PROSPECTUS AND SALES LITERATURE

1. ELIGIBILITY CRITERIA

Entry Age – Minimum	**Adult:** 18 years **Child:** 90 days
Entry Age – Maximum	**Adult:** Lifelong **Child:** 24 years (last birthday)
Exit Age	**Adult:** Lifelong **Child:** 25 years
Age of Proposer	18 years or above
Policy Term	1/ 2/ 3 years
Premium Payment Term	Single/ Monthly/ Quarterly/ Half-yearly Option to pay entire premium in any mode within a Policy Year
Cover Type	Individual: max up to 6 persons Floater: max up to 2A2C
Who are covered (Relationship with respect to the Proposer)	Self, Spouse/ live-in partner/ same sex partner, Son, Daughter, Father, Mother, Mother-in-law, Father-in-law, Grand-Father, Grand-Mother
Pricing	**Zone 1 -** Delhi NCR, Surat, Mathura, Aligarh, Alwar, Bharatpur; **Zone 2 -** Mumbai (MMR); **Zone 3 -** Rest of Gujarat; **Zone 4 -** Telangana, Ahilyanagar, Indore, Nashik, Pune; **Zone 5 -** Alwaye, Asansol, Aurangabad, Bangalore(Urban), Barasat, Bhusaval, Dehradun, Guntur, Gwalior, Hisar, Hoshangabad, Howrah, Jalgaon, Kolkata, Mangalore, Nagpur, Quilon, Vijayawada, Visakhapatnam, Haridwar; **Zone 6 -** Rest of Karnataka, Rest of Maharashtra, Agra, Amritsar, Chandigarh, Chennai, Cuttack, Ernakulam, Hooghly, Jaipur, Ludhiana, Patiala, Patna, Trivandrum, Ujjain; **Zone 7 -** Rest of India. Note - 1. Cities above means adjoining cities also 2. Delhi-NCR, Mumbai (MMR), is as defined by Government

Notes:

- All the Age calculations are as per 'Age Last Birthday' as on the date of first issue of Policy and/ or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.

2. BENEFITS COVERED UNDER THE POLICY

S. No.	Description	Parameters	Rates
1.	Discount for Employees and / or their dependents of :	-	15%
	CHIL		
	CHIL's Promoters		

2.	Tenure Discount	7.5% on the second year premium if you pay for 2 year policy term in advance and additional 10% on the third year premium if you pay for 3 year policy term in advance.	
3.	Family Discount	This discount shall be applicable on each additional member covered (other than eldest member) in the same Policy having Sum Insured on individual basis.	
		No. of Persons	Discount
		2, 3 members	5%
		4 and above members	10%
4.	Direct Discounts	Fresh Policy issuance & Renewal through Direct channel	Up to 15%
5.	Discount in lieu of commission	Fresh Policy issuance & Renewal	Up to 15%
6.	Cross Sell Discount (including in lieu of commission)	If Insured person has existing policy with Company	Up to 15%
7.	Renewal Discount	Within 30 days before premium payment due date 31 days and above before premium payment due date	2.5% 5%
8.	Corporate GMC policyholder discount		Up to 10%
9.	NRI Policyholder Discount		Up to 15%

Notes:

Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible, Co-payment etc.) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 50% of the Premium)

3. BENEFITS COVERED UNDER THE POLICY

A. GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS AND OPTIONAL BENEFITS

1. The premium payable for the above plans would be eligible for claiming Tax Benefits under relevant provisions of Income Tax Act, 1961 and amendments thereof.

2. Child would be migrated to separate Policy of Company and treated as adult upon attaining age of 25 years or above at the time of renewal , unless eligible as Adult to be covered under this Policy.

3. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured as mentioned in the policy schedule against that Benefit for that Insured Person.

   I. On Floater Basis, the Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Sum Insured as mentioned in the policy schedule.

   II. For any single Claim including continuous Hospitalization during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, Cumulative Bonus , Cumulative Bonus Super (if applicable), Plus Benefit (if applicable), Unlimited Care (if applicable).

   III. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.

4. Deductible Option (if opted) is applicable on the Benefits namely under Hospitalization Expenses, Road Ambulance Cover, Claim Shield, Plus Benefit, Air Ambulance Cover, Unlimited Care.

5. The Co-payment proportion (If opted) shall be borne by the Insured Person on each Claim which will be applicable on Benefits namely Hospitalization Expenses, Road Ambulance Cover, Optional Benefits- Claim Shield , Plus Benefit, Air Ambulance Cover, Unlimited Care.

6. Any Claim paid for Benefits namely Hospitalization Expenses (i.e. In-Patient Care , Day Care Treatment , Advance Technology Methods , Pre –Hospitalization Medical Expenses , Post-Hospitalization Medical Expenses ,Organ Donor , Ayush Treatment and Domiciliary Hospitalization) , Road Ambulance Cover , Claim Shield , Air Ambulance Cover shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.

7. Admissibility of a Claim under Benefit "In-patient Care and/or Day Care Treatment" is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Organ Donor Cover, Road Ambulance Cover, Claim Shield, Plus Benefit, Air Ambulance Cover, Unlimited Care and the event giving rise to a Claim under Benefit "In-patient Care and/or Day Care Treatment" shall be within the Policy Period for the Claim of such Benefit to be accepted.

8. If Insured persons are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Benefits. If Insured Persons are covered on Floater basis, then the Optional benefits if opted shall available to all Insured persons under floater policy unless specifically mentioned/ catered to in the Policy.

9. Linear interpolation methodology will be applied to calculate the premium rates if an intermittent value of Sum Insured/sub-limit/benefit amount is chosen by the Policyholder

10. The Company acts as facilitator for the services offered and shall not assume nor be deemed to assume, any liability for the quality, deficiencies or availability of services provided by the empaneled service providers.

3.1 Base Benefits

3.1.1 Benefit: Hospitalization Expenses

(i) Benefit: In-patient Care

Hospitalization for at least 24 hours - If You are admitted to a hospital for in patient care due to Illness or Injury, which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges etc. which forms a part of Hospitalization.

(ii) Benefit: Day Care Treatment

Hospitalization involving less than 24 hours – Some surgeries doesn't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments, maximum up to Sum Insured.

(iii) Benefit: Advance Technology Methods

We will indemnify you for expenses incurred under In-patient Care and/or Day Care Treatment for treatment taken through following advance technology methods:

A. Uterine Artery Embolization and HIFU

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. Bronchical Thermoplasty

J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

K. IONM - (Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

(iv) Benefit: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

1. Pre-Hospitalization Medical Expenses

Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (Up to Sum Insured) incurred by You for a period of 60 days immediately before the date of Your admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were not incurred during the Policy Year.

2. Post-Hospitalization Medical Expenses

Back home and till You are back on Your feet - The expenses don't end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (Up to Sum Insured) incurred by You for a period of 180 days immediately after the date of Discharge from Hospital and claim documents to be submitted within 30 days after completion of 180 days from the date of discharge from Hospital.

