care HEALTH INSURANCE
Health ki Guarantee

SCHEME DOCUMENT

Customized exclusively for the Registered members of

MUDRAANGLES TECHNOLOGIES (FUNDSPI)

ABOUT CARE HEALTH INSURANCE COMPANY LIMITED (formerly known AS RELIGARE HEALTH INSURANCE COMPANY)

CARE HEALTH INSURANCE COMPANY Limited (formerly known as Religare Health Insurance Company) is focused on the delivery of health insurance services. Our promoter's expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that hinges on serviceability and scale. Powered by the best-in-class product design and a customer centric approach, is committed to delivering on its innate values of being a responsible, trustworthy and innovative health insurer. Is promoted by three strong entities- Religare Enterprise & Union Bank of India.

POLICY CONDITIONS & BENEFITS

Eligibility	The Insured members should be the existing customers of **MudraAngles Technologies (FundsPi)**
Cover type	Individual/Floater
Allowed Relationship	Self / Spouse / 2 Dependent Children
Minimum Entry Age	Adult: 18 Years; Child : 91 Days
Maximum Entry Age	Adult : 65 Years; Child : 24 Years
Renewal	Adult : Life Long; Child : 25 Years
Policy Term	1 Year
Claims Payout	Cashless (in Network Hospitals) or Re-imbursement
Claims Servicing	In-House
Pre-Policy Health Check-up / Issuance Guidelines	No Pre-policy Medicals required. Policy Issuance on the basis of Good Health Declaration
WAIT PERIOD	
Initial Wait Period	30 days
Named Ailments wait Period	24 Months
Pre-existing Disease Wait Period	24 Months

Note : **Age is calculated on the basis of AGE LAST BIRTHDAY**

POLICY BENEFITS

Sum Insure (in Rs.)	1 Lac / 2 Lac / 3 Lac / 5 Lac / 10 Lac
In Patient Hospitalization	Up to SI
Day Care Treatment	Up to SI
Pre-Hospitalization	30 Days
Post Hospitalization	60 Days
Road Ambulance Charges	Up to Rs.2000 per hospitalization
Organ Donor Expenses	Up to SI
Additional SI for Accidental Hospitalization	Up to SI
Domiciliary Hospitalization	Up to SI
Room rent	1% of SI for 1Lacs/2 Lac/3 Lacs; Single Private Room for SI>=5 Lacs
ICU Charges	2% of SI for 1Lacs/2 Lac/3 Lacs; No Limit for SI>=5 Lacs

POLICY TERMS AND CONDITIONS

IF THE INSURED PERSON IS DIAGNOSED WITH ANY OF ILLNESS/INJURIES WHICH REQUIRED THE INSURED PERSON TO BE ADMITTED IN A HOSPITAL IN INDIA WHICH WOULD BE MEDICALLY NECESSARY DURING THE POLICY PERIOD AND WHILE THE POLICY IS IN FORCE

BENEFIT 1: IN –PATIENT CARE

The company will indemnify the Policy Holder/Insured Person for Medical Expenses incurred towards Hospitalisation, through Cashless or Reimbursement facility, maximum up to the Sum Insured as specified in the Policy Certificate, provided that the Hospitalisation is for a minimum period of 24 consecutive hours and was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary charges that were Medically necessary.

BENEFIT 2: DAY CARE TREATMENT

The Company will indemnify the Policy Holder/Insured Person for Medical Expenses incurred on Day Care Treatment which involves a Surgical procedure, through Cashless or Reimbursement Facility, maximum up to the Sum Insured specified in the Policy Schedule, provided that the Day Care Treatment is listed as per the Annexure-I to Policy Terms & Conditions and period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

BENEFIT 3: PRE HOSPITALISATION & POST HOSPITALISATION

The Company will *indemnify the Policy Holder/Insured Person for Relevant Medical Expenses incurred which are Medically Necessary*, only through Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which the Company has accepted the Insured Person's Claim under Hospitalization Expenses and subject to the conditions specified below:

I Under Relevant Pre-hospitalization Medical Expenses, *for a period of 30 days immediately prior to the Insured Person's date of admission to the Hospital*, provided that the Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date; and

II Under Relevant Post-hospitalization Medical Expenses, *for a period of 60 days immediately after the Insured Person's date of discharge from the Hospital*.

