

carē

HEALTH  
INSURANCE

**BEST**  
HEALTH INSURANCE  
COMPANY IN RURAL SECTOR

**CLAIMS  
SERVICE**  
LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024



# carē shield add-on

**Know Your Policy Better**

## Policy Terms and Conditions

### 1. PREAMBLE

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured/Insured Persons (also referred as You) and Care Health Insurance Ltd. (also referred as Company/ We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Add-on Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made:

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein and the base policy, the Company agrees to pay/indemnify the Insured Person(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective Benefit in base policy in any Policy Year.

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the Add on policy schedule. If you find any discrepancy, please inform us within 30 days from the date of receipt of the Add on policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 30 days from the date of receipt of the Add on policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal/policy details.

For the purposes of interpretation and understanding of the Add on Policy, the Company has defined, herein below some of the important words used in the Add on Policy and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the Add on Policy are to be construed in accordance with the applicable provisions contained in the Add on Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Add on Policy and, where appropriate.

### 2. DEFINITIONS

#### 2.1 Standard Definitions:

**2.1.1 Accidental / Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**2.1.2 AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- (a) Central or State Government AYUSH Hospital or
- (b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- (c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

- i. Having at least 5 in-patient beds;
- ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
- iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**2.1.3 AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

**2.1.4 Any One Illness (not applicable for Travel and Personal Accident Insurance)** means a continuous Period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment was taken.

**2.1.5 Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network Provider by the insurer to the extent

pre-authorization is approved.

**2.1.6 Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

**2.1.7 Congenital Anomaly** refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position :

- i. Internal Congenital Anomaly – Congenital anomaly which is not in the visible and accessible parts of the body.
- ii. External Congenital Anomaly – Congenital anomaly which is in the visible and accessible parts of the body.

**2.1.8 Co-payment** is a cost-sharing requirement under a Health Insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

**2.1.9 Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

**2.1.10 Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

- i. Has qualified nursing staff under its employment;
- ii. Has qualified Medical Practitioner/s in-charge;
- iii. Has a fully equipped operation theatre of its own, where Day Care Treatment is carried out.
- iv. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**2.1.11 Day Care Treatment** means medical treatment, and/ or Surgical Procedure which is:

- i. undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 consecutive hours because of technological advancement, and
- ii. which would have otherwise required a Hospitalization of more than 24 hours.
- iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**2.1.12 Deductible** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

**2.1.13 Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations,

fillings (where appropriate), crowns, extractions and surgery.

**2.1.14 Disclosure to Information Norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**2.1.15 Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

**2.1.16 Emergency Care (Emergency)** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured Person's health.

**2.1.17 Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

**2.1.18 Hospital (not applicable for Overseas Travel Insurance)** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified Medical Practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**2.1.19 Hospitalization (not applicable for Overseas Travel Insurance)** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

**2.1.20 Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
  - (b) It needs ongoing or long-term control or relief of symptoms;
  - (c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
  - (d) It continues indefinitely;
  - (e) It recurs or is likely to recur.

**2.1.21 Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**2.1.22 In-patient Care (not applicable for Overseas Travel Insurance)** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

**2.1.23 Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**2.1.24 ICU Charges or (Intensive care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**2.1.25 Maternity expenses** shall include—

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during

hospitalization).

- b. Expenses towards lawful medical termination of pregnancy during the policy period.

**2.1.26 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

**2.1.27 Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

**2.1.28 Medical Practitioner** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

**2.1.29 Medically Necessary Treatment** (not applicable for Overseas Travel Insurance) means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**2.1.30 Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

**2.1.31 Network Provider** (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.

**2.1.32 Newborn baby** means baby born during the Policy Period and is aged up to 90 days.

**2.1.33 Non - Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.

**2.1.34 Notification of Claim** means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.

**2.1.35 OPD Treatment** is one in which the Insured Person visits a clinic/Hospital or associated facility like a

consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

**2.1.36 Portability** a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

**2.1.37 Pre-existing** means any condition, ailment, injury or disease

- i. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- ii. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

**2.1.38 Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**2.1.39 Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
- ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company.

**2.1.40 Qualified Nurse** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**2.1.41 Reasonable and Customary Charges** (not applicable for Overseas Travel Insurance) means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.

**2.1.42 Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**2.1.43 Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include

the associated medical expenses.

**2.1.44 Subrogation** (Applicable to other than Health Policies and health sections of Travel and PA policies) means the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

**2.1.45 Surgery/Surgical Procedure:** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

**2.1.46 Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

## **2.2 Specific Definitions:**

**2.2.1 Add on Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and any endorsements which form part of the policy and shall be read together.

**2.2.2 Add on Policy Period** means the period commencing from the Add on Policy Period Start Date and ending on the Add on Policy Period End Date of the Policy as specifically appearing in the Add on Policy Schedule.

**2.2.3 Add on Policy Period End Date** means the date on which the Add on Policy expires, as specifically appearing in the Add on Policy Schedule.

