1. Eligibility Criteria

Minimum Entry Age	Adult: 18 years Child: 90 Days
Maximum Entry Age	Adult: Lifelong Child: 24 Years (last birthday)
Exit Age	Adult: Lifelong Child: 25 Years
Age of Proposer	18 years or above
Policy Term	1/2/3 years
Premium Payment Term	Single/ Monthly/ Quarterly/ Half-yearly
Cover Type	Individual: maximum up to 6 persons Floater: maximum up to 2A2C
Who are covered (Relationship with respect to the Proposer)	Self/ Spouse/ Live-in partner/ Same sex partner, Son, Daughter/ Father/ Mother/ Mother-in-law/ Father-in law, Grand Father/ Grand Mother or any relationship with whom Proposer has Insurable Interest
Pricing	Flat pricing

Notes:

- All the Age calculations are as per 'Age Last Birthday' as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.

2. Schedule of Discounts

S.No	Description	Parameters	Rates
1	Discount for Employees and / or their dependents of : CHIL CHIL's Promoters		15.00%
2	Tenure Discount	7.5% on the second year premium if you pay for 2 year policy term in advance and additional 10% on the third year premium if you pay for 3 year policy term in advance.	
3	Family Discount	This discount shall be applicable on each additional member covered (other than eldest member) in the same Policy having Sum Insured on individual basis.	
		No. of Persons	**Discount**
		2,3,4 and above members	5%
4	Cross sell Discount	Up to 15%	
5	Discount in lieu of commission	Fresh Policy issuance & Renewal	Up to 15%
6	Direct Discounts	Fresh Policy issuance & Renewal through Direct channel	10%
7	Renewal discount	Within 30 days before premium payment due date– 1% Between 30 days to 60 days (inclusive) before premium payment due date – 2.5%	
8	Corporate GMC policy holders	5%	
9	NRI Policyholder Discount	up to 15%	

Notes: Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible, Co payment etc.) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 45% of the Premium)

3. Benefits Covered Under The Policy

A. General Conditions Applicable To All The Benefits And Optional Benefits

1. The premium payable for the above plans would be eligible for claiming Tax Benefits under relevant provisions of Income Tax Act, 1961 and amendments thereof.

2. Deductible will be applicable on the aggregate basis of all admissible claims in a Policy year under Plan A while Deductible will be applicable on per claim basis of all admissible claims in a Policy year under Plan B.

3. Child would be migrated to separate Policy of Company and treated as adult upon attaining age of 25 years or above at the time of renewal , unless eligible as Adult to be covered under this Policy.

4. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured as mentioned in the Policy Schedule against that benefit for that Insured Person.

I. On Floater Basis, the Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Sum Insured as mentioned in the Policy Schedule.

II. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, Cumulative Bonus.

III. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.

5. Deductible is applicable for Base Benefits – Hospitalization Expenses, Road Ambulance Cover, Optional Benefits – Global Coverage, Unlimited Care and Air Ambulance Cover .

6. Coverage under 'Global Coverage' Optional Benefit is restricted only to Base Benefits – In-patient Care and Day Care Treatments.

7. Any Claim paid for Benefits under Hospitalization Expenses, Road Ambulance Cover, Global Coverage, Air Ambulance Cover the amount shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.

8. Admissibility of a Claim under Benefit "In-patient Care/ Day Care treatment" is a pre-condition to the admission of Claim under Road Ambulance Cover, Pre and Post Hospitalization Medical Expenses, Organ Donor Cover, Optional Benefits: Daily Cash Allowance, Air Ambulance Cover in the event giving rise to a Claim under Benefit "In-patient Care" shall be within the Policy Period for the Claim of such Benefit to be accepted.

9. If Insured Persons are covered on an Individual basis, then every Insured Person can opt from different Sum Insured and Deductible Options. If Insured Persons are covered on Floater basis, then the Sum Insured and Deductibles opted shall be available to all Insured Persons under floater policy unless specifically mentioned/catered to in the Policy.

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

3.1 Base Benefits (plan A)

3.1.1 Hospitalization Expenses:

i. In-patient Care: Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Illness or Injury, which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen,

Operation theater charges etc. which forms a part of Hospitalization.

ii **Day Care Treatment:** Hospitalization involving less than 24 hours – Some surgeries doesn't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments, maximum up to Sum Insured.

iii **Advance Technology Methods:**

We will indemnify you for expenses incurred under In-patient Care and/or Day Care Treatment for treatment taken through following advance technology methods:

A. Uterine Artery Embolization and HIFU

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. Bronchical Thermoplasty

J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

K. IONM - (Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

iv **Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses:**

1. **Pre-Hospitalization Medical Expenses:**

Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (Up to Sum Insured) incurred by You for a period of 60 days immediately before the date of Your admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were not incurred during the Policy Year.

2. **Post-Hospitalization Medical Expenses:**

Back home and till You are back on Your feet - The expenses don't end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (Up to Sum Insured) incurred by You for a period of 90 days immediately after the date of Discharge from Hospital and claim documents to be submitted within 30 days after completion of 180 days from the date of discharge from Hospital.

