

ection—it helps you stay healthy check-ups or major treatments, the e while safeguarding your long-

protects your savings in case of medical emergencies or planned treatments, including surgeries, hospitalisation, day-care treatments, pre-hospitalisation, post-hospitalisation, ambulance charges, ICU charges, etc.

An ideal health insurance policy helps offset the financial burden of any medical emergency. Further, it also provides tax savings of up to ₹75,000 on the premium amount according to Section 80D of the Income Tax Act.

Compare Our Best Health Insurance Plans

We ensure that you and your loved ones receive optimum healthcare coverage complemented with an affordable premium. Here are some of the best health insurance plans in India offered by Care Health Insurance:

- **Ultimate Care** A Health Plan That Covers You in Need and Rewards You for Staying Fit!
- **Care Supreme** Health Plan with Capless Coverage for You and Your Loved Ones!
- **Care Advantage** Health Insurance with Global Medical Coverage.

- **Care Supreme- Senior**Health Insurance Offering Health Security During the 60s.

Ultimate Care

- MoneyBack feature for every block of 5 claim-free years.
- 100% boost in coverage upon continuous renewal.
- Double sum insured upon 7 continuous claim-free years.
- Tenure multiplier for one big claim up to the limit of the remaining SI.
- Cover Amount**₹5 lakh**
- Starting At**₹372/month**
- Buy Now

Why Choose Our Health Insurance Plans?

As one of the leading health insurance providers in India, our strength ranges from offering tailor-made services to swift claim settlements. We offer a comprehensive range of health insurance plans in India. Given below are some of the reasons why a health insurance policy from Care Health Insurance may be the best option for you:

Affordable Premiums with Extensive Coverage

Our health insurance plans offer a new-age coverage at an

affordable premium to ensure you are **suitably covered without**

digging a hole in your pocket!

Wide Range of Plan Options

We ensure competitive coverage for everyone through the diverse

plan options for families, individuals, parents, expecting mothers,

and people with critical illnesses.

Vast Network

We have an extensive network of over 21,700 cashless healthcare providers, including more than 11,500 network hospitals, to ensure you receive quality care when you need it.

Easy Claim Process

We offer a simple claims process that can be done both online and offline. Our top-notch claim assistance team ensures that you can make claims easily at any time, on any day.

Features of Health Insurance Plans

Owing to our vast chain of cashless network providers and efficient claim processing capabilities. Addressed below are the features of the best health insurance plans from Care Health Insurance:

| Parameter | Definition | Details |
|-------------------------------|---|-------------------------------------|
| Sum insured | The sum insured is an amount paid by the insurer to the insured in case of an unforeseen event. | Ranging from ₹5 lakh to ₹1 crore |
| Pre-hospitalisation expenses | Diagnostic, consultation, and medical charges incurred before hospitalisation are pre-hospitalisation expenses | Covered up to 60 days |
| Post-hospitalisation expenses | The expenses incurred in taking recovery diagnosis, consultation and medication after discharge are called post-hospitalisation expenses. | Covered up to 90 days |
| Ambulance charges | The cost incurred in hiring ambulance services if a medical emergency occurs. | <input checked="" type="checkbox"/> |

| | | |
|------------------------|--|--|
| Daycare treatments | A treatment that does not require 24-hour hospitalisation is known as daycare treatment. Examples include dialysis and chemotherapy. | <input checked="" type="checkbox"/> |
| ICU charges | The cost incurred towards availing of ICU services. | <input checked="" type="checkbox"/> |
| Add-ons | An additional feature in health insurance plans that can be bought by paying an extra premium. | <input checked="" type="checkbox"/> |
| Hospital Network | The list of hospitals that tie up with the insurance company to provide hassle-free treatments to the insured is called network hospitals in health insurance. | 21700+ cashless healthcare providers with 11500+ network hospitals |
| Tax benefits | The tax benefit is the deduction from the taxable amount you can avail of based on your health insurance premium. | Up to ₹75000 Under Section 80D~ |
| AYUSH treatments | The medicine practices, including Ayurveda, Yunani, Siddha, and Homeopathy, are AYUSH treatments. | <input checked="" type="checkbox"/> |
| Domiciliary treatments | Domiciliary treatment is the medical treatment offered to a patient at home when hospitalisation is impossible. | <input checked="" type="checkbox"/> |
| Grace period | The period after the policy expiry date, when you can renew your policy and retain the existing benefits, is known as a Grace period. | 30 days after policy expiry |
| Waiting period | The time that you have to wait before filing a claim for specified diseases is known as the Waiting period. | 30 days / 24 months/36 months |

| | | |
|-----------------------------|--|--|
| Policy tenure | Policy tenure is the maximum tenure till which you want your policy to offer coverage. | 1 year / 2 years/ 3 years / 4 years/ 5 years |
| Advanced medical treatments | Treatment procedures that require modern methods, such as robotic surgery, laser treatment, stem cell therapy, etc., are known as Advanced medical treatments. | Covered |
| Critical illness | According to IRDAI, illnesses such as Cancer, Pulmonary Thromboembolism, Stroke, Angioplasty, etc. are considered critical illnesses. | Special plans offering coverage for 32 illnesses |

Comparing Our Health Insurance Plan with Other Insurers

There is no universal health insurance policy that suits everyone. Different plans have varying benefits, coverage, and premiums. Hence, comparing plans to choose the one that meets your needs is important. Take a look at how our plan compares to other options in the market:

| Benefits | Other Health Insurers Plans | Care's Ultimate Care Plan |
|------------------------------|---|---|
| MoneyBack Benefit | Although loyalty bonuses are offered for claim-free years, premiums are not returned. | Ultimate Care returns the first year's base premium upon every block of 5 claim-free years. |
| Bonus Limit | Other health insurance has a set limit on the bonus amount offered. | The infinity bonus boosts your coverage up to 100% of the sum insured every year upon consecutive renewals. |
| Room rent limits | Other health insurance plans may have sub-limits on room rent. | No Room rent limit |
| Co-pay | May have a fixed co-pay | No Co-pay |
| Unlimited Automatic Recharge | Coverage extends to Sum Insured only. | The Sum Insured is automatically recharged unlimited times throughout the policy year. |

| | | |
|--------------------------|---|--|
| Unlimited E-consultation | Other insurers do not offer unlimited e-consultation benefit. | Access qualified doctors online as often as needed, at no extra cost, for convenient medical advice from home. |
|--------------------------|---|--|

A Note from the Expert's Desk

Health Insurance is a powerful investment that is evolving to address not just unprecedented health emergencies but also chronic health conditions. Also, with medical inflation soaring yearly, having an appropriate plan is not just an option—it's a necessity. With the right health insurance by your side, you can ensure access to quality healthcare without a financial strain.

Remember to assess your loved one's medical needs, compare policies, and choose a plan that backs them with comprehensive coverage, including hospitalisation and preventive care services. Your informed decision today can make a huge difference in your family's health and finances in the long run—for good.

Kunal ChananaCorporate Manager Product Development at Care Health Insurance

Benefits of Health Insurance

According to a report by [Business Standard](#), wholesale prices in India rose to 0.53% in March 2024. This inflation has also been significant in the medical sector! The constant year-on-year increase in medicine prices, diagnostic tests, and hospital charges across India have made having an affordable mediclaim policy the need of the hour! Mentioned below are a few [benefits of having health insurance](#):

- **Financial Protection:** The main advantage of having good health insurance is saving money. Healthcare costs can be expensive, especially for urgent and serious medical conditions. By making regular monthly payments, you protect your finances by offsetting the risk to health insurance providers.
- **Coverage for Critical Illnesses:** An expansive health insurance can ensure that you get access to quality healthcare even if you are inflicted by a critical illness.
- **Protection above Corporate Health Insurance:** The comprehensive coverage and new-age benefits of an ideal medical insurance plan ensure that you do not suffer upon the exhaustion of your corporate plan.
- **Cashless Claim Benefit:** During a medical emergency, a health insurance plan with an expansive healthcare network can ensure that your focus remains on recovery, not paperwork.
- **Tax Benefits under Section 80D:** Health insurance is not just a safety net for your health and finances but also an asset that can help you avail of

tax benefits of up to ₹75,000 under Section 80D of the Income Tax Act, 1961.

- **Wellness & Preventive Care:** Health insurance plans nowadays come with new-age benefits such as annual health check-ups, fitness benefits, and others that may prevent chronic ailments. Regular screening and health check-ups offered with medical insurance coverage can aid in identifying possible health concerns before they worsen and treatment can be started promptly.

Common Health Insurance Terms You Should Know

Understanding the terms and conditions of your health insurance is crucial for policyholders to avoid last-minute hassles. Read out these commonly used health insurance terms to make reading the policy documents easier:

- **Co-payment:** Some insurance policies have an inbuilt copayment clause. Copayment, or 'Copay', is a specific amount or percentage an insured individual must pay from his/her pocket every time a claim is raised. Simply put, it is a cost-sharing concept between the policyholder and the insurance company.
- **Deductible:** A deductible is the amount you pay from your pocket when a claim is raised. Here is an example of how deductibles in health insurance work: If your health insurance claim amount is Rs. 2,00,000 and your policy's deductible amount is ₹50,000, then you pay ₹50,000. At the same time, the health insurance company pays the balance of ₹1,50,000. So, it is essential to check your medical insurance policy documents for a deductible clause and choose one without a deductible unless you are okay with bearing a part of the treatment cost.
- **Sum insured:** When you buy a health insurance policy, you must choose a coverage amount up to which the insurer will cover the medical expenses. The higher the sum insured, the higher the premium.
- **Top-up plans:** These are the best health insurance plans that help you get more coverage if your basic sum insured is exhausted during a medical emergency. Top-up or super top-up policies can be purchased along with a base policy.
- **Pre-existing Diseases:** If someone suffers from an illness before purchasing a health plan, it is called a pre-existing disease. Some common examples are diabetes, asthma, hypertension, or high BMI. People with a pre-existing illness can also be eligible for best health insurance policy in India. However, they generally have to pay a slightly higher premium or serve a pre-decided waiting period to be able to file a claim against the condition.

- **Claim Intimation:** Claim intimation in health insurance refers to informing insurance providers about the upcoming claim. This usually involves notifying the insurance provider about hospitalisation medical treatment before submitting detailed claim information. It enables insurers to be aware beforehand to streamline the subsequent claims processing. It is important to know that in some cases if the insured person does not submit an insurance claim intimation, the claim might be rejected.
- **Cashless Hospitalisation Claim:** A cashless hospitalisation claim is a facility offered by medical insurance providers to help policyholders access medical services without worrying about the availability of upfront finances. To use this facility best, one has to receive treatment at network hospitals affiliated with the insurance provider.
- **Reimbursement Claim:** The term reimbursement claim refers to the repayment of the claim. In this type of claim settlement, you pay the medical/hospitalisation bills for the medical treatment you avail of. Once you submit the bills to your health insurance provider, you can file a claim and get the covered amount from the insurer.
- **No Claim Bonus:** No claim bonus(NCB) is an additional benefit in health insurance plans that rewards you with a complimentary bonus for every claim-free year. This bonus helps increase the coverage amount of your health insurance policy, providing greater financial protection.
- **Sublimits:** A sub-limit is a predetermined capping applied by the insurer on certain medical expenses under your private health insurance. It works as a limit on how much claim amount the insurer will pay for a given healthcare expense. Sub-limits are usually calculated in percentage and apply to both cashless and reimbursement claims.
- **Room Type:** Room type refers to the kind of hospital room a policy covers. Common categories include general ward, semi-private room, and private room. The type of room you choose can directly impact the overall cost of your hospitalisation bill.
- **Room Rent Proportionate Charge:** Room Rent Proportionate Charge limits the amount an insurer will pay for room rent per day during hospitalisation. If you exceed the room rent limit, you must pay the difference out of your pocket.
- **Smart Select Hospitals:** Smart select is an add-on benefit facility that allows an insured to pay 15% lesser premium and get coverage up to sum insured at Care's Smart Select Network Hospitals. Please note that getting treatment out of the smart select network may borne a 20% copayment or as specified in the policy documents.
- **Use of Preventive Care:** Taking timely precautions is the need of the hour.Under preventive care, best mediclaim policy in india that cover

COVID treatment, annual health check-ups, general OPD visits, diagnosis, medical tests, consultations, etc., done to analyse any severe health patterns beforehand. By paying the premium, you can avail of preventive care benefits under your affordable medical insurance plans.

- **Alternate Treatments in Health Insurance:** Alternative medicines are better known as AYUSH treatments, which stand for Ayurveda, Yoga, Unani, Siddha, and Homeopathy. These treatments are deemed safe and effective not just in India but worldwide. Studies suggest that the AYUSH treatment sector in India is projected to grow at a [CAGR of 8.6% in the period between 2022-27](#). These treatments rely on natural substances and therapies, resulting in minimal or no side effects.

What is Covered under Health Insurance Plans?

