

# Policy Usage Guide

carē supreme

Redefining the value that you get  
from your Health Insurance

Note: This is an illustrative summary description of the health insurance policy cover for quick customer overview and does not in any way claim to present exhaustive information. Please refer to policy document for complete details.

## WHAT IS COVERED?

Refer to  
policy T&C



### In-patient Care

If the Insured Person is hospitalized for a minimum period of 24 consecutive hours, the Company pays for the expenses pertaining to in-patient treatment such as room charges, nursing expenses, intensive care unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theatre charges, etc.

Clause  
3.1.1 (i)



### Day Care Treatment

Indemnifies up to the Sum Insured for the medical expenses incurred during treatments that require the Insured Person to be hospitalized for less than 24 hours.

Clause  
3.1.1 (ii)



### Advance Technology Methods

Indemnifies up to the Sum Insured, as specified, for expenses incurred under Benefit 'In-patient Care and/or Day Care Treatment' for treatment taken through listed Advance Technology methods.

Clause  
3.1.1 (iii)



### Pre-Hospitalization Medical Expenses & Post-Hospitalization Medical Expenses

Indemnifies up to Sum Insured for the medical expenses incurred 60 days immediately before hospitalization & 180 days immediately after discharge from hospital, respectively.

Clause  
3.1.1 (iv)  
& 3.1.1(v)

|   |  |                     |
|---|--|---------------------|
| ✓ | <b>AYUSH Treatment</b><br>Indemnifies up to Sum Insured for in-patient medical expenses incurred towards in-patient admission in any AYUSH Hospitals or healthcare facilities which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy.               | Clause 3.1.1 (vi)   |
| ✓ | <b>Domiciliary Hospitalization</b><br>Indemnifies up to Sum Insured for the medical expenses incurred during his/her treatment at home which had actually merited domiciliary hospitalization.   | Clause 3.1.1 (vii)  |
| ✓ | <b>Organ Donor Cover</b><br>Indemnifies up to Sum Insured for the medical Expenses in respect of his/her Organ Donor for any Organ transplant surgery provided that the Insured Person is the recipient of the Organ so donated. (Pre & Post Hospitalization Medical Expenses of the donor are not covered). | Clause 3.1.1 (viii) |
| ✓ | <b>Road Ambulance Cover</b><br>Indemnifies for expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.   | Clause 3.1.2        |
| ✓ | <b>Cumulative Bonus</b><br>Increase in 50% of Base Sum Insured for every year, subject to a maximum of 100% of Base Sum Insured.   | Clause 3.1.3        |
| ✓ | <b>Unlimited Automatic Recharge</b><br>This Benefit reinstates the amount of base Sum Insured, unlimited times during the Policy Year in case the base Sum Insured gets exhausted in a Claim. The Recharge of Sum Insured so made, shall be available for the remaining Policy Year.                         | Clause 3.1.4        |
| ✓ | <b>Unlimited E-Consultation</b><br>The Company shall offer unlimited e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.).  | Clause 3.1.5        |
| ✓ | <b>Health Services</b><br><b>Health Portal</b> - Doctor on chat, Healthy tips reminder, etc.<br><b>Discount Connect</b> – Discountson services such as consultations, diagnostics, maternity etc. at our network.  | Clause 3.1.6        |

## OPTIONAL COVER

|   |  |                                |
|---|--|--------------------------------|
|   |  | <b>Refer to policy T&amp;C</b> |
| ✓ | <b>Smart Select</b><br>This Optional Benefit provides reduction on the premium if Treatment is taken in listed hospitals.  | Clause 3.2.1                   |
| ✓ | <b>Room Rent Modification</b><br>By choosing this Optional Benefit, the Company modifies the Room Rent / Room Category limit to Single Private AC room or Twin sharing room as specified in Policy schedule. | Clause 3.2.2                   |
| ✓ | <b>PED Waiting Period modification</b><br>This Optional Benefit modifies the applicable wait period of 48 months for Claims related to Pre-existing diseases.  | Clause 3.2.3                   |
| ✓ | <b>Named Ailment Wait Period Modification</b><br>This Optional Benefit modifies the applicable waiting period of 24 months for Claims related to Names ailments.   | Clause 3.2.4                   |



### Instant Cover

This Optional Benefit shall waive off the applicable PED waiting period related to Diabetes/ Hypertension/ Hyperlipidemia/ Asthma, at the time of issuance of first policy with the Company.