Note: Payment under this benefit will only be on re-imbursement basis

v **Domiciliary Hospitalization:**

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you maximum up to Sum Insured, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall be payable in respect of a claim made under this Benefit. Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

I Asthma;

ii Bronchitis;

iii Chronic Nephritis and Chronic Nephritic Syndrome;

iv Diarrhoea and all types of Dysenteries including Gastro-enteritis;

v Diabetes Mellitus and Diabetes Insipidus ;

vi Epilepsy;

vii Hypertension;

viii Influenza, cough or cold;

ix All Psychiatric or Psychosomatic Disorders;

x Pyrexia of unknown origin;

xi Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;

xii Arthritis, Gout and Rheumatism.

vi Organ Donor Cover:

We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to Sum Insured for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor.

vii AYUSH Treatments:

It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay You up to Sum Insured for medical expenses incurred by You towards Your in-patient admission at any AYUSH Hospitals or health care facilities, which administers treatment related to the disciplines of medicine namely Ayurveda, Yoga, Naturopathy Unani, Sidha and Homeopathy. Clause 4.2 (12) under Specific Exclusions, is superseded to the extent covered under this Benefit.

3.1.2 Road Ambulance Cover:

It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount/limit per Policy Year, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for your health condition, provided medically necessary.

3.1.3 Cumulative Bonus:

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 yo in good times and in bad.

Sum Insured (excluding Cumulative Bonus) shall be increased by 10%, provided the policy is renewed without a break subject to maximum 100% of the sum Insured irrespective of claim.

3.1.4 Unlimited Automatic Recharge

A refill is always welcome! So your Sum Insured is reinstated just when you need it the most. If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire base Sum Insured immediately, for unlimited times in the policy year.

In case of a floater policy, all Insured Person will be eligible to utilize the Recharged amount for any illness or injury pertaining to that Policy Year.

- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- Please note that the applicable 'Cumulative Bonus', shall not be considered while calculating 'Unlimited Automatic Recharge'.
- Recharge amount can be utilized for same illness as well as different Illnesses.

- A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit: Hospitalization Expenses;
- The Sum Insured available under Unlimited Automatic Recharge can only be utilized for Benefits under 'Hospitalization Expenses' and Benefit 'Road Ambulance Cover' under the Policy.

3.2 Optional Benefits (plan A):

The Policy provides the following Optional Benefits which can be opted either at the inception of the policy or at the time of renewal. The Policy Schedule will specify the Optional Benefits that are in force for the Insured Persons.

3.2.1 Global Coverage

We shall indemnify the Insured Person, through Cashless or Reimbursement facility, for Medically Necessary Hospitalization Expenses incurred outside India up to the Sum Insured, during the Policy Year, subject to the conditions specified below:

i In case of 'Planned Hospitalization', the diagnosis shall be made in India and Insured Person travels abroad for treatment. Insured Person shall submit the following for admissibility of claim:

- Proof of diagnosis within India
- Insured's Passport and Visa

Note: The above condition is applicable for Option1.

ii In case of 'Emergency Hospitalization', while the Insured Person is travelling outside India and suffers an Injury or is diagnosed with an Illness which is an Emergency condition that requires Medically Necessary Hospitalization, then we shall indemnify such Medical Expenses incurred by Insured Person.

iii No limit on Room Rent/ICU charges applicable under this benefit provided the charges are reasonable and customary.

Notes:

1. Planned & Emergency Hospitalization is covered as per the opted plan.
2. This Benefit is available only up to the purview of Coverage available under this Policy
3. The Medical expenses payable shall be limited to Inpatient Care & Day Care Treatment under Benefit: Hospitalization Expenses only;
4. The Advance Technology Methods shall be covered under Inpatient Care & Day Care Treatment as listed in Base Benefit 3.1.1(iii)
5. The payment of any Claim under this Benefit will be based on the rate of exchange as on the Date of Loss published by Reserve Bank of India (RBI) and shall be used for conversion of Foreign Currency into Indian Rupees for payment of Claims. If on the Insured Person's Date of Loss, if RBI rates are not published, the exchange rate next published by RBI shall be considered for conversion.
6. Optional Benefit: Room Rent Modification is not applicable for any Claims made under Global Coverage
7. Clause 6.7(a) of Payment Terms under Claims Procedure and Management is superseded to the extent covered under this Benefit.

Options/ Geography	Worldwide excl India	Worldwide excl USA, Canada, India
Only Planned Hospitalization (Diagnosis proof within India required)	Yes	Yes
All Planned + Emergency Hospitalization	Yes	Yes
All Planned + Emergency Hospitalization (only for 32 CI)	Yes	Yes

3.2.2 Room Rent Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, we agree

Sr. No.	Room Category	Eligibility
1	Twin Sharing Room	It means your maximum eligible Room Category in case of Hospitalization payable by Us is limited for stay in a Twin Sharing Room.
2	No Limit	It means there will be no capping or limit applicable over room category and rent.