We offer a traditional health insurance policy to cover medical expenses, providing extensive financial security during unexpected health emergencies. These plans cover a range of medical costs beyond hospital bills, subject to the policy's terms and conditions. The expenses included in our health insurance policies are:

In-Patient Hospitalization

Our medical insurance policies cover your expenses, such as room rent, ICU charges, doctor's fees, etc., during any planned or emergency hospitalisation up to the sum insured.

Pre-Hospitalization Medical Expenses

We cover your medical expenses, such as doctor's consultations, medical tests, and medication, up to 60 days before hospital admission.

Advanced Medical Treatments

Coronavirus Treatment

We offer standard coverage for hospitalisation and medication as per

policy terms to ensure you are not strained due to a COVID-19 infection.

The best medical insurance plans also offer maternity benefits as an optional cover for delivery-related expenses. Various add-ons are available at an additional premium, including OPD Care, which covers expenses such as OPD consultations, diagnostics, and medicines.

Disclaimer: For more details on product coverage, please check our product pages and policy documents.

What is Not Covered under Health Insurance Policies?

We want all our customers to be well-informed before purchasing a health insurance policy. Therefore, we urge you to review the policy documents within the free look period to avoid last-minute rejections of claims. Mentioned below are the common exclusions of a health insurance plan that you opt from Care Health Insurance:

- **Self-Inflicted Injuries:** Any injuries caused intentionally by the insured, including suicide attempts or acts of self-harm, are not covered under the health insurance policies.
- **Initial 30-Day Waiting Period:** Diseases, surgeries, or medical treatments arising within the first 30 days from the start date of the policy are generally excluded, except for accidental injuries, which are covered from day one.
- **Pregnancy and Childbirth:** Medical treatments related to pregnancy, childbirth, miscarriage, abortion, or any complications arising from these conditions are excluded.
- **Cosmetic Treatments:** Any procedure done solely for cosmetic purposes, such as plastic surgery or aesthetic enhancements, is excluded, unless it's medically necessary due to an accident or reconstructive need.
- **Substance Abuse:** Expenses resulting from the use, misuse, or abuse of alcohol, drugs, or other intoxicants are not covered under health insurance plan.
- **War and Related Events:** Hospitalisation resulting from war, riots, civil unrest, strikes, acts of terrorism, or exposure to nuclear weapons or materials is not covered by the insurance policy.
- **Obesity/Weight Control:** Expenses related to the surgical treatment of obesity that do not fulfil conditions, like the patient being 18 years of age

or more, surgery supported by clinical protocols, and a BMI greater than or equal to 40, are not covered under the mediclaim policy.

- **Change of Gender Treatments:** Medical expenses for treatments to alter one's physical characteristics to those of the opposite sex, through surgery or other means, are not covered under the health insurance policy.

Which Add-ons are included in Health Insurance Policy?

Health Insurance plans from Care Health Insurance come with different add-on benefits that help you customise premiums and/or expand your coverage. Listed below are a few add-ons that our customers love the most.

- **Air-ambulance cover:** Financial cover for transportation by air ambulance if deemed medically necessary.
- **Care Shield:** This benefit can be divided into three features:
 - **Claim Shield:** Covers expenses for specific non-payable items.
 - **No Claim Bonus Shield:** The no-claim bonus remains unaffected even with small claims.
 - **Inflation Shield:** Your sum insured increases annually based on inflation.
- **Co-payment waiver for senior citizens:** Removes the co-payment requirement for an extra premium.
- **Annual health check-up:** Provides free yearly check-ups for every insured member at network labs.
- **Smart Select:** Get a 15% premium discount by using network healthcare providers, but a 20% co-pay applies for non-network.
- **Reduction in the PED Waiting Period:** Waive the waiting period for pre-existing conditions.
- **No Claim Bonus Super:** Get a 50% increase in SI over 5 years if no claims are made in this time period.
- **Care OPD:** Get reimbursement for a limited number of general physician and specialist consultations annually.

How to File a Claim under Health Insurance Plans

STEP 1



Emergency

Intimate within 24 hours of your hospitalization



Planned Hospitalization
Intimate us 48 hours prior to your hospitalization

STEP 2



Cashless
Request for pre-authorization



Reimbursement
Claim form submission

**Complete the pre-authorization form available
at the hospitals' insurance/TPA Desk and send us through fax.**

Ho

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Do

Approval

Approval letter sent by the claim management team to the query raised by the you're not left juggling s\claim management team health insurance with an example:

Suvidha purchased health insurance with a coverage of ₹10 Lakh for her family. A few months later, her mother got sick and had to see a doctor. Unfortunately, she had to get hospitalised as her condition worsened.

Knowing that her mother was covered under her health insurance policy, Suvidha searched for a nearby network hospital and admitted her for further treatment. She then informed her insurer about the emergency hospitalisation and completed the formalities.

Upon discharge, the hospital directly settled the bills with the insurance company, while she paid only for the non-payable items.

Further, she filed a reimbursement claim for the pre-and post-hospitalisation expenses. Suvidha filled out the reimbursement form and attested it with all the bills and reports related to the hospitalisation. Her insurer verified the documents and paid the claim amount to her bank account.

Which Type of Health Insurance Should You Buy?

You should determine the ideal health plan for yourself and your family by evaluating the healthcare needs, age, and current health status of every member. To help you select the right health policies for every member, we have created a scenario-based differentiation covering the different needs of individuals and families. Find out which scenario is most relatable to you and secure yourself with our policy offerings-

If You Have Dependent Family Members

Cover all your family's medical needs under one plan. These plans have a single affordable premium, annual health check-ups, and customisable benefits for every member. We offer sum insured options of up to ₹ 6 crore

FAMILY FLOATER INSURANCE POLICY

If You are Young and Need Complete Coverage

This inflation-proof plan offers comprehensive financial and healthcare security for young adults. This plan has several benefits such as personal accident coverage, discounts, and no co-payment.

YOUTH HEALTH INSURANCE PLAN

If You Have Elderly Parents to Look After

Senior citizen health insurance plans offer complete coverage for elders, including automatic recharge, annual health check-ups, and tax benefits. Further, this policy does not require pre-policy medical check-ups.

SENIOR CITIZEN HEALTH INSURANCE PLAN

If You Need Protection Against Critical Illnesses

Our Critical Illness Mediclaim provides financial protection against the medical expenses of 32 critical illnesses, including cancer, stroke, and paralysis. It offers

low premiums, easy EMI options, quick recovery counselling, and coverage for cancer at all stages.

CRITICAL ILLNESS INSURANCE

Eligibility Criteria and Health Insurance Policy Details

For health insurance in India, check policy-specific eligibility for conditions like co-payments and waiting periods. Below are Care Health Insurance's eligibility criteria:

| | |
|--------------------------|---|
| Minimum Entry Age | Individual- 5 years Floater- 91 days with at least 1 insured person of age 18 years or above |
| Maximum Exit Age | Lifelong for Adults |
| Tenure Options | 1/2/3 Years |
| Cover Types | Individual and Family Floater basis |
| Waiting Period | 30 days for illnesses, except injury 24 months for named ailments 36 months for pre-existing diseases |
| Grace Period | 30 days to renew your policy post expiry |

What are the Factors Affecting the Premium of Medical Insurance Policies

Given below are some of the factors that affect the premium of your health insurance policy:

- **Age:** The higher the age, the higher the premium, and vice versa.
- **Pre-existing Conditions:** Pre-existing lead to higher premium costs.
- **Body Mass Index(BMI):** High BMI leads to a higher premium amount.
- **Lifestyle Habits:** Unhealthy and risky habits like drinking can increase premiums.
- **Type of Plan:** Family plans typically have lower premiums than individual plans.
- **Sum Insured:** A higher sum insured has a higher premium.
- **Deductibles and Co-Payment:** Higher deductible/co-pay leads to lower premiums.
- **Add-On Covers:** Additional coverage increases the premium.
- **Location:** Areas with high medical costs have higher premiums.

- **Medical History:** A family history of diseases can lead to higher premiums.

How to Calculate the Premium of Health Insurance Plans?

You can now calculate the premium using a simple digital calculator designed especially for medical insurance policies. This tool helps you get the right estimate of the amount of premium you will have to pay for your policy. It considers various factors to calculate the premium, including the information you have entered. To help you understand the benefits, a good health insurance plan in India is crucial for financial protection against rising medical costs. Here are the steps to calculate your premium:

- **Step 1:** Visit the [Health Insurance Premium Calculator](#) page.
- **Step 2:** Choose the desired policy and enter your mobile number in the 'Get Quote' section.
- **Step 3:** Enter the PIN code and email, followed by the details of all the members to be insured.
- **Step 4:** Customize the policy by changing the sum insured and add-ons as per your needs.
- **Step 5:** That's it! Your instant health insurance quote is calculated.

We offer three policy estimation options: family cover, pre-existing diseases cover, and senior citizen insurance. The premium calculator will automatically calculate the amount you must pay to be eligible for the coverage. You can check the premium and critical benefits in your base mediclaim insurance policy.

Best Health Insurance Plans Just a Click Away

Now that you are versed in the details of health insurance, here are a few other things you should know to make an informed choice of a health insurance plan online. Click through to understand how to choose a health plan online.

- **Choose Wisely**
 - Buy Online
 - Premium Reduction
 - Easy Renewal

To choose the best medical insurance in India, you must consider the below-mentioned advantages:

- **Verify Eligibility:** Often, health policies come with entry age restrictions. With Care Health Insurance, you face minimum age restrictions with a minimum entry age of 91 days on a floater basis and get lifelong renewability.
- **Ensure Maximum Coverage:** Our health insurance plans provide pre and post-hospitalization expenses, diagnosis expenses, treatment, medication, organ donor cover, and annual health check-ups.

- **Look for Affordable Premium:** A budget-friendly premium is always on your mind while buying a medical policy. In our digital portal, you can utilise the health policy calculator to estimate the premium rates by customising the covers and sum insured as per your needs.
- **Check Exclusions:** Check the exclusions list carefully before choosing a health insurance plan. There are certain pre-defined conditions under which you cannot make a claim. So, go for the cover that offers maximum coverage with minimal exclusions.
- **Understand the Co-Payment Clause:** Before investing in private medical insurance, it's advisable to check the co-payment clause. Co-pay in health policies refers to a specified percentage of the claim amount that needs to be borne by the insured person.
- **Select Wide Cashless Network Hospitals:** Easy access to our empanelled network hospitals provides you with [cashless treatment](#) in the least time. Ensure a widespread cashless hospital network, and don't forget to look for well-renowned hospitals in your vicinity.
- **Bid for Higher Claim Settlement Ratio:** Claim Settlement Ratio proves the company's reliability in settling claims.

How much Tax Benefit Can I get from Health Insurance?

If you fall into the taxable slab, then your health insurance plan can fetch you tax benefits. Here's how:

- If you are paying the health insurance premium for yourself, your spouse, your children, or your parents, you can avail of tax benefits under Section 80D and save more.
- As a policyholder, you can also claim up to ₹5,000 towards preventive health check-ups.
- Take a look at the table to understand the deductions in detail:

| Policyholders | Deductions for premium paid for self and family | Deductions for premium paid for parents | Preventive Health Check-Ups | Tax benefit |
|--|---|---|-----------------------------|-------------|
| Self and family below 60 years | ₹25,000 | - | ₹5,000 | ₹25,000 |
| Self, family, and parents below 60 years | ₹25,000 | ₹25,000 | ₹5,000 | ₹50,000 |
| Self and family below | ₹25,000 | ₹50,000 | ₹5,000 | ₹75,00 |

| Policyholders | Deductions for premium paid for self and family | Deductions for premium paid for parents | Preventive Health Check-Ups | Tax benefit |
|-------------------------------------|---|---|-----------------------------|-------------|
| 60 years and parents above 60 years | | | | 0 |

Documents required to File a Claim under Health Insurance

Given below are the set of documents that you will have to submit while making a claim:

| Category | Documents |
|-------------------|---|
| Claim Related | <ul style="list-style-type: none"> Duly filled and signed claim form Insured person's name, policy number, address, etc |
| Medical Documents | <ul style="list-style-type: none"> All diagnostics and medical reports Original payment receipts, hospital bills, and discharge summary Pharmacy bills and prescriptions Doctor's referral letter |

Some Myths about Health Insurance Busted

Health insurance is vital to financial planning, yet various misconceptions surround it. Let us examine the most common health insurance myths and facts behind these, to help you find the best health insurance in India.

- Health Insurance is only meant for seniors:** Health insurance is crucial for people of all ages, owing to the increase in health risks in younger individuals. Further, early purchases also lead to lower premiums.
- Coverage Begins Immediately Upon Purchase:** Usually, a waiting period of 30 days applies before you can make a claim. Specific conditions may also have additional waiting periods.

- **The Cheapest Plan is the Best Choice:** The cheapest plan may not offer comprehensive coverage. To be properly covered, choose adequate benefits over price.
- **Pre-Existing Diseases Disqualify You From Health Insurance:** Pre-existing diseases often result in higher waiting periods or premiums, but you can still get coverage. Specific add-ons are also available to reduce waiting periods.
- **Group Health Plan is Enough:** Group plans usually have limited coverage and can be ineffective in case of job switch. Consider purchasing an individual plan to supplement existing group coverage.
- **All Hospital Bills are Covered:** Even the most comprehensive health insurance plans have specific exclusions. Read your policy documents to understand policy limitations.