Note: Payment under this benefit will only be on re-imbursement basis

(v) Benefit: AYUSH Treatments

It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay You up to Sum Insured for medical expenses incurred by You towards Your in-patient admission at any AYUSH Hospitals or health care facilities, which administers treatment related to the disciplines of medicine namely Ayurveda, Yoga, Naturopathy, Unani, Sidha and Homeopathy. Clause 4.2 (12) under Specific Exclusions, is superseded to the extent covered under this Benefit.

(vi) Benefit: Domiciliary Hospitalization

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you maximum up to Sum Insured, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

(i) Asthma;

(ii) Bronchitis;

(iii) Chronic Nephritis and Chronic Nephritic Syndrome;

(iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis;

(v) Diabetes Mellitus and Diabetes Insipidus ;

(vi) Epilepsy;

(vii) Hypertension;

(viii) Influenza, cough or cold;

(ix) All Psychiatric or Psychosomatic Disorders;

(x) Pyrexia of unknown origin;

(xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;

(xii) Arthritis, Gout and Rheumatism.

(vii) Benefit: Organ Donor Cover

We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to Sum Insured for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor.

3.1.2 Benefit: Road Ambulance Cover

It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount/limit per Policy Year, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for your health condition, provided medically necessary.

3.1.3 Benefit: Cumulative Bonus

For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad.

Sum Insured (excluding Cumulative Bonus) shall be increased by 50%, provided the policy is renewed without a break subject to maximum 100% of the sum Insured.

3.1.4 Benefit: Unlimited Automatic Recharge

A refill is always welcome! So your sum insured is reinstated just when you need it the most.

If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire base sum insured immediately, for unlimited times in the policy year.

In case of a floater policy, all Insured Person will be eligible to utilize the Recharged amount for any illness or injury pertaining to that Policy Year.

- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- Please note that the applicable 'Cumulative Bonus', 'Optional Benefit: Cumulative Bonus Super', Optional Benefit: Plus Benefit shall not be considered while calculating 'Unlimited Automatic Recharge'.
- Recharge amount can be utilized for same illness as well as different Illnesses.
- A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit: Hospitalization Expenses;
- The Sum insured available under Unlimited Automatic Recharge can only be utilized for Benefits under 'Hospitalization Expenses' and Benefit 'Road Ambulance Cover' under the Policy.

3.1.5 Benefit: Unlimited E-Consultation

We shall offer unlimited e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication as available(Voice/Video Call /Chat /Email Chat/etc.).

3.1.6 Benefit: Health Services

Health Portal: You may access health related information and services such as Doctor on chat, Healthy tips reminder, Digital locker for medical records etc. as available on Company's website.

Discount Connect: You may access to Special rates for OPD, Diagnostics, and Pharmacy etc. through Network as available on our website.

3.2 Optional Benefits

The Policy provides the following Optional Benefits which can be opted either at the inception of the policy or at the time of renewal. The Policy Schedule will specify the Optional Benefits that are in force for the Insured Persons.

3.2.1 Optional Benefit: Smart Select

This Optional Benefit provides you a reduction in the premium you pay!

By choosing this Optional Benefit and thereby getting a reduction on the total premium (which includes premium of Base Benefits, Optional Benefits- Room Rent Modification, PED Wait Period Modification, Named Ailment Wait Period Modification, Instant Cover, Deductible, Co-payment, New Born Cover, Plus Benefit, Cumulative Bonus Super, Air Ambulance cover, Unlimited Care) payable as specified, you can avail Medical Treatment at any hospital listed under Annexure – III to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – III to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other Co-payment (if any) applicable in the Policy.

Note: For an updated list of Hospitals mentioned under Annexure – III to the Prospectus, please refer to our Website. https://www.careinsurance.com/

3.2.2 Optional Benefit: Room Rent Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit, we agree to modify the Room Rent / Room Category as per the following:

Sr. No.	Room Category	Eligibility
1.	Single Private AC Room	It means your maximum eligible Room Category in case of Hospitalization payable by Us is limited for stay in a Single Private AC Room.
2.	Twin Sharing Room	It means your maximum eligible Room Category in case of Hospitalization payable by Us is limited for stay in a Twin Sharing Room.

Notes:

- The nomenclature of Room categories may vary from one hospital to the other. The final consideration shall be as per definition of the Rooms mentioned in the Policy.
- No limit on ICU charges applicable

3.2.3 Optional Benefit: PED Wait Period Modification

Choosing this Optional Benefit modifies the applicable waiting period of 36 months for Claims related to Pre-existing diseases, to specific time period as specified.

Hence all the provisions stated under Clause 4.1 (a) (i) holds good for this Benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/ treatment of any Pre-existing Disease after specific time period of continuous coverage has elapsed as specified, since the inception of the first Policy with us.

3.2.4 Optional Benefit: Named Ailment Wait Period Modification

Choosing this Optional Benefit modifies the applicable waiting period of 24 months for Claims related to Named Ailments, to specific time period as specified.

Hence all the provisions stated under Clause 4.1 (a) (ii) holds good for this Benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/ treatment of any Named Ailment Disease after specific time period of continuous coverage has elapsed as specified, since the inception of the first Policy with us.

3.2.5 Optional Benefit: Instant Cover

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Benefit we shall waive off the applicable PED waiting period on Diabetes/ Hypertension/ Hyperlipidemia / Asthma at the time of issuance of first Policy with us and coverage shall start from the 31st day of Policy start date after serving Initial wait period of 30 days.

Note:

i) The above Optional Benefit can be opted only if this policy is issued for the first time with us.

ii) Either Optional Benefit - 'Instant Cover' or 'PED Wait Period Modification' can be opted but not both.

3.2.6 Optional Benefit: Deductible

We give you an option of choosing a deductible along with your Plan, which will help you reduce the amount of Premium to be paid!!

Deductible is the claim amount (as specified) which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year. We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible in the same Policy Year:

(Amount in Rs.)

Case	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	25,00,000	10,00,000	750,000	12,50,000	10,00,000	-	10,00,000	10,00,000
2	25,00,000	10,00,000	750,000	15,00,000	30,00,000	-	12,50,000	12,50,000
3	25,00,000	10,00,000	12,50,000	40,00,000	40,00,000	2,50,000	22,50,000	Claim not payable as SI is exhausted

3.2.7 Optional Benefit: Co-Payment

By choosing this Optional Benefit, you will have an option to bear a Co-payment on per claim basis (over & above any other co-pay, if any) and Our liability shall be restricted to the balance amount payable.

3.2.8 Optional Benefit: New – Born Cover

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

Note: All the applicable waiting period shall stand valid for this Benefit. Premium of this Optional Benefit shall be payable only at the time of addition of new born and will be pro-rated for the exposure period.

