_CLAIM_ADMISSIBILITY:

- Condition Precedent Clause must be fulfilled
- Claim must be for the Insured Person only
- Policy must be in force at time of claim
- All policy terms, conditions, wait periods and exclusions must be fulfilled
- All required claim documents must be submitted within stipulated timelines

2. CLAIM_SETTLEMENT_FACILITIES:

A. CASHLESS_FACILITY:

- Available at Network Providers
- Process:
 1. Submit Pre-authorization Form
 2. Provide Identification Documents (Health card + Valid Photo ID)
 3. Await Company's Approval
 4. Follow Authorization Instructions
 5. Submit all bills and documents before discharge
- Company may reject cashless request if insufficient Sum Insured or information
- List of Network Providers may be modified by Company

B. REIMBURSEMENT_FACILITY:

- Submit all documents within 30 days of discharge
- Company will acknowledge receipt of documents

- Payment made to Policyholder or nominee in case of Policyholder's death

- Date of Loss is Date of Admission for Hospitalization claims

3. DUTIES_OF_CLAIMANT:

- Notify Company within 48 hours of event

- File claim within 30 days of discharge

- Provide all required information and documentation

- Undergo medical examination if requested by Company

- Allow Company access to medical and hospitalization records

4. CLAIMS_INTIMATION:

- Provide Policy Number, Policyholder Name, Insured Person Name, Nature of Illness/Injury, Medical Practitioner/Hospital details, Date of admission, Other necessary information

- For Emergency Hospitalization: Notify within 48 hours**
- For Planned Hospitalization: Notify at least 48 hours prior to admission**

5. REQUIRED_DOCUMENTS:

- Filled and signed Claim form**
- Photo ID of Insured Person**
- Medical Practitioner's referral letter and prescriptions**
- Original bills, receipts, discharge summary**
- Investigation test reports and receipts**
- Other documents as required (e.g., MLC/FIR report, Ambulance Receipt)**

6. CLAIM_ASSESSMENT:

- Company will scrutinize claim and documents**
- May request additional documents if needed**
- Assessment order: Room Rent adjustment, Deductible, Co-payment, Sub-limits**

7. PAYMENT_TERMS:

- Claim amount deducted from: Sum Insured, Additional Sum Insured for Accidental Hospitalization, No Claims Bonus, Unlimited Automatic Recharge

NOTES:

- Company may waive certain document requirements**
- Only bills in Insured Person's name accepted**
- Photocopies accepted if originals submitted to another insurer**
- Claims beyond timelines may be considered with valid reasons**
- All claims in India dealt directly by the Company**