What are the Common Reasons for Claim Rejection?

Dealing with a health insurance claim rejection can be really disappointing, especially when you're in the middle of a medical emergency. However, you should be aware that most rejections occur due to simple mistakes that can often be avoided. Let's look at some common reasons why claims get rejected and how you can help prevent them.

- **Incomplete or incorrect information** - A primary reason for claim rejection is providing incomplete or inaccurate information to the policyholder. Be honest and transparent when buying health insurance by sharing accurate personal and medical details to prevent issues or rejection later.
- **Claiming during the waiting period** - Some medical conditions have a waiting period, and claims during this time may be rejected. To avoid rejection, understand the waiting period when purchasing the plan.
- **Treatment not covered under the policy** - Certain treatments like cosmetic or non-medically necessary dental procedures aren't covered by insurance. Claims for these will be rejected. Review policy exclusions before purchasing extensive health coverage to prevent rejection.
Claiming cashless treatment at a non-network hospital - You need to get admitted to an in-network hospital for cashless claims. Find the hospital list on our website to avoid rejection.
- **Delay in Claim Intimation or Submission** - Delay in claim intimation can result in claim rejection. Inform your insurance company about hospitalisation promptly and submit the necessary documents on time to avoid rejection.

- **Documentation errors or missing paperwork** - Incomplete documentation can lead to claim rejections. Keep original documents safe and verify paperwork before submission to prevent rejection.
- **Policy not active or lapsed** - Claiming under an expired or not renewed policy leads to rejection. To avoid this, set reminders and renew on time. With Care Health Insurance, you can easily renew the health insurance policy via the website in a few taps.
- **Breach of policy terms** - Violating terms, like hospitalisation for non-medical reasons or ignoring a doctor's advice, can lead to rejection. To avoid this, read your policy's terms and follow your doctor's medical protocol.

Porting Your Health Policy to Care Health Insurance

There is more than one reason to port your health insurance policy to Care Health Insurance. As an insured person, we promise you unique benefits with lifelong renewability under most of our health insurance plans. Porting a medical plan is easy and can be done before the policy renewal stage. Just notify your existing insurer at least 45 days before the policy renewal date of an existing medical cover.

You will be able to retain your medical insurance policy benefits and accrued bonuses and transfer the time-bound exclusions, including credit for the waiting period for pre-existing diseases. It is possible to port a policy from one insurance company to another and from one health insurance policy to another policy with the same insurance company.

How to Port a Medical Insurance Policy?

Follow this simple step-by-step guide to port your exiting health insurance policy and enjoy uninterrupted coverage with your new plan:

STEP 1

On the home page of Care Health insurance ,select the “port existing policy” option and follow the premium calculation journey.

STEP 2

Fill up the proposal form and the portability form with relevant details and submit the required documents along with it.

STEP 3

The requisite data will be furnished on the official portal of IRDAI.

STEP 4

The new insurance company will underwrite the proposal and inform you within 15 days.

Things to Keep in Mind When Porting Your Health Insurance Policy

Considering switching your health insurance policy? Porting your existing policy can help you access better coverage, lower premiums, or additional benefits.

Before porting health insurance, it's helpful to be aware of some key factors that can ensure a smooth and successful process. Some of them are:

Inform Your Previous Insurer

Before porting your policy to a new health insurer, it is essential to notify your existing insurance provider. You should write an application for this purpose. You can make this request to your insurer at least 45 days before your policy's expiry date. The request must be made 60 days before the renewal date of the health insurance policy. Let's understand how to make the portability permission request. You should write an application in which you have to mention the name of your new insurer and other personal and details. Once you apply, your application will be reviewed and you will receive an acknowledgement within 3 business days.

Understand the Premium Changes

When you decide to port your health insurance policy to a new insurer, you should enquire about the premium. You should check whether the premium will increase or decline on porting. The change in premium indicates the changes in your coverage or benefits. So, gather this information before you finalise the porting.

Explore Available Add-ons

If you are thinking of switching to a new insurer to enhance coverage or benefits, you should check for the available add-ons. You can buy the add-ons of your new insurer to avail of the extended benefits.

Understand the Waiting Period

You should understand the waiting period cycle before you port to a new insurer. Simply put, the waiting period is divided into three parts.

- The first waiting period starts with buying the policy. This is for only 30 days.
- The second waiting period is for slow-growing diseases and is served for 2 years.
- The third waiting period is for 3 years, and it applies to pre-existing diseases. The good news is that when you port your existing policy to a new insurer, your waiting period does not start from the beginning. It starts where you left off with the previous insurer.

Suppose you have served a two-year waiting period for a pre-existing

disease that has a total waiting period of three years. Then, after porting your policy, you need to wait for only one year before filing a claim.

Provide Accurate Details About Your Medical History

Hiding your medical history when you make a porting request to the new insurer can be a mistake. Your new insurer may or may not make you undergo a medical test. In case you have been suffering from any chronic illness , your porting request may be rejected considering the probability of frequent medical visits or hospitalisation.

Choose a Higher Sum Insured

Obviously, you have decided to port to a new insurer because you are optimistic about new benefits there. Hence, you should try to choose a higher sum insured when you port.

Verify Insurer Details

Before you decide to port your mediclaim policies to a new insurer, it might be a good idea to be aware of a few metrics. You should always check for details like discounts being offered, any consumer complaints, company's empanelled network healthcare providers and the claim settlement ratio. It might also help to check the ratings on the company's social media handles to understand the overall customer experience.

Hassle-free Claim Settlement Through the Customer App

Care Health Insurance strives to make quality health care accessible to everyone while maintaining a quick and hassle-free claim experience. The Care Health Customer platform is an integrated app for all your health insurance needs. You can use this app for claim intimation, fill out a claim form online, upload the necessary claim documents, and track your claim status. Below is the step-by-step process to file claim intimation using 'Claim Genie'

- **Step 1:**Open the Care Health-Customer App on your phone.
- **Step 2:**Click on 'Claim Genie' on the home screen. Click 'Claim Intimation'
- **Step 3:**Select claim type.
- **Step 4:**Select the member and enter all the claim related information.
- **Step 5:**Upload any claim related medical documents.

You can also track the status of the claim by clicking on the 'Claim Tracking' option on the homepage. The list of active claims will be presented on the screen. Click "Track Claim" next to the relevant claim, and the latest claim status will be displayed at the top of the screen. This app can also be used to download the query/settlement letter or approval letter.

Why Should I Buy Health Insurance Online?

Purchasing a medical insurance policy online offers numerous advantages. Here are some key benefits:

- **Easy to Compare** :People have different needs when it comes to medical insurance. [Compare health insurance plans online](#) to find one that suits you. Get an idea of premiums, which vary by plan and the number of people added.
- **Cost-Effective** :Buying health insurance online can reduce costs, as many providers offer discounts to new buyers. It also saves time and effort, allowing you to find and buy the best mediclaim policy with just a few clicks.
- **Instant Quote** :You can get a mediclaim policy quote online by selecting a health insurance plan and entering details such as your age and health status. It helps compare premiums, coverage, and exclusions based on your factors.
- **Transparency** : Online processes are transparent. After entering the required info, you can purchase your health insurance policy. The premium is based on your inputs, allowing you to modify the benefits, sum insured,etc.

Advantages of Buying Health Insurance Online With Us

Embrace the ease of securing your health online, with our digitally-enhanced portal. All you need to do is simply select your preferred health cover plans, fill up the details, and pay through secure transaction modes. Here's why and how we ensure a customer-friendly purchase a medical insurance plan online:

Chat Option for Queries

Our team is always available for all your queries concerning the terms and conditions of our healthcare policies. By accessing the live chat option, you can quickly discuss any policy-related matter at your convenience. No appointment is required.

Get Health Insurance Quotes

We facilitate digital premium calculators to help you evaluate and opt for customised healthcare insurance for your family members.The ability to choose your desired health coverage and optional benefits helps us serve you the best mediclaim policies.You can get numerous health insurance quotes online. All you need to do is select a health insurance plan and enter details such as age, health condition, etc. Compare premiums, coverage, and exclusions to buy health insurance online.

Secure Payment Modes

Our fortress-like secure payment gateways offer various digitally secure modes, including credit/debit cards or net banking. Once purchased, you will receive authentic policy documents immediately.This way, we help you get an instant mediclaim policy in less than an hour.

Transparent Policy Evaluation

What we promise in writing is exactly what you'll receive during emergencies. Each of our health insurance plans includes clear terms and conditions for your convenience. You can compare quotes online, making the process transparent and easy to follow. Top providers usually let you adjust benefits, coverage amounts, and the number of members. Based on your choices, the premium updates automatically—so you can see the impact instantly.

Readily Available Value Added Services

While browsing online through our mediclaim policies, you can easily check out other add-on benefits. These include OPD care, co-payment waiver, and reduced wait time for pre-existing diseases, among others, to cover your specific needs.

Helps Save Money

The offline method of buying mediclaim policies usually result in increased costs due to numerous factors like agent fees. Insurance agents get a commission for selling mediclaim policies , which increase the cost of the policy. Purchasing a health insurance plan online can help eliminate overhead expenses. Further, some insurance companies also offer an additional discount when you purchase plans using their online platform.Further, it can also help you save a lot of time and effort as you can buy good health insurance in India in just a few clicks.

Easy Comparison

People have diverse needs. When you buy health insurance online, you can compare and pick a plan that suits your specific needs. You can also get health insurance quotes from different providers to choose one that suits your budget. You can get an understanding of the premium factors based on the plans you choose and the number of people you add.

Document Required While Buying Health Insurance Plans Online

Here's a list of documents you'll need when buying health insurance online:

- **Proof of Identity**- Aadhaar Card, Passport, Driver's Licence, etc.
- **Proof of Address**- Aadhaar Card, Passport, Voter ID, etc.
- **Proof of Age** - Birth Certificate, Aadhaar Card, Passport, etc.
- **Proof of Income** - Bank Statements, Salary Pay Slips, Income Tax Return forms, etc.
- **Medical Documents** - Previous Medical Records, Prescriptions, etc.

Region-specific Health Insurance Plans in India

Select from the following plans according to your location and health insurance needs:

Medical Insurance in Mumbai

Starting @ ₹13/day

Health Insurance Plans in Tamil Nadu

Starting @ ₹13/day

- Medical insurance in Coimbatore

Starting @ ₹13/day

- Best Health insurance in Pune

Starting @ ₹13/day

- Best Health insurance in Hyderabad

Starting @ ₹13/day

- Health insurance Plans in Kerala

Starting @ ₹13/day

- Health Insurance Plans In Chandigarh

Starting @ ₹13/day

- Medical insurance Plans in Guwahati

Starting @ ₹13/day

- Health insurance Plans in Goa

Starting @ ₹13/day

- Medical insurance Plans in Delhi

Starting @ ₹13/day

- Health insurance Plans in Bengaluru

Starting @ ₹13/day

Care Health Insurance in the Media Limelight

Cashless Claim Within An Hour! How Can Customers Take Full Benefit Of IRDAI's New Update?

Cashless claim settlements are a cornerstone of the modern insurance landscape, offering numerous benefits to policyholders and the industry alike. Irdai in a master circular released on Wednesday alerted all insurance providers...

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Compare features, costs regularly to find a better health insurance

Health insurance premiums are on their way up. A survey of 11,000 owners of personal health insurance policies by LocalCircles found that 52 per cent had witnessed an over 25 per cent increase in their renewal premiums in the past 12 months...

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Health Insurance for senior citizens: The recent amendments by the Insurance Regulatory and Development Authority of India (IRDAI) regarding health insurance rules are set to benefit senior citizens significantly...

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As we celebrate Mother's Day, it is crucial to reflect on the health-related challenges that women face. From reproductive health to mental wellness, our mothers can encounter obstacles that demand attention, care and support...

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Cancer Coverage: Why Health Insurance Is Essential? Here Are 6 Key Reasons

Cancer Coverage: Ever increasing number of cancer cases in India present a challenging aspect of the nation's healthcare landscape. According to the National Cancer Registry Programme, India recorded about 1.46 million new cases of cancer in 2022....

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Customise insurance riders to fit your family's medical background

A growing number of health insurance customers are nowadays supplementing their base health insurance policies with riders. According to insurance aggregator Policybazaar.com, while only 15 per cent of customers purchased riders...

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Recognized for Excellence in Health Insurance and Customer Service

21700+ Healthcare providers offering cashless treatment across the country

Look For Hospitals Around You

Detailed Hospital List

Voice of Our Customer

4.8

WRITE A REVIEW

tings Testimonial

What do

OurCustomers Say?