3.2.9 Optional Benefit: Plus Benefit

An additional amount as opted, will be available to the Insured Person for all claims (admissible under Base Benefits) during the Policy Year, subject to the following conditions:

a. This Plus Benefit would be applied on the base Sum Insured only.

b. Any unutilized amount will not be carried forward to the subsequent Policy Year.

c. The Plus Benefit can be utilized for any number of claims admissible under the Policy during the Policy Year.

d. The Plus Benefit will be applicable only after exhaustion of Base Sum Insured. 'Cumulative Bonus', 'Optional Benefit: Plus Benefit', 'Optional Benefit: Cumulative Bonus Super' shall not be considered while calculating amount under this Benefit.

3.2.10 Optional Benefit: Cumulative Bonus Super

For every year that you enjoy un-interrupted good health, your Cumulative Bonus Super keeps building up!

This Optional Benefit serves as an extension to Benefit: Cumulative Bonus. In a particular year, if this option is chosen by you, we raise a cheer to your good health in the form of a Cumulative Bonus Super for you. You receive an increase of 100 percent flat in your Sum insured, which is over & above the Sum Insured accrued under Benefit: Cumulative Bonus, for the next Policy year. In any case the Cumulative Bonus Super will not exceed 500% of the Sum insured and In the event of a Claim there is no impact on the accrual of Cumulative Bonus Super. 'Unlimited Automatic Recharge' and 'Optional Benefit: Plus Benefit' shall not be considered while calculating 'Cumulative Bonus Super'. Accrued 'Cumulative Bonus Super' can

only be utilized for Benefits under 'Hospitalization Expenses' and Benefit 'Road Ambulance Cover' under the Policy.

At the time of Policy renewal if You choose not to renew this Optional Benefit, then the Cumulative Bonus Super under the expiring Policy shall be forfeited.

3.2.11 Optional Benefit: Annual Health Check-Up

Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!!

To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network to provide the services, in India, for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

i) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Sum Insured
1	COMPLETE BLOOD COUNT(CBC), URINE ROUTINE, ESR, ABO GROUP & RH TYPE, BLOOD SUGAR FASTING, CHOLESTEROL, CHOLESTEROL DIRECT LDL, CHOLESTEROL-HDL, TRIGLYCERIDES, TOTAL CHOLESTEROL/HDL RATIO, CREATININE, BLOOD UREA NITROGEN, BUN/ CREATININE RATIO, URIC ACID	5Lakhs-10Lakhs
2	COMPLETE BLOOD COUNT(CBC), URINE ROUTINE, ESR, ABO GROUP & RH TYPE, BLOOD SUGAR FASTING, CHOLESTEROL, CHOLESTEROL DIRECT LDL, CHOLESTEROL-HDL, TRIGLYCERIDES, TOTAL CHOLESTEROL/HDL RATIO, CREATININE, BLOOD UREA NITROGEN, BUN/ CREATININE RATIO, URIC ACID, TREADMILL TEST	Above 10 Lakhs

ii) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date

List of Medical Tests covered as a part of Annual Health Check-up
Physical Examination (Height, Weight and Body Mass Index (BMI), Doctor Consultation, Urine Examination (Routine and Microscopic)

3.2.12 Optional Benefit: Be-Fit Benefit

If you're above 12 years of age, covered under this Benefit - You may avail unlimited visits to the Fitness Centers in a Policy year at the Company's network!

Note: The services availed would be subject to the following conditions:

- The services will be provided through an empanelled Fitness center only. Choice of the Insured Person in utilizing the services of Fitness Center will be entirely his/ her own and We will have no liability towards the quality of services provided by the Fitness Centers.

- We shall not be responsible for any disputes or loss in account of availing the services or arising between the Insured Person and the Fitness center.

3.2.13 Optional Benefit: Wellness Benefit

a. Insured Person who is covered as Adult (aged 18 years and above) in the Policy can avail following, provided this benefit is opted for –

Discount on renewal Premium by accumulating Healthy days as per table given below. One Healthy day can be accumulated by recording 10,000 steps or more in single day through tracking apps, devices, etc.

Healthy Days discount

No. of Healthy days in a year	Discount on Renewal Premium
270	30%

240	20%
180	15%
120	10%
Less than 120	0%

Note:

- The above benefit will be applicable on Individual basis. In case of floater, average of number of Healthy days earned by Insured Members shall be considered for calculating renewal discount. For example,' A' has attained 260 Healthy days and ' B' has attained 230 Healthy days, average of the Healthy days is 245 and accordingly the discount calculated is 20%.In case of multi tenure, average of number of Healthy days earned over the policy tenure shall be considered for discount.

- The above section of benefit is available only for Insured covered as Adults aged 18 and above in the Policy and discount calculated shall be applicable on total premium of Policy.

- Responsibility of mapping device with CHIL system is of the insured/customer

- Number of days completing 10,000 steps or more that are accumulated in last 2 months of the Policy Period would not be considered for discount on renewal premium. The same shall carry forward and will be considered in next policy period.

- In case of installment premium mode is opted, then discount shall be considered only post payment of first 6 month of premium.

- Medical vouchers of value equivalent to renewal discount amount can also be provided to Insured in case he/ she does not wish for discount on renewal premium.

b. Access to Digital Fitness Coaching

c. Access to Artificial Intelligence Fitness Coaching

d. Access to Nutritionist/Wellness Coach

Note: The above services (b, c, d) shall be available at Our Network and available to Insured Members aged above 12 years subject to the following conditions:

a. The services will be provided through an empanelled Provider only. Choice of the Insured Person in utilizing the services of Provider will be entirely his/ her own and We will have no liability towards the quality of services provided by the Provider.

b. We shall not be responsible for any disputes arising between the Insured Person and the empanelled Provider.

c. The network under this benefit, does not constitute medical advice of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical or mental health condition.

3.2.14 Optional Benefit: Air Ambulance Cover

Through this Optional Benefit, we will pay you up to the specified amount for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition, following an Emergency.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance

3.2.15 Optional Benefit: Women Care

If you're Female aged 18 years & above and have opted for this Optional Benefit, you will be covered on cashless basis, up to the amount specified, for following diagnostic services:

a) Mammography

b) Cervical Cancer screening

c) PCOS/PCOD diagnostic tests

3.2.16 Optional Benefit: Mental Health wellbeing

Mental Health often taken less seriously!

In order to keep up with good mental health, we provide you out-patient coverage for specified mental conditions through this optional Benefit.

You can avail Consultation, Counseling and Rehabilitation, up to the specified amount, on cashless basis.

The conditions included are –

a) Acute depression

b) Obsessive compulsive disorder

c) Anxiety

d) Post traumatic stress disorder

3.2.17 Claim Shield

If a claim has been accepted under this benefit, then We shall indemnify for the items which are otherwise not payable, as per List-I under Annexure I. The maximum claim payout under this benefit shall be limited to applicable Sum Insured under the Policy.

Note: Coverage for any item as per List-I under Annexure I, shall be available only if the same is not covered under any Base Benefit or Optional Benefit.

