

Benefits

S. No.	Particulars	Details
I	In-patient Care	Graded Sum insured
Room Rent		
Sum Insured	Maximum eligibility for Normal Hospitalization	Maximum eligibility for ICU Hospitalization
Rs. 300,000	1 % of Sum Insured per day	2 % of Sum Insured per day
Rs. 1000,000	1 % of Sum Insured per day	2 % of Sum Insured per day

If the Insured Member is admitted in a room where the room rent incurred is higher than the room rent limit specified above, then the Insured Member shall bear the ratable proportion of the Associated Medical Expenses in the proportion of 'the room rent actually incurred-room rent limit' / 'room rent actually incurred' along with the excess Room rent.

Day Care Treatment : List of Day Care procedure attached as "Annexure A under Know your policy Better"
List of Expenses Generally Excluded (Non-Medical) in Hospital Indemnity Policy "Annexure B under Know your policy Better"

Details of Benefits and Optional Extensions

1. Policy type : Non selective
2. Family Structure : Self , Spouse, Dependent Children upto 25 years & 2 Dependent Parents upto 80 years
3. Age Limit: 1 day to 80 years

Employees have an option to cover either Parents or Parents -in laws. However only one set of parents are allowed to be covered (Cross combination of parents (e.g:- Father and Mother in law is not allowed).

Waiting Period

1. Pre-existing diseases are covered for existing members and new joiners.
2. 30 Days Wait Period condition is waived for existing members and new joiners.
3. First & Second year exclusion condition for specific diseases is waived for all Insured Members.

Pre & Post Hospitalization

1. Pre & Post Hospitalization is covered for 30 days and 60 days respectively.

Maternity

1. Maximum Limit for Maternity claims is Rs.25,000 for Normal and Rs 50,000 for LSCS.
2. Maternity Expenses Benefit is available for Employees or Spouse only if covered in insured members data received from policyholder.
3. Maternity claim is payable for first two living children only.
4. 9 month waiting period in respect of maternity claims waived off for all Insured Members
5. Pre & Post Natal are Covered under the policy upto Rs 2500 within Maternity Limit.
6. Well baby and Well mother expenses covered within maternity limit with a sub-limit of 10%.
7. New born Baby is covered within family floater sum insured from Day one.

Other Benefits

1. Ambulance charges payable up to a maximum amount of Rs.2000 per claim.
2. Lasik/Refractive error treatment – if power of the eye is above +/-6.5 d then claim is payable.
3. Modern (Advanced) treatments and weight loss treatment including Bariatric surgery covered under the policy as per terms and conditions upto 50% of the Sum Insured.
4. ARMD covered upto 10% SI or Rs 50,000 whichever is lower.
5. CAPD is covered under Pre-Post Hospitalization.
6. 50% Co-pay for Femto laser surgery, bio-absorbable Stent, Toric lens, Multi focal Lens.
7. Alternative methods of Treatments (AYUSH-IPD): All expenses incurred as the Medical Expenses for In-patient treatment provided that treatment is taken in a Government Hospital or NABH accredited hospital, will be payable upto SI.
8. Family Transportation Benefit - Covered upto INR 5000.
9. Donor Expenses - Only harvesting charges shall be covered for Donor. Cost of organ will not be covered Donor Expenses - Only harvesting charges shall be covered for Donor. Cost of organ will not be covered.
10. Nursing Allowance - Covered for INR 100 per day upto a maximum of 15 days with a deductible of 2 days.

11. Hospital Cash Benefit is covered for Rs 500 per day for 7 days Only if Hospitalisation is more than 5 days Not applicable for Parents.
12. Emergency Air Ambulance is covered with per event limit of INR 100,000.
13. Psychiatric or Mental Disorder treatment - Policy also covers hospitalization arising out of Psychiatric ailments within a limit of 50000 per family.
14. Congenital External Cover - Covered in Life threatening condition only.
15. Dental Treatment Covered in case of hospitalization due to accident on IPD basis.
16. Cataract Limit INR 20,000 per eye.
17. Cochlear Implant treatment Cochlear Implant treatment restricted to 50% of SI.
18. Functional Endoscopic Sinus Surgery Policy also covers hospitalization arising out of Functional Endoscopic Sinus Surgery within a limit of INR 35,000 per family within the Family Floater SI.
19. Lucentis is covered upto INR 50,000 per family within Family Floater.
20. E-Consultation (General Physician) covered in the policy.
21. Network detail - Premium Network Opted.

