

Care Advanced - Prospectus And Sales Literature

1. Eligibility Criteria

Age of Proposer	
Entry Age – Minimum	
Entry Age – Maximum	
Exit Age	As per Base Policy
Cover Type	
Tenure Options	
Pre-policy Issuance Medical Check up	
Who are covered (Relationship with respect to the Proposer having Insurable Interest)	
Premium Payment Term	
Eligibility Criteria	Proposer must have a Retail Policy from Care Health Insurance Ltd in order to buy this Add-on

2. Schedule Of Discounts & Loadings

Discounts & Loadings in this Add-on Policy shall be as applicable as mentioned in the Base Policy.

3. Benefits Covered Under The Add-On Policy

General Conditions:

- 1) The Add-on Policy can only be bought along with the Base Policy either on Policy Issuance or on Renewal and cannot be bought in isolation or as a separate product or mid-term.
- 2) The Add-on policy is subject to the terms and conditions and applicable endorsements stated herein and in the Base Policy.
- 3) All Claims shall be payable subject to the limits, terms, conditions, wait periods exclusions of the Add-on Policy and Base policy and subject to availability of the amount against each and every Benefit.
- 4) Benefits can be opted in any combination.
- 5) If any benefit or coverage is opted in the Base Policy, then same or similar coverage/ benefit cannot be opted in Add-on Policy.
- 6) This Add-on policy shall be available only if the same is specifically mentioned in the Policy Schedule.
- 7) This Add-on shall be available for only those Insured Person covered under Base Policy.
- 8) The maximum, total and cumulative liability of the Company towards an Insured Person for any and all Claims arising under this Add-on Policy during the Add-on Policy Year, on occurrence of an Insured event in relation to that Insured Person, shall not exceed the amount/ limit of that Insured Person which is specified against every Benefit, mentioned in the Add-on Policy Schedule.
- 9) Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or child birth. Additional differential premium will be calculated on a pro rata basis.
- 10) Coverage available under Benefit- Additional Sum Insured for Defined Critical Illnesses, Plus Benefit, Durable Medical Equipment, Maternity Cover, Surrogacy Care, Oocyte Care shall be over and above Base Policy Sum Insured.

3.1. Base Benefits

3.1.1 Benefit 1: Claim Shield+

We will cover the non-payables as listed in Annexure 1 (list I, II, III and IV) related to any particular claim under Base Policy subject to availability of applicable Sum Insured.

3.1.2 Benefit 2: Claim Shield

We will cover the non-payables as listed in Annexure 1 (list I) related to any particular claim under Base Policy subject to availability of applicable Sum Insured.

3.1.3 Benefit 3: Inflation Shield

This benefit protects your Sum Insured of Base Policy against inflation. Your Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered.

If you want to change Sum Insured of Base policy at the time of renewal then any accumulated Sum Insured due to Inflation shield Benefit will be added to the applicable new Sum Insured opted by Insured at the time of renewal. In case this Add-on policy is not renewed under the Base Policy then all the accumulated Sum Insured under this benefit will lapse.

3.1.4 Benefit 4: No Claim Bonus Shield

Till now if you claim in any Policy Year, your accrued No Claim Bonus (No Claim Bonus-Super, if opted) shall get reduced. With this benefit if your annual aggregate claim payable under Base Policy in the previous year does not exceed 25% of Base Policy Sum Insured then your No Claim Bonus (No Claim Bonus-Super, if opted) shall not be reduced at renewals.

However, if your annual aggregate claim payable is more than 25% of Base Policy Sum Insured, the same benefit is not available and accordingly there shall be decrease in cumulative bonus amount at same rate at which it has accrued. The increase or decrease in cumulative bonus amount shall be at a defined rate as mentioned in Base Policy.

3.1.5 Benefit 5: Care Shield Plus

A) Claim Shield

We will cover the non-payables as listed in Annexure 1 (list I, II, III and IV) related to any particular claim under Base Policy subject to availability of applicable Sum Insured.

B) No Claim Bonus Shield

Till now if you claim in any Policy Year, your accrued No Claim Bonus (No Claim Bonus-Super, if opted) shall get reduced. With this benefit if your annual aggregate claim payable under Base Policy in the previous year does not exceed 25% of Base Policy Sum Insured then your No Claim Bonus (No Claim Bonus-Super, if opted) shall not be reduced at renewals.

