

## Prospectus

### A. Key Benefits

#### 1. Benefit 1 - Critical Illness, Medical Events & Surgical Procedures

The Policy provides a lump sum payment of amount equal to the Sum Insured in an event of any Critical Illness diagnosed, Surgical Procedures undergone or medical events occurred during the Policy Period.

The list of covered Critical Illness, Surgical Procedures and medical events is :

- |   |                                  |
|---|----------------------------------|
| 1. Cancer   | 11. Aplastic Anemia              |
| 2. End Stage Renal Failure                        | 12. Major Organ Transplant       |
| 3. Multiple Sclerosis                             | 13. Heart Valve Replacement      |
| 4. Benign Brain Tumor                             | 14. Coronary Artery Bypass Graft |
| 5. Parkinson's Disease before the age of 50 years | 15. Stroke                       |
| 6. Alzheimer's Disease before the age of 50 years | 16. Paralysis                    |
| 7. End Stage Liver Disease                        | 17. Myocardial Infarction        |
| 8. Motor Neurone Disorder                         | 18. Major Burns                  |
| 9. End Stage Lung Disease                         | 19. Coma                         |
| 10. Bacterial Meningitis                          | 20. Total Blindness              |

#### 2. Benefit 2 - Personal Accident

We will pay a lump sum amount equal to the Sum Insured in an event of accidental death or Permanent Total Disablement, within 12 months of the occurrence of the Injury.

If We have admitted a claim for Permanent Total Disablement, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.

Permanent Total Disablement means:

- the total and irrecoverable loss of sight of both eyes; or
- the actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- the total and irrecoverable loss of use of both hands or both feet or of one hand and one foot without Physical Separation

#### 3. Benefit 3 - Child Education

We will pay you as a lump sum 10% of Benefit 1 or Benefit 2 Sum Insured towards the education of your child (of age 24 years or less) if you suffer from any claim payable under Benefit 1 or Benefit 2.

#### 4. Benefit 4 - Second Opinion

We take your illnesses as seriously as you do. If you are suffering from any Critical Illness (as stated in the policy) and feel uncertain about your diagnosis or wish to get a second opinion of a doctor on your medical reports for any other reason, we arrange one for you, free of cost. This second opinion is available to each of the members covered every year for each Illness.

#### 5. Benefit 5 - Health Check-up

Our concern is your good health. To pre-empt your ever having to visit a Hospital, we provide a health check-up, once during the Policy Year for the Insured Person covered under the Policy at one of our Network Provider or any other Service Providers specifically empanelled with us to provide the services, in India

Age / Sum Insured	Up to 10 Lac	10 Lac - 50 Lac	Above 50 Lac
Up to 45 years	Set 1	Set 2	Set 3
46 years to 55 years	Set 2	Set 3	Set 4
56 years and above	Set 3	Set 4	Set 5

Set	List of Medical Tests
Set 1	Complete Blood Count, Urine Routine, Blood Group, ESR, Fasting Blood Glucose, S Cholesterol, SGPT, Creatinine
Set 2	Complete Blood Count, Urine Routine, Blood Group, ESR, Hb I Ac, ECG, S Cholesterol, SGPT, Creatinine
Set 3	Complete Blood Count, Urine Routine, Blood Group, ESR, Hb I Ac, ECG, Lipid Profile, Kidney Function Test, Complete Physical Examination by Physician
Set 4	Complete Blood Count, Urine Routine, Blood Group, ESR, Hb I Ac, Lipid Profile, Stress Test (TMT) or 2D echo, Kidney Function Test, Liver Function Test, Complete Physical Examination by Physician
Set 5	Complete Blood Count, Urine Routine, Blood Group, ESR, Hb I Ac, Lipid Profile, Stress Test (TMT) or 2D echo, Kidney Function Test, Liver Function Test, Pulmonary Function Test, Complete Physical Examination by Physician

**Note :**

- 1. A Claim can be made only once under Benefit 1 or Benefit 2.**
- 2. Claim under Benefit 1 or Benefit 2 are mutually exclusive. In case any Claim is made under Benefit 1 or Benefit 2, coverage under the Policy for that Insured Person shall immediately and automatically terminate. However, other Insured Persons (if any) under the Policy shall continue to be covered.**

## **B. Add-on Benefit**

### **1. Everyday Care**

We understand that healthcare needs are not only limited to Hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and if the option is chosen by you we provide unlimited consultations to our wide network of consultants, specialists and surgeons at Rs. 100 per consultation. However, the consultations are restricted to a maximum of 4 visits for the same illness or disease.

To add to this, our Everyday Care wellness package provides you access to a free health helpline, health and wellness offers from our associates nationwide, online health risk assessments and health perquisites.