III In case the *Policy Holder/Insured Person is hospitalised with 45 days from the date of discharges* then:
   a. The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Illness deemed or Injury sustained to be Any One Illness; and
   b. The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Illness deemed or Injury sustained to be Any One Illness.

BENEFIT 4:AMBULANCE COVER

The company will indemnify the Policy Holder/Insured Person, through Cashless or Reimbursement facility, for the Reasonable and Customary charges that were Medically necessary incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation, provided that the necessity of such Ambulance transportation is certified by treating Medical Practitioner and subject to the conditions specified below:

- Such Transportation is from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and or
- Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person , following an Emergency

BENEFIT 5: ORGAN DONOR EXPENSES

The Company will indemnify the Insured Member, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit in the Certificate of Insurance, for the Medical Expenses incurred in respect of the donor, for any organ transplant surgery during the Cover Year, subject to the conditions specified below:

I The Organ donor is an eligible donor in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules.
II The Insured Member is the recipient of the Organ so donated by the Organ Donor.
III The Company indemnifies for transplantation of kidneys, heart, liver, lung or bone marrow required as a result of an eligible medical condition and provided these organ(s) came from a relative or a legally certified and verified source of donation
IV The Company will not be liable to pay the Medical Expenses incurred by the Insured Member towards Pre-Hospitalization and Post Hospitalization Medical Expenses or any other Medical Expenses in respect of the donor consequent to the harvesting.
V Clause 37 under Permanent Exclusions is superseded to the extent covered under this Optional Extension.

BENEFIT 6 : DOMICILIARY HOSPITALIZATION

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

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

The Company will indemnify the Insured Member, only through Reimbursement Facility, maximum up to the Coverage Amount as specified in the Certificate of Insurance, for the Medical Expenses incurred towards Domiciliary Hospitalization, i.e., Coverage extended when Medically Necessary treatment is taken at home (as explained in Definition 1.36), subject to the conditions specified below:

i. The Domiciliary Hospitalization continues for a period exceeding 3 consecutive days.
ii. The Medical Expenses are incurred during the Cover Year.
iii. The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.

iv. Any Pre Hospitalization and Post Hospitalization Medical Expenses shall not be payable under this Benefit.

v. Any Maternity related expenses shall not be payable under this Benefit

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

1. Asthma;
2. Bronchitis;
3. Chronic Nephritis and Chronic Nephritic Syndrome;
4. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
5. Diabetes Mellitus and Diabetes Insipidus;
6. Epilepsy;
7. Hypertension;
8. Influenza, cough or cold;
9. All Psychiatric or Psychosomatic Disorders;
10. Pyrexia of unknown origin for less than 10 days;
11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
12. Arthritis, Gout and Rheumatism.
13. Terminal and Mental Illness

BENEFIT 9: ROOM RENT

Room /Boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment

- If the Insured Person is admitted in a Hospital room where the Room Category opted or Room Rent incurred is higher than the eligible Room rent/Room Category as specified in the Policy Certificate The Policyholder/Insured Person shall bear the ratable preposition of the total Variable Expenses(including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent Actually incurred and the Room Rent specified in the Policy Certificate or the Room Rent of the entitled Room Category to the Room rent actually incurred
- If the policy certificate states "Single Private Room" as eligible Room category, it means the maximum eligible Room Category in case of Hospitalisation of the Insured Person payable by the Company is limited to stay in most economical Single Private Room of the Hospital

▪ If the Certificate of Insurance states 'up to 1% of the Coverage Amount per day' as eligible Room Rent, it means the maximum eligible Room Rent of the Insured Member payable by the Company is limited to 1% of the Coverage Amount per day of Hospitalization. Any amount accrued as No Claims Bonus under (Optional Extension 3), shall not form part of Coverage Amount

▪ The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.

