Prospectus

- This is a Prospectus & Sales Literature which meets the regulatory requirements specified in the IRDA (Protection of Policyholders' Interests) Regulations 2002 and is also compliant with Rule 11 of the Insurance Rule 1939.
- The Eligibility Criteria & Key Benefits shown in this Prospectus & Sales Literature form part of the coverage provided under the Policy which is in addition to the specific conditions towards Floater / Co-payment / Optional Cover.
- Any Claim paid under Benefit 1, Benefit 4 to Benefit 6 or Benefit 8 shall reduce the Sum Insured for that Policy Year and only the balance Sum Insured after payment of the Claim amounts admitted shall be available for all future Claims arising in that Policy Year.
- Co-payment is applicable on all the Benefits / Optional Covers except Benefit 2, Benefit 3, Benefit 5, Benefit 7, Benefit 9, Optional Cover 2 & Optional Cover 3.
- Deductible is applicable on all the Benefits except Benefit 7 & Benefit 9.

Eligibility Criteria

Entry Age – Minimum	Care Freedom Plan – 1 Adult : 18 years Child : 90 Days
Entry Age – Minimum	Care Freedom Plan – 2 Individual - 46 years Floater - Eldest Insured Person : 46 years Other Adult : 18 years Child : 90 Days
Entry Age – Maximum	Adult : Lifelong Child : 24 years
Exit Age	Lifelong
Age of Proposer	18 Years or above
How can You cover Yourself	Individual basis (maximum up to 6 Persons having equal Sum Insured) or Floater basis
Floater combinations	2 Adults / 2 Adults + 1 Child / 2 Adults + 2 Children / 2 Adults + 3 Children / 2 Adults + 4 Children / 1 Adult + 1 Child / 1 Adult + 2 Children / 1 Adult + 3 Children / 1 Adult + 4 Children
Who are covered	Individual : Self, Legally married spouse, son, daughter, brother, sister, parents, parents-in-law, grandson, granddaughter, nephew, niece, Son-in-law, Daughter-in-law, Employee Family Floater : Self, Legally married Spouse, Children, Parents, Employee and his/her dependents (Legally married Spouse, Children & Parents)

Note:
Child would be ported to an individual policy (having separate Sum Insured) and treated as adult upon attaining age of 25 at the time of renewal.

A. Key Benefits

1. Benefit 1: Hospitalization Expenses

(i) In-patient Care

We indemnify for the Medical Expenses necessarily incurred incase Hospitalization is for a minimum period of 24 consecutive hours. We will indemnify for the medical expenses incurred during Hospitalization like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc. Please refer to the Schedule of Benefits for limits/ sub-limits.

(ii) Day Care Treatment

We indemnify for the Medical Expenses if the Insured Person undergo a Day Care Treatment as specified in Annexure – I at a Hospital or a Day Care Centre that requires Hospitalization for less than 24 hours.

(iii) Advance Technology Methods:

The Company will indemnify the Insured Person for the Hospitalization Expenses incurred for treatment taken through following advance technology methods:

A. Uterine Artery Embolization and HIFU

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. Bronchical Thermoplasty

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

K. IONM - (Intra Operative Neuro Monitoring)

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

2. Benefit 2: Consumable Allowance

We will pay a specified amount per day for each day of Hospitalization for the Insured Person admitted to a Hospital for treatment of any Injury or Illness during the Period of Insurance, for a period of maximum up to 7 consecutive days per Any One Illness or Accident, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited Hospitalization. We will not make any payment under this Benefit in respect of the first 3 consecutive days of Hospitalization.

3. Benefit 3: Companion Benefit

We will pay a lump sum amount if the Insured Person is admitted to a Hospital for treatment of any One Illness or Injury arising from an Accident during the Policy Period once the Hospitalization exceeds 10 consecutive days. We shall not be liable to make payment under this Benefit more than once in a Policy Year.