Our sincere endeavor is to offer a product in which you find value whether you are in a state of good health or not.

### **2. HIV Cover**

In case you are detected with HIV infection for the first time during the Policy Period and such infection is not caused by either by Parent to child transmission, or Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual), then We shall pay You a lump sum amount equal to the Sum Insured of this Add-on Benefit.

Any payment under this Add-on Benefit would be available only once during your lifetime and the cover under this Add-on Benefit would cease to continue once any claim is made under this Add-on Benefit.

However, the Policy cover shall continue for other benefits under the Policy.

## **C. Salient Features**

### **1. Policy Term**

The security of your health and resultant happiness should be your prerogative for life. In case you approach us as an individual, you can choose the policy term between one to three years.

In case you approach us as a group, the policy term shall only be of one year.

### **2. Tax Benefit**

Opting for health insurance is certainly a step in the right direction, and it comes with a two-fold benefit. Not only does it ensure that you and your family can access good medical care at all times, it also enables you to avail of a tax benefit on the premiums you pay towards your health insurance, under Section 80D of the Income Tax Act, 1961. (Tax benefits are subject to changes in the tax laws, please consult your tax advisor for more details)

### **3. Free Look Period**

We have your best interests at heart and at the same time recognize that you know your needs the best. Hence, after purchasing the Policy, if you find it unsuitable, you can cancel and return the Policy to Us. Our Policies come with a free-look period of 15 days.

### **4. Underwriting Loading**

A loading @ 25% may be levied on the premium payable based on your individual underwriting. Such loading shall be intimated to You for Your consent before the Policy is issued. Such loading shall be applied on all Renewals.

### **5. Premium**

The premium charged under the Policy depends upon the plan, Sum Insured chosen, Policy Period / tenure and Add-on Benefits taken and the health status of the individual. The premium rates for the plans offered are annexed hereto with the prospectus.

### **6. Cancellation/Termination**

You can cancel/terminate the Policy any time by giving a 15 days' notice in writing. We shall refund the premium for the unexpired period of this Policy as per the short period scales as mentioned below, provided no Claim has been made and full premium has been received under the Policy.

Cancellation date upto (x months) from Policy Period Start Date	1 Year	2 Year	3 Year
Upto 1 month	75.0%	87.0%	91.0%
Upto 3 months	50.0%	74.0%	82.0%
Upto 6 months	25.0%	61.5%	73.5%
Upto 12 months	0.0%	48.5%	64.5%
Upto 15 months	N.A.	24.5%	47.0%
Upto 18 months	N.A.	12.0%	38.5%
Upto 24 months	N.A.	0.0%	30.0%
Upto 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

#### D. Portability & Migration

If you wish to migrate your policy from any other non-life insurance company, you can apply for a health insurance Policy under portability, but in no case later than 30 days after the Renewal date of your policy and the Waiting Periods as under the Policy shall be reduced by the number of months of continuous coverage under such health insurance Policy with the previous insurer:

- (a) If you apply to Us for a health insurance Policy, and provided that
- (i) You have been covered without any break under any health insurance policy from any non-life insurance company registered with the IRDA; and
  - (ii) The Sum Insured opted for by You with Us is equal to or higher than the Sum Insured of the expiring health insurance policy, then

the Waiting Periods as defined in Clauses 4.1 (a) of the Policy Terms & Conditions shall be waived to the extent of the Sum Insured under the expiring health insurance policy.

The Waiting Periods under Clauses 4.1 (a) of the Policy Terms & Conditions shall be applicable afresh to the amount by which the Sum Insured under the Policy exceeds the total of sum insured under the terms of the expiring health insurance policy.

- (b) The Waiting Periods as defined in Clauses 4.1 (a) of the Policy Terms & Conditions shall be applicable individually for each Insured Person and claims shall be assessed accordingly.
- (c) In case You have opted to switch to any other insurer under Portability and the outcome of acceptance of the Portability is awaited from the new insurer on the date of Renewal:
- (i) We may at Your request, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
  - (ii) In case any Claim is reported during the extended Policy Period, You shall first pay the premium so as to make the Policy Period of 12 full calendar months. Our liability for the payment of the claim shall commence only once such premium is received.

**Note: This provision will apply even if you migrate to any other health insurance policy.**

#### E. Grievance Redressal

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

- (a) If You/Insured Person has a grievance that You/Insured Person wishes Us to redress, You/Insured Person may contact Us with the details of the grievance through:

Website: [www.careinsurance.com](http://www.careinsurance.com)

Email: [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Contact No.: 1800-102-4488

Courier: Any of Our Branch Office or corporate office

You/Insured Person may also approach the grievance cell at any of Our branches with the details of your grievance during Our working hours from Monday to Friday.