BENEFIT 10: INTENSIVE CARE UNIT CHARGES (ICU CHARGES)

If the Insured Person is admitted in a ICU where the ICU charges incurred is higher than the eligible ICU charges as specified in the Policy Certificate then the Policyholder/Insured Person shall bear the ratable preposition of the total Variable Expenses(including applicable surcharge and taxes thereon) in the proportion of the difference between the ICU Charges actually incurred and the ICU Charges specified in the Policy Certificate or the ICU Charges of the entitled ICU Charges to the ICU Charges actually incurred

- If the Policy certificate states the eligible limit of ICU Charges of the Insured Person is"No Sub –Limit", it means that there is no separate restriction on ICU Charges incurred stay in ICU during Hospitalisatipon

- If the Certificate of Insurance states 'up to 2% of the Coverage Amount per day' as eligible ICU Charges per day of Hospitalization, it means the maximum eligible ICU charges of the Insured Member payable by the Company is limited to 2% of the Coverage Amount per day of Hospitalization. Any amount accrued as No Claims Bonus under (Optional Cover 3), shall not form part of Coverage Amount

WAITING PERIODS & EXCLUSIONS

1. **Initial wait period**

I 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.

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

2. **Specific Wait Period for Named Ailments**

I Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage 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.

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

III 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.

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

V 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.

VI List of specific diseases/procedures:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), 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. Genetic disorders
15. Parkinson's or Alzheimer's disease or Dementia;

3. Wait Period for Pre-existing Diseases:

I. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
II. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
III. 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.
IV. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

The Wait Periods as defined shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.

If Coverage for Benefits or Optional Extensions is added afresh at the time of renewal, the Wait Periods as defined above shall be applicable afresh to the newly added Benefits or Optional Extensions (as applicable), from the time of such renewal

4. Permanent Exclusions

Below mentioned are the common exclusions which are applicable to all the Base and Optional benefits of Group Care 360:-

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II).
2. Any pre-existing injury / illness or disability and any complications thereof and its associated medical conditions unless we had agreed otherwise in writing
3. 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
   Note: Refer BLACKLISTED hospital list on www:careinsurance.com for list of excluded hospitals.
4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind;
5. 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.
c. Any treatment directly related to surrogacy whether the member is acting as surrogate, or is the intended parent;
d. Any treatment begun or for which the need has arisen during the first ninety (90) days after birth, for any child conceived by artificial means or any form of assisted conception or if the child is born via surrogacy;

6. Birth control, Sterility and Infertility: Code- Excl17
   a. Expenses related to Birth Control, sterility and infertility. This includes:
   b. Any type of contraception, sterilization
   c. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
7. Gestational Surrogacy
8. Reversal of sterilization;

9. 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;

10. Charges incurred in connection with routine eye examinations and ear examinations, dentures, crowns, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment;

11. Refractive Error: (Code- Excl15)
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres
12. 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.
13. Expenses incurred on advanced treatment methods other than as mentioned in clause 2.1 (h)
14. Any expenses incurred on providing or fitting any external prosthesis or orthosis or appliance or medical aids or durable medical equipment of any kind, like wheelchairs, walkers, crutches, ambulatory devices, unless allowed under the Policy, cost of Cochlear implants;
15. Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence and any treatment in an establishment that is not a Hospital;
16. Treatment of any external Congenital Anomaly or Illness or defects or anomalies including their associated medical conditions or chronic medical conditions or vegetative state cover (on the basis of declaration by the treating doctor) or treatment relating to external birth defects;
17. We define vegetative state as a condition of profound non-responsiveness with no sign of awareness or consciousness or a functioning mind, even if the Insured can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery;
    a. Treatment whilst staying in a hospital for more than ninety (90) continuous days for permanent neurological damage on the basis of declaration by the treating doctor. It is stated that treatment up to 90 days for permanent neurological damage will be covered under this Policy;

18. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability

19. Obesity/ Weight Control(Code- Excl06)
    a. Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
    b. Surgery to be conducted is upon the advice of the Doctor
    c. The surgery/Procedure conducted should be supported by clinical protocols
    d. The member has to be 18 years of age or older and
    e. Body Mass Index (BMI);
        i. greater than or equal to 40 or
        ii. 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:
            1. Obesity-related cardiomyopathy
            2. Coronary heart disease
            3. Severe Sleep Apnea
            4. Uncontrolled Type2 Diabetes