4. Benefit 4: Pre-hospitalization Medical Expenses & Post Hospitalization Medical Expenses

We will indemnify You for:

(i) The Medical Expenses incurred by You immediately before Insured Person's Hospitalization valid from the Policy Start Date; and

(ii) The Medical Expenses incurred by You immediately after Insured Person's discharge from Hospital valid till 30 days beyond the Policy End Date.

Provided that the Medical Expenses relate to the Illness/Injury for which We have accepted the Insured Person's Claim.

5. Benefit 5: Ambulance Cover

We will indemnify You for expenses incurred on an ambulance service offered by the Hospital or any Ambulance service provider, in an Emergency situation.

6. Benefit 6: Domiciliary Hospitalization

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are in no condition to be moved to a Hospital, or a room may not be available.

Under Our Domiciliary Hospitalization Benefit, We will indemnify for the Medical Expenses incurred by You during Your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited Hospitalization.

Any Medical Expenses incurred under Pre-hospitalization Medical Expenses and Post Hospitalization Medical Expenses shall be payable in respect of a claim made under this Benefit.

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

I. Asthma;

ii. Bronchitis;

iii. Chronic Nephritis and Chronic Nephritic Syndrome;

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

v. Diabetes Mellitus and Insipidus;

vi. Epilepsy;

vii. Hypertension;

viii. Influenza, cough or cold;

ix. All Psychiatric or Psychosomatic Disorders;

x. Pyrexia of unknown origin;

xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;

xii. Arthritis, Gout and Rheumatism.

7. Benefit 7: Recharge of Sum Insured

If, due to claims made, You ever run out of/exhaust Your Sum Insured, We will reinstate the entire Sum Insured once in the Policy Year. This re-instated amount can be used for future claims, not related to the Illness/Injury for which the claim has been made during the same year.

For any single claim during a Policy Year the maximum claim amount payable shall be the Sum Insured.

During a Policy Period, the aggregate claim amount payable, subject to admissibility of the claim, shall not exceed the sum of:

- Sum Insured;
- Recharge of Sum Insured;

Any unutilized Recharge of Sum Insured cannot be carried forward to any subsequent Policy Period.

This Benefit is not applicable to Optional Covers.

8. Benefit 8: Dialysis Cover

We will indemnify You Rs. 1,000 per sitting payable up to 24 consecutive months for the dialysis expenses incurred by You.

We will not make any payment under this benefit with respect to kidney disease which occurred and was diagnosed as a Chronic Condition prior to the Policy Start Date.

9. Benefit 9: Annual Health Check-up

We provide an annual health check-up for all Insured Persons above the Age of 18 except those Insured Persons who are covered under the Policy as a child at Our Network Provider or any other Service Providers empanelled with the Company to provide the services , in India. This Benefit shall be available only once during a Policy Year per Member. You can avail the following set of tests:-

Medical Tests
Complete Blood Count with ESR
Urine Routine
Blood Group
Fasting Blood Sugar
Lipid Profile
Kidney Function Test
ECG

B. Special Conditions

1. Floater Cover

Under the Floater plan, You can cover any member of Your immediate family (Yourself or spouse, parents and children) and employee and his / her ependents (Legally married Spouse, Children & Parents) for the Sum Insured under a single policy.

2. Co-payment

i. You will bear a Co-payment of 20% / 30% per claim of final amount payable by Us and Our liability shall be restricted to the balance amount, subject to the availability of the Sum Insured.

ii. The applicable Co-payment will increase by 10% per Claim in the Policy Year following the Insured Person (or eldest Insured Person in the case of a Floater cover) attaining Age 71. If an Insured Person (or eldest Insured Person in the case of a Floater cover) attains age 71 years during the Policy Period, additional 10% co-payment will be applicable to the Policy only at the time of subsequent renewal.

iii. However, if Your age or eldest Insured Person (in case of Floater) at the time of issue of the first Policy with the Company is 70 years or below, then you may opt for the waiver of the aforesaid additional 10% Co-payment condition upon payment of extra premium.

iv. If You opt for the waiver of the aforesaid additional 10% Co-payment condition, there will be a Co-payment loading applicable at the rate of 7.5% on the premium payable.

v. The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

C. Optional Cover

Following Optional covers can be opted either at the inception of the policy or at the time of renewal:-

1. Optional cover 1: Good Health+

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 up to 8 consultations with Our Network Service Providers up to a limit with a Co-payment as per the base plan.