- (b) If You/Insured Person is not satisfied with Our redressal of Your/Insured Person's grievance through one of the above methods, You/Insured Person may contact Our Head of Customer Service at:

Head - Customer Services,

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurugram - 122001 (Haryana)

Still further, if you are not satisfied with our redressal you may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are available on our website

Any and all disputes or differences under or in relation to validity, construction, interpretation, effect or any other matter related to this Policy shall be determined exclusively by the Indian Courts and subject to Indian law.

## F. Claims Management

We believe in the old adage, "The proof of the pudding is in the eating." So we back up our promise with an enduringly simple claims procedure, which involves just you and us. Direct dealing with us for claims settlement.

With you directly interacting with us, we can be doubly sure that you are satisfied. And when you are satisfied, we feel satisfied too.

### I. Claims Procedure

It is mandatory for the customer to intimate claims upon occurrence of the specified event as covered :

- o Diagnosis of a Critical Illness; or
- o Undergoing of any Covered Surgical Procedure; or
- o Suffering from any of the Covered Medical Events,
- o The Insured Person's death within 12 months of the occurrence of the Injury; or
- o The Insured Person's Permanent Total Disablement within 12 months of the occurrence of the Injury such that the Insured Person is unable to resume his normal occupation or engage in similar gainful employment due to the Permanent Total Disability suffered.

The following information has to be provided during intimation of claims :

- o Policy Number;
- o Name of the Policyholder;
- o Name of the Insured Person in respect of whom the Claim is made;
- o Nature of the event;
- o Name and address of the attending Medical Practitioner and Hospital, if applicable;
- o Date of admission to Hospital, if applicable;
- o Any other information, documentation or details requested by the Company.

You or someone claiming on your behalf, should then send us the following documents in original within 30 days after occurrence of the event.

### 2. General claim documents

- a. Duly completed and signed claim form, in original.
- b. Original discharge/death summary from the Hospital;
- c. Certificate from the attending Medical Practitioner of the Insured Person confirming, at least the following:
  - i. Name of the Insured Person;
  - ii. Name, date of occurrence and medical details.
- d. Any other information, documentation or details requested by the Company.

### 3. Additional claim documents for Benefit 1/Add-on Benefit 2

- a. Certificate from the attending Medical Practitioner of the Insured Person confirming that the Claim does not relate to any Pre-Existing Illness or any Illness or Injury which was diagnosed or existed within the first ninety (90) days of the Policy Period Start Date.
- b. Original investigation test reports, indoor case papers and medical documents as specified under the respective Critical Illness, Covered Surgical Procedure or Covered Medical Event.
- c. Only in the event that the original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider the Company will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider.

### 4. Additional claim documents for Benefit 2

Purpose of Document	Indicative List of Documents
Identity Proof	Voter ID, Passport, PAN Card, Driving License, ration card, Aadhar, or any other proof accepted by the KYC norms as approved by the company and which is admissible in court of law.
Address Proof	Voter ID, Passport, Driving License
Incident Proof	FIR, Panchnama, Final Police Report, State Electricity Board Report, Factory Inspection Report, Forensic Report, Valid Passenger Ticket/Boarding Pass of the Common Carrier, or any other proof to the satisfaction of the company.
Cause of Loss	Viscera Report, Post Mortem Report if conducted, MLC report, Medical Report/Certificate
Disability	Disability Certificate from Government Medical Board, Fitness Certificate, Medical Prescription
Death	Death Certificate
Claimant Identity	Succession Certificate, Identity Proof of Nominee, legal heirs or any other proof to the satisfaction of the company for the purpose of a valid discharge.
Medical Expenses	Hospital Discharge Summary, Bills, Receipts, Medical Practitioner Certificate, Medical/Clinical/Pathological/Diagnostics Records

**Note:**

1. The Company reserves the right to seek additional documents depending upon the cause of Claim or the Benefit /Add-on Benefit under which the Claim is made.
2. Any one of the above documents under each category needs to be provided.

## 5. Duties of the Claimant

- a. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. 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 within time frame specified in Clause F of the Policy Terms and Conditions.
- c. The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- d. The Company's 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.
- e. The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the claim, its circumstances and its quantum.

## G. Exclusions

### Waiting Period

- a. 90-Day waiting period
  - i. The Company shall not be liable to make any payment under Benefit 1 in respect of any Critical Illness, Medical Event or Surgical Procedure whose signs or symptoms, first occur within 90 days of the Policy Period Start Date.
  - ii. This exclusion shall not apply for subsequent Policy Years provided that there is no break in insurance cover for that Insured Person and that the Policy has been renewed with the Company for that Insured Person on time and for the same or lower Sum Insured.