20. 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;
21. 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;
22. Out-patient treatment;
23. Treatment received outside India;
24. Domiciliary hospitalization or treatment;
25. 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;
26. Rest Cure, rehabilitation and respite care- Code- Excl05
    Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    a. 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.
    b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs;
27. An Insured Member operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;
28. An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
29. Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor or activity;
30. Professional fees charged by a member of the Insured Member’s immediate family or by a person normally resident in the household of the Insured or under his employment;
31. Training for or participating in professional sport of any kind or any sport for which the insured receives a salary or monetary reimbursement, including grants or sponsorship;

32. The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
33. Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;
34. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident;
35. All preventive care, Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics;
36. 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);
37. All expenses related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery;
38. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine;
39. 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;
40. 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;
41. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, Areca nut intoxicating drugs and alcohol or hallucinogens;
42. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness or any administration costs or any other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services;
43. 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;
44. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or any room upgrades, menu items not included as standard or visitors meals;
45. 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;
    d. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly 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 is also excluded.

46. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner;
47. Continuous ambulatory peritoneal dialysis. Coverage for 'Continuous ambulatory peritoneal dialysis' is available on OPD basis and as part of Pre-Post hospitalization expenses;
48. Charges for items not listed in the policy schedule applicable to the member or considered as not medically necessary or which may be considered as elective;
49. Alopecia wigs and/or toupee and all hair or hair fall treatment and products including any investigations; all forms of acne;
50. 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;
51. Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Schedule including the associated medical conditions shown on the endorsement;
52. Cryopreservation or harvesting or storage of stem cells as a preventive measure against possible disease/illness/injury, or implantation or re-implantation of living cells or living tissue whether autologous or provided by a donor;
53. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12
54. Any other weight management services, treatment and supplies unless requires hospitalization and surgery ;
55. 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)
56. Hormone Replacement Therapy;
57. 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;
58. The evacuation would involve moving Insured Member from a remote location where there is no or limited access;
59. Dental, Orthodontics, Periodontics, Endodontic or any preventative dentistry no matter who gives the treatment;
60. Charges for residential stays in Hospital which are not medically necessary or are incurred for social or domestic reasons or for reasons which are not directly connected with treatment or where the Hospital has effectively become the place of domicile or permanent abode;
61. Any charges made by the medical practitioner, hospital, laboratory or any such medical services which are not reasonable and customary;
62. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;
63. Insured Person suffering from or has been diagnosed with or has been treated for Down's Syndrome/Turner's Syndrome/Sickle Cell Anaemia/ Thalassemia Major/G6PD deficiency prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be treated as a Pre-existing Disease and will not be covered within first 48 months from the date of first issuance of the Policy
64. Ear or body piercing and tattooing or treatment needed as a result of any of these;

65. Any charges for treatment incurred during a period for which the premium is not paid;
66. Any claim or part of a claim in which the member has to pay a deductible or co-insurance (where applicable). In such a claim, we will only pay the balance of the claim after we have deducted the excess (or deductible or co-insurance) amount;
67. All bank or credit or foreign exchange charges when the claims payment is made in a currency other than the policy currency upon the member's request;
68. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound);
69. Any other conditions at the discretion of Underwriter

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly 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.

CLAIMS

How to file your Claim

Our principal purpose for our existence is to ensure that Insured Members enjoy hassle-free access to best-in-class healthcare delivery facilities, and we live this objective through our seamless claim process.

Please refer to the following steps in the claim procedure to ensure smooth processing of the same

Reimbursement of treatment expenses incurred at Network/Non Network Hospitals:

Step 1: Claim Intimation

In case of unplanned hospitalization, call and inform us/ Our TPA within 24 hours of your admission. However, if your hospitalization is planned, kindly intimate Us / Our TPA 48 hours prior to your admission.