Notes:

- The nomenclature of Room categories may vary from one hospital to the other. The final consideration shall be as per definition of the Rooms mentioned in the Policy.
- No limit on ICU charges applicable

3.2.3 Daily Cash Allowance:

If this Optional Benefit is opted, We will pay a fixed amount as opted provided that, the claim is admissible under Inpatient Hospitalization Treatment under this Policy for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, subject to the conditions specified below:

i Minimum 48 hours of Medically Necessary Hospitalization is required.

ii We shall not be liable to make payment under this cover for more than 30 days of Hospitalization during a Policy Year.

iii This cover is valid for In-patient Care Hospitalization of the Insured Person only.

iv In case the Insured Person is admitted in an ICU, We will pay twice the fixed amount as specified against this Cover, for each continuous and completed period of 24 hours of Hospitalization in an ICU.

v At one point of time, an Insured Person cannot stay both in a regular Hospital room as well as in an ICU room. Hence, only either one of the rooms would be considered for pay-out as per the Insured Person's room occupancy in the Hospital.

vi Transit period from one hospital to another will not be considered as Hospitalization.

Note: Mid-term addition is allowed under this Optional Benefit whereas premium will be charged on pro-rata basis.

3.2.4 Air Ambulance Cover :

Through this Optional Benefit, we will indemnify you up to Sum Insured for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition, following an Emergency. However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance

3.2.5 International Second Opinion:

In the event that the Insured Person is diagnosed with any Major Illness / Injury during the Policy Year, then at the Policyholder's/ Insured Person's request, we shall arrange for a Second Opinion from a Medical Practitioner located worldwide excluding India only.

i) It is agreed and understood that the International Second Opinion will be based only on the information and documentation provided to us which will be shared with the Medical Practitioner and is subject to the conditions specified below:

a) This Benefit can be availed only once by an Insured Person during the Policy Year for each Major Illness / Injury.

b) The Insured Person is free to choose whether or not to obtain the International Second Opinion and, if obtained under this Benefit, then whether or not to act on it.

c) This Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.

d) We do not provide a Second Opinion or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the Second Opinion is put.

e) We do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second Opinion or for any consequences of actions taken or not taken in reliance thereon.

f) The Policyholder or Insured Person shall hold us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or for any consequences of any action taken or not taken in reliance thereon.

g) Any Second Opinion provided under this Benefit shall not be valid for any medico legal purposes.

h) The Second Opinion does not entitle the Insured Person to any consultation from or further opinions from that Medical Practitioner.

ii) For the purposes of this Benefit only:

a) Second Opinion means an additional medical opinion obtained by us from a Medical Practitioner solely on the Policyholder's or Insured Person's express request in relation to a Major Illness / Injury which the Insured Person has been diagnosed with during the Policy Year.

b) Major Illness / Injury means one of the following only:

1. Benign Brain Tumor

2. Cancer

3. End Stage Lung Failure

4. Myocardial Infarction

5. Coronary Artery Bypass Graft

6. Heart Valve Replacement

7. Coma

8. End Stage Renal Failure

9. Stroke

10. Major Organ Transplant

11. Paralysis

12. Motor Neuron Disorder

13. Multiple Sclerosis

14. Major Burns

15. Total Blindness

3.2.6 PED Wait Period Modification

Choosing this Optional 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.

3.2.7 Named Ailment Wait Period Modification

Choosing this Optional 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.

3.2.8 Modification of Advance Technology Methods

If this Optional Benefit is opted, then there shall be sub-limit on Advance Technology Method treatments up to the limit and our liability shall be limited to such extent.

Note: Advance Technology Methods under this Benefit: Hospitalization Expenses shall be limited to the extent covered under this Benefit.

3.2.9 Unlimited Care

We shall 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 Year.

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+ Cumulative Bonus.

vi. This Benefit shall not be applicable for Optional Benefit: Global coverage.

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 t h e 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 us. 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 Optional 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 Exclusions:

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

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, deep-sea 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 – II of Prospectus 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 heath hydros, 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 dioptres.

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.

4.2 Specific Exclusions:

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere.

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Prospectus).

2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.

3. 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.

4. Charges incurred 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.

5. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.

6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.

7. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.

8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.

9. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

10. All preventive care, Vaccination including Inoculation, Immunizations and tonics.

11. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.

12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.

13. 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.

14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.

15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.

16. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.

17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.

18. 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:

a. 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.

b. 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.

c. 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.

19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.

20. 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.

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. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).

23. Hormone replacement therapy.

24. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.

25. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature 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.

5. General Terms And Clauses

5.1 Claim Settlement (provision for Penal Interest)

i. We shall settle or reject a claim, as the case may be, within 15 days from the date of intimation on receipt of last necessary document.

ii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of intimation to the date of payment of claim at a rate 2% above the bank rate .

iii. However, where the circumstances of a claim warrant an investigation in the opinion of us, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of intimation on receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of intimation on receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days we shall be liable to pay interest at a rate 2% above the bank rate from the date of intimation to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of lndia (RBl) at the beginning of the financial year in which claim has fallen due.