**2.2.4 Add on Policy Period Start Date** means the date on which the Add on Policy commences, as specifically appearing in the Add on Policy Schedule.

**2.2.5 Add on Policy Schedule** is a schedule attached to and forming part of this Add on Policy and which can be endorsed depending on the requirement of the Add on Policy.

**2.2.6 Add on policy year** means a period of one year commencing on the Add on Policy Period Start Date or any anniversary thereof.

**2.2.7 Age** means the completed age of the Insured Person as on his last birthday.

**2.2.8 Ambulance** means a vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.

**2.2.9 Annexure** means the document attached and marked as Annexure to this Policy.

**2.2.10 Base Policy** means retail health indemnity policy issued by the Company including Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and to which this Add-on shall be attached.

**2.2.11 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person as covered under the Policy.

**2.2.12 Claimant** means a person who possesses a relevant and

valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.

**2.2.13 Company (also referred as Insurer/We/Us)** means Care Health Insurance Limited.

**2.2.14 Consumer Price Index- CPI** is a measure of inflation, changes in the CPI are used to assess price changes associated with the cost of living. It is a measure that examines the weighted average of prices of a basket of consumer goods and services, such as transportation, food and medical care. It is calculated by taking price

changes for each item in the predetermined basket of goods and averaging them.

**2.2.15 Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

**2.2.16 Hazardous Activities** (or Adventure sports) means any sport or activity, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes (but not limited to) stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

**2.2.17 Indemnity/Indemnify** means compensating the Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

**2.2.18 Inflation** means a rise in the general level of prices, as measured against some baseline of purchasing power. Inflation measures how much more expensive a set of goods and services has become over a certain period, usually a year.

**2.2.19 Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

**2.2.20 Insured Person (Insured)** means a self, legally married spouse, dependent children, dependent parents or any other relationship having an insurable interest and whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.

**2.2.21 Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, 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

**2.2.22 National Statistical Office (NSO)** is a government agency in India under the Ministry of Statistics and Programme Implementation responsible for co-ordination of statistical activities in India, and evolving and maintaining statistical standards.

**2.2.23 Nominee** means the person named in the Policy Schedule or as declared with the Policyholder who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Person is deceased.

**2.2.24 Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.

**2.2.25 Policyholder (also referred as You)** means the person named in the Add-on Policy Schedule as the Policyholder.

**2.2.26 Rehabilitation** means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

**2.2.27 Sum Insured** means the amount specified in the Policy Schedule of Base Policy, for which premium is paid by the Policyholder

**2.2.28 Third Party Administrator or TPA** means any person who is licensed under the IRDA (Third Party Administrators- Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.

**2.2.29 Associate Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category applicable in a Hospital:

- Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Member availed medical treatment;
- Fees charged by surgeon, anesthetist, Medical Practitioner;

Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

### 3. BENEFITS COVERED UNDER THE POLICY:

#### General Conditions

- The Add-on policy can only be bought along with the

Base Policy either on Policy Issuance or on Renewal and cannot be bought in isolation or as a separate product.

2. The Add-on policy is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Policy.

3. This Add-on policy shall be available only if the same is specifically mentioned in the Policy Schedule.

4. Any claim under this Add-on Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Policy.

### 3.1 Benefit 1 : Claim Shield

If a claim has been accepted under the Base policy, then the items which are not payable under the Base Policy as per Annexure 1 related to the particular claim, will become payable. The maximum claim payout under this benefit shall be limited to applicable Sum Insured under Base Policy.

### 3.2 Benefit 2 : No Claim Bonus Shield

The Company shall provide No Claim Bonus (No Claim Bonus-Super, if opted) for every claim free year. If no claim is made during Policy Year, then on renewal the sum insured shall be increased at a defined rate. In case a claim is made in any particular Policy Year, then accrued No Claim Bonus (No Claim Bonus-Super, if opted) shall reduce at same rate at which it has accrued.

With this benefit, No Claim Bonus (No Claim Bonus-Super, if opted) accrued will not be reduced at renewals, if any total claims amount payable in the previous policy year under the Base Policy does not exceed the 25% of the Base Policy Sum Insured.

However, the total claim amount payable during the policy year is more than 25% of Base Policy Sum Insured, the same benefit is not available and accordingly there shall be decrease in cumulative bonus amount at same rate at which it has accrued. The increase or decrease in cumulative bonus amount shall be at a defined rate as mentioned in Base Policy. e terms, conditions and exclusions in the Base Policy.

### 3.3 Benefit 3 : Inflation Shield

The Inflation Shield benefit is designed to provide additional increase in Sum Insured under Base Policy on the basis of inflation rate in previous calendar year.

The Inflation would be computed as the change in average CPI of the entire calendar year published by the National Statistical Office (NSO), Ministry of Statistics and Programme Implementation. In case inflation rate of previous year is not available at renewal, then the inflation rate available for penultimate calendar year shall be considered.

For information on Consumer price index you can visit Website-<http://mospi.nic.in/cpi>.