The following information is to be provided during the claim intimation-

- Policy holder's name
- Claimant's name and customer ID
- Hospital details
- Diagnosis and treatment details
- Approximate claim amount
- Date of admission

We will provide a reference ID for all future communication pertaining to the claim request

Step 2: Initiating the Claim process

The Claim form can be downloaded from our website www.careinsurance.com

The completed claim form has to be sent to us along with the following documents –

- Duly filled and signed claim form
- Original receipts/bills and discharge voucher of the hospital/nursing home
- Original bills of chemists supported by prescriptions
- Original Investigation reports and payment receipts
- Other case papers as mentioned in Claims Form
- Doctor consultation papers and bills
- Any other document which is required by Us/Our TPA to adjudicate the claim

Additional documents needed to claim under Personal Accident benefit:-

It is a condition precedent to our liability under these Benefits that the following information and documentation shall be submitted to us immediately and in any event within 30 days of the event giving rise to the Claim under these Benefits:

- Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report
- Original Death Certificate; if applicable
- Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable
- A newspaper cutting about accident (if available)

- Certificate from Bank for outstanding amount of loan

The claim form and additional documents are to be sent to us at the following address:
CARE HEALTH INSURANCE COMPANY(formely known as Religare Health Insurance Company)Limited
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park, Sector-39,
Gurugram-122001 (Haryana)

You can also submit the claim form and additional documents in case You have selected TPA, the name, contact details etc. is mentioned in the Policy certificate for the selected TPA.

Step 3: Claim Processing and Reimbursement

If your request for reimbursement of expenses is approved, you will be duly intimated by us/ Our TPA.

In case of any information deficiency or further information requirements, you will be communicated instantly to ensure resolution of the same at the earliest

If your request for claims is declined, you will be communicated the same along with valid reason(s) for rejection. However, if the Insured Member/ Insured Member's representative has further documents to enhance/substantiate his case for claim, the same can also be sent to us/ Our TPA; and if found rational, the case will be reopened for review of the documents and response, if any.

We /Our TPA will ensure that you are updated at all important stages of your claim process. To help us serve you better, please ensure the following-

- The Pre-authorization/claim form is filled completely, sincerely and truly and all the required documents are submitted along with the form and in original, wherever specified
- Retain a copy of the duly filled forms
- Please quote the member ID/reference number for all communication related to the above.

Cancellation / Termination

You may also give 15 days' notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided that no refund shall be made for those Insured Member who has incurred Claim under the Policy.

Cancellation date from Policy Period Start Date	Policy Tenure – 1 Year
Up to 1 month	75.00%
1 month to 3 months	50.00%
3 months to 6 months	25.00%
6 months to 12 months	0.00%

Refund % to be applied on total premium received as on the date of receipt of the cancellation request

GRIEVANCE PROCESS

The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.

If you or the Insured Member or Dependent have a grievance that You or the Insured Member or Dependent wish Us to redress, You or the Insured Member may contact Us with the details of their grievance through:

Website: www.careinsurance.com

Email: customerfirst@careinsurance.com

Contact No.: 1800-102-4488 / 1860-500-4488

Post/Courier: Any of Our branch offices or our correspondence address, during normal business hours

If the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:

The Grievance Cell,
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park,
Sector-39, Gurugram-122001 (Haryana)

If the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance.

DISCLAIMER

This is only a summary of product features. The actual benefits available are as described in the policy, and will be subject to the policy Terms and Conditions. Please seek the advice of your insurance advisor if you require any further information or clarification or contact us.

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 insurers.

Any person making default in complying with the provision of this section shall be punished with fine, which may extent to five hundred rupees.

Insurance is a subject matter of solicitation.