5.2 Multiple Policies

i. In case of multiple policies taken by you during a period from the same or one or more insurers to indemnify treatment costs, you shall have the right to require a settlement of your claim in terms of any of your policies. In all such cases the insurer chosen by you shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. You having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the Sum Insured under a single policy, you shall have the right to choose insurers from whom you want to claim the balance amount.

iv. Where you have a policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5.3 Fraud

If any claim made by you, is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any Benefit under this policy, all Benefit under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by you or by your agent or the hospital/doctor/any other party acting on your behalf, with intent to deceive the us or to induce us to issue an insurance Policy:-

a. The suggestion, as a fact of that which is not true and which you does not believe to be true;

b. The active concealment of a fact by you having knowledge or belief of the fact;

c. Any other act fitted to deceive; and

d. Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy Benefits on the ground of Fraud, if you / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5.4 Cancellation / Termination

a. You may cancel this policy by giving 7 days 'written notice and in such an event, we shall refund proportionate premium for the unexpired policy period.

(i) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured Person under the Policy.

(ii) If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre- policy medical examination etc. incurred by us will also be deducted before refunding of premium.

b. We may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by you, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of demise of the Policyholder,

i. Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder and we shall refund proportionate premium for unexpired Policy Period subject to no claim has been admitted or has been lodged or any Benefit has been availed by you under the Policy.

ii. Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to us before the Policy Period End Date; and

II. A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.

In case Premium Installment mode is opted for, then:

I. If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then we will refund the installment premium for the unexpired installment period, provided no Claim has been made under the Policy

5.5 Migration

You will have the option to migrate the policy to other health insurance products/plans offered by us by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by us, the Insured Person will get the accrued continuity Benefits as per IRDAI guidelines on migration

For Detailed Guidelines on Migration, kindly refer the link:

https://www.careinsurance.com/other-disclosures.html

5.6 Portability

You will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity Benefits as per IRDAI guidelines on portability. For Detailed Guidelines on Portability, kindly refer the link:

https://www.careinsurance.com/other-disclosures.html

5.7 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by you.

i. Renewal shall not be denied on the ground that you had made a claim or claims in the preceding policy years.

ii. Request for renewal along with requisite premium shall be received by us before the end of the policy period.

iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of Benefits without break in policy. Coverage is not available during the grace period

iv. No loading shall apply on renewals based on individual claims experience

5.8 Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, we will intimate you about the same 90 days prior to expiry of the policy.

ii. You will have a one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product or the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity Benefits such as cumulative bonus, waiver of waiting period, etc., as per IRDAI guidelines, provided the policy has been maintained without a break.

5.9 Premium Payment in Installments

If you have opted for Payment of Premium on an installment basis i.e. Half yearly, Quarterly or Monthly, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of fifteen days where premium payment mode is monthly and thirty days in all other cases would be given to pay the installment premium due for the policy

1. During such grace period, coverage shall be available if the premium is paid in instalments during the policy period.

2. You will get the accrued continuity Benefit in respect of the "Waiting Periods", "Specific Waiting Periods"

in the event of payment of premium within the stipulated grace Period

3. No interest will be charged lf the installment premium is not paid on due date.
4. In case of installment premium due not received within the grace period, the policy will get cancelled
5. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
6. We have right to recover and deduct all the pending installments from the claim amount due under the policy.

Note: Tenure Discount will not be applicable if you have opted for Premium Payment in Installments.

5.10 Possibility of Revision of Terms of the Policy Including the Premium Rates

We may revise or modify the terms of the policy including the premium rates. You shall be notified before the changes are affected.

5.11 Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

You shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If you have not made any claim during the Free Look Period, you shall be entitled to

i. A refund of the premium paid less any expenses incurred by us on medical examination of the yours and the stamp duty charges or

ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

5.12 Tax Benefit

The Insured Person can avail tax Benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax Benefit s are subject to changes in the tax laws, please consult tax advisor for more details).

5.13 Grievances

Website/link: https://www.careinsurance.com/customer-grievance-redressal.html

Mobile App : Care Health- Customer App

Toll free (whatsapp number): 8860 402452

Courier: Any of Company's Branch Office or corporate office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or corporate office.

For updated details of grievance officer, kindly refer the link: https://www.careinsurance.com/customer-grievance-redressal.html

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure III.

6. Other Terms And Clauses (claims Procedure And Management)

This section explains about procedures involved to file a valid Claim by you and related processes involved to manage the Claim by us.