However, if your annual aggregate claim payable is more than 25% of Base Policy Sum Insured, the same benefit is not available and accordingly there shall be decrease in cumulative bonus amount at same rate at which it has accrued. The increase or decrease in cumulative bonus amount shall be at a defined rate as mentioned in Base Policy.

C) Inflation Shield

This benefit protects your Sum Insured of Base Policy against inflation. Your Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered.

If you want to change Sum Insured of Base policy at the time of renewal then any accumulated sum Insured due to Inflation shield Benefit will be added to the applicable new Sum Insured opted by Insured at the time of renewal. In case this Add-on policy is not renewed under the Base Policy then all the accumulated Sum Insured under this benefit will lapse.

3.1.6 Benefit 6: PED Wait Period Modification

Choosing this Benefit modifies the applicable waiting period of 36 months for Claims related to Pre-existing diseases, to specific time period as specified.

Hence all the provisions stated under Clause 4.1 (a) (i) holds good for this Benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after specific time period of continuous coverage has elapsed as

specified, since the inception of the first Policy with us.

3.1.7 Benefit 7: Named Ailments Wait Period Modification

Choosing this Benefit modifies the applicable waiting period of 24 months for Claims related to Named Ailments, to specific time period as specified.

Hence all the provisions stated under Clause 4.1 (a) (ii) holds good for this Benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Named Ailment Disease after specific time period of continuous coverage has elapsed as specified, since the inception of the first Policy with us.

3.1.8 Benefit 8: Initial Wait Period Modification

Choosing this Benefit modifies the applicable waiting period of 30 days for Claims related to initial wait period modification, to specific time period as specified.

Hence all the provisions stated under Clause 4.1 (a) (iii) holds good for this benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization after specific time of continuous coverage has elapsed as specified, since the inception of the first Policy with us.

3.1.9 Benefit 9: Return of Premium

If the Insured Person has opted for this Benefit, then we shall adjust first (1st) Policy Year premium of base plan from upcoming Policy renewal premium provided there is no hospitalization related claim is made for the preceding five (5) consecutive Policy Years from the first Policy inception with us.

Note: The Benefit is payable only once in lifetime subject to policy renewed consecutively for five (5) year.

3.1.10 Benefit 10: Policyholder-Child Protection

In case of death of Policyholder, We shall provide 25% discount on renewal premium till Insured dependent child's age of 30 years. Insured dependent child's maximum entry age should be up to 25 years for availing this Benefit.

Note: This benefit can be opted where child is covered under the Base Policy.

3.1.11 Benefit 11: Spouse Care

If Insured Person has opted for this benefit, then the Insured Person's spouse shall be eligible for the Bonus that is already available in the Base Policy subject to spouse is added in Policy within 180 days from the date of marriage by providing marriage certificate.

3.1.12 Benefit 12: Additional Sum Insured for Defined Critical Illnesses

In case any claim is made for any of the specified critical illness (as per Appendix 1), then we will automatically provide an additional Sum Insured up to the amount specified, provided that:

- (i) The 'Additional Sum Insured for Defined Critical Illnesses' shall be utilized only after the Sum Insured, Bonus (if any) has been completely exhausted in the Base Policy;
- (ii) The 'Additional Sum Insured for Defined Critical Illnesses' shall be available only for such Insured Person for whom Claim under In-Patient Care/ Day Care Treatment due to specified critical illnesses has been accepted under the Base Policy;
- (iii) The 'Additional Sum Insured for Defined Critical Illnesses' shall be applied only once during the Policy Year.

3.1.13 Benefit 13: Plus Benefit

An additional amount as opted will be available to the Insured Person for all claims (admissible under base plan of Base Policy) during the Add-on Policy Year, subject to the following conditions:

- a. This Plus Benefit would be applied on the base Sum Insured only.
- b. Any unutilized amount will not be carried forward to the subsequent Add-on Policy Year.
- c. The Plus Benefit can be utilized for any number of claims admissible under the Base Policy during

the Add-on Policy Year.

- d. The Plus Benefit will be applicable only after exhaustion of Base Sum Insured.
- e. Coverage as applicable for Base Sum Insured shall hold good for this Benefit as well.

3.1.14 Benefit 14: Assisted Reproductive Treatment

We will indemnify you up to the specified amount, for the medically necessary Expenses incurred towards Assisted Reproductive Treatment, where indicated for sub-fertility, subject to the conditions specified below:

- i. This benefit is payable only once at every block of 3 years subject to policy renewal.
- ii. To eligible for this benefit both husband and spouse shall continuously covered under this Policy at every block.
- iii. A waiting period of 36 months from the date of first inception of this policy with the Company for the Insured Person.