• **FAQs on Health Insurance**

- General
- Health Insurance Terms
- Coverage
- Renewal
- Claim

- Q. Should You Get a Health Insurance Policy at an Early Age?
- Q. Why is Medical Insurance Plan Important to Protect Your Loved Ones?
- Q. What is the best time to buy health insurance?
- Q. Can I increase the sum insured during the policy term?
- Q. Can NRIs Buy Health Insurance in India?
- Q. What to do if I am admitted to a non-network hospital?
- Q. Is it good to buy health insurance if I am healthy?
- Q. What are Fixed Benefit Health Insurance Plans?
- Q. Will I need to undergo a medical checkup every year?
- Q. Does Health Insurance Cover COVID-19 Expenses?
- Q. How much health insurance coverage do I need?
- Q. Can I buy health insurance and use it immediately?
- Q. What is the right age to invest in Health Insurance?
- Q. What is the benefit of porting health insurance?
- Q. How much does health insurance cost?
- Q. How can I get tax benefits from medical covers?
- Q. Can I have multiple health insurance plans in India?
- Q. Can I add my ageing parents to my medical insurance policy?
- Q. How does smoking affect the insurance premium for medical cover?
- Q. I'm covered under a corporate group policy. Do I still need a separate health cover?
- Q. Can I take a best health insurance policy for my 5 years old kid?
- Q. Are medical tests mandatory while buying health and medical insurance?
- Q. How can I increase the sum insured for my health insurance?
- Q. Can someone else buy a health insurance policy on my behalf?
- Q. Is income proof mandatory for health insurance?
- Q. Who can be a nominee for health insurance?
- Q. Is medical insurance deducted from salary?

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- Care Senior Product
- Supreme EMI
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- ANNOUNCEMENT
- Fever Management Guideline
- Service Parameters
- Launch And Withdrawal Dates Of Products
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Reg Office - Care Health Insurance Limited , 5th Floor, 19, Chawla House, Nehru Place, New Delhi-110019 | CIN - U66000DL2007PLC161503 | Correspondence Address: Care Health Insurance Limited, Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector - 43, Gurugram - 122009 (Haryana).

Ultimate Care: UIN - CHIHLIP25044V012425

*Please read the policy T & C, brochure, and prospectus to know more about our medical plans cover as it may vary.

~Tax benefit is subject to changes in tax laws. Standard T&C Apply

**Number of Claims Settled as of Dec 2024

^10% discount is applicable for a 3-year policy

#Premium calculated for an individual (Age 18) for sum insured 5 Lakhs in Zone 2 cities with Care Supreme Policy.

^^ Number of Cashless Healthcare Providers as of Feb 2025.

Individual Health Insurance

Individual health insurance is a medical cover providing healthcare and financial security to a single person against medical emergencies. The policy includes an affordable premium while offering lifelong renewability.

- **21700+**Cashless Healthcare Providers^{^^}
- **58 Lakh+**Insurance Claims Settled^{**}
- **24*7**Claim and Customer Support



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Written by:

[Ritika Malik](#)

check_circle Reviewed by:

[Munni Sharma](#)

What is an Individual Health Insurance?

As the name suggests, an individual plan is a type of medical insurance offering coverage, benefits, and security against medical emergencies to a single policyholder. An individual insurance policy acts as a personal safeguard against any expenses arising due to emergency hospitalisation, accidents, or other ailments. As an individual, you can customise the benefits of an individual mediclaim policy while enjoying a pocket-friendly premium.

A lower premium, extensive coverage, and several benefits together make an individual health insurance policy a popular pick among youngsters or individuals. One has to make an informed decision about buying a [health insurance plan](#). With a highly flexible coverage, people of all ages – from young to middle age and elders – can opt for an individual policy to meet their specific medical care needs. Based on the selected plan, individual policy coverage can be extended to the individual's family. Care's Supreme Health Insurance is a tailor-made individual health insurance policy that offers comprehensive coverage at an affordable cost. Find out why you should consider individual health cover over other options.

Select from the Best individual Health Insurance Plans

At

CareHealth Insurance, we meet the diverse healthcare needs of every household with some of our best individual health insurance plans in India. Here are some of our top-selling individual mediclaim plans **Features of our Health Insurance for Individuals**

Here are some prominent features of our personal health policies:

| Feature | Care Supreme | Care Advantage | Care Freedom |
|----------------------------|----------------------------|------------------|---------------------|
| SI Options | 5L, ₹7L, 25 L, 50 L & 1 Cr | ₹25L, ₹50L, ₹1Cr | ₹3L, ₹5L, ₹7L, ₹10L |
| In-Patient Hospitalisation | Up to SI | Up to SI | Up to SI |
| Day Care Treatment | All Day Care Procedures | Up to SI | Up to SI |
| Advance Technology Methods | Up to SI | Up to SI | NA |

| Feature | Care Supreme | Care Advantage | Care Freedom |
|------------------------------|---|--------------------------------|--|
| Pre-Hospitalisation | 60 days before hospitalisation | 30 days before hospitalisation | 30 days before hospitalisation |
| Post-Hospitalisation | 180 days after hospitalisation | 60 days after hospitalisation | 60 days after hospitalisation |
| Ambulance Cover | Up to ₹10,000 per Year for SI < 15L & Up to SI for SI >= ₹15 Lacs | Up to SI | Up to Rs.1,000 hospitalisation |
| Domiciliary Hospitalisation | Up to SI | NA | Up to 10% of the Sum Insured is covered after 3 days |
| Unlimited Automatic Recharge | Up to SI | Up to SI | NA |

Benefits of Individual Health Insurance

Individual health insurance offers personalised coverage, guaranteeing access to essential clinical care when needed. Here are other benefits our health insurance plan provides that you must know before buying self health insurance:

- **Cashless Hospitalisation-** With our vast network of 21600 cashless healthcare providers, we promise quality medical care at the best price. Our network of hospitals ensures your family members can avail themselves of timely healthcare services without draining the family's savings.
- **Cost-effective Plans-** Individual health Insurance plans come with expansive benefits at affordable costs. You will not have to pay hefty premiums to be covered against unforeseen medical emergencies.
- **Customisable Health Benefits-** With Care's Family Health Insurance, you can customise the policy features according to your needs. You can choose the right coverage amount, tenure and the appropriate additional benefits.
- **No Age Limit-** With Care Health Insurance's health insurance plan, there should be no age limit to feel protected against medical emergencies. Our plans ensure lifelong renewability.
- **Tax Benefit-** If you insure yourself under an individual health insurance plan, you will be able to save tax on the premium you pay and on your savings.

Types of Individual Health Insurance Plans

Individual health insurance plans are categorised into six different types of personal health insurance plans, including:

The Indemnity Plan

The indemnity plan reimburses the insured for hospitalisation and medical treatment expenses up to the sum insured's limit. In addition to covering hospitalisation costs, indemnity plans offer coverage for post-hospitalisation treatments, such as doctor consultations and medical tests, within a specified period. After incurring medical expenses, the insured pays the hospital and submits claims for reimbursement from the insurer, subject to the plan's terms.

Maternity Plans

Maternity plans cover pregnancy, childbirth, and postnatal care expenses. These plans typically have a waiting period for maternity benefits, meaning they only cover pregnancy expenses after a certain period.

Top-up Health Insurance Plans

Top-up health insurance plans provide additional coverage above the limitations of a current health insurance policy. Since top-up plans have a high deductible, they have lower premiums than standard health insurance policies.

Senior Citizen Health Insurance

Senior citizen health insurance is for individuals aged 60 and above. These medical insurance plans for individuals offer coverage for common medical issues related to ageing, such as heart conditions, diabetes, and arthritis. These plans assist individuals by providing coverage for hospitalisation, surgery, critical illness, and emergency medical evacuation.

Mediclaim Health Insurance

Mediclaim health insurance policies mainly cover hospitalisation expenses, including room charges, doctor fees, surgical costs, and medicines during the hospital stay. If you are looking for health insurance for a single person, then mediclaim insurance can serve the purpose. It also offers limited coverage for pre-hospitalisation and post-hospitalisation costs, including diagnostic tests, doctor visits, and follow-up treatments for a certain period.

Personal Accident Cover

Personal accident cover reimburses for injuries or deaths caused by accidents. It contains medical treatment costs, disability benefits, and compensation for loss of life or limb due to accidents. These inexpensive plans provide significant coverage for accident-related incidents, making them a convenient addition to a current health insurance policy.

What is Covered under Health Insurance for Individuals?

At Care Insurance, we offer comprehensive and customised policies for individuals under affordable premium rates with the following coverage benefits:

What is Not Covered under Individual Insurance Plans

We shall not reimburse any claim amount for the following standard exclusions under individual plans:

- Act of self-inflicted injury, attempted suicide or suicide.
- Any illness related directly to the consumption of Alcohol/Tobacco/Cigarettes, etc. or any sexually transmitted disease.
- Cosmetic or plastic surgeries or related treatment.
- Pregnancy, miscarriage, childbirth, maternity including C-section, abortion, or complications of any of these.
- All the treatments are required due to participation in hazardous activities.
- Damage caused by a nuclear, chemical, or biological attack or weapons.
- Illness or injuries caused by any breach of law by the insured.

Individual Covers: Eligibility, Claim Process, and Other Details

While the entry age of our wide-ranging individual plans may differ among plans, below are the standard eligibility criteria and claim process common across mediclaim for individuals

| | |
|-------------------|---|
| Minimum Entry Age | 18 years |
| Maximum Entry Age | No upper age limit |
| Renewal | Lifelong renewability |
| Waiting Period | <ul style="list-style-type: none">• 30 days for all illnesses, except for accidental injury• 2 years for Named Ailments• 3 years for pre-existing illnesses |
| Tenure Options | 1/2/3 Years |
| Co-payment Clause | <p>While renewing or purchasing individual health insurance at the age of 61 years or above, customers will have the choice to include or exclude the co-payment feature, implying:</p> <ul style="list-style-type: none">• Continuing the policy with 20% co-payment• Continuing the policy without 20% co-pay by opting for a waiver benefit |
| Claim Options | Cashless and Reimbursement |

Why Should You Opt for a Medical Insurance Plan for Individuals?

Buying an individual health insurance plan has several advantages for every individual, especially if you opt for this policy early. Here's how one can make the most of it:

An Essential Choice for Working Professionals

Working professionals need the utmost security against rising medical costs and lifestyle diseases while saving for the future. An individual policy is the best choice to protect one's needs. Also, the employer-provided group Mediclaim stops providing coverage when one exits the organisation, whereas a separate health plan can give lifelong coverage.

Lower Health Insurance Premium

The earlier you opt for an individual health plan, the better. Not only will you enjoy a lower premium, but you will also accumulate a significant no-claim bonus, given that you stay healthy for a long time. Even if you opt for personal health coverage in old age, you can waive the co-payment by opting for optional waiver benefits.

Suitable for the Elderly

Including elderly family members in a family floater plan may not be a good idea, as it can increase the premium. So, get separate health coverage for your elders that meets their medical needs. With benefits like alternative treatment and annual health check-ups, it becomes easy for senior citizens to manage their health better.

Comprehensive Coverage and Flexibility to Customise

Whether young or old, the most significant advantage of buying individual health insurance is that you can customise the plan as per your health status and needs. For instance, people with diabetes can buy Mediclaim with pre-existing diseases. In contrast, people with a family history of heart or cancer diseases can opt for a critical illness cover.

Safeguard against Rising Health Issues

Long hours of work and inactivity cause households to struggle, including lifestyle diseases like diabetes, hypertension, etc. The pandemic has further increased health risks for everyone. Health insurance for individuals protects you from various health risks, regardless of age and health status.

Pre-existing Diseases and other Ailments Covered

Under a personal health insurance plan, you can get customised coverage for your pre-existing diseases.

Better Tax Savings

Opting for a personal cover allows you to save tax individually. One can get a maximum deduction of up to Rs 25,000 annually, u/s 80D, on the insurance premium. Senior citizens can get a higher deduction of up to Rs 50,000. One can

get total deductions of up to Rs 1 lakh if the proposer and insured are above 60 years.

Ability to Avail Higher Discounts

With a separate cover, you can avail yourself of special discounts on the premium policy paid. For example, you can go for the most rewarding health insurance, Care Supreme, and utilise maximum coverage, wellness benefits, Cumulative Bonus (CB), and annual health check-ups. Besides, you can buy a multi-year senior citizen health insurance policy for elderly parents to avail of exclusive discounts on the premium amount. This way, individual covers for every member add to the discount percentage.

How Does Health Insurance for Individuals Work?

Health insurance for policyholders provides coverage for clinical expenses, guaranteeing that the individual's fees are secure in case of a medical crisis such as illness or injury. You should follow this step-by-step guide to understand how an individual health insurance plan works:

- **Purchase Individual Health Insurance:** The first step is choosing an individual health policy that fits your needs. Differentiate between various plans, emphasising coverage, benefits, exclusions, and premium costs.
- **Pay the Premium:** After choosing an individual health insurance plan, you must pay a premium, depending on the terms, such as monthly, quarterly, or annually. The premium depends on age, medical history, coverage amount, and policy duration. You can pay the premium directly through the insurer's website or through an agent.
- **Seek Medical Treatment:** Once the policy is in place, you will be covered under the plan. You can instantly seek treatment at a network hospital if you experience any illness or injury or need medical attention.
- **File a Claim:** If you plan to undergo any treatment under your policy coverage, you can file a claim. The insurance service provider may provide you with cashless treatment at a network hospital for hospitalisation. If you're receiving treatment at a non-network hospital, you may have to pay upfront and file for reimbursement later.
- **Claim Settlement:** After you file a claim, the insurer will review the provided documentation, such as medical reports, bills, and prescriptions. If your claim fulfils all the terms and conditions in the policy, the insurer will approve and settle the bill through direct payment at the hospital in case of a cashless claim or will reimburse the amount into the bank.