PPE Kit only COVID 19 treatments

1. Upto Isolation Rooms : Upto Rs. 1200 or 2 PPE kit per day whichever is lower
2. ICU with or without Ventilators : Upto Rs. 2000 or 4 PPE kit per day whichever is lower

**PPE kit includes overall cost of kit including mask, gloves, head and shoe cover, face shield and coverall suit.

Premium per life excluding tax:

Age Band	300000	1000000
0-35	2129.93	3572.95
36-45	2816.88	5060.83
46-55	5382.50	9774.37
56-65	9438.60	17234.26
66-70	19419.30	36215.27
71-75	19951.14	37527.58
76-80	20532.97	39557.55

Other Term and Conditions

Below terms & conditions are applicable unless specifically waived or amended under the policy.

1. Mid-term increase in Sum insured due to change in level of the employee (promotion) is allowed, but in case of claims it will not be applicable.
2. If Dependents are to be covered under Family Structure, then the same needs to be declared at the time of inception of the Policy. Mid-term inclusion of new born baby and newly-wed Spouse is allowed only if requested for endorsement within 90 days and 45 days of eligibility, respectively.
3. Definition - Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
4. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence, cerebral palsy, cretinism, Mongolism, mental intellectual disability, Parkinson's disease, Alzheimer's disease and Dementia will not be covered under the policy.
5. All additions and deletions will be done on a pro rate a basis unless otherwise agreed.
6. The Insured must inform of new additions within a reasonable time but not later than 30 days from the date of the joining the organization. On exit of employees, deletion of employees should be informed in writing failing which the liability incurred on claims of such employees after their exit, would be of the employer.
7. Domiciliary Hospitalization is specifically excluded.
8. Terrorism cover extended under the policy.
9. Internal congenital disorders are covered under the policy
10. Individuals cannot be covered as an employee and dependent under the same policy, nor may children or parents will be covered by both under the same policy.
11. List of hospitals where cashless can be availed is also available on our website. The Co. however reserves the right to include/exclude any hospital from this list. However if an insured has already availed a cashless from a hospital which is later on delisted by the Co., in such case the Co. will continue to provide cashless to that insured for the same treatment.
12. Following charges levied by hospitals will not be payable under the policy:- Admission charge / Surcharge / Service charges /

miscellaneous charges / Registration fee / Admission Fee / Other non- medical or non-treatment related expenses.

13. Existing groups may not split into multiple groups to obtain multiple benefit levels.

14. Excluding a class within a group from coverage is not permitted.

15. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.

16. Any hospitalization to undergo contraception is excluded under the policy.

17. Infertility & related ailments including male sterility , treatment on trial /experimental basis; expenses on fitting of prosthesis (any device /instrument/contributing machine/replacing the functions of an organ) holter monitoring are outside the scope of this policy.

18. Septoplasty for cosmetic purpose shall be excluded from the scope of the policy.

19. 50% co-pay for Bio-absorbable Stent/Toric lens/Multi focal Lens

20. Subject otherwise to terms, conditions and exclusions of Group Care 360 Policy terms and Conditions..

21. Claim payment shall be done in favor of customer (employee)/Nominee

22. Claims whether Cashless or Reimbursement pertaining to any treatment taken in Non-Preferred hospitals will not be payable.

Please refer below link to access the latest list of such hospitals subjected to change from time to time.

<https://www.careinsurance.com/non-preferred-hospital-list.html>

23. In case of any mass media promotion of the product and policy, prior approval from the Co. shall be taken.

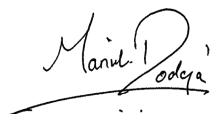
24. E- Health Cards will be provided if specifically mentioned on the policy.

25. Refund of premium shall be in accordance to the prevailing GST guidelines.

Claims Servicing Team

Name of Service	Address	Email
Care Health Insurance Ltd	Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road Gurgaon - 122009	Claims@careinsurance.com

For **Care Health Insurance Limited**



Authorized Signatory

Date of Issue : 25-Oct-2024

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited,

5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

Service Branch : CHIL, 5Th Floor, 19Th Chawla House Nehru Place, New Delhi, Delhi - 110019 Branch Contact No. : 011-66250048

Correspondence Address: Care Health Insurance Limited

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector – 43, Gurugram – 122009 (Haryana).

WhatsApp us at 8860402452

Website : www.careinsurance.com Write to us - <https://www.careinsurance.com/contact-us.html>

Consolidated Stamp Duty paid vide E-Challan GRN no. 0117751470 dated 13 June 2024, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 07AADCR6281N1ZU

IRDA Registration Number - 148

UIN : CHIHLGP25038V022425 CIN – U66000DL2007PLC161503

Note:

*In case premium is paid (partly/fully) by the Insured Member, the same shall be eligible for deduction u/s 80D of Income tax act 1961