### Applicable to Benefit 1

- a. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Period Start Date.
- b. Any external congenital illness or condition;
- c. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
- d. Any physical, medical condition or treatment or service that is specifically excluded under the Special Conditions in the Policy Schedule.
- e. Any treatment relating to birth defects.
- f. 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
- g. Hormone replacement therapy.
- h. Any treatment through self-medication or any treatment that is not scientifically recognized.

### Applicable to Benefit 2

- a. Payment of compensation in respect of death, Injury or disablement of Insured Person directly or indirectly caused by venereal disease or insanity except where such condition arises directly as a consequence of an Accident during the Policy Period.

### General Exclusions

- a. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV and not specifically mentioned in benefits above.
- b. Any Pre-existing Disease or any complication arising therefrom.
- c. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV and not specifically mentioned in benefits above
- d. Acts of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
- e. Participation in any flying activity except as a bonafide fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.
- f. 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.
- g. Participation in actual or attempted felony, riots, civil commotion, criminal misdemeanor;
- h. 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

- i. Engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports.
- j. 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.
  - I. 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 dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
  - II. 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.
  - III. 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.
- k. Maternity: (Code Excl 18)
  - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

**Note :** For further details on the exclusions applicable, please refer to the Policy Terms & Conditions or seek the advice of your financial advisor.

## H. Medical Check-up

We would like to understand your current and future health needs in order to provide flawless service and ensure your sustained good health. The cost of these tests will be borne by Us if Your proposal is accepted. The test is to be taken as per the corresponding grid:

Plan	Assure 2		Assure 3 & Assure 4	
	Up to 3 Crores	Above 3 Crores	Upto 10 lacs	Above 10 lacs
Age / Sum Insured	Up to 3 Crores	Above 3 Crores	Upto 10 lacs	Above 10 lacs
Upto 45 years	Health form	Set 1	Health form	Set 1
46 years to 55 years	Health form	Set 2	Set 1	Set 2
56 years and above	Set 1	Set 3	Set 2	Set 3

However, We will deduct the cost of tests and the applicable service tax thereon, from the proposal amount paid by You, if We reject Your proposal as under:

S.No.	Description	Cost
1	Set 1	₹ 1,000
2	Set 2	₹ 2,000
3	Set 3	₹ 4,500

Also, wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of the member's age.

The result of these tests shall be valid for a period of 3 months from the date of tests. The Pre-policy health check-up grid is as under:

Set	Set 1	Set 2	Set 3
General Multi Screen Tests	CBC	CBC	CBC
	ESR	ESR	ESR
	URA	URA	URA
	GPE	GPE	GPE
		CXR	CXR
Diabetes Screen	FBS	Hb IAC	Hb IAC
Cardiac Screen	S CHOLESTEROL	S CHOLESTEROL	LIPID PROFILE
	ECG	ECG	TMT
Liver screen	SGPT	LFT	LFT
Kidney screen	S CREATININE	KFT	KFT
			T.M.

CBC	Complete Blood Count	S CHOLESTEROL	Serum Cholesterol
ESR	Erythrocyte Sedimentation Rate	ECG	Electro Cardio Gram
URA	Urine Routine Analysis	SGPT	Serum Glutamic Pyruvic Transaminase
GPE	General Physician Examination	S CREATININE	Serum Creatinine
FBS	Fasting Blood Sugar	CXR	Chest X-Ray
LFT	Liver Function Test	KFT	Kidney Function Test
HbA1C	Glycosated Hemoglobin	TM	Tumour Makers

**Note :** The above mentioned grid is illustrative only and may be modified later after due approval by Chief Underwriting Officer.

#### Process for arranging pre-policy issuance medical tests :

Where the medical tests are triggered, the customer will be called up to fix a mutually convenient time for the medical examination to be conducted. In certain cases, some of the medical examination could also be done at the residence. The customer would be required to undergo the medical tests as per the appointment fixed. The results of the tests would be evaluated by the company to process the proposal.

Post review of the proposal, the underwriter may modify the declaration of the Pre-existing Condition or ask the Prospect to undergo further tests as required.

Post the review of the reports of such tests, the underwriter may :

- o Accept the proposal as is
- o Accept the proposal with loading (@ 25%)
- o Reject the proposal
- o Ask the proposer to modify the proposal to reduce the sum insured or to drop the prospect.