You shall be able to avail discounts at the pharmacies of the Network Service Providers and wellness centers of the Network Service

Providers empanelled with Us. For an updated list of the Network Service Provider and wellness centres empanelled with the Company and the discounts available, please visit our website.

Network Service Provider means any person, organization, institution that has been empanelled with the Company to provide Services specified under this Optional Cover to the Insured Person.

2. Optional cover 2: Home Care

We will indemnify for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing, provided that We will not indemnify for the expenses incurred for more than 7 consecutive days arising from Any One Illness or an Injury and for the first day of hiring the Qualified Nurse subject to a maximum of 45 days in a Policy Year per Insured Person.

3. Optional cover 3: Health Check+

We provide You an option to get Your Benefit – Annual Health Check – up upgraded to either Diabetes Health Check – up or Cardiac Health Check – up. You can avail the following set of tests under the upgraded annual health check-up:-

Diabetes Health Check – up	Cardiac Health Check – up
Complete Blood Count with ESR	Complete Blood Count with ESR
Urine RE	Urine RE
Blood Group	Blood Group
Fasting & PP Blood Sugar	Fasting & PP Blood Sugar
TMT	TMT
Lipid Profile	Lipid Profile
Kidney Function test	Kidney Function test
Liver Function test	Liver Function test
TSH	TSH
Medical Examination Report	Medical Examination Report
Hb A 1 C	Hbs Ag
Urine for Micro Albuminuria	Chest X Ray
Hbs Ag	

D. Salient Features

1. Policy Term

The Policy term can be one, two or three years.

2. Deductible

Deductible is the claim amount which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible

Sr. #	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	500,000	200,000	75,000	125,000	100,000	-	-	100,000
2	500,000	200,000	75,000	250,000	300,000	-	125,000	300,000
3	500,000	200,000	250,000	400,000	400,000	50,000	400,000	50,000

3. Underwriting Loading (Applicable to Care Freedom Plan – 2 only)

Based on the Underwriter's assessment of the extra risk on account of medical conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Policyholder for their consent before issuance of the Policy. Loading will not exceed 100% of Premium. Criteria for such loading are objectively mentioned in the Underwriting Manual.

In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Company's call center or visit any branch of the Company.

4. Tax Benefit

You can avail tax benefit on the premium You pay towards your health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult Your tax advisor for more details).

5. Cashless Facility

With Cashless Facility, You no longer need to run around paying off hospital bills and then follow up for a reimbursement. All You now need to do is get admitted to any of Our Network Providers and concentrate only on Your recovery. Leave the bill payment arrangements to Us, except for any non-medical expenses as specified in Annexure – II that You incur at the Hospital.

6. Free Look Period

(i) You may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for Your objection, if You disagree with any of the Policy terms and conditions.

(ii) If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.

(iii) Provision for free look period is not applicable and available at the time of renewal of the Policy.

7. Premium

The premium charged under the Policy depends upon the Plan opted, Sum Insured, Co-payment, Deductible chosen, Age, cover type (individual / floater), number of members in the Policy, Policy Term, optional cover(s) opted and the health status of the individual.

For premium calculation of floater policies, age of eldest member would be considered.

The premium rates for the plans offered are annexed hereto with the prospectus.

8. Cancellation / Termination

(i) We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by You or any one acting on Your behalf, We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio to Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.

(ii) 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 no claim has been made under the Policy.

(iii) Refund % to be applied on premium received.