6.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Yours during Hospitalization on behalf of You should comply with the following conditions:

i. The Condition Precedent Clause has to be fulfilled.

ii. The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered Benefits and any other person who is not accepted by the Us as an Insured Person.

iii. The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.

iv. All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

6.2 Claim settlement - Facilities

a. Cashless Facility

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

i. Submission of Pre-authorization Form: A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

ii. Identification Documents: The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

iii. Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.

iv. Authorization:

a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.

b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.

c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

v. Event of Discharge from Hospital: All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital

vi. Rejection: If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization

request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

vii. Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.

viii. Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

b Re-imbursement Facility

i. It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 6.4 and Clause 6.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.

ii. We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.

iii. In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.

iv. For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

v. Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

6.3 Duties of a Claimant/ Insured Person in the event of Claim

It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

i. The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.

ii. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

iii. Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.

iv. If we request you to submit for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by us.

v. Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.

vi. We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

6.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, all of the following shall be undertaken:

i. If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.

ii. Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization Benefits.

Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.

iii. The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name and address of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us

iv. In case of an Emergency Hospitalization, We shall be notified either at our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

v. In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned date of admission to Hospital

6.5 Documents to be submitted for filing a valid Claim

The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner's referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes(if applicable);
9. Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. MLC/FIR report, Post Mortem Report if applicable and conducted;
12. Ambulance Receipt;
13. Any other document as required by us to assess the Claim, in case fraud is suspected.

Notes:

- We may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any Benefit shall be submitted to us
- We will accept bills/invoices which are made in the Insured Person's name only.
- We may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.6 Claim Assessment

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

i. If a room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicablefor that Insured Person as specified, then, the Associate Medical Expenses payable shall be pro-rated as per the applicable limits.

ii. The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.

iii. Co-payment (if applicable) shall be applicable on the admissible claim amount payable by us.

iv. The balance amount, if any, subject to the applicability of sub-limits, our liability to make payment shall be limited to such extent as applicable and shall be the Claim payable

(c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:

i. Sum Insured;

ii. Cumulative Bonus

iii. Unlimited Automatic Recharge

(d) All claims incurred in India are serviced by us directly.

6.7 Payment Terms

(a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

(b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.

(c) We shall settle or reject any Claim within 15 days of intimation on receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you we shall make payment within 7 days from the date of receipt of such acceptance.

(d) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.

(e) The Premium for the policy will remain the same for the policy period.

(f) The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.

(g) Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.

(h) For diseases or conditions or procedure that have a specified sub-limit then all related expenses shall be covered up to the sub-limit specified for that disease or condition or procedure. In case there is a specified sub-limit then the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the specified sub-limit subject to the available Sum Insured in the Policy Year.

For example- if the Policy specifies a sub-limit of Rs. 50,000 for a particular disease then all expenses related to the treatment of that disease (including but not limited to pre-hospitalization, hospitalization and post-hospitalization) will be covered up to Rs. 50,000, subject to Sum Insured availability in the Policy Year even if the overall Sum Insured is higher.

7. Pre-policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if your proposal is accepted.

Age	Particular
Up to 65 years	No Medical Tests if no Pre-Existing declared
66 Years and above	Medical Tests as follows- MER, CBC &ESR, HBA1C, T. Cholesterol, ECG, SGPT, S. Creatinine, RUA

Schedule of Benefits

Plan A

S. No.	Base Benefits	
1	Hospitalization Expenses	Up to SI
	In-Patient Care	All Day Care Procedures, up to SI
	Day Care Treatments	Up to SI
	Advance Technology Methods	Pre-Hospitalization expense cover for 60 days prior to
	Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses-base	hospitalization & Post-Hospitalization expense cover for 90 days after discharge; Maximum up to SI
	- Domiciliary Hospitalization	Up to SI
	- Organ Donor Cover	Up to SI
	- AYUSH Treatment	Up to SI
2	Road Ambulance Cover	Up to SI
3	Cumulative Bonus	10% of SI per year, max up to 100% of SI; Note: Shall not reduce in case of claim
4	Unlimited Automatic Recharge	Available unlimited times for unrelated or same illness

S. No.	Optional Benefits	
1	Global Coverage	

Covers up to Sum Insured and limited to In-patient & Day care benefits

Options/ Geography	Worldwide excl India	Worldwide excl USA, Canada, India
Option 1: Only Planned Hospitalization (Diagnosis proof within India required)	Yes	Yes
Option 2: All Planned + Emergency Hospitalization	Yes	Yes
Option 3: All Planned + Emergency Hospitalization (only for 32 CI)	Yes	Yes

Note: No limit on Room rent under this benefit

2	Room Rent Modification	Twin sharing room / No Limit
3	Daily cash allowance	Rs. 1000 per day for max. up to 30 days ; min. 48 hours hospitalization mandatory
4	Air Ambulance Cover	Up to SI per year
5	International Second Opinion	Once in a policy year
6	PED Wait Period Modification	PED wait period shall be modified to 1 year/2 years
7	Named Ailment Wait Period Modification	Named Ailment wait period shall be modified to 1 year
8	Modification of Advance Technology Methods	Coverage shall be limited to 30% / 50% of SI
9	Unlimited Care	The Company shall Indemnify the Hospitalization Expenses incurred in respect of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Sum Insured. This Benefit can be opted only at the inception of Policy. Once opted, Insured Person cannot opt out from the same for next five Policy Years

Plan B

The plan is applicable on indemnity basis for the covers with sub limits to provide full cover of the incurred reasonable and customary charges towards the treatments and benefits availed.