Additional Exclusions applicable to any Claim under this Benefit:

1. Pre and Post Hospitalization medical expenses
2. Sub-fertility services that are deemed to be unproven, experimental or investigational.
3. Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
4. Reversal of voluntary sterilization.
5. Treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous deliveries is/are not alive at the time of treatment.
6. Payment for services rendered to a surrogate
7. Costs associated with cryopreservation and storage of sperm, eggs and embryos
8. Selective termination of an embryo.
9. Services done at unrecognized centre.
10. Surgery/ procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery/ procedures

3.1.15 Benefit 15: Modification of Robotic Surgery

If Insured Person has opted for this benefit, we will indemnify up to the limit specified for expenses incurred under Hospitalization expenses for treatment taken through robotic surgery under Advance Technology Methods.

3.1.16 Benefit 16: Be-fit+

If you're above 12 years of age, covered under this Benefit - You may avail unlimited visits to the Fitness Centers in a Policy year at our network!

Note: The services availed would be subject to the following conditions:

- a) The services will be provided through an empaneled Fitness center only. Choice of the Insured Person in utilizing the services of Fitness Center will be entirely his/ her own and we will have no liability towards the quality of services provided by the Fitness Centers.
- b) Global access to specified workout classes related to Strength Training, Power Yoga, Functional Training, etc.
- c) Health risk assessment.
- d) We shall not be responsible for any disputes or loss in account of availing the services or arising

between the Insured Person and the Fitness center.

- e) Any unutilized sessions cannot be carried forward to the next Add-on Policy Year.

3.1.17 Benefit 17: Instant Cover

If Insured Person is opting for this benefit, then we will waive off the applicable PED waiting period on Option 1: Diabetes/ Hypertension/ Hyperlipidemia/ Asthma; or Option 2: Diabetes/ Hypertension/ Hyperlipidemia/ Asthma/ Chronic Obstructive Pulmonary Disease (COPD)/ Obesity/ Coronary Artery Disease with PTCA done prior to 1 year.

Note: The above Benefit can be opted only if this policy is issued for the first time with us and on continues renewal without break in policy.

3.1.18 Benefit 18: Waiver of Proportional Charges

By opting for this benefit, the Insured Person will not bear the ratable Proportion on Associate Medical Expenses except Room Rent charges.

3.1.19 Benefit 19: Durable Medical Equipment

We will indemnify up to the amount as opted, subject to deductible, for the Reasonable and Customary charges necessarily incurred by the Insured Person, for procuring, fitting or hiring instruments, apparatuses or devices which are medically prescribed at the time of discharge as a medical aid and not limited to compression stockings, hearing aids, speaking aids (electronic larynx), standard wheelchairs, crutches, orthopaedic supports/ braces/ corrective splints, orthotics and stoma supplies following an Hospitalization during the Policy Year and this benefit should be availed within 60 days of hospitalization or as defined by medical practitioner in discharge summary.

Note: Spectacles, Thermometer, contact lenses, blood pressure monitoring machine and diabetes monitoring machine are not included.

3.1.20 Benefit 20: Maternity Cover

We will indemnify for the expenses incurred related to Maternity including pre-natal & post-natal expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child. Claim under this Benefit shall be admissible only if the age of the Insured Person and/ or Primary Insured Person's spouse is 18 to 45 years. New Born Baby shall be covered within Maternity Expenses Sum Insured limit and Medical Expenses incurred on assisted reproductive treatment shall also be covered.

Note: Either Benefit 14 or the Benefit 20 can be opted but not both.

3.1.21 Benefit 21: Surrogacy Care

We will indemnify the Insured Person for Medical Expenses related to complications arising during pregnancy & post-partum delivery for the surrogate Mother incurred toward Hospitalization through cashless or Reimbursement Facility, maximum up to the Sum Insured as specified. The Hospitalization for Surrogacy needs a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

3.1.22 Benefit 23: Oocyte Care

We will indemnify the Insured Person for Medical Expenses related to complications arising due to Oocyte retrieval of Oocyte donor incurred toward Hospitalization through cashless or Reimbursement Facility, maximum up to the Sum Insured as specified. The Hospitalization for Oocyte care needs a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

3.1.23 Benefit 23: Unlimited Care

We will cover the Hospitalization Expenses of the Insured Person without any restriction/ limits on the Sum Insured for any one claim in the policy lifetime subject to the following conditions:

- i. This Benefit can be opted only during the inception of the policy irrespective of Policy tenure.
- ii. Once opted the Insured Person should continue this Benefit for 5 continuous Policy Years.
- iii. This cover shall be applicable only once in lifetime of the Policy for the claim admissible under

Hospitalization Expenses.