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

(iv) In case of Your demise,

i. Where the Policy covers You, this Policy shall stand null and void from the date and time of Your demise. The premium would be refunded for the unexpired period of this Policy at the short period scales.

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

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

II. A person over Age 18 who satisfies Our criteria to become a Policyholder.

9. Multiple Policies

a. In case You are covered under more than one indemnity insurance policies, with Us or with other insurers, You shall have the right to settle the claim with Us or any of the other insurers, provided that the claim amount payable is up to sum insured of such policy.

b. In case the Claim amount under a single policy exceeds the Sum Insured, then you shall have the right to choose the companies with whom the Claim is

to be settled. Further, you shall have the right to choose the companies from whom they want to claim the balance amount. You shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.

c. You shall also have the right to prefer claims from other policy / policies for the balance claim or amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted.

d. In case of multiple policies which provide fixed benefits, each insurer shall make the claim payments independent of payments received under other similar polices.

10. Portability & Migration

In case portability has been granted to You under this Policy then :-

(i) You have to be covered without any break under any similar indemnity health insurance policy from any non-life insurance company registered with the IRDA or any of Our similar group indemnity health insurance policy; and

(ii) The Waiting Periods as defined in Clauses 1, 2 and 3 of Exclusions shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the Sum Insured and the Deductible under the expiring health insurance policy.

(iii) The Waiting Periods under Clauses 1, 2 and 3 of Exclusions shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the Deductible under the terms of the expiring policy.

(iv) The Waiting Periods as defined in Clauses 1, 2 and 3 of Exclusions shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

(v) Credit for the sum insured of the expiring policy shall additionally be available as under:

i. If You were covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with Us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.

ii. In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

(vi) 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 extended Policy Period part of Policy as applicable.. In such cases, you shall be liable to pay the premium for the balance period and continue with us for that Policy year.

E. Grievance Redressal

In case of any grievance you can contact us with the details through:

Website : www.careinsurance.com

e-mail : customerfirst@careinsurance.com

Telephone : 1800-102-4488

Post/Courier : Courier: Any of Our Branch Office or corporate office

In case You are not satisfied with the response, You can contact the Our Head of Customer Service at:

The Grievance Cell,

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

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

Unitech Cyber Park, Sector-39,

Gurgaon, Haryana – 122001

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 www.careinsurance.com.

F. Claims Management

We directly process the claims and they are managed in-house. No Third Party Administrator is used for claim management.

We take pride in offering hassle-free clearance and speedy settlements.

Claim Intimation:

(i) Kindly notify Us in case of occurrence of any event that may give rise to claim with full particulars within 48 hours from the date of occurrence of event either at our call center or in writing.

(ii) Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: The above points ((I) & (ii)) are precedent to admission of liability under the policy.

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

However, we will examine & relax the time limit mentioned in the above conditions depending upon the merits of case.

Claim Process

(i) Any claim under this Policy shall be settled either on cashless or on reimbursement basis as per the Benefit.

(ii) Please send the duly signed claim form and all the information/documents mentioned therein to Us.

(iii) Please refer to claim form for complete documentation.

(iv) If there is any deficiency in the documents/information submitted by You, We will process the claim and communicate the decision to You.

(v) On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement in Your name.

Cashless

The Cashless Facility is available only at Our Network Providers. All You have to do is present the CHI Health Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless service. The updated list of Our Network Providers is available on our website www.careinsurance.com or call at our call centre.

You need to request for the cashless facility in a prescribed format.

Re-imbursement

In case of reimbursement of expenses when You use a non-network hospital, all You need to do is notify Us at least 48 hours before Hospitalization in case of a planned hospitalization or within 24 hours in case of an emergency about the claim. Call Us directly, send Us the documents specified below and We will process Your claim.