Applicability (Table 1)*:	**Deductible**
Benefit 1: Proportionate Charges Cover	The sub limits applicable on Room Rent/Room Category and Associated Medical Expenses as per the active base policy acts as the deductible, thereafter this benefit will provide coverage up to actuals over and above the mentioned sub limit.
Benefit 2: Cataract Treatment	Sum Insured - 25K, 50K, 1 lac, 2 lac, 3 lac, 5 lac The sub-limit on Cataract as mentioned in the active base policy shall act as a deductible, thereafter this Benefit will provide coverage up to Sum Insured over and above the active base policy limit.

Note*:

1. In case of base policy is not active at the time of claim under Plan B, then 50% of premium for unexpired period shall be refunded and policy shall be canceled by Company.
2. The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.
3. Any Benefit/ Any combination/ Any Option or All of the Benefits / Options from the above table can be opted by the insured.

Waiting Period

1	**Initial Waiting Period** (not applicable on accident cases)	30 Days
2	**Named Ailment Waiting Period**	24 months
3	**Pre-Existing Diseases Waiting Period**	36 months

Sub Limits

1	**Room Eligibility**	Room Eligibility Single Private AC Room
2	**ICU Charges**	No Limit

About us

Care Health Insurance Limited

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.

Care Health Insurance was conferred with 'Claims Service Leader of the Year' & 'Best Health Insurance Company in Rural Sector' awards at the India Insurance Summit & Awards 2024; it was recognized for 'Excellence in Patient Service Delivery' at the FICCI Healthcare Excellence Awards 2023 and received the 'Smart Insurer' & 'Amiable Insurer' awards in the domain of Health Insurance at the 10th Annual Insurance Summit & Awards 2023. Care Health was awarded 'Best Health Insurance Company of the Year' at India Insurance Summit & Awards 2023 and 'Smart Insurer of the Year' and 'Sales Champion of the Year' at The Economic Times Insurance Summit & Awards 2022. The Company was recipient of the 'Best Health Insurance Product' and 'Best Health Insurance Agents' awards at the Insurance Alertss Awards, 2021, and received the 'Best Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

Registered Office:	**Care Health Insurance Limited** 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
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 productsupreme enhancē. 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.
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:24106388 UIN:CHIHLIP25036V012425
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.

Ver:OCT/24/AP

Annexure I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

Sr. No.	List I – Optional Items
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	Trolly Cover
66	Urometer, Urine Jug
67	Ambulance
68	Vasofix Safety

Sr. No.	List II – Items that are to be subsumed into Room Charges
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

Sr. No.	List III – Items that are to be subsumed into Procedure Charges
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 IV – Items that are to be subsumed into costs of treatment
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

Annexure II - List of Hospitals where Claim will not be admitted

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24,Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132,Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Saipur Tower, Naroda Road , Ahmedabad , Gujarat

Hospital Name	Address
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21,Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School , Indirapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc,60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat

Hospital Name	Address
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat

Notes:
1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure III - 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 Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
Bengaluru	Insurance Ombudsman, 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.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
Bhopal	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
Bhubaneshwar	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@cioins.co.in	Orissa
Chandigarh	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
Chennai	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
Delhi	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
Guwahati	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
Hyderabad	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 67504123 / 23312122 E-mail : bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
Jaipur	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : Bimalokpal.jaipur@cioins.co.in	Rajasthan
Ernakulam	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
Kolkata	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
Lucknow	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : 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	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
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.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal 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
Patna	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
Pune	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 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'

3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai – 400 054.
Tel : 022-69038801/03/04/05/06/07/08/09
Email- inscoun@cioins.co.in

Annexure iv – Benefit / Premium illustration

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
28	1972	10,00,000	1972	NA	1972	10,00,000	2,683	NA	2683	10,00,000
30	1972	10,00,000	1972	5.00%	1873	10,00,000				
Total Premium for all members of family is Rs.3,944, when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000			Total Premium for all members of family is Rs.3,845 , when they are covered under a single policy Sum Insured available for each family member is Rs.10,00,000				Total Premium when policy is opted on floater basis is Rs.2,683 Sum Insured of Rs.10,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
56	8,258	10,00,000	8,258	NA	8,258	10,00,000	12,053	NA	12,053	10,00,000
60	8,258	10,00,000	8,258	5.00%	7,845	10,00,000				
17	1750	10,00,000	1750	5.00%	1,662	10,00,000				
Total Premium for all members of family is Rs.18,266, when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000			Total Premium for all members of family is Rs.17,765 , when they are covered under a single policy Sum Insured available for each family member is Rs.10,00,000				Total Premium when policy is opted on floater basis is Rs.12,053 Sum Insured of Rs.10,00,000 is available for entire family			

Notes:
1. Premium rates (excl. taxes) specified in above illustration shall be standard premium rates without considering any loading.
2. Deductible assumed is Rs.2,00,000

Annexure V - List of 32 Critical Illness

i. Cancer (Varies from IRDAI Standard Definitions 2016)

(I) A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist.