3.2.18 Unlimited Care

We shall cover the Hospitalization Expenses of the Insured Person without any restriction/ limits on the annual Sum Insured for any one claim in the policy lifetime subject to the following conditions:

(i) This Benefit can be opted only at the inception of the policy irrespective of Policy tenure.

(ii) Once opted the Insured Person should continue this Benefit for 5 continuous Policy Years.

(iii) Once a claim is made under this Benefit, the cover shall cease and not be available for re-selection during the subsequent renewal.

(iv) The total payout under this Benefit will constitute: Base Sum Insured, Cumulative Bonus, Cumulative Bonus Super, Plus Benefit and any other additional Sum Insured (if any).

(v) This Benefit shall be applicable in India only.

(vi) This Benefit would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy.

3.2.19 True Connect

If this Optional Benefit is opted, then Policyholder is entitled for a reduction in the total premium (which includes premium of Base Benefits, Optional Benefits - Plus Benefit, Cumulative Bonus Super, Unlimited Care) and we will indemnify the Insured Person, through Cashless or Reimbursement facility for Hospitalization related claim, up to the Sum Insured, provided that the Insured Person has first consulted within the network of independent Medical Practitioners empaneled by us and the treatment is as per their recommendation.

In case of Emergency, the Insured Person can directly avail the medical treatment at a hospital and we will indemnify the Medical Expenses.

However, if the Insured Person takes medical treatment at hospitals directly, other than due to Emergency, without first consulting within the network of independent Medical Practitioners empaneled with us then the Insured Person will have to bear a co-payment of 10% on each and every hospitalization claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the policy.

Opinion provided by the network of empaneled independent Medical Practitioner will be based only on the information and documentation provided by the Insured Person.

The decision to proceed with any treatment remains solely at the discretion of the Insured Person and we

will not be liable for any loss suffered by the Insured Person due to advice of empaneled independent Medical Practitioner.

Insured Person has opted for this Optional Benefit at his own risk post understanding the fact that he/ she will get discount on premium payable.

3.2.20 Health Management Program

If this Benefit is opted, then we shall provide Health Management Program, designed for Insured Persons diagnosed with specified chronic diseases/conditions such as Diabetes Mellitus, Hypertension, Hyperlipidemia, Hypothyroidism, etc. (as applicable). The Program aims to provide support for effective disease management and improved health outcomes.

Following health services shall be provided through our network:

- Dedicated Health Coach Support focused on managing the diagnosed health condition;
- Condition specific diagnostic tests;
- Lifestyle guidance, Personalised diet plan, Live interactive sessions on nutrition, Stress management, Sleep management etc.

These services can be availed at our network providers and/ or empaneled service providers and same will be updated from time to time that will be available on our website or mobile application.

4. EXCLUSIONS

4.1 Standard Exclusions

(a) Waiting Periods

(i) Pre-Existing Diseases: (Code-Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Named Ailment Waiting Period: (Code-Excl02)

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments and its direct complications shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/ procedures:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis,

Gout, Rheumatism, Spinal Disorders , Joint Replacement Surgery , Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair

2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders

3. Benign Prostatic Hypertrophy

4. Cataract

5. Dilatation and Curettage

6. Fissure/ Fistula in anus, Hemorrhoids/ Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers

7. Surgery of Genito-urinary system unless necessitated by malignancy

8. All types of Hernia & Hydrocele

9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy

10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant

11. Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall Bladder Stone

12. Myomectomy for fibroids

13. Varicose veins and varicose ulcers

14. Parkinson's or Alzheimer's disease or Dementia

(iii) 30-day waiting period: (Code-Excl03)

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Notes:

(i) The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(ii) If Coverage for Optional Benefits (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above shall be applicable afresh to the newly added Optional Benefits (if applicable), from the time of such renewal.

(b) Permanent Exclusions

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Investigation & Evaluation: (Code-Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care: (Code-Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving

treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

a) greater than or equal to 40 or

b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code-Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent .

8. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer Annexure – II of Prospectus for list of excluded hospitals.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged

wholly or partly for domestic reasons. **(Code- Excl13)**

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**

12. Refractive Error: (Code-Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments: (Code-Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code-Excl17)

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

15. Maternity: (Code-Excl18)

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

4.2 Specific Exclusions

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Prospectus).
2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
4. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment
5. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
7. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
9. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

10. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.

11. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.

12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.

13. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.

15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.

16. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.

17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.

18. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

    a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

    b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

    c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.

20. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

21. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.

22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).

23. Hormone replacement therapy.

24. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.

25. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

5. GENERAL TERMS AND CLAUSES

5.1 Claim Settlement (provision for Penal Interest)

i. We shall settle or reject a claim, as the case may be, within 15 days from the date of claim submission.

ii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of intimation to the date of payment of claim at a rate 2% above the bank rate .

Bank rate shall mean the rate fixed by the Reserve Bank of lndia (RBl) at the beginning of the financial year in which claim has fallen due.

5.2 Multiple Policies

i. In case of multiple policies taken by you during a period from the same or one or more insurers to indemnify treatment costs, you shall have the right to require a settlement of your claim in terms of any of your policies. In all such cases the insurer chosen by you shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. You having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, you shall have the right to choose insurers from whom you want to claim the balance amount.

iv. Where you have a policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5.3 Fraud

If any claim made by you, is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by you or anyone acting on your behalf to obtain any Benefit under this policy, all Benefit under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by you or by your agent or the hospital/doctor/any other party acting on your behalf, with intent to deceive the us or to induce us to issue an insurance Policy:-

(a) The suggestion, as a fact of that which is not true and which you does not believe to be true;

(b) The active concealment of a fact by you having knowledge or belief of the fact;

(c) Any other act fitted to deceive; and

(d) Any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy Benefits on the ground of Fraud, if you / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

5.4 Cancellation/ Termination

(i) You may cancel this policy by giving 7 days ‘written notice and in such an event, we shall refund proportionate premium for the unexpired policy period.

(ii) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured person under the Policy.

(iii) If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre- policy medical examination etc. incurred by the Company will also be deducted before refunding of premium.

(iv) We may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by you, by giving 15 days’ written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder and the Company shall refund proportionate premium for unexpired Policy Period subject to no claim has been admitted or has been lodged or any Benefit has been availed by you under the Policy.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to us before the Policy Period End Date; and

II. A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.

In case Premium Installment mode is opted for, then:

i. If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund the installment premium for the unexpired installment period, provided no Claim has been made under the Policy.

5.5 Migration

You will have the option to migrate the policy to other health insurance products/plans offered by us by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by us, the insured person will get the accrued continuity Benefits as per IRDAI guidelines on migration

5.6 Portability

You will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity Benefits as per IRDAI guidelines on portability.

5.7 Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by you.

(i) Renewal shall not be denied on the ground that you had made a claim or claims in the preceding policy years.

(ii) Request for renewal along with requisite premium shall be received by us before the end of the policy period.