List of Documents to be submitted for reimbursement claims :

(i) Duly completed and signed claim form, in original;

(ii) Medical Practitioner's referral letter advising Hospitalization;

(iii) Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;

(iv) Original bills, receipts and discharge card from the Hospital / Medical Practitioner;

(v) Original bills from pharmacy / chemists;

(vi) Original pathological / diagnostic test reports / radiology reports and payment receipts;

(vii) Indoor case papers;

(viii) Original investigation test reports and payment receipts;

(ix) Ambulance Receipt;

(x) Any other document as required by us to assess the claim.

The following details are to be provided to Us at the time of notification of claim:

a) Policy Number;

b) Name of the Policyholder;

c) Name of the Insured Person in respect of whom the Claim is being made;

d) Nature of Illness or Injury;

e) Name and address of the attending Medical Practitioner and Hospital;

f) Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;

g) Any other information, documentation or details requested by Us.

Claim Assessment

All claims made under this Policy shall be assessed by Us in the following progressive order:

(i) If the provisions of the Contribution Clause as mentioned above are applicable, Our liability to make payment under that claims shall first be apportioned accordingly.

(ii) If a room / ICU accommodation has been opted for where the rent or category is higher than the eligible limit as applicable for You under the Policy, then, the Variable Medical Expenses payable shall be pro-rated as per the applicable limits.

'Variable Medical Expenses' means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges in a Hospital:

I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;

II. Intensive Care Unit (ICU) charges;

III. Fees charged by surgeon, anesthetist, Medical Practitioner;

IV. Investigation Expenses.

(iii) The Deductible shall be applied to the aggregate of all claims that are either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.

(iv) Co-payment shall then be applicable on the amount payable by Us.

(v) The balance amount, if any, subject to the applicability of sub-limits on expenses on treatment of Named Ailments / Procedures, our liability to make payment shall be limited to such extent as applicable and shall be the claim payable.

The claim amount assessed above would be deducted from the following amounts in the following progressive order:

(i) Sum Insured;

(ii) Recharge of Sum Insured (if applicable).

Duties of the Claimant

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

(i) You shall check the updated list of Network Hospitals before submission of a pre-authorisation request for Cashless Facility

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

(iii) Notification of Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified under Claims Management section.

(iv) You will, at Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

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

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

Payment Terms

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

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

(iii) We shall settle any claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such claim and sought by Us. We shall provide You an offer of settlement of claim and upon acceptance of such offer by You, We shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

(iv) If You or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

(v) For cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.

(vi) For the Reimbursement Claims, We will pay You. In the event of Your death, We will pay the Nominee (as named in the Policy Schedule) and in case of no Nominee to Your legal heirs whose discharge shall be treated as full and final discharge of its liability under the Policy.

G. Exclusions

1. 30-Day waiting period – code – Excl03

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

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

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

2. Specific waiting period– code – Excl02

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

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

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

periods shall apply.

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

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

f. List of specific diseases/procedures:

(i) Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;

(ii) 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;

(iii) Benign Prostatic Hypertrophy;

(iv) Cataract;

(v) Dilatation and Curettage;

(vi) Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Ulcers of Gastro Intestinal tract;

(vii) Surgery of Genito urinary system unless necessitated by malignancy;

(viii) All types of Hernia, Hydrocele;

(ix) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;

(x) Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;

(xi) Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone;

(xii) Myomectomy for fibroids;

(xiii) Varicose veins and varicose ulcers;

(xiv) Pancreatitis;

(xv) End stage liver disease;

(xvi) Procedures for Retinal disorders;

(xvii) Cerebrovascular accident;

(xviii) Renal Failure / End Stage Renal Disease;

(xix) Cardiomyopathies;

(xx) Myocardial Infarction;

(xxi) Heart Failure;

(xxii) Arrhythmia / Heart blocks;

(xxiii) All types of Cancer;

g. If an Insured Person is suffering from any of the above Illnesses, conditions or Pre-Existing Diseases at the time of commencement of first policy with Us, any Claim in respect of that Illness, condition or Pre-existing Disease shall not be covered until the completion of 24 months of continuous insurance coverage with Us from the first Policy Period Start Date.