## I. Policy Terms

Minimum entry age	18 years
Maximum entry age	65 years
Maximum renewal age	Lifelong
Age of proposer	18 Years or above
Waiting Period	90 days
Underwriting Loading	A loading of 25% may be levied on the premium payable as per our internal underwriting guidelines. Such loading will be applied on all renewals.
Premium	The premium charged under the policy depends upon the Sum Insured chosen, policy period / tenure and Add-on Benefit taken and the health status of the individual.
Renewal terms	<ol style="list-style-type: none"> <li>1. This Policy will automatically terminate at the end of the Policy period. All renewal applications should reach us before the end of the Policy period. The same may be renewed by mutual consent and in such event the renewal premium will be paid to us on or before the date of expiry of the Policy or of the subsequent renewal thereof.</li> <li>2. The Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA.</li> <li>3. Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.</li> <li>4. Grace Period - 30 days from the expiry of the Policy. We will not be liable for any claim which occurs during the Grace Period.</li> </ol>
Increase of Sum Insured	You can enhance your Sum Insured under the Policy only upon renewal, subject to a review by us.

## J. Endorsements

Any endorsement would be effective from the date of the request as received from the policyholder, or the date of receipt of premium, whichever is later.

#### Non-premium bearing Endorsement :

As a policy, all endorsements which do not have a direct bearing on the premium shall be executable during the policy period.

Examples of this type of endorsements are :

- a. Rectification in Name of the Proposer
- b. Rectification in Name of the Prospect
- c. Rectification in Gender of the Prospect
- d. Rectification in Relationship of the Prospect with the Proposer
- e. Rectification of Date of Birth of the Prospect (if this does not impact the premium)
- f. Change in the correspondence address of the Proposer
- g. Change/Updation in the contact details viz., Phone No., E-mail Id, etc.
- h. Updation of alternate contact address of the Proposer

#### Premium Bearing Endorsement :

For alterations which have a bearing on the premium, only following would be executable during the currency of the Policy Period :

1. Inclusion/Exclusion of a Pre-existing Condition for a Member
2. Other alterations in the Policy which have a direct impact on the premium shall be permissible only at the time of renewal of the policy. The lists of such alterations are as under:
  - a. Increase/Decrease in Sum Insured
  - b. Increase/Decrease of tenure
  - c. Change in Date of Birth of the Prospect

### K. Schedule of Discounts

S.No.	Description	Rates	
1	Group Discount	10% of Premium	
2	Discount for Employees and their dependents of :	15% of Premium	
	A. Religare Enterprises Limited & its subsidiaries / affiliates		
	B. Corporation Bank & its subsidiaries / affiliates		
	C. Union Bank of India & its subsidiaries / affiliates		
	D. Any other Stakeholder or Partners		
3	Direct Sourcing Discount	15% of Premium	
4	Discount for multi-year policies (on single premium) For Assure 3 & Assure 4 only	Tenure	Discount
	2 year rate = Annual Rate x 2 x (1 - Discount applicable)	2 year	7.50%
	3 year rate = Annual Rate x 3 x (1 - Discount applicable)	3 year	10.0%

Note:

1. Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application..
2. Discount items 1, 2 and 3 have been provided in lieu of saving in commission.
3. Maximum discount on a cumulative basis shall not exceed 15% of the premium.

### L. Schedule of Benefits

Plan	Assure 2	Assure 3	Assure 4
Sum Insured*	1 lac to 25 Cr (In line with the financial liability)	1 Lac to 10 Lac (in multiples of 1 Lac) 15 Lac to 50 Lac (in multiples of 5 Lac) 75 Lac, 1 Crore, 1.25 Crore, 1.75 Crore, 2.25 Crore, 2.75 Crore and 3 Crore	1 Lac to 10 Lac (in multiples of 1 Lac) 15 Lac to 50 Lac (in multiples of 5 Lac) 75 Lac, 1 Crore, 1.25 Crore, 1.75 Crore, 2.25 Crore, 2.75 Crore and 3 Crore
No. of Critical Illness covered	15	15	20
Critical Illness, Medical Events and Surgical Procedures	Sum Insured	Sum Insured	Sum Insured
Personal Accident	Sum Insured	Sum Insured	Sum Insured
Child Education	No	10% of Sum Insured	10% of Sum Insured
Second Opinion	Yes	Yes	Yes
Health Check-up	Yes	Yes	Yes

\* We will offer Sum Insured above the amount as specified herein above, on specific request basis and would be subject to our review.



## M. Add-on Benefit

Plan	Assure 2	Assure 3	Assure 4
Everyday Care	Yes	Yes	Yes
HIV Cover*	Up to Rs. 25 Lac	Up to Rs. 10 Lac	Up to Rs. 10 Lac

\*We will offer Sum Insured above the amount as specified herein above, on specific request basis and would be subject to our review. The Sum Insured for this Add-on Benefit shall be additional to, separate and distinguished from the Plan Sum Insured.