(iii) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of Benefits without break in policy. Coverage is not available during the grace period

(iv) No loading shall apply on renewals based on individual claims experience

5.8 Withdrawal of Policy

(i) In the likelihood of this product being withdrawn in future, we will intimate you about the same 90 days prior to expiry of the policy.

(ii) You will have a one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product or option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity Benefits such as cumulative bonus, waiver of waiting period, etc., as per IRDAI guidelines, provided the policy has been maintained without a break.

5.9 Premium Payment in Installments

If you have opted for Payment of Premium on an installment basis i.e. Half yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/ Certificate of Insurance , the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of fifteen days where premium payment mode is monthly and thirty days in all other cases would be given to pay the installment premium due for the policy.

ii. During such grace period, coverage shall be available if the premium is paid in instalments during the policy period.

iii. You will get the accrued continuity Benefit in respect of the Waiting Periods, Specific Waiting Periods, Sum Insured, No Claim Bonus, Moratorium Period etc. in the event of payment of premium within the stipulated grace Period

iv. No interest will be charged lf the installment premium is not paid on due date.

v. In case of installment premium due not received within the grace period, the policy will get cancelled

vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable. (This clause will not apply to claims arising under 'Unlimited E-consultations', 'Health Services', 'Annual Health Check-up', 'Be-Fit', 'Wellness Benefit', 'Women Care and 'Mental Health wellbeing').

vii. We have right to recover and deduct all the pending installments from the claim amount due under the policy.

Note: Tenure Discount will not be applicable if you have opted for Premium Payment in Installments.

5.10 Possibility of Revision of Terms of the Policy Including the Premium Rates

We may revise or modify the terms of the policy including the premium rates. You shall be notified before the changes are affected.

5.11 Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

You shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If you have not made any claim during the Free Look Period, you shall be entitled to

i. A refund of the premium paid less any expenses incurred by us on medical examination of the yours and the stamp duty charges or

ii. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

5.12 Tax Benefit

The Insured person can avail tax Benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax Benefit s are subject to changes in the tax laws, please consult tax advisor for more details).

5.13 Grievances

In case of any grievance the insured person may contact the company through

Website/link: https://www.careinsurance.com/customer-grievance-redressal.html

Mobile App : Care Health - Customer App

Toll free (whatsapp number): 8860402452

Courier: Any of Company's Branch Office or corporate office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or corporate office. For updated details of grievance officer, kindly refer the link https://www.careinsurance.com/customer-grievance-redressal.html

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure IV.

6. OTHER TERMS AND CLAUSES (CLAIMS PROCEDURE AND MANAGEMENT)

This section explains about procedures involved to file a valid Claim by you and related processes involved to manage the Claim by us.

6.1 Pre-requisite for admissibility of a Claim

Any claim being made by You or attendant of Yours during Hospitalization on behalf of You should comply with the following conditions:

(i) The Condition Precedent Clause has to be fulfilled.

(ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered Benefits and any other person who is not accepted by the Us as an Insured Person.

(iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.

(iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

6.2 Claim settlement - Facilities

(a) Cashless Facility

We extend Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

(i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

(ii) **Identification Documents:** The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

(iii) **Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.

(iv) **Authorization:**

a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.

b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.

c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

(v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical

Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.

(vi) **Rejection:** If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

(vii) **Network Provider related:** We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.

(viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(b) Re-imbursement Facility

(i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 6.4 and Clause 6.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.

(ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.

(iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.

(iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

(v) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

6.3 Duties of a Claimant/ Insured Person in the event of Claim

It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

(i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.

(ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

(iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.

(iv) If we request you to submit for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by us.

(v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.

(vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

6.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, all of the following shall be undertaken:

(i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.

(ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization Benefits.

Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.

(iii) The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name and address of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us

(iv) In case of an Emergency Hospitalization, We shall be notified either at our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

(v) In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned date of admission to Hospital

6.5 Documents to be submitted for registration of Claim

The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims and claim will be registered only on submission of below documents. The date of submission of such information shall be deemed as date of claim registration for the purpose of claim processing:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID and address proof of Insured Person;
3. Medical Practitioner's first consultation paper and referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original numbered bills/ receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original numbered bills from licensed pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes(if applicable);
9. Emergency Notes, Initial Assessment Sheet and Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. MLC/FIR report, Post Mortem Report if applicable and conducted;
12. Ambulance Receipt;
13. Any other document as required by us to assess the Claim, in case fraud is suspected.

Notes:

- We may give a waiver to one or few of the above mentioned documents depending upon the case.

- Additional documents as specified against any Benefit shall be submitted to us
- We will accept bills/invoices which are made in the Insured person's name only.
- We may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.6 Claim Assessment

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

(i) If a room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicable for that Insured Person as specified, then, the Associate Medical Expenses payable shall be pro-rated as per the applicable limits.

(ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.

(iii) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by us.

(iv) The balance amount, if any, subject to the applicability of sub-limits, our liability to make payment shall be limited to such extent as applicable and shall be the Claim payable

(c) The Claim amount assessed in Clause 6.1.6 (b) above would be deducted from the following amounts in the following progressive order:

(i) Sum Insured;

(ii) Plus benefit, as applicable

(iii) Cumulative Bonus

(iv) Cumulative Bonus Super, as applicable

(v) Unlimited Automatic Recharge

(d) All claims incurred in India are serviced by us directly.

6.7 Payment Terms

(a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

(b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.

(c) We shall settle or reject any Claim within 15 days of intimation on receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you we shall make payment within 7 days from the date of receipt of such acceptance.

(d) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.

(e) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

(f) The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.

(g) Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum

up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.

(h) For diseases or conditions or procedure that have a specified sub-limit then all related expenses shall be covered up to the sub-limit specified for that disease or condition or procedure. In case there is a specified sub-limit then the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the specified sub-limit subject to the available Sum Insured in the Policy Year.

For example- if the Policy specifies a sub-limit of Rs. 50,000 for a particular disease then all expenses related to the treatment of that disease (including but not limited to pre-hospitalization, hospitalization and post-hospitalization) will be covered up to Rs. 50,000, subject to Sum Insured availability in the Policy Year even if the overall Sum Insured is higher.

7. PRE-POLICY ISSUANCE MEDICAL CHECK-UP

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by Us in case You opt for a 2 year or 3 year tenure and Your proposal is accepted. We shall bear 50% of the cost of medical tests in case You opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such Insured Person to undergo tele-underwriting which may include specific tests, as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if your proposal is accepted.