3. Pre-existing Disease - code – Excl01:

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.

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

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

d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

4. The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b) and 4.1 (c) of terms and conditions shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

5. If Coverage for Benefits (in case of change in Product Plan) or Optional Covers (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b) and 4.1 (c) of terms and conditions shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.

6. Permanent Exclusions

Any claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in this document:

(i) Any condition or treatment as specified in Annexure – II.

(ii) Excluded Providers: (Code- Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals

(iii) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.

(iv) Maternity: (Code Excl18)

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.

(v) 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

(vi) 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.

(vii) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.

(viii) 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.

(ix) Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 1 (iii).

(x) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants & related surgery.

(xi) 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:

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

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

(xii) Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.

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

(xiv) 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.

(xv) 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.

(xvi) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

(xvii) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.

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

(xix) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.

(xx) Non-allopathic treatment.

(xxi) Any OPD Treatment.

(xxii) Treatment received outside India.

(xxiii) 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.

(xxiv) 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.

(xxv) 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.

(xxvi) 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, intoxicating drugs and alcohol or hallucinogens.

(xxvii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

(xxviii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

(xxix) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.

(xxx) 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.

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.

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 shall also be excluded.

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

(xxxii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.

(xxxiii) 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.

(xxxiv) Multifocal lens implantation for cataract.

(xxxv) Remicade, Avastin & similar injectable treatment.

(xxxvi) Obesity/ Weight Control: (Code- Excl06)

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

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

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

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

4) Body Mass Index (BMI);

a) greater than or equal to 40 or

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

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes.

(xxxvii) 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.

(xxxviii) If the Insured Person is suffering from or has been diagnosed with or has been treated for any of the following disorders prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be permanently excluded from

coverage under the Policy:-

I Chronic Bronchitis

II Esophageal Stricture or stenosis

III Unoperated Varicose Veins

IV Deep Vein Thrombosis (DVT)

V Spondyloarthropathies (Spondylosis/Spondylitis/Spondylolisthesis)

VI Residual Poliomyelitis

VII Avascular Necrosis, Idiopathic

VIII Unoperated Hyperthyroidism

IX Renal/Ureteric/BladderCalculi

X DUB/Endometriosis

XI Unoperated Fibroid Uterus

XII Retinal Detachment

XIII Otosclerosis

XIV Deafness

XV Blindness

XVI Any implant in the body

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

(xl) 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)

(xli) 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)

(xlii) Refractive Error: (Code- Excl15)

Pre-Policy Issuance Medical Check-up

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

Under Care Freedom Plan – 1 you do not have to undergo any Pre-Policy Medical Check-up.

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

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, We may ask such member to undergo tele-underwriting which may include specific tests (tests applicable only in case of Plan – 2), as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if Your proposal is accepted.

The test is to be taken as per the corresponding grid:

Plan	Care Freedom Plan – 1	Care Freedom Plan – 2		
Sum Insured (Including the Deductible) (in Rs.) / Age	Across all sum insured/deductible	Up to 4 Lac	More than 4 Lac to 10 Lac	Above 10 Lac
Up to 45 years	No	No	No	No
46 years to 60 years	No	Set 1	Set 2	Set 3
61 years and above	No	Set 2	Set 3	Set 3

The Pre-policy health check-up medical test grid is as under:

Category	Tests
Set 1	MER, HbA1c, CBC with ESR, RUA, S Cholesterol, ECG, SGPT, S Creatinine
Set 2	MER, HbA1c, CBC with ESR, RUA, Fasting Lipid Profile, TMT, SGPT, S Creatinine
Set 3	MER, HbA1c, CBC with ESR, RUA, Fasting Lipid Profile, TMT / ECG+2-D Echo, LFT, S Creatinine, USG abdomen/pelvis(Female), PSA (Male)

The explanation of these tests is:

Test	Full Form
MER	Medical Examination Report
RUA	Routine & Microscopic Urine Analysis
CBC	Complete Blood Count
ESR	Erythrocyte Sedimentation Rate
HBA1C	Glycosylated Hemoglobin
S CHOLESTEROL	Serum Cholesterol
ECG	Electro Cardio Gram
SGPT	Serum Glutamic Pyruvic Transaminase
S CREATININE	Serum Creatinine
USG (Abdomen Pelvis)	Ultrasonography
TMT	Treadmill Test
2 D Echo	2D Echocardiography
LFT	Liver Function Test
PSA	Prostate Specific Antigen

Renewal Terms

(i) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.