- iv. Once a claim is made under this Benefit, the cover shall cease and not be available for re-selection during the subsequent renewal.
- v. The total payout under this Benefit will also constitute: Base Sum Insured+ Bonus (if any).
- vi. This Benefit shall be applicable only within India.
- vii. This Benefit would however be subject to all limits, sub limits, co-payments, deductibles as per the Base Policy.

3.1.24 Benefit 24: Cumulative Bonus Booster

For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad.

At the end of each Policy Year, we will enhance the Sum Insured by 100% flat on a cumulative basis, irrespective of claim for unlimited period on continuous renewal of Policy.

3.1.25 Benefit 25: Room Rent Modification

Notwithstanding anything to the contrary in the Policy, if this Optional Benefit is opted, We agree to modify the Room Category of Base Policy to Single Private AC room/ Twin sharing room/ General Ward/ General ward maximum up to Rs. 3000 per day as opted.

4. Exclusions

4.1. Standard Exclusions

(a) Waiting Periods

(i) Pre-Existing Diseases: Code- Excl01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. 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.
- d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Named Ailment Waiting Period: Code- Excl02

- a. 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.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. 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.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. 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.

- f. List of specific diseases/ procedures:
1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders, Joint Replacement Surgery, Arthroscopic Knee Surgeries/ACL Reconstruction/ Meniscal and Ligament Repair
 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
 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
 14. Parkinson's or Alzheimer's disease or Dementia

(iii) 30-Day Waiting Period - Code - Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Notes:

- (i) The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (ii) If Coverage for Benefits (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above shall be applicable afresh to the newly added Optional Benefits (if applicable), from the time of such renewal.

(b) Permanent Exclusion

This Add-on policy shall follow exclusions as mentioned in the Base policy.

4.2. Specific Exclusions

This Add-on policy shall follow exclusions as mentioned in the Base policy.

5. General Terms And Clauses

5.1. Disclosure of Information

Conditions under this section are same as Base Policy.

5.2. Condition Precedent to Admission of Liability

Conditions under this section are same as Base Policy.

5.3. Claim Settlement (provision for Penal Interest)

Conditions under this section are same as Base Policy.

5.4. Complete Discharge

Conditions under this section are same as Base Policy.

5.5. Multiple Policies

Conditions under this section are same as Base Policy.

5.6. Fraud

Conditions under this section are same as Base Policy.

5.7. Cancellation / Termination

Conditions under this section are same as Base Policy.

5.8. Migration

Conditions under this section are same as Base Policy.

5.9. Portability

Conditions under this section are same as Base Policy.

5.10. Renewal of Policy

Conditions under this section are same as Base Policy.

5.11. Withdrawal of Policy

Conditions under this section are same as Base Policy.

5.12. Moratorium Period

Conditions under this section are same as Base Policy.

5.13. Premium payment Installment

Conditions under this section are same as Base Policy

5.14. Possibility of Revision of Terms of the Policy Including the Premium Rates

Conditions under this section are same as Base Policy.

5.15. Free Look Period

Conditions under this section are same as Base Policy.

5.16. Grievances

Conditions under this section are same as Base Policy.

5.17. Nomination:

Conditions under this section are same as Base Policy.

5.18. Material Change

Conditions under this section are same as Base Policy.

5.19. Records to be maintained

Conditions under this section are same as Base Policy.

5.20. No constructive Notice

Conditions under this section are same as Base Policy.

5.21. Policy Disputes

Conditions under this section are same as Base Policy.

5.22. Limitation of liability

Conditions under this section are same as Base Policy.

5.23. Communication

Conditions under this section are same as Base Policy.

5.24. Alterations in the Policy

Conditions under this section are same as Base Policy.

5.25. Electronic Transactions

Conditions under this section are same as Base Policy.