Age	**Particular**
Up to 65 years	No Medical Tests if no Pre-Existing declared
66 Years and above	Medical Tests as follows- MER, CBC &ESR, HBA1C, T. Cholesterol, ECG, SGPT, S. Creatinine, RUA

8. SCHEDULE OF BENEFITS

	Product Name	**Care Supreme**
	Sum Insured (SI) – on annual basis (in Rs.)	**5L/ 7L/ 10L/ 15L/ 20L/ 25L/ 50L/ 75L/ 1 Cr/ 6 Cr**
S. No.	**Base Benefits**	
1.	**Hospitalization Expenses**	
	- In-Patient Care	Up to SI
	- Day Care Treatment	All Day Care Procedures
	- Advance Technology Methods	Up to SI
	- Pre-Hospitalization Medical Expenses	Up to SI, Pre-Hospitalization expense cover for 60 days prior to hospitalization
	- Post Hospitalization Medical Expenses	Up to SI, Post-Hospitalization expense cover for 180 days after discharge
	- AYUSH Treatment	Up to SI
	- Domiciliary Hospitalization	Up to SI
	- Organ Donor Cover	Up to SI
2.	**Road Ambulance Cover**	For SI < 15 lac SI – up to Rs. 10,000 For 15 lac and above SI - Up to SI
3.	**Cumulative Bonus**	50% of SI per year, max up to 100% of SI; Note: Shall not reduce in case of claim
4.	**Unlimited Automatic Recharge**	Available for unlimited times for unrelated or same illness.
5.	**Unlimited E-Consultations**	Available for Consultations with General Physicians
6.	**Health Services**	**Health Portal -** Doctor on chat, Healthy tips reminder, etc. **Discount Connect** - Discounts on services such as consultations, diagnostics, maternity etc at our network.

<table>
<tr><th>S. No.</th><th colspan="2">Optional Benefits</th></tr>
<tr><td>1.</td><td>Smart Select</td><td>For listed Smart Select Hospitals : Up to SI
Other than listed Smart Select Hospitals : Up to SI with an additional co-payment of 20% per claim</td></tr>
<tr><td>2.</td><td>Room Rent Modification</td><td>Twin Sharing Room /Single Private Room</td></tr>
<tr><td>3.</td><td>PED Wait Period Modification</td><td>PED wait period shall be modified to 1 year/2 years</td></tr>
<tr><td>4.</td><td>Named Ailment Wait Period Modification</td><td>Named Ailment wait period shall be modified to 1 year</td></tr>
<tr><td>5.</td><td>Instant Cover</td><td>No PED wait period (for Diabetes/ Hypertension/ Hyperlipidimia / Asthma) If Insured Person has these Pre-Existing Diseases at the time of issuance of first Policy with us, the applicable PED wait period shall be waived off on Diabetes/ Hypertension/ Hyperlipidemia/ Asthma.</td></tr>
<tr><td>6.</td><td>Deductible</td><td>10k, 25k, 50k, 1 Lac, 2 Lac, 5 Lac, 10 Lac</td></tr>
<tr><td>7.</td><td>Co-payment</td><td>5%, 10%, 20%, 30% & 50%</td></tr>
<tr><td>8.</td><td>New Born cover</td><td>New born babies are allowed to get coverage from the day 1
All wait period will be applicable mandatorily</td></tr>
<tr><td>9.</td><td>Plus benefit</td><td>Additional 20% SI, maximum up to 10 lacs from day 1</td></tr>
<tr><td>10.</td><td>Cumulative Bonus Super</td><td>Up to 100% of Base SI per year, Max up to 500% of Base SI
Note: Shall not reduce in case of claim</td></tr>
<tr><td>11.</td><td>Annual Health check up</td><td>Once for all Insured every policy year</td></tr>
<tr><td>12.</td><td>Be-Fit Benefit</td><td>Unlimited visits to Fitness centers can be availed by Insured members aged above 12 years</td></tr>
<tr><td>13.</td><td>Wellness benefit</td><td>a. Recording 10,000 steps or more in a day through tracking apps, devices etc.
<table>
<tr><th>No. of days in a year</th><th>Renewal Discount</th></tr>
<tr><td>270</td><td>30%</td></tr>
<tr><td>240</td><td>20%</td></tr>
<tr><td>180</td><td>15%</td></tr>
<tr><td>120</td><td>10%</td></tr>
<tr><td>Less than 120</td><td>0%</td></tr>
</table>
- This benefit will be applicable on Individual basis. In case of floater, average of no. of healthy days as attained by the Insured shall be considered
- Responsibility of mapping device with CHIL system is of the Insured</td></tr>
</table>

		- No. of days completing 10,000 steps or more that are accumulated in last 2 months of the Policy Period would not be considered for discount on renewal premium. The same shall carry forward and will be considered in next policy period. - In case of multi tenure, average of no. of healthy days over policy tenure will be considered for discount - In case of installment premium mode is opted, then discount shall be considered only post payment of first 6 month of premium. - Medical voucher of value equivalent to renewal discount amount can also be provided to Insured in case he/ she does not wish for discount on renewal premium. Note: The above section of benefit is available only for Insured covered as Adults aged 18 and above in the Policy and discount calculated shall be applicable on total premium of Policy. b. Access to Digital Fitness Coaching c. Access to AI Fitness Coaching d. Access to Nutritionist/Wellness Coach Note: Benefit (b, c & d) shall be available for Insured members aged above 12 years
14	**Air Ambulance Cover**	Up to 5 Lacs per year
15	**Women Care** - **Mammography** - **Cervical Cancer screening** - **PCOS/PCOD Tests**	Up to 10k/25k/50k per year (only on cashless) Note: This benefit is available only for women Insured members aged 18 Years and above.
16	**Mental Health well being**	Up to 10k/25k/50k per year (only on cashless) Covers consultations, counseling and rehab of listed mental illness: Acute depression, Obsessive compulsive disorder, Anxiety, Post traumatic stress disorder
17	**Claim Shield**	Non Payable items covered up to Sum Insured.
18	**Unlimited Care**	The Company shall Indemnify the Hospitalisation Expenses incurred in respect of the Insured Person for any one claim during the lifetime of the Policy without any limits on the Base Sum Insured. This benefit will get triggered after the utilisation of base Sum Insured, additional Sum Insured or Bonus accrued (if any).
19	**True Connect**	By choosing this Optional Benefit, reduction on the premium shall be available provided Insured Person consults for hospitalization within the network of independent Medical Practitioners empanelled by the Company and if the treatment is taken as per their recommendation, then the coverage available is up to SI.

		If the Insured Person takes medical treatment at hospitals directly, other than Emergency , without first consulting within the network of independent Medical Practitioners empanelled by the Company then the Insured Person will have to pay a co-payment of 10% on each and every hospitalization claim
20	**Health Management Program**	Health management program designed for Insured diagnosed/ suffering from specified diseases and conditions such as Diabetes Mellitus, Hypertension, Hyperlipidemia, hypothyroidism etc. (as available). Following health services shall be provided through the Company's network – - Dedicated health coach support focusing on health conditions; - Condition specific diagnostic tests; - Lifestyle guidance, Personalised diet plan, Live interactive sessions on nutrition, Stress management, Sleep management etc.