The % increase will be applicable only on Sum Insured under the Base Policy and not on No Claim Bonus or any other benefit which leads to increase in Sum Insured.

In case of Sum Insured is changed at the time of renewal, any accumulated sum Insured due to Inflation Shield Benefit will be added to the applicable new Sum Insured opted by Insured at the time of renewal.

Please Note that all the accumulated Inflation Shield benefit will lapse and your Sum Insured under Base Policy will roll back to the Sum Insured opted under the Base Policy if this Add-on Policy is not renewed.

## 4. EXCLUSIONS

### 4.1 Waiting Period

There are no waiting periods in this Add-on Policy.

However, this Policy shall follow waiting periods applicable in Base Policy.

### 4.2 Permanent Exclusions:

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

## 5. GENERAL TERMS AND CLAUSES

### 5.1 Disclosure to information Norm

Conditions under this section are same as Base Policy.

### 5.2 Observance of Terms and Conditions

Conditions under this section are same as Base Policy.

### 5.3 Material Change

Conditions under this section are same as Base Policy.

### 5.4 Records to be maintained

Conditions under this section are same as Base Policy.

### 5.5 No constructive Notice

Conditions under this section are same as Base Policy.

### 5.6 Complete Discharge Conditions under this section are same as Base Policy.

### 5.7 Multiple Policies

Conditions under this section are same as Base Policy.

### 5.8 Free Look Period and Renewal Terms

Conditions under this section are same as Base Policy.

### 5.9 Policy Disputes

Conditions under this section are same as Base Policy.

### 5.10 Premium Installment Facility

Conditions under this section are same as Base Policy.

### 5.11 Cancellation / Termination

Conditions under this section are same as Base Policy.

### 5.12 Limitation of liability

Conditions under this section are same as Base Policy.

### 5.13 Communication

Conditions under this section are same as Base Policy.

### 5.14 Alterations in the Add-on Policy

Conditions under this section are same as Base Policy.

**5.15 Electronic Transactions**

Conditions under this section are same as Base Policy.

**5.16 Portability & Migration**

Conditions under this section are same as Base Policy.

**5.17 Fraud**

Conditions under this section are same as Base Policy.

**5.18 Grievances**

Grievance redressal procedure is same as mentioned in Base Policy.

**6. OTHER TERMS AND CLAUSES**

**6.1 Claims Procedure and Management**

Claim Procedure and Management under this Add on Policy shall be same as the Base Policy.



## Annexure I

Sr. No.	LIST - I - OPTIONAL ITEMS	Sr. No.	LIST - I - OPTIONAL ITEMS
1	BABY FOOD		CHARGES
2	BABY UTILITIES CHARGES	49	AMBULANCE COLLAR
3	BEAUTY SERVICES	50	AMBULANCE EQUIPMENT
4	BELTS/ BRACES	51	ABDOMINAL BINDER
5	BUDS	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
6	COLD PACK/HOT PACK	53	SUGAR FREE Tablets
7	CARRY BAGS	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
8	EMAIL / INTERNET CHARGES	55	ECG ELECTRODES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	56	GLOVES
10	LEGGINGS	57	NEBULISATION KIT
11	LAUNDRY CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
12	MINERAL WATER	59	KIDNEY TRAY
13	SANITARY PAD	60	MASK
14	TELEPHONE CHARGES	61	OUNCE GLASS
15	GUEST SERVICES	62	OXYGEN MASK
16	CREPE BANDAGE	63	PELVIC TRACTION BELT
17	DIAPER OF ANY TYPE	64	PAN CAN
18	EYELET COLLAR	65	TROLLEY COVER
19	SLINGS	66	UROMETER, URINE JUG
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	67	AMBULANCE
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	68	VASOFIX SAFETY
22	TELEVISION CHARGES		
23	SURCHARGES		
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE		
27	CERTIFICATE CHARGES		
28	COURIER CHARGES		
29	CONVEYANCE CHARGES		
30	MEDICAL CERTIFICATE		
31	MEDICAL RECORDS		
32	PHOTOCOPIES CHARGES		
33	MORTUARY CHARGES		
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)		
36	SPACER		
37	SPIROMETRE		
38	NEBULIZER KIT		
39	STEAM INHALER		
40	ARMSLING		
41	THERMOMETER		
42	CERVICAL COLLAR		
43	SPLINT		
44	DIABETIC FOOT WEAR		
45	KNEE BRACES (LONG/SHORT/HINGED)		
46	K N E E I M M O B I L I Z E R / S H O U L D E R I M M O B I L I Z E R		
47	LUMBOSACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED		



**Care Health Insurance Limited**

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

Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,  
Sector-43, Gurugram-122009 (Haryana)

CIN: U66000DL2007PLC161503 UIN: RHIHLIA21168V012021

IRDAI Registration Number - 148

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Care Health-  
Customer App



WhatsApp  
**8860402452**

Self Help Portal:

[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:

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