## N. List of Critical Illness

S.No.	Particulars	Plan Name		
		Assure 2	Assure 3	Assure 4
1	Cancer	Yes	Yes	Yes
2	End Stage Renal Failure	Yes	Yes	Yes
3	Multiple Sclerosis	Yes	Yes	Yes
4	Benign Brain Tumour	Yes	Yes	Yes
5	Total Blindness	Yes	Yes	Yes
6	Motor Neurone Disorder	Yes	Yes	Yes
7	End Stage Lung Disease	Yes	Yes	Yes
8	Major Organ Transplant	Yes	Yes	Yes
9	Heart Valve Replacement	Yes	Yes	Yes
10	Coronary Artery Bypass Graft	Yes	Yes	Yes
11	Stroke	Yes	Yes	Yes
12	Paralysis	Yes	Yes	Yes
13	Myocardial Infarction	Yes	Yes	Yes
14	Major Burns	Yes	Yes	Yes
15	Coma	Yes	Yes	Yes
16	Parkinson's Disease	No	No	Yes
17	Alzheimer's Disease	No	No	Yes
18	End Stage Liver Disease	No	No	Yes
19	Bacterial Meningitis	No	No	Yes
20	Aplastic Anaemia	No	No	Yes

## O. Benefits Payment Basis

S.No.	Description	Description	Basis
1	Benefit 1	Critical Illness, Medical Events & Surgical Procedures	Benefit
2	Benefit 2	Personal Accident	Benefit
3	Benefit 3	Child Education	Benefit
4	Benefit 4	Second Opinion	Benefit
5	Benefit 5	Health Check-up	Benefit
6	Add-on Benefit 1	Everyday Care	Indemnity
7	Add-on Benefit 2	HIV Cover	Benefit

## About Us

### Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)

Care Health Insurance (CHI) is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With CHI's operating philosophy being based on principal tenet of 'customer- 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 currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates. The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Award & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards' Care Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards.

Best Health Insurance Company – ABP News – BFSI Award 2015, Best Claims Service Leader of the Year- Insurance India Summit & Award 2018, Best Product Innovation- Editor's Choice Award Finnoviti 2013, Best Medical Insurance Product – FICCI Healthcare Awards 2015.

### Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)

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

Correspondence Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)

Website: [www.careinsurance.com](http://www.careinsurance.com) E-mail: [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com) Call: 1800-102-4488 / 1800-102-6655

Disclaimer: This is only a summary of product **assurē**. 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.

Insurance is a subject matter of solicitation. UAN:20104206 UIN:RHIHLIP21375V022021 CIN:U66000DL2007PLC161503 IRDA Registration Number - 148

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#### Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus 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 this 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](http://www.careinsurance.com)
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

One  
Family.  
One  
Health  
Insurance.

carē

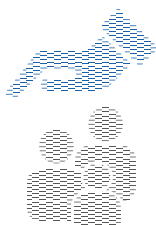
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A new-age  
comprehensive Health  
Insurance plan.

carē

HEALTH  
INSURANCE

# carē



## FOR WORRY FREE TODAY AND TOMORROW

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Your main concern should be getting well or nursing a loved one back to health and not hospital bills and other related expenses. So we want to get those bills out of your way with our simple plans and help in getting your health and happiness back.

## BREAK THROUGH ADVANTAGES

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In addition to hassle-free claims, we believe you deserve distinct benefits for choosing carē, and they come your way in the form of thoughtfully designed product & service features:

- Wide range of Sum Insured options of up to INR 75 Lakhs\*\*
- Covers non-allopathic treatments like Ayurveda, Homeopathy, Unani & Sidha up to a specified limit & varies with plan chosen
- Comes with an In-built maternity cover of up to INR 1 Lakh available with sum insured options of INR 50, 60 & 75 Lakhs
- Automatic recharge of Sum Insured if claim amount exhausts your coverage (this feature can be availed unlimited times by availing "Unlimited Automatic Recharge (Optional Cover)")
- Covers more than 540 day care treatments
- Option to avail personal accident cover
- No upper-limit entry age for any of our plans
- Up to 150% increase in Sum Insured with No Claim Bonus and No Claim Bonus Super(Optional Cover) in 5 consecutive claim free years\*

\* Incremental increase every year is applicable on base Sum Insured. If a claim is made in any particular year, accrued NCB and NCB-Super will be reduced at the same rate at which it is accrued.

\*\* Higher Sum Insured options are also available

## CORNERSTONES



**In-patient  
Care**



**Floater  
Cover**



**Domiciliary  
Hospitalisation**



**Daily  
Allowance**



**Ambulance  
Cover**



**Organ  
Donor Cover**



**Health  
Check-up**



**No Claims  
Bonus**



**Second  
Opinion**



**Pre & Post  
hospitalisation**



**Lifelong  
Renewability**



**Tax  
Benefit**

## SIMPLE WE TREAT YOUR FAMILY AS ONE

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Forget individual health insurance plans for your family members. Under the 'floater' plan, you can cover any member of your immediate family (yourself, spouse, parents, children or other eligible relationships having an insurable interest) for the sum insured in a single policy.