6. Other Terms And Clauses

6.1. Claims procedure and management

Claim Procedure and Management under this Add-on Policy shall be same as in the Base Policy. Original supportive documents to be submitted for claim admissibility under this Add-on Policy

7. Schedule Of Benefits

Sr. No.	Base Benefits	Basis of Offering
1.	Claim Shield+	List of items excluded (annexure I-list I, II, III and IV) under Base Policy shall be covered up to applicable Base Policy Sum Insured.
2.	Claim Shield	List of items excluded (annexure I -list I) under Base Policy shall be covered up to applicable Base Policy Sum Insured
3.	Inflation shield	The Base Policy Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered.
4.	No Claim Bonus Shield	If total payable claim amount in Policy Year is <25% Sum Insured, then No Claim Bonus (No Claim Bonus Super, if opted) as applicable in base product shall not be reduced.
5.	Care Shield Plus	<p>A. Claim Shield List of items excluded (annexure I -list I,II, III and IV) under Base Policy shall be covered up to applicable Base Policy Sum Insured</p> <p>B. No Claim Bonus Shield If total payable claim amount in Policy Year is <25% Sum Insured, then No Claim Bonus (No Claim Bonus Super, if opted) as applicable in base product shall not be reduced.</p> <p>C. Inflation Shield The base policy Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered.</p>
6.	PED Wait Period Modification	PED Wait Period gets modified to 0 day/ 1 year/ 2 years.
7.	Named Ailments wait period Modification	Named Ailment Wait Period gets modified to 0 day/ 1 year/ 3 year from 2 years.
8.	Initial Wait Period Modification	Initial wait period shall be modified to 0 day.

9.	Return of Premium	In case No Claim is made for the preceding 5 consecutive Policy Years, then 1st Policy Year premium of base plan shall be adjusted from upcoming renewal premium. Note: The Benefit is payable only once in lifetime subject to policy renewal.
10.	Policyholder-Child Protection	In case of death of Policyholder, 25% discount shall be given on upcoming renewal premium till Insured Dependent child's age of 30 years. Entry age of Dependent Child should be <= 25 years. Note: This benefit can be opted where child is covered under the Base Policy.
11.	Spouse Care	After marriage if the spouse is added in existing Policy of Insured Person. Then the Spouse shall be eligible for the Bonus that is already available in the Base Policy. Note – Intimation of addition of Spouse in Policy must be made within 180 days from marriage.
12.	Additional Sum Insured for Defined Critical Illnesses	Additional SI of Up to 100% of SI or Rs.25L whichever is lower.
13.	Plus Benefit	Additional 30%, 40%, 50%, 100%, 200%, 300%, 400%, 500% SI from day 1.
14.	Assisted Reproductive Treatment	Covered up to 50K/ 1 lac/ 2 Lac / 5 lac
15.	Modification of Robotic Surgery	Coverage for Robotic Surgery under Advance Technology Methods shall be limited up to 30%/ 50% of SI.
16.	Be-fit +	Unlimited visits to Fitness centers can be availed by Insured members aged above 12 years.
17.	Instant Cover	No PED wait period for Option 1: Diabetes/ Hypertension/ Hyperlipidemia/ Asthma; or Option 2: Diabetes/ Hypertension/ Hyperlipidemia/ Asthma/ Chronic Obstructive Pulmonary Disease (COPD)/ Obesity/ Coronary Artery Disease with PTCA done prior to 1 year.
18.	Waiver of Proportional Charges	Insured Person will not bear the ratable Proportion on Associate Medical Expenses except Room Rent charges.
19.	Durable Medical Equipment	Up to INR 10K/ 25k/ 30k/ 35k/ 40k/ 50k per Add-on policy year Deductible – INR 0/ 2000/ 5000
20.	Maternity Cover	Maternity Expenses incurred for delivery of child covered up to Rs.15k/ 25k/ 50k/ 1 lac/ 2 lac in a Policy Period. <ul style="list-style-type: none"> • 9 months/ 2/ 4 years wait period shall be applicable • Coverage shall be available only for Primary Insured Person and/ or Primary Insured Person's spouse of age 18 to 45 years • Medical expenses incurred on assisted reproductive treatment shall also be covered • New Born Baby shall be covered within Maternity Expenses Sum Insured limit