Who Should Buy Individual Health Insurance Policy?

While the policy is suitable for people from all walks of life, individuals under the following circumstances should certainly consider buying an individual health insurance policy:

People at a Higher Health Risk

People who are susceptible to increased health risks owing to an unhealthy lifestyle and stressful occupations

Ageing Parents

Elderly parents and family members with specific medical conditions, like diabetes, hypertension, etc.

Uninsured Individuals

If you are uninsured while your family is already insured under a policy, you should get a personal health cover.

People Needing Separate Coverage

Individuals who need a separate sum insured and benefits instead of a shared policy under family floater.

Individuals Suspecting Critical Illnesses

If you have a family history of serious diseases like cancer, etc., you should opt for a policy covering similar conditions individually.

How to File a Claim?

Filing a claim under an individual's health insurance plan is easy and quick. Remember, in case of an emergency hospitalisation, you need to inform our claims department within 24 hours of hospital admission. If it is a planned hospitalisation, kindly inform us 48 hours prior to the admission date. Here are the steps to follow under the cashless and reimbursement claiming processes-

| Cashless Claim Process | Reimbursement Claim Process |
|--|--|
| Step 1: Go to a listed in-network hospital. | Step 1: Submit your claim form along with other required documents. |

| Cashless Claim Process | Reimbursement Claim Process |
|---|---|
| Step 2: Fill out the proper forms at the insurance desk. | Step 2: You'll get an approval letter when your claim is verified. |
| Step 3: Send the completed form to our claim management team. | Step 3: Respond to queries raised by the claim management team. |
| Step 4: When your claim is verified, you'll get an approval letter. | Step 4: Get approval from the claim management team. |
| Step 5: Respond to queries from the claim management team. You will receive communication about whether your cashless claim is approved or rejected within the standard TAT. | Step 5: Our claims team will contact you if there are specific reasons for rejecting your claim. |

Documents Required to File Health Insurance Claim

- A duly filled and signed claim form
- Insured person's details like name, policy number, nature of the illness, address, etc.
- All the diagnostics and medical test reports
- Original payment receipts, hospital bills, and discharge summary papers
- Original pharmacy bills with prescriptions
- Doctor's referral letter
- Police FIR and post-mortem report in case of a [personal accident](#)
- Death certificate

Which Plan Should You Choose: Individual or Family Health Insurance Plans?

It is always beneficial to evaluate health insurance early in your financial journey. This can be done easily by actively comparing different plans. The question of which health insurance might suit you depends on the following situations:

- **Young Individuals:** Young professionals just entering the workforce are prime candidates for individual health insurance. The premium amount will be significantly lower, as their age is considered to be a reduced risk factor.
- **Young Families With Children:** Such families would be better off choosing [family health insurance plans](#). The premium is determined by the age of the oldest member in the plan, but this is an effective way to protect your family against unforeseen emergencies.

- **Your Parents:** If you have elderly parents who have reached retirement age, an individual health insurance plan or a Senior Citizens Health Insurance plan is ideal. The low costs involved with family health insurance plans leave you with enough budget to buy separate [health insurance for parents](#).

Advantages of Buying Individual Health Insurance Online

To help you choose and buy the best individual health insurance coverage, we have enhanced our digital portals with end-to-end support features and services, including the following facilities:

Secure Payment Modes

We back our digital portals with secure payment options, helping you complete the transaction from anywhere, any time.

Quick Chat Support

Our in-house claims and customer support team resolves all your policy-related queries instantly through our chat service.

Instant Premium Calculation

Our digital premium calculators help you estimate the policy's cost while comparing premium rates against policies and benefits.

Convenient Policy Selection

You can easily study, evaluate, and compare individual health plans by accessing policy documents through our official website.

Value Added Services

While buying or renewing personal covers online, you can easily modify optional benefits like OPD, etc., to enhance the coverage.

How to buy Individual Health Insurance Online?

Getting your health plan is the safest way to protect your health and finances as it provides coverage against any possible certain or uncertain risks. Here is a quick guide to buying online insurance for yourself:

STEP 1

Visit our website and select a suitable health policy.

STEP 2

Click on 'Get Quote' and provide relevant details.

STEP 3

Enter the required information and customise your policy.

STEP 4

Make payment through any secure digital payment modes.

Once approved, the new health policy documents will be sent to your registered email address.

Things to Keep in Mind While Buying Health Insurance for Individuals

Individual medical insurance gives you a financial cushion during a medical emergency and reduces monetary stress. Thus, it's essential to opt for a personal cover wisely. Consider the following things while buying it:

- Check the minimum age criteria to buy the policy.
- Look for a sufficient sum insured that meets your healthcare needs.
- Opt for the plan that costs you a lower premium and does not overburden your pocket.
- Check if there is a requirement for pre-medical tests to get the individual health policy.
- Go with an extensive coverage policy that includes inpatient hospitalisation, pre- and post-hospitalisation, ambulance, second opinion, alternative treatment, and more.
- Add-on benefits such as a no-claim bonus, automatic recharge, global coverage, and international second opinions are available to enhance coverage.
- Check the tax exemption eligibility under individual plans.

Senior Citizens Health Insurance

The best way to secure the health of your elderly parents is through the senior citizen health insurance plan. This can provide them the much-needed financial support against all medical expenses.

Unlimited E-consultation

Unlimited Automatic Recharge

Domiciliary Hospitalisation

Health Care Services

- [**Home / Health Insurance / Health Insurance for Senior Citizens**](#)

- **Benefits**

-

What is Senior Citizen Health Insurance?

A senior citizen health insurance plan is specifically designed to address the healthcare needs of individuals aged 60 and above. Care Health Insurance's senior citizen health insurance provides extensive coverage, encompassing coronavirus treatment, IPD, Day Care procedures, pre- and post-hospitalisation expenses, annual health check-ups, AYUSH coverage, Domiciliary hospitalisation, ambulance services, and various other medical costs.

Benefits of Buying Health Insurance for Senior Citizens

As people age, healthcare needs grow, and so do the expenses. This is where senior citizen health insurance plays a crucial role. Here are six incredible advantages that make this plan essential for elderly individuals:

Increased health risks brought on by age and changing healthcare needs undeniably highlight the importance of having a senior citizen health insurance scheme.

Covers Pre-existing Illnesses

Various health plan for senior citizens offer reduced waiting periods, enabling quicker coverage for conditions like diabetes, hypertension, and cardiac issues.

Cashless Hospitalisation Across a Wide Network

Get hassle-free admission and treatment at a vast network of hospitals across India, without upfront payments.

Comprehensive In-patient and Daycare Coverage

Whether it's a major surgery or a small daycare procedure, a comprehensive health insurance plan can cover medical expenses such as room rent, ICU charges, and doctor fees.

Domiciliary Treatment and AYUSH Coverage

Senior citizens can receive treatment from the comfort of their home when hospital transfer isn't possible, or choose alternate therapy methods like Ayurveda and Homeopathy under AYUSH benefits.

Annual Health Check-ups

Stay up to date with your health with free preventive check-ups every year, a valuable feature for disease management and early detection.

Why Senior Citizen Health Insurance Makes Sense— 4 Key Reasons

A senior citizen health plan isn't just about covering hospital bills, it's about future planning, financial independence, and peace of mind. Here are some reasons to consider a medical insurance for senior citizens:

- **Protects Your Retirement Savings:** A medical emergency can wipe out years of savings . Health insurance for senior citizens ensures that the retirement fund stays intact for the life you've planned.
- **Special Cover for Age-related Illnesses:** Unlike regular health insurance plans, senior citizen health insurance considers conditions like arthritis, cataract, and joint replacement, with specific limits and rapid approvals.
- **Customisable Sum Insured Based on Medical History:** Senior citizens can tailor coverage to suit health profile. Care Health Insurance offers specialised plans for senior citizens with Sum Insured ranging from ₹ 3 lacs to ₹ 10 lacs.
- **Tax Saving Under Section 80D:** Premiums paid for health plan for senior citizens for higher tax deductions— up to ₹ 50,000 annually— helping you save more while securing your health.

Who Should Buy Senior Citizen Health Insurance?

A health insurance for senior citizens is ideal for:

- Anyone aged above 60, regardless of employment or income status
- Retired individuals who no longer have employer-provided health coverage

- Parents of salaried professionals, especially if they aren't covered in a [family floater plan](#)
- Seniors with lifestyle diseases who need regular medical attention
- Anyone who wants independence from children or savings for handling medical expenses

Even if you already have a health policy, a senior citizen health insurance offers additional focused protection and peace of mind.

Top 3 Factors That Affect Your Premium for Health Insurance for Senior Citizens

Before you choose your coverage, it's good to know what influences the premium of senior citizen health insurance India:

1. Age & Pre-Existing Health Conditions

The older you are and the more complex your health history, the higher the risk for insurers, which directly affects the premium.

2. Sum Insured & Optional Benefits

More coverage and more features like air ambulance, pharmacy benefits, or AYUSH cover will increase the premium, but also expand the scope of your protection.

3. City of Residence

Treatment costs vary across metros, semi-urban, and rural regions, and so does the premium. Living in a metro? Expect slightly higher costs compared to non-metros.

How to Calculate Premium for Senior Citizen Mediclaim Policy

You can now calculate the premium using a simple [health insurance premium calculator](#) designed especially for medical insurance policies. Here are the detailed steps on how to calculate your premium:

Visit Website

Go to the Care Health Insurance homepage and navigate to products.

Choose a Plan

Select your desired policy and enter your mobile number in the 'Get Quote' section.

Fill Member Details

Provide details for insured members, including age and pin code, then click on the 'View Quote' button.

Select Coverage

Customize your policy by adjusting the sum insured and add-ons.

Purchase Policy

Get your instant quote with applicable charges

Debunking Common Myths About Senior Citizen Health Insurance

Investing in suitable health coverage significantly enhances an elderly person's quality of life by easing the burden of hospitalization costs. Don't let these common myths deter you from securing a senior citizen mediclaim policy:

Myth 1: Too Old to Get Covered.

Reality: Individuals aged 61 and above are eligible for senior citizen medical coverage.

Myth 2: Pre-existing Illnesses Prevent Coverage.

Reality: Many seniors have existing medical conditions, but this does not disqualify them from purchasing a [health insurance plan](#).

Myth 3: OPD Visits Are Not Covered.

Reality: Our senior citizen health insurance in India offers optional OPD care, covering reimbursement for bills ranging from Rs. 5,000 to Rs. 50,000 as per policy terms.

Myth 4: A Family Floater Plan Is Sufficient.

Reality: While parents can be included in a family floater, it's often insufficient. Given seniors' vulnerability to age-related illnesses and rising medical inflation, a shared sum insured may not provide adequate coverage.

Myth 5: Co-payment Charges Are a Burden.

Reality: With Care Health Insurance, senior citizens typically have a 20% co-payment. However, we strive to reduce this cost with the added benefit of a co-payment waiver.

How to Choose the Best Health Insurance for Senior Citizens in India?

Navigating the various senior citizen health insurance options can be challenging. To simplify your search for the ideal mediclaim policy, consider these key factors:

- **Comprehensive Coverage:** Look for extensive benefits with minimal exclusions.
- **High Sum Insured:** Ensure sufficient coverage to protect savings from rising medical costs.
- **Easy Claim Settlement:** Opt for insurers with a strong claim settlement record.

- **Minimal Waiting Period:** Choose plans with shorter waiting periods for pre-existing conditions.
- **No Pre-Medical Tests:** Some policies offer the convenience of no mandatory medical exams.
- **Extensive Network Hospitals:** Prioritize plans with a wide network for cashless treatment.
- **Easy Online Purchase:** Select insurers offering a simple and quick online buying process.
- **Understand Sub-limits:** Be aware of any limitations on specific services.
- **Attractive No Claim Bonus:** Seek plans that boost your Sum Insured with a No Claim Bonus.
- **Cashless Healthcare:** Confirm a broad network of cashless providers for convenience.