IRDA Registration number: 148

ANNEXURE –II

Sr. No.	Annexure – II List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy
	List I – Optional Items
BABY FOOD	EYELET COLLAR
BABY UTILITIES CHARGES	SLINGS
BEAUTY SERVICES	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
BELTS/ BRACES	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
BUDS	Television Charges
COLD PACK/HOT PACK	SURCHARGES
CARRY BAGS	ATTENDANT CHARGES
EMAIL / INTERNET CHARGES	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	BIRTH CERTIFICATE
LEGGINGS	CERTIFICATE CHARGES
LAUNDRY CHARGES	COURIER CHARGES
MINERAL WATER	CONVEYANCE CHARGES
SANITARY PAD	MEDICAL CERTIFICATE
TELEPHONE CHARGES	MEDICAL RECORDS
GUEST SERVICES	PHOTOCOPIES CHARGES
CREPE BANDAGE	MORTUARY CHARGES
DIAPER OF ANY TYPE	WALKING AIDS CHARGES
CERVICAL COLLAR	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
SPLINT	SPACER
DIABETIC FOOT WEAR	SPIROMETRE
KNEE BRACES (LONG/ SHORT/ HINGED)	NEBULIZER KIT
KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	STEAM INHALER
LUMBO SACRAL BELT	ARMSLING
NIMBUS BED OR WATER OR AIR BED CHARGES	THERMOMETER
AMBULANCE COLLAR	KIDNEY TRAY
AMBULANCE EQUIPMENT	MASK
ABDOMINAL BINDER	OUNCE GLASS
PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	OXYGEN MASK
SUGAR FREE Tablets	PELVIC TRACTION BELT
CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	PAN CAN
ECG ELECTRODES	TROLLY COVER
GLOVES	UROMETER, URINE JUG
NEBULISATION KIT	AMBULANCE
ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	VASOFIX SAFETY

Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
List II – Items that are to be subsumed into Room Charges	
BABY CHARGES (UNLESS SPECIFIED/INDICATED)	TISSUE PAPER
HAND WASH	TOOTH PASTE
SHOE COVER	TOOTH BRUSH
CAPS	BED PAN
CRADLE CHARGES	FACE MASK
COMB	FLEXI MASK
EAU-DE-COLOGNE / ROOM FRESHNERS	HAND HOLDER
FOOT COVER	SPUTUM CUP
GOWN	DISINFECTANT LOTIONS
SLIPPERS	LUXURY TAX
HVAC	DISCHARGE PROCEDURE CHARGES
HOUSE KEEPING CHARGES	DAILY CHART CHARGES
AIR CONDITIONER CHARGES	ENTRANCE PASS / VISITORS PASS CHARGES
IM IV INJECTION CHARGES	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
CLEAN SHEET	FILE OPENING CHARGES
BLANKET/WARMER BLANKET	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
ADMISSION KIT	PATIENT IDENTIFICATION BAND / NAME TAG
DIABETIC CHART CHARGES	PULSEOXYMETER CHARGES
DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	

Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
List III – Items that are to be subsumed into Procedure Charges	
HAIR REMOVAL CREAM	MICROSCOPE COVER
DISPOSABLES RAZORS CHARGES (for site preparations)	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
EYE PAD	SURGICAL DRILL
EYE SHEILD	EYE KIT
CAMERA COVER	EYE DRAPE
DVD, CD CHARGES	X-RAY FILM
GAUSE SOFT	BOYLES APPARATUS CHARGES
GAUZE	COTTON
WARD AND THEATRE BOOKING CHARGES	COTTON BANDAGE
ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	SURGICAL TAPE
APRON	TORNIQUET
ORTHOBUNDLE, GYNAEC BUNDLE	

Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
List IV – Items that are to be subsumed into costs of treatment	
ADMISSION/REGISTRATION CHARGES	HIV KIT
HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	ANTISEPTIC MOUTHWASH
URINE CONTAINER	LOZENGES
BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	MOUTH PAINT
BIPAP MACHINE	VACCINATION CHARGES
CPAP/ CAPD EQUIPMENTS	ALCOHOL SWABES
INFUSION PUMP– COST	SCRUB SOLUTION/STERILLIUM
HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Glucometer & Strips
NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	URINE BAG

Sr. No.	List of Expenses Generally Excluded ("Non-medical")in Hospital Indemnity Policy
List V – Additional Non Payable Items	
BRUSH	WASHING CHARGES
COSY TOWEL	MEDICINE BOX
MOISTURISER PASTE BRUSH	COMMODE
POWDER	Digestion gels
BARBER CHARGES	NOVARAPID
OIL CHARGES	VOLINI GEL/ ANALGESIC GEL
BED UNDER PAD CHARGES	ZYTEE GEL
COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,	AHD
DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	VISCO BELT CHARGES
HOME VISIT CHARGES	EXAMINATION GLOVES
DONOR SCREENING CHARGES	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	PAPER GLOVES
BLADE	REFERAL DOCTOR'S FEES
MAINTAINANCE CHARGES	SOFNET
PREPARATION CHARGES	SOFTOVAC
STOCKINGS	