

CareShield Health Insurance Co.

Comprehensive Policy Document

Policy Information Summary

Policy Number: POL-IN-987654
Plan: CareShield Plus (Family Floater)
Policy Period: 2025-04-01 to 2026-03-31
Issue Date: March 15, 2025
Policy Type: Individual Family Floater
Agent Code: AG-BLR-4582
Branch: Bangalore South

Section 1: Policyholder Details

Primary Policyholder:

Name: Aarav Mehta
Date of Birth: July 11, 1992
Age at Entry: 32 Years
Gender: Male
Occupation: Senior Software Engineer
Company: Tech Solutions Pvt. Ltd.
Annual Income: ₹18,50,000

Contact Information:

Phone: +91-98-7654-3210
Email: aarav.mehta@example.com
Permanent Address: 702, Sunshine Residency, Sector 62, Noida 201301, UP
Communication Address: Same as Permanent Address

Emergency Contact:

Name: Rajesh Mehta (Father)
Phone: +91-98-1122-3344
Relationship: Father

Section 2: Insured Members Details

S.No	Name	Relationship	DOB	Age	Gender	Insured ID	Sum Insured
1	Aarav Mehta	Self	11-07-1992	32	Male	CS-IM-0001	₹10,00,000
2	Riya Mehta	Spouse	22-03-1995	30	Female	CS-IM-0002	₹10,00,000

S.No	Name	Relationship	DOB	Age	Gender	Insured ID	Sum Insured
3	Arjun Mehta	Son	15-09-2022	2	Male	CS-IM-0003	₹10,00,000

Family Floater Benefit: All members share the total sum insured of ₹10,00,000 annually.

Section 3: Plan Benefits & Coverage

3.1 Core Coverage Benefits

Total Sum Insured: ₹10,00,000 per policy year

Individual Deductible: ₹10,000 per claim

Family Deductible: ₹25,000 per policy year

Co-payment: 10% of admissible claim amount

Room Rent Limit: ₹6,000 per day (Private AC Room)

ICU Rent Limit: ₹12,000 per day

3.2 Hospitalization Benefits

- **In-Patient Hospitalization:** Minimum 24 hours stay required
- **Day Care Procedures:** 635+ listed procedures covered
- **Emergency Treatment:** Immediate coverage from day one
- **Ambulance Charges:** Up to ₹2,000 per hospitalization
- **Organ Transplant:** Up to ₹5,00,000 (specific conditions apply)

3.3 Pre & Post Hospitalization

- **Pre-Hospitalization:** 30 days before admission
- **Post-Hospitalization:** 60 days after discharge
- **Diagnostic Tests:** Covered when prescribed by doctor
- **Prescription Medicines:** Covered as per hospital bills

3.4 Additional Benefits

- **Health Check-up:** ₹3,000 per insured per year (after 2 claim-free years)
- **Maternity Coverage:** ₹75,000 after 3 years waiting period
- **New Born Baby:** Covered from day 1 (up to ₹25,000)
- **Ayurveda/Homeopathy:** Up to ₹25,000 per year
- **Domiciliary Treatment:** ₹15,000 per year (illness > 3 days)

Section 4: Network & Cashless Facilities

4.1 Network Hospitals

Total Network: 8,500+ hospitals across India

Cashless Facility: Available at all network hospitals

Pre-authorization: Mandatory for planned treatments

Emergency Cases: Intimation within 24 hours

4.2 Key Network Hospitals in Major Cities

Bangalore:

- Manipal Hospital (Whitefield, HAL, Sarjapur)
- Narayana Health (Bommasandra, Electronic City)
- Apollo Hospital (Bannerghatta Road)
- Fortis Hospital (Cunningham Road)
- Columbia Asia (Sarjapur, Whitefield)

Delhi/NCR:

- Max Hospital (Saket, Dwarka, Noida)
- Fortis Hospital (Gurgaon, Noida)
- Apollo Hospital (Delhi, Gurgaon)
- Medanta - The Medicity (Gurgaon)

Mumbai:

- Kokilaben Dhirubhai Ambani Hospital
- Lilavati Hospital & Research Centre
- Hinduja Hospital
- Breach Candy Hospital

Section 5: Exclusions & Waiting Periods

5.1 General Exclusions

- Pre-existing diseases: 3 years waiting period
- Specific diseases: 2 years waiting period (diabetes, hypertension, thyroid)
- Maternity & related complications: 3 years waiting period
- Psychiatric & mental disorders
- Cosmetic or plastic surgery (unless medically necessary)
- Dental treatment (unless requiring hospitalization)

- Vision correction surgeries
- Fertility treatments, IVF procedures

5.2 Permanent Exclusions

- War, invasion, terrorism related injuries
- Intentional self-injury, suicide attempts
- Treatment outside India
- Experimental or investigational treatments
- Treatment by non-qualified practitioners
- Congenital internal diseases (unless specifically covered)

5.3 Waiting Periods Summary

- **Initial Waiting Period:** 30 days (except accidents)
- **Pre-existing Diseases:** 3 years
- **Specific Diseases:** 2 years
- **Maternity:** 3 years from policy inception

Section 6: Claims Process & Documentation

6.1 Cashless Claims Process

1. **Hospital Admission:** Present health card at network hospital
2. **Pre-authorization:** Hospital submits request to TPA
3. **Approval:** Receive approval within 2-6 hours
4. **Treatment:** Undergo treatment as per approved estimate
5. **Discharge:** Pay only non-medical expenses and co-payment
6. **Settlement:** Hospital receives payment directly from insurer