(II) The term cancer includes

A. leukemia, lymphoma, and sarcoma.

B. Tumor's showing the malignant changes of carcinoma in situ and tumours which are histologically described as pre-malignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3

The following are excluded:

A. Benign lesions

B. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;

C. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter;

D. Microcarcinoma of the bladder;

E. All tumours in the presence of HIV infection.

ii. Pulmonary Thromboembolism

Acute Pulmonary Thromboembolism: means the blockage of an artery in the lung by a clot or other tissue from another part of the body. The Pulmonary Embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of the lungs), angiography or echocardiography, with evidence of right ventricular dysfunction and conformation with D Dimer assay findings, and requiring medical or surgical treatment on an inpatient basis.

iii. Primary(Idiopathic) Pulmonary Hypertension (Varies from IRDAI Standard Definitions 2016)

A. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

B. The NYHA Classification of Cardiac Impairment are as follows:

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Following are excluded:

A. Pulmonary hypertension associated with occupational and environmental factors

B. Substance abuse (like tobacco etc.),

C. Lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, any heart disease and all secondary causes

iv. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

A. Positive result of the blood culture proving presence of the infectious organism(s)

B. Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of twenty percent (20%) or above) or moderate heart valve stenosis (resulting in heart valve area of thirty percent (30%) or less of normal value) directly attributable to Infective Endocarditis; without any other valvular disease/risk factors and

C. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist.

v. Heart Valve Replacement/repair (Varies from IRDAI Standard Definitions 2016)

A. The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valves. The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to

be confirmed by a specialist Medical Practitioner.

B. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty.

vi. Surgery of Aorta

The actual undergoing of major surgery/minimally invasive surgical repair(i.e. via percutaneous intra-arterial route) to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The treatment will be including but not limited to Angioplasty.

vii. Cardiomyopathy

A. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a consultant cardiologist who has been treating the patient, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, based on the following classification criteria: Class IV - Inability to carry out any activity without discomfort.

B. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

viii. Surgery for cardiac arrhythmia

Ablative Procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electorphysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist).

Pre-procedural evaluation prior to ablation procedures and ablation procedures as below should be completely documented:

A. Strips from ambulatory Holter monitoring in documenting the arrhythmia.

B. Electrocardiographic and electrophysiologic recording, cardiac mapping and localization of the arrhythmia during the ablative procedure.

ix. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

A. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

x. Balloon Valvotomy/Valvuloplasty

The actual undergoing of Valvotomy or Valvuloplasty necessitated by damage of the heart valve as confirmed by a specialist in the relevant field where the procedure is performed totally via intravascular catheter based techniques.

The diagnosis of heart valve abnormality must be supported by cardiac catheterization or Echocardiogram and the procedure must be considered medically necessary by a consultant cardiologist

xi. Carotid Artery Surgery

The actual undergoing of surgery to the Carotid Artery to treat carotid artery stenosis of fifty percent (50%) and above, as proven by angiographic evidence, of one (1) or more carotid arteries. Both criteria (a) and (b) below must be met:

A. Either:

i. Actual undergoing of endarte rectomy to alleviate the symptoms; or

ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms; and

B. The Diagnosis and medical necessity of the treatment must be confirmed by a cardio-thoracic surgeon.

xii. Coronary Artery Bypass Graft (Varies from IRDAI Standard Definitions 2016)

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is / are narrowed or blocked, by Coronary Artery Bypass Graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner. Exclusion: Any key-hole or laser surgery.

xiii. Pericardectomy

The undergoing of a pericardectomy performed by open heart surgery or keyhole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consultant cardiologist. Other procedures on the pericardium including pericardial biopsies, and pericardial drainage procedures by needle aspiration are excluded.

The actual undergoing of pericardiectomy secondary to chronic constrictive pericarditis.

The following are specifically excluded:

A. Chronic constrictive pericarditis related to alcohol or drug abuse or HIV

B. Acute pericarditis due to any reason

xiv. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts

This is an open chest procedure for implantation of Left Ventricular Assist Device/Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use for the Refractory Heart Failure with reduced ejection fraction as defined below:

NYHA Class IV symptoms who failed to respond to optimal medical management for >= 45 of the past 60 days, or have been intra-aortic balloon pump dependent for 7 days, or IV inotrope dependent for14 days.

The following are excluded:

A. Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse

xv. Myocardial Infarction (Varies from IRDAI Standard Definitions 2016)

The occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by the following criteria:

A. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);

B. New characteristic electrocardiogram changes;

C. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following conditions are excluded:

A. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;

B. Other acute Coronary Syndromes;

C. Any type of angina pectoris.

xvi. Implantation of Pacemaker of Heart:

Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field.

Following will be excluded:

A. Cardiac arrest secondary to alcohol, substance abuse or drug misuse

xvii. Implantable Cardioverter Defibrillator:

A. Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness .

Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter-Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

B. The insertion of a permanent Cardioverter-Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field.

Following will be excluded:

i. Cardiac arrest secondary to alcohol, substance abuse or drug misuse

xviii. End Stage Renal Failure (Varies from IRDAI Standard Definitions 2016)

End stage renal disease presenting as chronic irreversible failure of both kidneys to function documented with raise level of S Creatinine and S Urea, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Nephrologist.

xix. Multiple Sclerosis (Varies from IRDAI Standard Definitions 2016)

The definite occurrence of multiple sclerosis, the diagnosis of which must be supported by following, and certified by a Physician/Neurophysician:

A. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;

B. There must be current clinical impairment of motor or sensory function Other causes of neurological damage such as SLE and HIV are excluded.

xx. Benign Brain Tumor (Varies from IRDAI Standard Definitions 2016)

A benign tumour in the brain where following conditions are met and Its presence must be confirmed by a neurologist or neurosurgeon:

A. Has potential to cause permanent damage to the brain;

B. If it has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and

C. Diagnosis is supported by findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques.

D. The treatment is advised and justified medically by a certified Neurologist

Following will be excluded:

A. Cysts;

B. Granulomas;

C. Vascular malformations;

D. Haematomas;

E. Calcification;

xxi. Parkinson's Disease

Hospitalization for treatment directly related to progressive degenerative idiopathic Parkinson's Disease, certified and diagnosed by a consultant neurologist.

Following will be excluded:

A. Parkinson's disease secondary to drug and/or alcohol abuse

xxii. Alzheimer's Disease

A. Alzheimer's (presenile dementia) disease is a progressive degenerative disease of the brain characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes.

B. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. This diagnosis must be supported by the clinical confirmation of an appropriate consultant neurologist and supported by the Company's appointed doctor.

Following will be excluded:

A. Non organic diseases such as neurosis;

B. Alcohol related brain damage;

C. Any other type of irreversible organic disorder/dementia/mental retardation;

xxiii. End Stage Liver Disease (Varies from IRDAI Standard Definitions 2016)

End stage liver disease resulting in cirrhosis and irreversible liver damage, evidenced by the following criteria and certified by a Gastroenterologist :

A. Permanent jaundice;

B. Uncontrollable ascites;

C. Hepatic encephalopathy;

D. Oesophageal or Gastric Varices and portal hypertension;

Liver disease arising out of or secondary to alcohol or drug misuse is excluded.

xxiv. Motor Neurone Disorder

Motor neurone disease diagnosed by a Neurophysician as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction with a clear causation relation to MND.

xxv. End Stage Lung Disease

End Stage Respiratory Failure including Chronic Interstitial Lung Disease. Following criteria must be met:

A. Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation);

B. Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less;

C. This diagnosis must be confirmed by a chest/Respiratory physician.

xxvi. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. This diagnosis must be confirmed by:

A. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture;

B. A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

xxvii. Aplastic Anaemia

Chronic persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least one of the following:

A. Blood product transfusion;

B. Marrow stimulating agents;

C. Immunosuppressive agents; or

D. Bone marrow transplantation

The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow: Biopsy. Two out of the following three values should be present:

A. Absolute Neutrophil count of 500 per cubic millimetre or less;

B. Absolute Reticulocyte count of 20,000 per cubic millimetre or less;

C. Platelet count of 20,000 per cubic millimetre or less.

xxviii. Major Organ Transplant

The actual undergoing of a transplant of:

A. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ; or

B. Human bone marrow using hematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

A. Other stem-cell transplants;

B. Where only islets of Langerhans are transplanted.

xxix. Stroke (Varies from IRDAI Standard Definitions 2016)

A. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

B. Evidence of permanent neurological deficit lasting for has to be produced.

The following are excluded:

I. Transient ischemic attacks (TIA);

II. Traumatic injury of the brain;

III. Vascular disease affecting only the eye or optic nerve or vestibular functions.

xxx. Paralysis (Varies from IRDAI Standard Definitions 2016)

A. Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery. Reconstruction surgeries required to attain best possible mobility will be included

B. Rehabilitative treatment, prosthesis and supporting aids like crutches/wheel chair/vehicle/home modification will be excluded

xxxi. Major Burns (Varies from IRDAI Standard Definitions 2016)

Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body. The condition should be confirmed by a consultant physician.

Burns arising due to self-infliction are excluded.

xxxii. Blindness (Varies from IRDAI Standard Definitions 2016)

A. 'Blindness' is defined as visual acuity of less than 3/60, or a corresponding visual field loss to less than 10°, in the better eye with the best possible correction.

B. Treatments required for correction of blindness or improvement in visual acuity will be covered

Following will be excluded:

(I) Treatment for Low vision: 'low vision' is defined as visual acuity of less than 6/18 but equal to or better than 3/60, or a corresponding visual field loss to less than 20°, in the better eye with the best possible correction.

(II) Cases of blindness with Low Vision before the inception of policy

(III) Cost of enucleation related to tumor's or other eye defects

(IV) Cost of prosthesis for cosmetic correction

(V) Visual aids implantable or external