Select From Care Senior Citizen Health Insurance Plans

At
Care

Health Insurance, we meet the diverse healthcare needs of people in their old age. Here are some of our top-selling plans tailor-made for senior citizens **Features of Care Senior Citizen Health Insurance**

Here's a detailed overview of the coverage offered by Care's Senior Citizen Health Insurance plans:

| Plan Offering | Coverage Details |
|------------------------------|--|
| In-Patient Care | Up to SI |
| Day Care Treatment | All Day Care Procedures |
| Advance Technology Methods | Up to SI |
| Pre-Hospitalisation Cover | 60 days before hospitalisation |
| Post-Hospitalisation Cover | 180 days after discharge |
| AYUSH Treatment | 180 days after discharge |
| AYUSH Treatment | Up to SI |
| Domiciliary Hospitalisation | Up to SI |
| Organ Donor Cover | Up to SI |
| Ambulance Cover | Up to Rs.10,000 per Year for SI < 15 Lacs & Up to SI for SI >= 15 Lacs |
| Cumulative Bonus | 50% of SI per year, max up to 100% of SI |
| Cumulative Bonus Super | Included for Eldest Member <= 45 years & >=76 yrs; Optional for Eldest Member > 46 years |
| Unlimited Automatic Recharge | <input checked="" type="checkbox"/> |

| Plan Offering | Coverage Details |
|---------------------------|-------------------------------------|
| Unlimited E-Consultations | <input checked="" type="checkbox"/> |
| Health Care Services | <input checked="" type="checkbox"/> |

What is Covered Under Care Health Insurance for Senior Citizens?

Medical expenditures are shooting high for elderly people across nations. Opting for medical policy for senior citizen is best to keep unbearable medical expenses at bay. Below is what we covered in it:

Coronavirus Treatment

Stay worry-free from pandemic-related medical bills. The plan covers the full cost of COVID-19 hospitalisation and treatment, including post-infection care.

In-Patient Hospitalisation

Get coverage for hospital stays of 24 hours or more. This includes room rent, ICU charges, surgery, doctor fees, and medicines.

Pre and Post-Hospitalisation

We cover medical costs 30 days before and 60 days after your hospitalisation — including tests, follow-ups, and medications

Annual Health Check-up

What's Not Covered Under Care Senior Health Insurance?

While Care Senior Health Insurance offers extensive protection, it's important to understand the exclusions — or what's not covered under the policy. Here's a quick overview:

Self-Inflicted Injuries

Any medical expenses arising from self-harm, including suicide attempts or intentional injuries, are not covered.

Substance Abuse

Claims related to the consumption or abuse of alcohol, drugs, tobacco, or gutka are excluded from the policy.

Pregnancy & Maternity

Any treatment linked to pregnancy, childbirth, miscarriage, abortion, or related complications is not covered.

Infertility Treatments

Expenses related to infertility evaluations, IVF, or any assisted reproduction techniques are excluded.

Permanent Exclusions

No coverage is provided for conditions resulting from war, riots, nuclear attacks, or civil unrest.

Dental & Cosmetic Procedures

The policy doesn't cover dental treatments or cosmetic surgeries unless they are required due to an accident.

Note: Always check the detailed policy brochure and terms & conditions to understand specific exclusions and limitations before buying.

Eligibility Requirements for Mediclaim Policy for Senior Citizens

At Care, availing of a mediclaim policy for senior citizens above 60 years comes with easy terms and eligibility conditions as mentioned below:

| | |
|-------------------------------------|---|
| Minimum Entry Age | 61 years |
| Maximum Entry Age | Lifelong, no bar |
| Renewability | Lifelong |
| Co-payment | Member above 61 years or above pay 20% co-payment per claim |
| Pre-existing Disease Waiting Period | 36 months of continued coverage |

Named Ailment Waiting Period | 24 months of continued coverage

Super Top up Health Insurance Plan

If your current health insurance coverage is insufficient to cover your medical expenses, here is the super top-up health plan that can supplement your health coverage. Now you can enhance your health coverage by opting for increased the sum insured with more policy benefits.

Money Back

Unlimited Automatic Recharge

Infinity Bonus

What is Super Top up Health Insurance Plan?

A super top-up health insurance plan is additional coverage to your standard health cover. It assists you in covering additional medical expenses if your existing insurance coverage is exhausted. It might get pricey to add insurance benefits to an existing health insurance policy; this is where the super top-up policy can be of use. The super top-up coverage becomes active for the claims once the deductible has been paid. A super top-up health plan works on the principle of policy deductible. The policy pays for your medical expenses only after you bear a pre-decided deductible amount. Even though this might provide you with a lesser settlement amount than [Family Health Insurance Plans](#), this can be beneficial in the long run as it ensures comprehensive coverage. With Care Health Insurance, you can choose a suitable deductible anywhere between 5 to 15 lakhs, ensuring better flexibility in managing healthcare finances. So, if you are looking forward to boosting your [healthcare coverage](#), it is wise to choose super top-up insurance.

Super Top-up Health Insurance Highlights

| Key Features | Product Details |
|----------------------------------|--|
| Deductible & Sum Insured Options | 5L Deductible; 45L or 95L SI 7L Deductible; 93L SI 10L Deductible; 90L SI 15L Deductible; 85 L SI |
| In Patient Care | Up to Sum Insured |

| | |
|-----------------------------|--|
| Pre Hospitalization | 60 days before hospitalisation |
| Post Hospitalization | 90 days after discharge from the hospital; Maximum up to SI |
| Day Care Treatment | All Day Care Procedures |
| Cumulative Bonus | 10% of SI per year, max up to 100% of SI. Note: Remains unaffected from the claims made |
| Advance Technology Methods | Up to SI |
| Domiciliary Hospitalisation | Up to SI |
| AYUSH Treatment | Up to SI |
| Room Rent Category | All Category Room |
| ICU Charges | No Sub-limit |
| Organ Donor Cover | Up to SI |

Unique Features of Super Top up Health Insurance Plan

One Policy for the Entire Family

You can avail of a long-term policy discount on buying a super top up mediclaim policy for more than 1 year. Focus on adding more to your savings with premium discounts on a 2-year and 3-year policy.

Discount with Multi-year Policies

You can avail of a long-term policy discount on buying health insurance super top-up plans for more than 1 year. Focus on adding more to your savings with premium discounts on a 2-year and 3-year policy.

Cashless Hospitalization Facility

With the facility of cashless hospitalization, you will no longer be worried about medical bill payments. We will settle your expenses directly with the network hospital, subject to policy T&C.

Direct Insurance Claim Filing

Present the Care Health Card at any of our 21600 network providers and access the cashless service or notify us immediately to reimburse claims when you opt for a non-network hospital.

Free Look Period

We help you in reviewing your decision about purchasing the policy. If you find it unsuitable for your needs then the policy gives you a free-look period of 15 days from the date of receipt.

Look for best health plan **that suits your need!**

**What
is**

Covered Under Super Top Up Health Insurance Plan?

Policyholders can prevent a possible hassle when filing a claim by knowing about the things covered under super top up medical insurance plan. Let's check below what all is covered:

- Hospitalisation coverage including room charges, nursing expenses, ICU charges, surgeon's fee, doctor's fee, anaesthesia, blood, oxygen, and operation theatre charges, etc.
- Adequate protection and coverage for advanced medical treatment procedures like robotic surgeries.
- Coverage for medical expenses incurred 60 days before hospitalization.
- Coverage for medical expenses incurred up to 90 days after hospitalization.
- Coverage for organ donor while undergoing organ transplant surgery.
- Annual health checkup for you and your family.

What is Not Covered Under Super Top Up Health Insurance Plan?

Knowing the exclusion and non-coverage details of the policy can help the policyholders to avoid claim rejection. Below are the exclusions of super top up health insurance plans:

- Treatment arising from pregnancy and childbirth, miscarriage, abortion, and its consequences is excluded.
- No coverage for expenses attributable to self-inflicted injury resulting from attempted suicide or suicide.
- No coverage for treatment expenses relating to infertility and in vitro fertilization.
- The policy will not cover medical expenses incurred for cosmetic or plastic surgeries.
- No coverage for costs incurred due to vision correction surgeries.

Super Top up Policy Eligibility Criteria

The eligibility criteria for availing of our Enhance Super Top up are as follows:

- **Minimum Entry Age in Individual Cover:** The age eligibility for adults is 18 years or above, and for children, the age eligibility is from 5 years to 24 years.
- **Minimum Entry Age in Family Floater Cover:** Under the floater plan, the age eligibility for adults is 18 years or above. The age eligibility for children is from 1 day to 24 years, with at least one insured member of 18 years or above.
- **Maximum Entry Age:** This policy has no maximum limit on entry age.
- **Age of the Proposer:** Minimum 18 years or above.

How to File a Claim under Super Top Up Plan?

We have a simplified claim procedure for a super top-up plan to help you stay worry-free.

You can file a claim under two categories as mentioned below:

Reimbursement Claim

- Pay the hospital bills initially and duly fill out the reimbursement claim form.
- Submit the form along with all the required documents to us.
- Our claim management team may raise the query if required.
- Once document verification by the claim management team is done, an approval letter will be sent.
- After approval, we will reimburse the hospitalization expenses, subject to policy T&C.

Cashless Claim

- Select any of our network hospitals and approach the hospital insurance desk.
- Submit the pre-authorization form, and share the required identity proofs.
- The hospital will send us the documents and the pre-authorization form.
- Our claim management team may raise the query if needed.

- After document verification, the hospital will receive an approval letter from our claim management team for cashless treatment.

Factors to Consider While Buying Super Top Up Mediclaim Policy

Super top up medical insurance serves you as a financial backup if your existing health coverage proves insufficient to meet your immediate medical expenses. To help you pick the best top up health insurance plans in India, here are quick pointers you can consider:

Sum Insured

Considering the rate of medical inflation and the need to secure health, health

insurance super top up plans with a higher sum insured becomes the right choice.

Deductible

A super top up plan with a high deductible has a more affordable premium cost.

So, it is vital to choose the deductible wisely to bear the medical expenses along

with your base health insurance plan.

Premium

Reviewing the super top up plans and their various benefits, and selecting the

right deductible option, will help you opt for a policy with an affordable premium.

Benefits

Go through the policy documents once to understand the inclusions and choose a

plan that suits your needs.

Co-payment

Check the co-payment clause, and select a policy where you or your elderly parent will not have to bear a high amount.

Cashless Hospitalization

The best super top up **mediclaim policy** offers a cashless hospitalization facility. Do check the network hospitals where you can easily avail of cashless medical treatment.

Waiting Period

The waiting period for pre-existing ailments can differ from the base plan. If you don't want to be taken by surprise, know the exact waiting period.

Claim Settlement Ratio

Choosing a super top up plan from an insurer with the highest claim settlement ratio helps in getting claims settled on time.

Why Should You Get a Mediclaim Top Up Plan?

The below reasons somehow justify the worth of buying a super top up plan:

•Rising Healthcare Costs: The soaring healthcare costs hint at a rise in overall medical expenses we might incur in a year, where a regular health cover may appear insufficient. Investment in the best super top-up health insurance plans in India will provide a shield to keep your savings intact in medical emergencies.

- Helps Boost Your Health Cover:** Going for a super top-up plan is an affordable way to boost your existing health coverage. It is the best solution to get an increased sum insured for your medical expenses without spending on a high premium.
- Financial Cushion for Medical Emergencies:** Not every family in our country thinks one's savings are enough to bear medical treatment costs. Often, the mediclaim provided by an employer or [personal health cover](#) proves inadequate, given the towering scale of expenses. In such a scenario, the additional health coverage by super top-up health insurance comes to the rescue.
- Suitable Option for Ageing Parents:** As a person ages, health issues lead to frequent hospitalisation. Hence, chances of your existing health cover being insufficient is quite higher. Here comes the super top-up plan into the picture, giving you financial strength when managing treatment for your old parents.
- Crucial Support for Critical Diseases:** Sometimes, expensive medical treatments can bring financial hardships. It is especially valid when there is a [critical illness](#) to deal with and the expenses are too high to afford. So, getting a health insurance super top-up plan early in life helps in the long run, considering surgeries and treatments would become expensive owing to medical inflation.
- Offers Tax Benefits:** Here is an opportunity to secure your savings as you become eligible for an income tax deduction on the premium paid for this policy, as per Section 80D of the Income Tax Act. Depending upon the insured member's age, you can claim a deduction from Rs 25,000 to a maximum of Rs 50,000 in a year.

Critical Illness Insurance

Critical Illness Insurance is a health cover protecting you from medical expenses involved in treating severe illnesses like cancer, stroke, paralysis, and liver failure, among 32 other illnesses.

OPD Expenses

No Claim Bonus

Global Coverage

What is Critical Illness Insurance?

A critical illness insurance plan is a medical cover that provides financial assistance to insured members in case of hospitalisation due to critical illnesses such as cancer,

catastrophic burns, or coma, as pre-defined under the chosen policy. This comprehensive and easy-to-acquire plan is available in [family health](#) and individual insurance options. The insured individual might use the money to pay medical bills and meet other financial responsibilities while treating a critical illness. In cases where an earning family member is diagnosed with a severe disease, the best critical illness insurance in India can be a valuable source of financial support since the primary income source may be compromised.

Select from Our Critical Illness Insurance Plans

Look for best health plan **that suits your need!**

[Who](#)

Should Buy a Critical Illness Cover?