## MAKE THE MOST OF WHAT WE OFFER

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To make the process of renewing your health insurance more convenient, choose a policy with a term of one, two or three years. What's more! Avail a discount on your premium if you opt for a longer policy term.

## CASHLESS TREATMENTS

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Concentrate only on your recovery and relieve yourself from the worry of arranging for funds. Leave the bill payment arrangements to us with cashless hospitalisation.

## DIRECT CONVERSATIONS TO SETTLE CLAIMS

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We back up our promise with an enduringly simple claim procedure, which involves just you and us with a network of leading hospitals pan India.

- In the case of an emergency or a planned hospitalisation, all you have to do is present the Care Health Card along with some simple documents at our network of more than 8000+ leading hospitals pan India and avail cashless service.
- In case of reimbursement of expenses when you use a non-network hospital, all you need to do is notify us immediately about the claim. Call us directly, send us the specified documents and we'll process your claim.

## HOSPITALISATION FOR AT LEAST 24 HOURS

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If you are admitted to a hospital for in-patient care, for a minimum period of 24 consecutive hours, we pay for - room charges, nursing expenses and intensive care unit charges to surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.

## HOSPITALISATION FOR LESS THAN 24 HOURS

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We also pay for your medical expenses if you undergo a specified day care treatment at a hospital that requires hospitalisation for less than 24 hours.

## DOMICILIARY HOSPITALISATION

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We will reimburse the medical expenses incurred by you during your treatment at home within India, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited hospitalisation.

## 30 DAYS PRE-HOSPITALISATION

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Sometimes the procedures that finally lead you to hospital, such as investigative tests and medication, can be quite financially draining. We cover the medical expenses incurred by you up to 30 days before your hospitalisation.

## 60 DAYS POST-HOSPITALISATION

Expenses don't end once you are discharged. There are follow-up visits to your medical practitioner, medication that is required and sometimes even further confirmatory tests. We cover the medical expenses incurred by you up to 60 days after your hospitalisation.

## AMBULANCE COVER

Incase of an emergency should you require an ambulance, we offer coverage for that as well.

## DAILY ALLOWANCE

A trip to a hospital involves more than merely using the doctor's services and hospital facilities. We reimburse those out-of-pocket expenses too as 'Daily Allowance' - a lump sum per day for each day of hospitalisation for a maximum of 5 days.

## EXTRA CARE WITH NO CLAIMS BONUS - SUPER\*

If you do not claim your health insurance policy in a particular year, we raise a cheer to your good health in the form of a substantial bonus. You receive an increase of 50 % in your sum insured for every claim free year, up to the maximum of 100 % of the sum insured with optional cover NCB-Super. In addition to this, you also get a 10% increase in the sum insured, up to maximum of 50%, as per the regular No Claims Bonus feature.

### Illustration - No Claims Bonus + No Claims Bonus - Super (in ` lacs)

	Year 2	Year 3	Year 4	Year 5	Year 6
<b>Sum Insured</b>	5	8	11	11.5	12
<b>NCB</b>	0.5	0.5	0.5	0.5	0.5
<b>NCB Super*</b>	2.5	2.5	-	-	-
<b>Total Sum Insured</b>	8	11	11.5	12	12.5

Note: Assuming no claims for 5 consecutive years on SI 5 Lac

\*Optional Cover available on payment of additional premium

If a claim is made in any particular year, accrued NCB and NCB-Super will be reduced at the same rate at which it is accrued

## ANNUAL HEALTH CHECK-UP WITHOUT ANY AGE CONSTRAINTS

Our concern is your good health, that's why we provide you with an annual health check-up for yourself and all members covered by your policy, including children.

## GET TAX BENEFITS\*

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Opting for health insurance is certainly a step in the right direction, and it comes with a two-fold benefit. Not only does it ensure that you and your family can access good medical care at all times, it also enables you to avail of a tax benefit on the premiums you pay towards your health insurance, as per the prevailing tax laws of the Income Tax Act, 1961 (u/s 80D).

\*Tax Benefits under the policy will be as per the prevailing Income Tax laws and are subject to amendments from time to time. For tax related queries, contact your independent tax advisor.

## JOIN OUR FAMILY ANYTIME

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Be a part of the Care family and continue to get uninterrupted coverage with no compromises at all. Get quality service, enhanced product features and even a reduction in waiting period by the number of years of continuous coverage under a similar plan with your previous insurer.

## CARE ANYWHERE

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Our carē knows no boundaries; literally. Avail certain listed treatments in India or abroad.

## FREEDOM OF CHOICE OF TREATMENT

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No matter what type of treatment you need, we make sure it's covered. Alternative treatments such as Ayurveda, Unani, Sidha and Homeopathy are now covered for in-patient hospitalisation up to a specified limit which varies with plan chosen.