(ii) The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.

(iii) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any Claims incurred during such period.

(iv) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation You.

(v) We may carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.

(vi) This product may be withdrawn / modified by Us after due approval from the IRDA. In case this product is withdrawn / modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate You at least three months prior to the date of such modification / withdrawal of this product and the options available to You at the time of Renewal of this Policy.

(vii) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

(viii) Renewal shall be offered lifelong. You shall be given an option to port this policy into any other of Our individual health insurance product and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.

(ix) No loading based on individual claim experience shall be applicable on renewal premium payable.

Schedule of Discounts

Sr. #	Description	Rates (in %)					
1	Discount for Employees and their dependents of : A. Corporation Bank and its subsidiaries / affiliates B. Union Bank of India and its subsidiaries / affiliates	15					
2	Tenure Discount (on single premium) 2 year rate = Annual Rate x 2 x (1 - Discount applicable) 3 year rate = Annual Rate x 3 x (1 - Discount applicable)	**Tenure** 2 Year 3 Year	**Discount** 7.5 10				
3	Family Discount - This discount shall be applicable if more than one persons of the same family are covered in the same Policy, individually	**No. of persons** 2 or 3 members 4, 5 or 6 members	**Discount** 5 10				
4	Deductible Discount – This discount shall be applicable with respect to the deductible opted.	Sum Insured (in Rs.)	Deductible Amount (in Rs.)				
			25 K	50 K	1 Lac	2 Lac	3 Lac
		2 Lac	25.0	35.0	45.0	55.0	60.0
		3 Lac	24.0	34.0	43.5	53.0	58.0
		4 Lac	23.0	33.0	42.0	51.0	56.0
		5 Lac	22.0	32.0	40.5	49.0	54.0
		7 Lac	20.5	30.5	38.5	46.5	51.5
		10 Lac	18.5	28.5	36.0	43.5	48.5

Schedule of Benefits

Plan Name	Care Freedom – Plan 1			
Sum Insured – on annual basis (in Rs.)	2L	3L	4L	5L
Deductible – on annual basis (in Rs.)	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L
Hospitalization Expenses				
In-Patient Care	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
Day Care Treatment	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)
Consumable Allowance	Rs. 500 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 1000 per day; Max. 7 days per Hospitalization covered after 3 days
Companion Benefit	Rs. 10,000 if Hospitalization exceeds 10 days	Rs. 10,000 if Hospitalization exceeds 10 days	Rs. 10,000 if Hospitalization exceeds 10 days	Rs. 15,000 if Hospitalization exceeds 10 days
Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 10% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.
Ambulance Cover	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization
Domiciliary Hospitalization	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days
Recharge of Sum Insured	N.A.	100% of original SI upon exhaustion of SI	100% of original SI upon exhaustion of SI	100% of original SI upon exhaustion of SI
Dialysis Cover	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months
Annual Health Check-up	Annually	Annually	Annually	Annually