Individuals seeking protection against possible health emergencies can find a comprehensive shield with a critical insurance policy, especially with a medical history or

pre-existing diseases. The benefits of critical illness policy coverage are extremely valuable for:

- **Individuals with a Family History of an Illness** - If a critical condition runs in the family, it also increases the risk for other family members. Thus, it becomes essential for you to take adequate coverage with a critical illness cover policy.
- **Breadwinning Family Members** - A family's sole breadwinners must consider their family's financial security and get covered with critical illness insurance as early as possible.
- **Individuals with High-risk Occupations** - According to several studies, those who work in high-pressure environments are more likely to suffer severe disease. Employees who work in high-risk environments might consider purchasing the best critical illness insurance plans in India.
- **Individuals above a Specific Age Bracket** - Once you cross a certain age, usually 40, the risk of getting infected by critical ailments increases. So, staying prepared with health coverage will set the stage for a secure future.
- **Women** - The increasing number of cases of cancer in women is alarming. Thus, investing in a critical care insurance policy is the best advice if you are prone to such risks. We at Care Insurance provide specialised critical illness benefits. Our easy-to-acquire individual and family health indemnity plan covers 32 critical illnesses pre-defined in the policy.

Features of Critical Illness Health Insurance

Our insurance plan for critical insurance policy contains the following significant features:

- **Comprehensive Coverage** - Cancer, stroke, end-stage renal failure, and other serious 32 illnesses are covered.
- **Affordable Premium** - Comprehensive coverage with affordable premiums without putting a strain on your present financial condition.
- **Quick Claim Settlements** - Hassle-free claim settlements to provide timely financial assistance if a hospitalisation claim is paid.
- **Customer Service** - Customer service is available 24 hours a day, 7 days a week.
- **Cashless Claim Facility** - You can use a cashless claim facility at our network hospitals.

Benefits of Critical Illness Insurance

Critical Care Insurance offers substantial economic and emotional backing in case of a serious medical condition. Here are some of its key benefits:

- **Financial security:** Serious illness insurance provides the benefit of a single payment for diseases like heart attack, stroke, or cancer after diagnosis. It helps cover medical expenses such as medical bills, hospitalisation, room rent charges, etc.
- **Income replacement:** A critical illness policy replaces lost income when a policyholder is unfit to work due to a critical illness. It enables an individual to maintain economic stability and concentrate on recovery.
- **Adaptability to use funds:** The policyholder can use lump sum amounts for several purposes, such as clinical costs, debt repayment, or regular living expenses coverage.
- **Promote Extended Recovery Periods:** This policy assists in bridging the gap between the occurrence of the illness and the days required for recovery by covering the expenses and allowing you to remain at peace.

- **Alternative or experimental treatments:** Critical illness benefits include covering alternative or experimental therapies not covered by standard health insurance plans.
- **Complement current insurance plan:** This policy complements the current health or life insurance plans by filling gaps in coverage for serious diseases.

Critical Illness List: Diseases Covered Under the Policy

Critical Care insurance Plan provides coverage for 32 life-threatening medical conditions. Here are the benefits included in the plan:

Chemotherapy and Radiotherapy

Care's critical insurance policy covers cancer, underlying chemotherapy, and radiotherapy up to the sum insured so you can feel at ease during therapy sessions.

In-patient Hospitalisation

Cashless hospitalisation is available for inpatient care and coverage for over 15-day care treatments, including advanced technology methods.

Pre and Post-hospitalization

Ensure financial backup during tests and the recovery phase with 30-day pre- and post-hospitalisation, 60-day coverage.

Dialysis Coverage

Ensure financial backup for the post-hospitalisation phase with dialysis coverage under specific critical conditions up to the sum insured.

OPD Expenses with Pharmacy

Fulfil your medical needs while we cover OPD expenses, including diagnostic examinations and pharmacy bills up to a specified amount.

No Claim Bonus

Celebrate claim-free years as we offer up to a 100% increase in the insurance premium to give you better coverage every year.

Healthcare Services

To keep up with your health, utilise our value-added services of quick recovery counselling, doctor on call, and digital health portal.

Ambulance Cover

Get timely medical care without worrying about transportation costs, as we cover ambulance fees up to a specified amount.

Optional Benefits of Critical Insurance Coverage

You can add an optional cover in your policy to make it even more helpful during an emergency. Below are the optional covers you might not want to miss while buying yourself a critical illness cover policy:

Room Rent Modification

Just like care should have no limits, your room rent category/rent should not have any restrictions or limits. This benefit will allow you to stay comfortable in the hospital.

International Second Opinion

A second opinion is always helpful if you are unsatisfied with the first. This plan allows you to take a second opinion globally if needed.

Air Ambulance Cover

Through this benefit, we will cover you up to the amount specified in the covered critical illness policy for availing air ambulance services in India, subject to the terms and conditions of the policy.

Global Coverage

This benefit allows you to claim hospitalisation expenses for the covered conditions incurred outside India up to the sum insured.

Exclusions: Critical Illness Insurance Cover

Sometimes, policyholders are disappointed with their insurance plan because of misinformation about the coverage limits. Hence, it is advisable for policy buyers to carefully review their critical insurance policy's exclusions to avoid such a situation in the future.

Claims deriving from the following are excluded:

- Act of self-inflicted injury, attempted suicide, or suicide
- Any illness related directly to the consumption of alcohol/ tobacco/cigarettes, etc.
- HIV or any other sexually transmitted disease
- Cosmetic or plastic surgeries or related treatment

- Pregnancy, miscarriage, childbirth, maternity including C-section, abortion, or complications of any of these
 - Damage caused by a nuclear, chemical, or biological attack or weapons
 - Illness or injuries caused by any breach of law by the insured with any criminal intent
- Our plan offers comprehensive critical health insurance that helps policyholders combat essential diseases.

How Does Critical Illness Insurance Work?

Critical insurance policy offers a lump sum payout to help cover medical costs, lost income, and other expenses during recovery. Understanding how they work can help ensure you are ready in case of a diagnosis.

Process from Buying to Claiming Critical Illness Insurance:

- **Research and Comparison** - Begin by comparing several insurance providers and policies. Choose policies that cover a vast range of critical illnesses like heart attacks, cancer, strokes, kidney failure, etc.
- **Purchase the Policy** - Choose a plan based on your needs, selecting the coverage amount and term. During the application process, provide proper personal health details.
- **Premium Payments** - Don't overlook regular premium payments as agreed in the policy. Missing payments may cause policy cancellation or reduced coverage.
- **Waiting Period** - Most critical illness cover policies have a waiting period before a policyholder can file a claim. The period differs and often lasts 30-90 days.
- **Diagnosis of Critical Illness** - The policyholder must contact the insurer when diagnosed with a critical illness during the policy term.
- **Claim Submission** - The policyholder must submit the claim form and supporting medical documents to the insurance provider.
- **Claim Assessment** - The insurance company assesses the claim to ensure it meets policy conditions.
- **Payout Decision** - The insurer disburses the lump sum payout upon approval, typically within 30 to 60 days.

How to Select the Best Critical Illness Cover Online?

Like any other insurance policy, you must consider several factors when choosing the best critical illness insurance in India. You must also consider comparing different plans along with the following checklist:

- **Check the Coverage** - The payout should be sufficient to assist you financially in the event of an illness. This decision can be made based on your savings and other financial options.
- **Calculate Premium Rates** - Most policy buyers shortlist insurance policies solely based on premium rates, which is understandable. You can use a premium calculator to get the best critical illness insurance plans quote online.
- **Ensure Less Waiting Period** - Like other health insurance plans, a critical insurance policy includes a waiting period. Care Health Critical Insurance policies come with a standard 90-day initial waiting period and a 36-month waiting period for pre-existing diseases.
- **Find Out the Covered Illnesses** - Knowing what diseases are covered under the best critical illness insurance plan in India is crucial. Especially if you are purchasing the policy

because you have a family history of a medical condition, it is in your best interest to be aware of the coverage provided by the plan.

- **Learn About Renewal Policy** - These plans usually have an age limit on renewability. Select a plan with a more extended age limit so that it can be renewed at any stage of life without hassle. Also, watch for the claim process and sub-limits for surgery, diagnostic tests, and other procedures.

Eligibility Criteria for Purchasing a Critical Insurance Policy

| | |
|--|---|
| Entry Age- Minimum | Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis Adult: 18 Years and above |
| Entry Age- Maximum | Lifelong |
| Exit Age | No Exit Age |
| Age of Proposer (Adult) | 18 Years or above |
| Who are covered (Relationship with Respect to the Proposer) | Self, legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in-law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest. |

How to File a Claim Under a Critical Illness Insurance Plan?

Critical Care insurance ensures a seamless claim process for its customers. Here are the steps to follow while filing a cashless claim or reimbursement for critical illness insurance.

| Cashless Claim Process | Reimbursement Claim Process |
|---|---|
| Step 1: Go to a listed in-network hospital. | Step 1: Submit your claim form along with other required documents. |
| Step 2: Fill out the proper forms at the insurance desk. | Step 2: You'll get an approval letter when your claim is verified. |
| Step 3: Send the completed form to our claim management team. | Step 3: Respond to queries raised by the claim management team. |

| Cashless Claim Process | Reimbursement Claim Process |
|--|--|
| Step 4: You'll get an approval letter when your claim is verified. | Step 4: Get approval from the claim management team. |
| Step 5: Respond to queries from the claim management team. You will receive communication about whether your cashless claim is approved or rejected within the standard TAT. | Step 5: Our claims team will contact you if there are specific reasons for rejecting your claim. |

How Important is Critical Illness Insurance for the Family?

The best critical illness insurance plans tailored to critical illness needs can be a better alternative to deal with the financial consequences. The best critical illness policy is advantageous in the following ways:

- Critical insurance policy for family coverage is a safety net that protects you significantly, covering 32 critical illnesses.
- Because this indemnity-based plan covers numerous medical expenses you incur throughout the year, a high sum insured provides you with total security. You have extensive financial protection for hospitalisation and advanced medical procedures, such as chemotherapy and radiotherapy, which are essential for treatment.

Things to Keep in Mind While Buying a Critical Illness Insurance Policy

Critical illnesses need long-term treatment in most cases. A hurried lifestyle, in addition to inherited factors, might trigger the occurrence of such medical disorders. When buying a critical insurance policy, here are some points you need to keep in mind:

- Budget:** If you have enough financial resources to deal with an unforeseen medical problem, you might choose the best critical illness insurance plans with less coverage. However, remember that healthcare expenses are rising at an unprecedented rate, so relying only on savings could cause irreversible financial loss.
- Health Needs:** Understand your health needs to get the best critical illness policy in India. For instance, if you are prone to suffer from a particular disease because of your family health history or the nature of your occupation, make sure your plan adequately covers the specific condition.
- Inclusions:** Each policy comes with its own set of benefits. Hence, it is crucial to understand what a particular plan offers to align with your needs appropriately.
- Limitations:** It's just as vital to know what's not covered by your critical insurance policy. Also, check the policy's waiting period to avoid any rejected claims in the future.

•Claim Process: As a policyholder, it is in your best interest to know about the documentation you must provide and the procedures for filing a claim so you will be ready when the time comes.

•Coverage Size: A standard health insurance policy cannot cover therapy costs. So, choose the best critical illness insurance plans in India with a fixed benefit that covers the treatment of such urgent conditions.

•Claim Settlement Ratio: An insurance provider's claim settlement ratio indicates their ability and intent to settle claims. Hence, consider the [claim settlement ratio](#) before buying the best critical illness cover.

How to Buy Critical Illness Insurance Plans Online at Care?

You do not need to go through the cumbersome formalities to buy critical insurance policy online from us. Our buying process is simple; you can follow the below steps to get your critical illness health insurance:

- Visit our website and select a health policy.
- Click on 'Get Quote' and provide relevant details
- Choose any of our secure digital payment modes to buy the policy.
- You will get the new health policy documents in your registered email

Documents Required for Critical Illness Insurance Claim

If you want to file a claim, contact us to make a claim registration. To file a claim, you'll usually need the following documents:

| Document Type | Description |
|-------------------------|---|
| Claim Form | The insurer gives a claim form to complete. |
| Medical Report | A report from the treating health expert detailing the diagnosis, treatment, and prognosis. |
| Diagnostic Test Reports | Test results, such as blood tests, scans, or biopsy reports, confirm the critical illness. |
| Discharge Summary | If hospitalisation occurs, the discharge summary from the hospital facility. |
| Policy Document | A copy of the critical illness insurance policy that includes coverage details and terms. |
| Identity Proof | A government-issued ID such as Aadhar card, |

| Document Type | Description |
|---------------------------|---|
| | passport, driver's license). |
| Address Proof | Residential bills, utility bills, etc. documents |
| Medical History Documents | Medical history or reports related to the disease, if applicable. |

Tax Benefits of Critical Illness Insurance Plans in India

Critical illness health insurance premiums are deductible under Section 80D of the Income Tax Act 1961. Below are the tax benefits you can get on the premium you pay for the necessary illness policy according to age:

| Category | Eligibility | Tax Deduction Limit |
|---|---|----------------------------|
| Tax Deduction for Self, Spouse, and Children (Under 60) | For individuals under the age of 60 | Rs 25,000 per year |
| Tax Deduction for Self, Spouse, and Children (Above 60) | For individuals over the age of 60 | Rs 50,000 per year |
| Tax Deduction for Parents (Under 60) | For parents under the age of 60 | Rs 25,000 |
| Tax Deduction for Parents (Above 60) | For parents over the age of 60 | Rs 75,000 |
| Total Deduction for Family Premium (Under 60) | For individuals paying premiums for their family (under 60) | Up to Rs 75,000 |
| Total Deduction for Family Premium (Over 60) | For individuals over 60 paying premiums for their family | Up to Rs 1,00,000 |

How is Critical Illness Cover Different from Health Insurance?