## RECHARGE YOUR SUM INSURED

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A refill is always welcome! So your sum insured is reinstated just when you need it the most. If you ever run out of/exhaust your health cover due to claims made, we reinstate the entire sum insured of your policy once, which can be used for any future claims that are unrelated to the claim made during the same year. Not just this you can avail the benefit unlimited number of times by opting an Optional Cover - Unlimited Automatic Recharge. Our carē knows no limits; we are there for you, hamesha!



## 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 reimburse you for medical expenses that are incurred by an organ donor while undergoing the organ transplant surgery.

## GET A SECOND OPINION

We take your illness as seriously as you do. If you are suffering from a serious illness and feel uncertain about your diagnosis or wish to get a second opinion of an expert/doctor, we arrange one for you.

## HAVING SECOND THOUGHTS?

### NO PROBLEM

We recognise that you know your needs best. Hence, after purchasing the policy, if you find it unsuitable, you can cancel and return the policy to us. Our policies come with a free-look period of 15 days from the date of receipt of the policy.

## NO UPPER-LIMITS ON CERTAIN EXPENSES

We believe that you should be free to decide how to spend your health insurance cover towards getting the best possible medical care. As far as we're concerned, it is your money. So our plans come without any cap on certain expenses like doctor/surgery fees, operation theater & allied charges, to name a few.

### carē BENEFITS TABLE

Features (Sum Insured Lacs)	3 L & 4 L	5 L, 7 L, 10 L	15 L, 20 L, 25 L, 30 L & 40 L	50 L, 60 L & 75 L
Pre- Hospitalisation	30 days	30 days	30 days	30 days
Post- Hospitalisation	60 days	60 days	60 days	60 days
Day Care Treatments	Yes	Yes	Yes	Yes
Room Rents	Upto 1% of SI per day	Single Private Room	Single Private Room upgradable to next level	Single Private Room upgradable to next level
ICU Charges	Upto 2% of SI per day	No Limit	No Limit	No Limit
Doctor's Fees Etc.	No Limit	No Limit	No Limit	No Limit

Daily Allowance	500 per day upto 5 days per hospitalization	-	-	-
Ambulance Cover	Upto `1,500 per Hospitalization	Upto `2,000 per Hospitalization	Upto `2,500 per Hospitalization	Upto `3,000 per Hospitalization
Domiciliary Hospitalisation	Upto 10% of SI	Upto 10% of SI	Upto 10% of SI	Upto 10% of SI
Organ Donor Cover	Upto 50,000	Upto 1,00,000	Upto 2,00,000	Upto 3,00,000
Annual Health Check-Up	Yes	Yes	Yes	Yes
Second Opinion	Yes	Yes	Yes	Yes
No Claims Bonus	Upto 150%* of SI	Upto 150%* of SI	Upto 150%* of SI	Upto 150%* of SI
Recharge Of Sum Insured	Upto SI	Upto SI	Upto SI	Upto SI
Care Anywhere	-	-	-	Yes
Maternity Cover	-	-	-	Yes
Alternative Treatment	Yes	Yes	Yes	Yes

Inclusive of No Claims Bonus-SUPER.

## MATERNITY COVER

Being a parent is the most precious moment in life and such moments call for a celebration. That is why, with Care comes with a maternity cover of up to INR 1 Lakh with sum insured options of INR 50, 60 & 75 Lakhs.

## NON-INCLUSIVES

- Any pre-existing ailment/injury that was diagnosed/acquired within 48 months prior to issuance of the first policy
- Any diseases contracted during first 30 days of the policy start date except those arising out of accidents
- Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide)
- Expenses arising out of or attributable to alcohol or drug use/misuse/abuse
- Cost of spectacles/contact lenses
- External Congenital disease

Remember, there are some treatments such as non-infective arthritis, joint replacement etc., which are covered only after completion of 2 consecutive policy years.

For a detailed set of exclusions, please log on to [www.careinsurance.com](http://www.careinsurance.com)

Minimum entry age	Individual : 5 years ; Floater : 91 Days with at least 1 Insured Person of age 18 years or above
Minimum entry age	No age bar
Renewal	Lifelong renewability
Renewal premium	Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
Co-payment	If your age is 61 years or more, we provide you an option to choose for co-payment of 20% per claim (over & above any other co-payment, if any) which applies to you. We pay the rest.
Initial Waiting period	30 days for any illness except injury
Waiting period for pre-existing illnesses	Four years of continuous coverage
Change in sum insured	You can modify your sum insured under the policy only upon renewal
Grace period	30 days from the date of expiry to renew the policy

## ABOUT US

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Ver: JAN/22

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Submit Your Queries/Requests:

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