Waiting Periods

1	**Initial Waiting Period (not applicable on accident cases)**	30 Days
2.	**Named Ailment Waiting Period**	24 months
3.	**Pre-Existing Diseases Waiting Period**	36 months

Sub Limits

1	**Room Eligibility**	No limit
2	**CU Charges**	No limit

ABOUT US

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance (CHI) was conferred 'Smart Insurer'and 'Sales Champion' awards in the Health Insurance category at the ET Now Insurance Summit & Awards 2025 in December 2025.

Registered Office	Care Health Insurance Limited 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)
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of product carē 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.

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to

allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.

2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.

3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).

4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.

5. For full details of this product, please log on to www.careinsurance.com

6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.

IRDA Registration Number - 148 UAN: 26107943

CIN: U66000DL2007PLC161503 UIN: CHIHLIP27061V032627

Annexure - I

List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

List I - Optional Items

S. No.	Item
1	Baby Food
2	Baby Utilities Charges
3	Beauty Services
4	Belts/ Braces
5	Buds
6	Cold Pack/ Hot Pack
7	Carry Bags
8	Email/ Internet Charges
9	Food Charges (Other Than Patient's Diet Provided By Hospital)
10	Leggings
11	Laundry Charges
12	Mineral Water
13	Sanitary Pad
14	Telephone Charges
15	Guest Services
16	Crepe Bandage
17	Diaper Of Any Type
18	Eyelet Collar
19	Slings
20	Blood Grouping And Cross Matching Of Donors Samples
21	Service Charges Where Nursing Charge Also Charged
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	Knee Immobilizer/ Shoulder Immobilizer
47	Lumbo Sacral Belt
48	Nimbus Bed Or Water Or Air Bed Charges
49	Ambulance Collar
50	Ambulance Equipment
51	Abdominal Binder
52	Private Nurses Charges- Special Nursing Charges
53	Sugar Free Tablets
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
55	Ecg Electrodes
56	Gloves
57	Nebulisation Kit
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]
59	Kidney Tray
60	Mask
61	Ounce Glass
62	Oxygen Mask
63	Pelvic Traction Belt
64	Pan Can
65	Trolly Cover
66	Urometer, Urine Jug
67	Ambulance
68	Vasofix Safety

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	Baby Charges (Unless Specified/ Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cradle Charges
6	Comb
7	Eau-De-Cologne/ Room Freshners
8	Foot Cover
9	Gown
10	Slippers

11	Tissue Paper
12	Tooth Paste
13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions
20	Luxury Tax
21	HVAC
22	House Keeping Charges
23	Air Conditioner Charges
24	IM IV Injection Charges
25	Clean Sheet
26	Blanket/ Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges/ Administrative Expenses
30	Discharge Procedure Charges
31	Daily Chart Charges
32	Entrance Pass/ Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	Incidental Expenses/ Misc. Charges (Not Explained)
36	Patient Identification Band/ Name Tag
37	Pulseoxymeter Charges

List III - Items that are to be subsumed into Procedure Charges

S. No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	DVD, CD Charges
7	Gause Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonicscalpel, Shaver
13	Surgical Drill
14	Eye Kit
15	Eye Drape
16	X-Ray Film
17	Boyles Apparatus Charges
18	Cotton
19	Cotton Bandage
20	Surgical Tape
21	Apron
22	Torniquet
23	Orthobundle, Gynaec Bundle

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	Admission/ Registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capo Equipments
7	Infusion Pump- Cost
8	Hydrogen Peroxide\Spirit\ Disinfectants etc
9	Nutrition Planning Charges - Dietician Charges-Diet Charges
10	HIV Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabes
16	Scrub Solutionisterillium
17	Glucometer & Strips
18	Urine Bag

Annexure - II

List Of Hospitals Where Claim Will Not Be Admitted

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi
Taneja Hospital	F-15, Vikas Marg, Preet Vihar, New Delhi, Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road, Rewari, Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Gurgaon, Haryana
Amar Hospital	Sector-70, S.A.S.Nagar, Mohali, Sector 70, Mohali, Punjab
Brij Medical Centre	K K 54, Kavi Nagar, Ghaziabad, Uttar Pradesh
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62, Noida, Uttar Pradesh
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh
City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/ 23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana
Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat, Surat, Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra
Gokul Hospital	Thakur Complex, Kandivali East, Mumbai, Maharashtra
Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra
Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr.Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra
Arpan Hospital And Research Centre	No.151/ 2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi
R.K.Hospital	3C/ 59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana
Prakash Hospital	D -12, 12A, 12B, Noida, Sector 33, Noida, Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat
Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra
Scope Hospital	628, Niti Khand-I, Indirapuram, Ghaziabad, Uttar Pradesh
Agarwal Medical Centre	E-234, -, Greater Kailash 1, New Delhi, Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/ 1, Sector 41, Noida, Uttar Pradesh
Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana
B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka
East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana
Jagtap Hospital	Anand Nagar, Sinhgood Road, Anandnagar, Pune, Maharashtra

Dr. Malwankar's Romeen Nursing Home	Ganesh Marg, Tagore Nagar, Vikhroli East, Mumbai, Maharashtra
Noble Medical Centre	SVP Road, Borivali West, Mumbai, Maharashtra
Rama Hospital	Sonepat Road, Bahalgarh, Sonipat, Haryana
S.B.Nursing Home & ICU	Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai, Mumbai, Maharashtra
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra
Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E, Station Road, Panki, Kanpur, Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh
Amrapali Hospital	Plot No. NH-34, P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh
Hardik Hospital	29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh
Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra
Santosh Hospital	L-629/ 631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh
Sona Medical Centre	5/ 58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana
Navjeevan Hospital & Maternity Centre	753/ 21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana
Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh
Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34, Noida, Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc, B/ H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat
Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat
Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet, Godadara Road, Surat, Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/ 21, Near Piyush Point, Pandesara, Surat, Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road, Bhatar Road, Surat, Gujarat
God Father Hosp.	344, Nandvan Soc., B/ H. Matrushakti Soc., Puna Gam, Surat, Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat
Hari Milan Hospital	L H Road, Surat, Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat

Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat
Krishnavati General Hospital	Bamroli Road, Surat, Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat, Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat
Radha Hospital & Maternity Home	239/ 240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat
Santosh Hospital	L H Road, Varachha, Surat, Gujarat
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat

Note

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure - III

List of Hospitals where Co-Payment of 20% is not applicable under Optional Benefit 'Smart Select'