Often, people get confused between a standard [health insurance plan](#) and a critical illness insurance policy. Not only that, but some of us believe that one of the two is sufficient in terms of health insurance.

Know how health insurance and critical illness insurance are vastly different from each other:

| Factors | Critical Illness Insurance | Health Insurance |
|------------------------------|---|--|
| Coverage | It covers hospitalisation due to life-threatening critical illnesses. | It covers standard hospitalisation conditions and treatment expenses. |
| Benefits | Pre-and post-hospitalisation, organ donor cover, dialysis cover, psychiatric counseling, etc. | In-patient hospitalisation, pre and post-hospitalisation, daycare treatments, ICU charges, and more. |
| A number of illnesses | 32 critical illnesses | Different types of chronic diseases, medical treatments, and procedures. |
| Waiting Period | 90 days initial waiting period (36 months for pre-existing diseases) | 30 days initial waiting period (36 months for pre-existing diseases). |
| Policy Period | Long-term Policy | Annual or Long-term Policy |
| Policy Renewal | The policy can be renewed after a claim year. | The policy can be renewed after a claim year. |

Operation Insurance

Operation insurance is a medical cover for critical surgeries and medical procedures requiring long and expensive treatment. Health insurance for surgery lowers the financial burden that comes with major operations.

Pre and post-hospitalisation

Organ Donor Coverage

No Claim Bonus

What is an Operation Insurance Cover?

Operation insurance or surgery insurance is a specialised health insurance plan that offers coverage for medical procedures, including surgeries. It assists policyholders in addressing the high expenses linked to hospitalisation, pre- and post-operative care, and the surgical method itself.

Operation insurance plans cover a wide range of surgeries, from regular to complex ones, guaranteeing that the policyholder can focus on recovering rather than stressing about finances. By purchasing surgery insurance, policyholders can avail of cashless hospitalisation, prevent out-of-pocket expenses, and receive timely care. These plans also offer diagnostic tests and medications related to surgery coverage.

Select from the Best Operation Health Insurance Plan

Look for best health plan **that suits your need!**

Benefits of Buying Health Insurance for Surgery

Purchasing health insurance for surgery offers a crucial economic shield and peace of mind. It guarantees you receive necessary medical treatments without the hurdle of overwhelming costs. Here are the key benefits:

- **Economic Protection:** Health insurance for surgery covers all the medical expenses, reducing the need to pay out-of-pocket for expensive procedures.
- **Access to Quality Care:** Insurance plans usually give you access to their top network hospitals and skilled surgeons.
- **Emergency Protection:** In unpredictable emergencies, insurance helps you get instant surgery without stressing about finances.
- **Pre- and Post-Surgery Care:** Coverage usually includes diagnostic tests, follow-up treatments, and medications.
- **Lower Overall Costs:** Insurance significantly lowers the cost of surgery and related services, making healthcare more affordable.

Optional Benefits of Buying Health Insurance for Surgery

You can also choose optional benefits when buying surgery insurance coverage. Below listed are a few optional benefits that you can choose from

- **Co-payment Option:** By choosing this optional benefit, you will bear a co-payment of 20% per claim, and our liability shall be restricted to the balance amount payable, subject to terms and conditions.

- **Unlimited Automatic Recharge:** If you ever exhaust your health coverage, we reinstate the entire sum insured unlimited times in a policy year, provided you use the recharge amount only under hospitalisation expenses.
- **Air Ambulance Cover:** We will pay you up to the amount specified in the Policy for availing air ambulances in India for your transportation from the place of occurrence of a medical emergency to the nearest hospital.
- **Room Rent Modification:** Your Room Rent/Category and ICU Charges should not have any restrictions or limits. In this optional benefit, you will have no limit on room rent/room category during Hospital accommodation.

Why Do You Need Health Insurance for Surgery?

Surgery may become inevitable for a person suffering from an illness or having a specific medical condition. Surgeries are performed effectively and quickly owing to the technological advancements in healthcare, thus benefiting the patients. A surgical operation demands excellent care, so it becomes crucial to avail yourself of quality treatment at the best hospital. This policy will protect you against many medical costs besides hospital bills. It would offer cover for expenses such as:

- In-patient Hospitalisation- including room rent, operation theatre, and ICU charges
- Day-care treatment, including day-care surgeries
- Pre-hospitalisation Medical Expenses incurred for 30 days before admission
- Post-hospitalisation Medical Expenses incurred for a period up to 60 days after discharge

What is Covered Under Operation Health Insurance Plan?

An operation insurance plan offers financial protection against various surgical expenses incurred by the policyholder. Here is what is covered under Care Health operation insurance plan:

- **Cover for Defined Surgical Procedures :** Our plan makes it easy for you if you have to undergo a surgical procedure. With our best insurance for surgery, you will not have to pay anything out of your pocket.
- **Pre-hospitalisation Expenses :** We cover medically necessary expenses such as examinations, tests, and medication up to the Sum Insured for 30 days immediately before the date of your hospitalisation.
- **Post-hospitalisation Expenses :** We cover the medically necessary expenses up to the sum insured incurred for 60 days immediately after your discharge from the hospital and your return home for recovery.
- **In-Patient Care :** We will pay for medical expenses through a cashless or reimbursement facility up to the Sum Insured, including room charges, nursing expenses, ICU charges, surgeon's fees, doctor's fees, anaesthesia, blood, oxygen, OT charges, etc., subject to terms and conditions.

- **Daycare Treatment** : We will pay through a cashless or reimbursement facility for all listed daycare treatments that require hospitalisation for less than 24 hours, up to the Sum Insured.
- **Organ Donor Cover** : Organ donor coverage in an operation insurance policy covers the medical costs of organ donation. If the donor is a living person, it involves the donor's surgery, hospitalisation, and recovery costs. However, the recipient's costs are usually covered under the policy for transplant surgeries. Reviewing the policy terms is essential, as some policies might involve specific exclusions or requirements related to organ donation.
- **Second Opinion** : If you are diagnosed with or have undergone/are undergoing any of the covered conditions and feel uncertain about your diagnosis/treatment or wish to get a second opinion within India from a doctor on your medical reports for any other reason, we arrange one for you without any impact on the Sum Insured amount. This second opinion is available to every Insured person, once for each Illness / Surgery per policy year.
- **Annual Health Check-up** : We offer annual health check-ups on a cashless basis from the second policy year on continuous coverage at our network hospitals for all the insured persons covered under the policy. This Benefit shall be available only once per insured person's policy year.
- **No claim bonus** : If you filed no claim in the expiring policy year, we raise a cheer to your good health as a bonus for you. At the end of 1st claim-free policy year, we will enhance the Sum Insured by 50%, at the end of 2nd claim-free policy year by 25% and at the end of 3rd Claim free policy year by 25%.

What is Not Covered Under Operation Insurance?

When buying a [health insurance policy](#), checking the list of exclusions is essential. It will give you an idea of the various scenarios where you will not be eligible for a claim. Here is the list of the permanent exclusions of the policy:-

- Act of self-inflicted injury, attempted suicide, or suicide
- Any illness related directly to the consumption of Alcohol/Tobacco/Cigarettes, etc.
- HIV/AIDS or any other sexually transmitted disease
- Cosmetic or plastic surgeries or related treatment
- Pregnancy, miscarriage, childbirth, maternity including C-section, abortion or complications of any of these
- All the hazardous activities
- Damage caused by a nuclear, chemical or biological attack or weapons
- Illness or injuries caused due to any breach of law by the insured with any criminal intent

List of Surgeries Covered Under Operation Insurance Plans

Care Health Insurance covers almost all surgical procedures, subject to terms and conditions. A list of some standard surgical procedures are:

| Category | Procedures |
|--|---|
| General Surgeries | Appendectomy, Hernia Surgery, Gallbladder Removal |
| Cardiac Surgeries | Coronary Artery Bypass Grafting (CABG), Angioplasty, Valve Repair/Replacement |
| Orthopaedic Surgeries | Knee Replacement, Hip Replacement, Spine Surgery |
| Neurosurgeries | Brain Tumor Surgery, Spinal Cord Surgery, Craniotomy |
| Gastrointestinal Surgeries | Colorectal Surgery, Gastric Bypass, Stomach Surgery |
| Cancer-related Surgeries | Mastectomy, Prostatectomy, Lung Cancer Surgery |
| Urological Surgeries | Gastric Sleeve, Gastric Bypass, Lap-Band Surgery |
| Eye Surgeries | Cataract Surgery, Lasik Eye Surgery, Glaucoma Surgery |
| ENT Surgeries | Tonsillectomy, Sinus Surgery, Ear Surgery |
| Laparoscopic Surgeries | Gallbladder Removal (Laparoscopic), Appendectomy (Laparoscopic), Hernia Repair (Laparoscopic) |
| Obstetrics and Gynecological Surgeries | C-section, Hysterectomy, Ovarian Cystectomy, Tubal Ligation |

Surgery Insurance Plan Eligibility Criteria

Here is the eligibility criteria of operation insurance policy in a tabular format:

| Eligibility Criteria | Description |
|--|---|
| Age Limit | Usually between 18 to 65 years, though some plans may cover children and seniors |
| Pre-existing Conditions | Some plans may cover surgeries for pre-existing conditions after a waiting period |
| Medical History | Insurers may require a medical check-up or history for coverage evaluation |
| Policy Type | Eligibility may vary depending on whether it's an individual, family, or group plan |
| Waiting Period | Some policies have a waiting period (6-24 months) before certain surgeries are covered |
| Health Condition | Applicants should be in good health to be eligible for specific coverage plans |
| Coverage Limit | The maximum coverage amount for surgery might differ depending on the policy type and premium paid. |
| Eye Surgeries | Cataract Surgery, Lasik Eye Surgery, Glaucoma Surgery |
| ENT Surgeries | Tonsillectomy, Sinus Surgery, Ear Surgery |
| Laparoscopic Surgeries | Gallbladder Removal (Laparoscopic), Appendectomy (Laparoscopic), Hernia Repair (Laparoscopic) |
| Obstetrics and Gynecological Surgeries | C-section, Hysterectomy, Ovarian Cystectomy, Tubal Ligation |

Key Factors to Keep in Mind While Opting for an Operation Insurance Policy

Choosing the right health insurance cover is paramount so you can stay worry-free about possible out-of-pocket expenditures. Here are some essential factors you must remember when selecting health insurance for surgery:

- Make sure you check the list of surgical procedures which are covered under the policy
- Find out the network hospitals where you could avail of cashless hospitalisation facility
- Decide the coverage amount which would be suitable for your estimated medical expenses
- Remember to take into account the waiting period clause, sub-limits, and exclusions
- Make sure the policy you have selected has features like lifelong renewability
- Check if there is an option of equated installments for premium payment
- You need to decide if you want this health insurance plan as an individual cover or as a [family health insurance plan](#).

How to Select Operation Health Insurance Online?

Buying operation health insurance online is a simple process that does not involve any paperwork. You can get the best health coverage for your medical expenses in a few clicks. Before proceeding, ensure you have assessed your medical needs and estimated costs.

Now, visit the official website of [Care Health Insurance](#), where you will find the best operation insurance policy. You can pick the sum insured based on your financial requirements. Moreover, you can calculate the premium and pay the amount online.

How to Claim Health Insurance for Surgery?

Below is the process you can follow to file a cashless or reimbursement claim under your surgery insurance coverage:

| Cashless Claim Process | Reimbursement Claim Process |
|---|--|
| Step 1: Go to a listed in-network hospital. | Step 1: Submit your claim form along with other required documents. |
| Step 2: Fill out the proper forms at the insurance desk. | Step 2: You'll get an approval letter when your claim is verified. |

| Cashless Claim Process | Reimbursement Claim Process |
|--|---|
| Step 3: Send the completed form to our claim management team. | Step 3: Respond to queries raised by the claim management team. |
| Step 4: You'll get an approval letter when your claim is verified. | Step 4: Get approval from the claim management team. |
| Step 5: Respond to queries from the claim management team and you will soon know whether your cashless claim is approved or rejected. | Step 5: You will be contacted by our claims team if there are specific reasons for rejecting your claim. |

Kindly refer to the prospectus for a complete list of procedures covered.

Difference Between Operation Insurance vs Health Insurance

Many people gradually realise the importance of buying a health insurance plan to safeguard themselves during medical emergencies. A health plan offers numerous benefits and covers medical expenses not restricted to hospitalisation. While this is true, having specific health coverage for surgery is also essential. It could be possible that your existing health policy becomes insufficient to cover all the expenses you incur due to an illness. Operation insurance coverage is wise as it will provide additional cushioning by covering the surgical procedures defined in the policy document.