6.2 Reimbursement Claims Process

1. **Treatment:** Get treated at any hospital
2. **Intimation:** Inform within 24 hours for emergency, before admission for planned
3. **Documentation:** Collect all required documents
4. **Submission:** Submit claim within 30 days of discharge
5. **Processing:** Claim processed within 15-20 working days
6. **Settlement:** Amount credited to bank account

6.3 Required Documents for Claims

Original Documents:

- Completed claim form (signed by patient/attendant)
- Original hospital bills and receipts
- Detailed break-up of hospital bills
- Discharge summary with diagnosis and treatment details
- Investigation reports, X-rays, MRI, CT scan reports
- Prescription and pharmacy bills
- Doctor's consultation receipts

Additional Documents (if applicable):

- Police FIR copy (for accident cases)
- Employer certificate (for accidents during work)
- MLR report (for road accidents)
- Case papers and surgical notes (for surgeries)
- Histopathology/biopsy reports (for cancer cases)
- Pre-authorization approval copy (if obtained)

6.4 Serious Illness Documentation Requirements

For Critical Illness Claims (Cancer, Heart Disease, Kidney Failure, etc.):

- Specialist doctor's certificate with detailed diagnosis
- Complete medical history and treatment records
- Biopsy reports and staging information (for cancer)
- Angiography/Echo reports (for heart conditions)
- Dialysis records and kidney function tests (for renal conditions)
- Second medical opinion (may be required)
- Ongoing treatment plan and cost estimates

Section 7: Premium & Payment Details

7.1 Premium Structure

Base Premium: ₹18,999

Service Tax (18% GST): ₹3,420

Total Premium: ₹21,499

Payment Mode: Annual

Payment Date: March 20, 2025

Next Due Date: March 20, 2026

7.2 Premium Payment Options

- **Online Payment:** Net banking, Credit/Debit card, UPI
- **Offline Payment:** Cheque, DD, Cash at branch
- **Auto-debit:** ECS, NACH mandate available
- **Installments:** Not available for this plan

7.3 Grace Period & Revival

- **Grace Period:** 30 days from due date
- **Revival Period:** 2 years from policy lapse
- **Medical Tests:** May be required for revival
- **Penalty:** 25% additional premium for late renewal

Section 8: Policy Terms & Conditions

8.1 General Terms

- **Policy Territory:** India only
- **Currency:** Indian Rupees (INR)
- **Age Limits:** Entry age 18-65, renewal up to 80 years
- **Free Look Period:** 15 days from policy receipt
- **Portability:** Available as per IRDAI guidelines
- **Geographical Coverage:** All of India

8.2 Important Policy Conditions

- **Material Information:** All information provided must be true and complete
- **Pre-policy Medical Checkup:** Required for sum insured > ₹5 lakhs for age > 45
- **Lifestyle Habits:** Non-smoker rates applied (as declared)
- **Multiple Policies:** Other insurance policies must be disclosed
- **Claims History:** Previous claims experience affects renewals

8.3 Grievance Redressal

Level 1 - Customer Care:

Phone: 1800-123-4567 (Toll Free)

Email: care@careshield.com

Online: www.careshield.com/grievances

Level 2 - Grievance Officer:

Mr. Prakash Kumar

Phone: +91-80-4567-8901

Email: grievances@careshield.com

Level 3 - Insurance Ombudsman:

As per IRDAI appointed ombudsman for respective region

Section 9: Contact Information & Important Numbers

9.1 24×7 Emergency Services

Claim Intimation: 1800-234-5678

Pre-authorization: 1800-345-6789

Medical Emergency: 1800-456-7890

Customer Service: 1800-567-8901

9.2 Regional Offices

Bangalore (Servicing Office):

CareShield House, 4th Floor

#234, Brigade Road, Bangalore 560025

Phone: +91-80-2234-5678

Delhi (Regional Office):

Plot No. 45, Sector 32

Gurgaon 122001, Haryana

Phone: +91-124-234-5678

9.3 Third Party Administrator (TPA)

MedAssist India TPA Pvt. Ltd.

Corporate Office: Mumbai

Claim Processing: Bangalore

Phone: 1800-678-9012

Email: claims@medassist.com

Section 10: Regulatory Information & Compliance

10.1 Regulatory Details

IRDAI Registration: 142

CIN: U66010KA2010PLC057829

GSTIN: 29AABCC1234C1Z5

PAN: AABCC1234C

10.2 Statutory Requirements

- Policy issued as per Insurance Act 1938 and IRDAI regulations
- Solvency ratio maintained as per regulatory requirements
- All claims settled as per IRDAI claim settlement guidelines
- Policy wording approved by IRDAI

10.3 Important Disclaimers

- This policy is subject to terms, conditions, and exclusions mentioned herein
- Coverage is subject to policy limits and sub-limits as specified
- Pre-existing disease coverage subject to waiting period completion
- Geographic restrictions apply for treatment outside India

Policy Issued Date: March 15, 2025

Policy Effective Date: April 1, 2025

Policy Expiry Date: March 31, 2026

Authorized Signatory

CareShield Health Insurance Co.

This is a computer-generated document and does not require signature

Important: Please read all terms and conditions carefully. Contact customer service for any clarifications. Keep this policy document safe as it may be required during claims.