Clause  
3.2.5



### Co-payment

This optional Benefit will give an option to bear a Co-payment, as specified in the Policy Schedule, and the Company's liability shall be restricted to the balance amount payable.

Clause  
3.2.7



### New Born Cover

By choosing this Optional Benefit, the Company will allow the addition of New Born baby from day 1.

Clause  
3.2.8



### Plus Benefit

By choosing this Optional Benefit, additional Sum Insured shall be available to the Insured person.

Clause  
3.2.9



### Cumulative Bonus Super

This Optional Benefit increases the Sum Insured to 100% per year subject to a maximum of 500% of Base Sum Insured.

Clause  
3.2.10



### Annual Health check-up

Up on the Insured Person's request, the Company shall arrange for health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services, for each Insured Member covered under the policy once in a Policy Year on a Cashless basis.

Clause  
3.2.11



### Be- Fit Benefit

Insured (> 12 years of age) can avail unlimited visits to the Fitness Centers in a Policy year at the Company's network.

Clause  
3.2.12

## WHAT IS NOT COVERED?



Any hospital admission primarily for investigation/diagnostic purposes, infertility, circumcision, sex change, surgery, cosmetic surgery & plastic surgery, refractive error correction, substance abuse, self-inflicted injuries war, terrorism, civil war or breach of law. Treatment expenses in blacklisted hospitals is also not covered.

## WAITING PERIOD



The time span during which you can not claim some or all benefits, specified for the illnesses covered under the insurance policy. A 30 day initial wait period applies at start of policy except for policy renewal & accident cases. For specified illness, treatment & surgeries for example – Hernia, Ulcer, ENT related, Arthrities, Ligament Tear, Cataract & Stone the applicant will wait 24 month and for pre-existing ailment 48 months.

Clause  
4.1(a) (i),  
(ii), (iii)

**Note:** Information provided is representative and summary of waiting period applicable under the policy, for complete details please refer to T&C

## HOW TO CLAIM



There are two modes of claiming, cashless & reimbursement.

- In case of cashless claim, the individual can get hospitalized in any of our empaneled network hospitals and the hospital bill will be settled directly by the insurance company.
- In case of reimbursement: The insured members has the flexibility to visit a hospital that can be outside of our empaneled network list, wherein they can settle the hospitalization bill and claim for the reimbursements of same as per policy terms & conditions, after getting discharged.
- We request all our insured members to intimate us of any accident or illness (for cashless claims) before hospitalization. For unplanned hospitalization within 48 hours of admission and in case of planned hospitalization at least 48 hours prior to the planned date of admission to hospital.
- For hassle free claim intimation : just scan and upload the claim documents at self-help portal link.
- For hard copy claim intimation send us at : Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)

## HOW CAN I RENEW POLICY

On basis of your existing policy details and renewal request, a new renewal premium will be intimated to you within specified period before the policy expires. You can pay renewal premium through below payment modes.



Through  
Mobile app



Scan  
QR code



Through  
website



Cheque/DD



EMI through  
credit card



Paytm



HDFC &  
Axis Bank  
branches



Phonepe

Note: This summary description is only to aid your understanding of the primary coverage/ benefits offered. For detailed information please refer to related policy document. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

### Care Health Insurance Limited

Regd. Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Corresp. Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana) Website: [www.careinsurance.com](http://www.careinsurance.com)

Disclaimer: This is only summary of selective features of product care supreme. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Insurance is a subject matter of solicitation. CIN:U66000DL2007PLC161503 UIN:CHIHLP23128V012223

IRDAI Registration Number - 148

Internal circulation to existing policy customers of Care Health Insurance only.

REACH US @



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:  
[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)