

Policy Certificate - Group Care 360°

VIRTUOSO PROJECTS & ENGINEERS PVT LTD
GAT NO. 112, AT PIMPALGAON
POST SOLU
TALUKA KHED
PUNE-412105
MAHARASHTRA
GSTN : 27AAFCV0424R1ZX
STATE CODE : 27

Policy No	66919162
Name of Policyholder	VIRTUOSO PROJECTS & ENGINEERS PVT LTD
Cover type	Main Floater
Policy Period - Start Date	00:00 hrs 24-May-2023
Policy Period - End Date	Midnight 23-May-2024

Premium Details

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 1,818,800	₹ 163691.98	₹ 0	₹ 163691.98	₹ 0	₹ 2,146,184	ANNUAL PREMIUM

Details of Insured

S No.	Particulars	Nos.
1	Primary Insured Members	312
2	Dependents	251
	Total	563

For details of each insured refer to “Annexure A”

Details of Cover

S No.	Particulars	Amount
1	Total Sum Insured	₹ 93,600,000

Intermediary Details

Name	Code	Contact Number
RAGHNALL INSURANCE	20511078	9120032773

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Benefits

S. No.	Particulars	Details
I	In-patient Care	Flat Sum insured
Room Rent		
Sum Insured	Maximum eligibility for Normal Hospitalization	Maximum eligibility for ICU Hospitalization
Rs. 300000	2 % 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 total Medical Expenses in the proportion of the room rent actually incurred-room rent limit/room rent actually incurred.

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
3. Age Limit: 01 day - 80 years

Waiting Period

1. Pre-existing diseases are covered for existing members and new joiners.
2. 30 Days Wait Period condition is waived off for existing members and new joiners.
3. First & Second year exclusion condition for specific diseases is waived off 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. 50,000 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 Not Covered under the policy.
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 +/-7.5 d then claim is payable.
3. Modern (Advanced) treatments, psychiatric 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. Stem Cell Therapy – Hematopoietic Stem Cells for bone marrow transplant for hematological conditions to be covered -10% of the sum insured subject to maximum of Rs. 1,00,000/- during the period of Insurance.
8. Dialysis, Chemotherapy/Oral Chemotherapy and Radiotherapy, Immunotherapy (monoclonal antibody to be given as injection) -5% of the sum insured subject to maximum of Rs. 1,00,000/- during the period of Insurance.
9. E-Consultation (General Physician) covered in the policy.
10. 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.

Corporate Floater Sum Insured

We shall reimburse the Insured Person such usual and necessary medical expense incurred in-hospital for a period of minimum 24 hours or Day care for the treatment of the Critical Illness named below only, after the exhausting the family floater Sum Insured as covered under the policy.

The Co. shall provide additional Sum Insured over and above family floater Sum Insured up to family floater Sum Insured per Insured Family on written Our Aggregate Liability in respect of all such claims under Corporate Floater shall not exceed Rs.5 Lakhs for all the Insured members as applicable during the period of Insurance.

Critical Illness for the Corporate Floater shall mean the following diseases only:

- a. Renal Failure requiring Kidney Transplantation & Dialysis
- b. Cerebro - Vascular Strokes
- c. Open and Close Heart Surgery (inclusive of C.A.B.G.)
- d. Malignancy diseases which are confirmed on Histopathological Report
- e. Encephalitis (Viral)
- f. Neuro Surgery
- g. Total Replacement of Joints
- h. Liver Disorder associated with complication of Cirrhosis of Liver
- i. Grievous injury which includes

- multiple fracture of long bone,
- head-injury leading to Unconsciousness,
- burns of more than 40%,
- injury requiring artificial ventilator support plus Vertebral Column Injury

Premium per life excluding tax:

Age Band	300000
0-35	2977.38
36-45	3937.60
46-55	7524.07
56-65	13193.99
66-70	27145.76
71-75	27889.21
76-80	28702.53

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 only Child by birth and Spouse after marriage falling during the Policy period is allowed.
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

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>

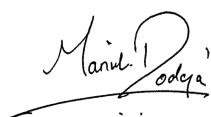
23. In case of any mass media promotion of the product and policy, prior approval from the Co. shall be taken.

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

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 : 14-Jun-2023

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, Cts No-364, 1st Floor, Tejal Society, Gokhale Road Model Colony, Above Agarwal Packaging Pvt. Ltd. Shivajinagar, Pune, Maharashtra - 411016 Branch Contact No. : 1800-102-4488

Correspondence Address: Care Health Insurance Limited

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

Call us : 1800-102-4488 Fax : 1800-200-6677

Website : www.careinsurance.com E-mail : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 January 2023, RCM Applicability- N/A

SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 27AADCR6281N1ZS

IRDA Registration Number - 148

UIN : RHIHLGP20126V011920 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

Tax invoice

Document No	Date
66919162-1	14-Jun-2023

Name of Supplier: Care Health Insurance Limited
Address of Cts No-364, 1 St Floor, Tejal Society, Gokhale Road Model Colony, Above Agarwal Packaging Pvt. Ltd. Shivajinagar, Pune -411016-Maharashtra - 27
Supplier GSTIN: 27AADCR6281N1ZS

Bill To:

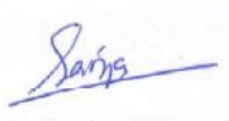
Name of Recipient: Virtuoso Projects & Engineers Pvt Ltd
Address of Recipient: Gat No. 112, At Pimpalgaon Post Solu Taluka Khed 412105 Pune-27
Customer GSTIN: 27AAFCV0424R1ZX

Description of Goods/Services	Amount
Health Insurance Premium	
Transaction Value	18,18,799.86
CGST @ 9%	1,63,691.98
SGST/UTGST @ 9%	1,63,691.98
IGST @ 18%	0.00
Total Value Including Tax Amount in word:-TWENTY ONE LAKH FORTY SIX THOUSAND ONE HUNDRED EIGHTY FOUR RUPEES	21,46,184.00
Place of Supply: Pune-27 Service Accounting Code: 997133	

Whether tax payable under reverse charge: No

Note: I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

For Care Health Insurance Limited




Authorised Signatory