21.	Surrogacy Care	<p>Cover in-patient Hospitalization Expenses related to complications arising during pregnancy & post –partum delivery for the Surrogate Mother.</p> <p>Individual Sum Insured – 50k/ 1 Lacs/ 2 Lacs/ 5 Lacs/ 10 Lacs</p> <table border="1" data-bbox="525 377 1335 687"> <thead> <tr> <th></th><th>For Surrogate Mother</th></tr> </thead> <tbody> <tr> <td>Tenure</td><td>3 Years</td></tr> <tr> <td>Age of Proposer</td><td>Intending Couple – Male– 26 to 55 Years Female– 23 to 50 Years Intending Woman – 35 to 45 Years</td></tr> <tr> <td>Entry Age</td><td>25 to 35 Years</td></tr> </tbody> </table>		For Surrogate Mother	Tenure	3 Years	Age of Proposer	Intending Couple – Male– 26 to 55 Years Female– 23 to 50 Years Intending Woman – 35 to 45 Years	Entry Age	25 to 35 Years
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22.	Oocyte Care	<p>Cover in-patient Hospitalization Expenses related to complications arising due to Oocyte retrieval of Oocyte donor.</p> <p>Individual Sum Insured – 50k/ 1 Lac/ 2 Lacs/ 5 Lacs/ 10 Lacs</p> <table border="1" data-bbox="525 900 1335 1118"> <thead> <tr> <th></th><th>For Oocyte donor</th></tr> </thead> <tbody> <tr> <td>Tenure</td><td>3 Years</td></tr> <tr> <td>Age of Proposer</td><td>Male -21 to 55 Years Female- 21 to 50 Years</td></tr> <tr> <td>Entry Age</td><td>23 to 35 Years</td></tr> </tbody> </table>		For Oocyte donor	Tenure	3 Years	Age of Proposer	Male -21 to 55 Years Female- 21 to 50 Years	Entry Age	23 to 35 Years
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23.	Unlimited Care	Covered the Hospitalization Expenses for any one claim during the lifetime of the Policy without any limits on the Base Sum Insured.								
24.	Cumulative Bonus Booster	Provide Cumulative Bonus up to 100% of Base Policy SI per year irrespective of claim for unlimited times.								
25.	Room Rent Modification	Room category of Base Policy gets modified to General Ward max. up to Rs. 3000 per day/ General ward/Twin Sharing Room/ Single Private Room								

Appendix 1

Sr. No.	CI Conditions
1	Cancer Of Specified Severity
2	Myocardial Infarction
3	Open Chest CABG
4	Stroke Resulting in Permanent Symptoms
5	Open Heart Replacement Or Repair Of Heart Valves
6	Multiple Sclerosis with Persisting Symptoms
7	Major Organ /Bone Marrow Transplant
8	Permanent Paralysis Of Limbs
9	Kidney Failure Requiring Regular Dialysis
10	Benign Brain Tumour
11	Blindness
12	Motor Neurone Disease with Permanent Symptoms
13	End Stage Lung Failure
14	Third Degree Burns
15	Coma of Specified Severity

About Us

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of ‘consumer-centricity’, the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Apart from numerous awards since inception, in March 2025, Care Health Insurance (CHI) was awarded ‘Best Claim Settlement Company of the Year’ at the 9th Annual India Insurance Summit & Awards 2025; in December 2024 CHI was conferred the ‘Overall Achievement Award’ (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and ‘Smart Insurer’ and ‘Sales Champion’ awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was also awarded ‘Best Health Insurance Plan – Care Plus at the Global Financial Planner’s Summit 2024 held in October’24.

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E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/ Requests	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of features of care advanced. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation. UAN: 25086828 UIN: CHIHLIA25043V012425

CIN: U66000DL2007PLC161503 IRDAI Registration Number - 148

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus shall form the basis of the insurance contract. It is mandatory for you to provide us a duly filled in and signed proposal form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under this policy shall commence only once we receive the premium (including all taxes and levies thereto).
4. In case you have not understood any of the details, coverage, etc. in this document, you can seek for a clarification or a copy of this document in a language understood by you.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines..