Hospital Name	Address
Fortis Escorts Ltd.	Majtha-Verka Bypass Road, Khanna Nagar, Amritsar – 143004
Fortis Escorts Hospital	Jawahar Lal Nehru Marg, Opposite Hotel Clarks Amer, Malviya Nagar, Jaipur – 302017
Fortis Sl Raheja Hospital	Raheja Raghunalaya Marg, Near New Police Quarters Colony, Mahim, Mumbai – 400016
Hiranandani Fortis Hospital	Mini Sea Shore Road, Sector 10A, Vashi, Maharashtra – 400703
Fortis Malar Hospital	52,First Main Road, Gandhi Nagar, Adyar, Chennai – 600020
Fortis Hospital	Sector 62,Phase VIII, Sector 62, Mohali – 160062
Maxcure Mediciti Hospitals	5-9-22,Secretariat Road, Hill Fort, Hyderabad – 500063
Maxivision Laser Centre Pvt. Ltd.	40-1-48,Krishna Sai Bhavan, Opposite D.V.Manor Hotel, Labbipeta, Vijayawada – 520010
Maxivision Laser Centre Pvt. Ltd.	1-11-252/1A To 1D,Alladin Mansion, Street No 3, Begumpet, Hyderabad – 500016
Maxivision Laser Centre Pvt. Ltd.	No.16-11-741/D/66, Dilsukhnagar, Moosa Ram Bagh, Hyderabad – 500036
Maxivision Laser Centre Pvt. Ltd.	6-9-903/A/1/1, Somajiguda, Hyderabad – 500082
Fortis Hospitals Ltd	No.730, EM Bypass Road, Anandpur, Kolkata – 700107
Fortis Hospital Ltd	Mulund Goregaon Link Road, Mulund, Mumbai – 400078
Fortis Health Management Ltd	No.23 80 Feet Road,Guru Krupa Layout, 2nd Stage, Nagarbhavi, Bangalore – 560072
Fortis Hospital	A Block, Shalimar Bagh, New Delhi – 110088
Fortis Hospitals Ltd.	111A, Rash Behari Avenue, Rashbehari Avenue, Kolkata – 700029
Fortis Hospital Ltd.-Wockhardt	154,9, Opposite IIM-B, Bannerghatta Road, Bangalore – 560076
Fortis Hospital Ltd.-Wockhardt	No 14,Cunningham Road, Sheriffs Chamber, Cunnigham, Bangalore – 560052
Fortis Hospital Ltd	Opposite APMC Market,Bail Bazaar, Shill Road, Kalyan City, Kalyan - 421301
International Hospital Limited - Fortis Hospital Ltd	No.111,West of Chord Road, 1st Block Junction, Rajajinagar, Bangalore – 560086
Fortis Hospital Ltd.-Wockhardt	No.65,1St Main Road, Seshadripuram, Bangalore – 560020
Fortis Memorial Research Institute	Sector 44, Opposite HUDA Center Metro Station, HUDA Metro Station, Gurgaon – 122002
Fortis C-Doc Healthcare Limited	B-16, Chirag Enclave, Opp Nehru Place, New Delhi – 110041
Max Smart Super Specialty Hospital	Press Enclave Marg, Mandir Marg, Saket, New Delhi – 110017
Fortis Escorts Hospital	2nd Floor,Pt Deen Dayal, Coronation Hospital, Curzon Road, Dehradun – 248001
Fortis Healthcare Limited	Kangra-Dharamshala Road, Near Main Bus Stand, Kangra – 176001
Maxivision Eye Care Medfort Hospitals	No. 78/6, 3rd Avenue, Anna Nagar, Chennai – 600102
Max Vision Eye Care Centre	95,Neel Padam Sarovar Marg, Nursery Circle,Gandhi Path,Nemi Nagar, Vaishali, Jaipur – 302021
Fortis O.P. Jindal Hospital	Patrapali, Kharsia Road, Raigarh – 496001

Fortis Hospital	Radha Swami Satsang, Chandigarh Road,Village - Mundian, Radha Swami Satsang, Ludhiana – 141001
Fortis Medical Centre	2/7, Sarat Bose Road, Kolkata – 700020
Maxcare Hospital And Laparoscopic Surgery Institute	1st Floor,Hyatt Medicare, Plot No.12,Khare Marg, Dhantoli, Nagpur – 440012
Max Care Hospital	Near Ashoka Hotel, Opp.Kuda Office, Hanamkonda, Warangal – 506001
Fortis Suchirayu Hospital	S.No.29/8,9,10,11 Javali Garden, Off Gokul Road,Opp. To Reg. KSRTC Bus Depot,Off NH4 Highway, Hubli - 580030
Max Vision Advanced Eye Care Centre	216-A,Soham Plaza, Soham Gardens,Opp. Manpada Bus Stop,Chitalsar, Chitalsar G.B Road, Thane - 400607

Note: The above is a Non-exhaustive list of Network Hospitals under Smart Select optional cover. Please check the latest & complete list of Network Hospitals on https://www.careinsurance.com/smart-select-network-locator.html

Annexure - IV

List Of Ombudsman Details

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shikha, opp. Gayatri Mandir, 60-B, Hoshangabad Road, Bhopal-462011 Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	OOffice of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504/ 46013992 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Ambedkar Circle Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
KOCHI	Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz West, Mumbai - 400 054. Tel.: 022 –69038800/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand

NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan- LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai – 400 054.
Tel: 022-69038800/33
Fax: 022-26106949
Email- inscoun@ecoi.co.in

Annexure - V

Benefit / Premium illustration

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
51	23,450	5,00,000	23,450	NA	23,450	5,00,000	32,881	NA	32,881	5,00,000
46	18,546	5,00,000	18,546	5.00%	17,619	5,00,000				
Total Premium for all members of family is Rs.41,996 when each member is covered separately Sum Insured available for each individual is Rs.5,00,000			Total Premium for all members of family is Rs.41,069 when they are covered under a single policy Sum Insured available for each family member is Rs.5,00,000				Total Premium when policy is opted on floater basis is Rs.32,881 Sum Insured of Rs.5,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
60	31,113	5,00,000	31,113	NA	31,113	5,00,000	50,727	NA	50,727	5,00,000
56	31,113	5,00,000	31,113	5.00%	29,558	5,00,000				
17	5,046	5,00,000	5,046	5.00%	4,793	5,00,000				

Total Premium for all members of family is Rs.67,272 when each member is covered separately. Sum Insured available for each individual is Rs.5,00,000	Total Premium for all members of family is Rs.65,464 when they are covered under a single policy Sum Insured available for each family member is Rs.5,00,000	Total Premium when policy is opted on floater basis is Rs.50,727 Sum Insured of Rs.5,00,000 is available for entire family

llustration 3

Age of members Insured	**Coverage opted on individual basis covering each member of the family separately (at a single point of time)**		**Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)**				**Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)**			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)
64	36,965	5,00,000	36,965	NA	36,965	5,00,000	54,509	NA	54,509	5,00,000
61	36,965	5,00,000	36,965	5.00%	35,117	5,00,000				
Total Premium for all members of family is Rs.73,930 when each member is covered separately Sum Insured available for each individual is Rs.5,00,000			Total Premium for all members of family is Rs.72,082 when they are covered under a single policy Sum Insured available for each family member is Rs.5,00,000				Total Premium when policy is opted on floater basis is Rs.54,509 Sum Insured of Rs.5,00,000 is available for entire family			

Notes:

1. Premiums considered are of Zone 1

2. Premium rates specified in above illustration shall be standard premium rates for 3rd year without any loadings/ discounts considered.