Annexure – I List of Expenses Generally Excluded ('Non-medical') in Hospital Indemnity Policy**List 1 - Optional Items**

Sr. No.	Item
1	Baby Food
2	Baby Utilities Charges
3	Beauty Services
4	Belts/ Braces
5	Buds
6	Cold Pack/Hot Pack
7	Carry Bags
8	Email / Internet Charges
9	Food Charges (Other Than Patient's Diet Provided By Hospital)
10	Leggings
11	Laundry Charges
12	Mineral Water
13	Sanitary Pad
14	Telephone Charges
15	Guest Services
16	Crepe Bandage
17	Diaper Of Any Type
18	Eyelet Collar
19	Slings
20	Blood Grouping And Cross Matching Of Donors Samples
21	Service Charges Where Nursing Charge Also Charged
22	Television Charges
23	Surcharges
24	Attendant Charges
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)
26	Birth Certificate
27	Certificate Charges
28	Courier Charges
29	Conveyance Charges
30	Medical Certificate
31	Medical Records
32	Photocopies Charges
33	Mortuary Charges
34	Walking Aids Charges
35	Oxygen Cylinder (For Usage Outside The Hospital)
36	Spacer
37	Spirometre
38	Nebulizer Kit
39	Steam Inhaler
40	Armsling
41	Thermometer
42	Cervical Collar
43	Splint
44	Diabetic Foot Wear

45	Knee Braces (Long/ Short/ Hinged)
46	Knee Immobilizer/Shoulder Immobilizer
47	Lumbo Sacral Belt
48	Nimbus Bed Or Water Or Air Bed Charges
49	Ambulance Collar
50	Ambulance Equipment
51	Abdominal Binder
52	Private Nurses Charges- Special Nursing Charges
53	Sugar Free Tablets
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
55	Ecg Electrodes
56	Gloves
57	Nebulisation Kit
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]
59	Kidney Tray
60	Mask
61	Ounce Glass
62	Oxygen Mask
63	Pelvic Traction Belt
64	Pan Can
65	Trolley Cover
66	Urometer, Urine Jug
67	Ambulance
68	Vasofix Safety

List of Expenses Generally Excluded ('Non-medical')in Hospital Indemnity Policy
List II – Items that are to be subsumed into Room Charges

Sr. No.	Item
1	Baby Charges (Unless Specified/Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cradle Charges
6	Comb
7	Eau-De-Cologne / Room Freshners
8	Foot Cover
9	Gown
10	Slippers
11	Tissue Paper
12	Tooth Paste
13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions

20	Luxury Tax
21	Hvac
22	House Keeping Charges
23	Air Conditioner Charges
24	Im Iv Injection Charges
25	Clean Sheet
26	Blanket/Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges / Administrative Expenses
30	Discharge Procedure Charges
31	Daily Chart Charges
32	Entrance Pass / Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	Incidental Expenses / Misc. Charges (Not Explained)
36	Patient Identification Band / Name Tag
37	Pulseoxymeter Charges

List of Expenses Generally Excluded ('Non-medical')in Hospital Indemnity Policy
List III – Items that are to be subsumed into Procedure Charges

Sr. No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	Dvd, Cd Charges
7	Gause Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonicscalpel,Shaver
13	Surgical Drill
14	Eye Kit
15	Eye Drape
16	X-Ray Film
17	Boyles Apparatus Charges
18	Cotton
19	Cotton Bandage
20	Surgical Tape
21	Apron
22	Torniquet
23	Orthobundle, Gynaec Bundle

List of Expenses Generally Excluded ('Non-medical')in Hospital Indemnity Policy

List IV – Items that are to be subsumed into costs of treatment

Sr. No.	Item
1	Admission/Registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\Spirit\ Disinfectants Etc
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	Hiv Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabes
16	Scrub Solution/Sterillium
17	Glucometer & Strips
18	Urine Bag

Office of the Ombudsman

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/ 02 E-mail: bimalokpal.ahmedabad@ cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048/ 26652049 Email: bimalokpal.bengaluru@ cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shikha, opp. Gayatri Mandir, 60-B, Hoshangabad Road, Bhopal-462011 Tel.: 0755 - 2769201/ 2769202/ 2769203 Email: bimalokpal.bhopal@cioins. co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461/2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@ cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@ cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668/ 24333678 Email: bimalokpal.chennai@cioins. co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

DELHI	Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/ 23213504/ 46013992 Email: bimalokpal.delhi@cioins. co.in	Delhi, Haryana- Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205/ 2631307 Email: bimalokpal.guwahati@cioins. co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@ cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Ambedkar Circle Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins. co.in	Rajasthan
KOCHI	Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@ cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339/ 22124341 Email: bimalokpal.kolkata@cioins. co.in	West Bengal, Andaman & Nicobar Islands, Sikkim

LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins. co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annex, S. V. Road, Santacruz West, Mumbai - 400 054. Tel.: 022 – 69038800/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120- 2514252/ 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan- LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.carehealthinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

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