Wait Periods				
Initial Wait Period	30 Days	30 Days	30 Days	30 Days
Named ailments	24 Months	24 Months	24 Months	24 Months
Pre-existing Diseases	24 Months	24 Months	24 Months	24 Months
Sub-limits				
Room Rent / Room Category	Twin Sharing Room subject to a maximum of 1% of SI per day	Twin Sharing Room subject to a maximum of 1% of SI per day	Twin Sharing Room subject to a maximum of 1% of SI per day	Twin Sharing Room
ICU Charges	Up to 2% of SI per day	Up to 2% of SI per day	Up to 2% of SI per day	No limit
Co-payment	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)
Treatment of Cataract	Up to Rs. 20,000 per eye	Up to Rs. 20,000 per eye	Up to Rs. 20,000 per eye	Up to Rs. 30,000 per eye
Treatment of Total Knee Replacement	Up to Rs. 70,000 per knee	Up to Rs. 80,000 per knee	Up to Rs. 80,000 per knee	Up to Rs. 1,00,000 per knee
Treatment for each & every Ailment/ Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system	Up to Rs. 35,000	Up to Rs. 50,000	Up to Rs. 55,000	Up to Rs. 65,000
Treatment for each & every Ailment/ Procedure mentioned below:- i. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones	Up to Rs. 1,50,000	Up to Rs. 2,00,000	Up to Rs. 2,25,000	Up to Rs. 2,50,000

Plan Name	Care Freedom – Plan 2				
Sum Insured – on annual basis (in Rs.)	2L	3L	4L	5L	7L / 10L
Deductible – on annual basis (in Rs.)	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L	No deductible /25K / 50K / 1L / 2L / 3L
Hospitalization Expenses					
In-Patient Care	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
Day Care Treatment	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)	Up to SI (As per Annexure – I)
Consumable Allowance	Rs. 500 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 1000 per day; Max. 7 days per Hospitalization covered after 3 days	Rs. 1000 per day; Max. 7 days per Hospitalization covered after 3 days
Companion Benefit	Rs. 10,000 if Hospitalization exceeds 10 days	Rs. 10,000 if Hospitalization exceeds 10 days	Rs. 10,000 if Hospitalization exceeds 10 days	Rs. 15,000 if Hospitalization exceeds 10 days	Rs. 15,000 if Hospitalization exceeds 10 days
Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 10% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.	Up to 10% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date.
Ambulance Cover	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization	Up to Rs 1,000 per Hospitalization
Domiciliary Hospitalization	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days	Up to 10% of Sum Insured covered after 3 days
Recharge of SI	N.A.	100% of original SI upon exhaustion of SI	100% of original SI upon exhaustion of SI	100% of original SI upon exhaustion of SI	100% of original SI upon exhaustion of SI
Dialysis Cover	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months	Up to Rs. 1,000 per sitting; Limited to 24 consecutive months
Annual Health Check-up	Annually	Annually	Annually	Annually	Annually

Wait Periods					
Initial Wait Period	30 Days	30 Days	30 Days	30 Days	30 Days
Named ailments	24 months	24 months	24 months	24 months	24 months
Pre-existing Diseases	24 months	24 months	24 months	24 months	24 months
Sub-limits					
Room Rent/ Room Category	Twin Sharing Room subject to a maximum of 1% of SI per day	Twin Sharing Room subject to a maximum of 1% of SI per day	Twin Sharing Room subject to a maximum of 1% of SI per day	Twin Sharing Room	Single Private Room
ICU Charges	Up to 2% of SI per day	Up to 2% of SI per day	Up to 2% of SI per day	No limit	No limit
Co-payment	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)	20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants)
Treatment of Cataract	Up to Rs. 20,000 per eye	Up to Rs. 20,000 per eye	Up to Rs. 20,000 per eye	Up to Rs. 30,000 per eye	Up to Rs. 30,000 per eye
Treatment of Total Knee Replacement	Up to Rs. 70,000 per knee	Up to Rs. 80,000 per knee	Up to Rs. 80,000 per knee	Up to Rs. 1,00,000 per knee	Up to Rs. 1,20,000 per knee
Treatment for each & every Ailment/Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii.Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system	Up to Rs. 35,000	Up to Rs. 50,000	Up to Rs. 55,000	Up to Rs. 65,000	Up to Rs. 80,000
Treatment for each & every Ailment/Procedure mentioned below:- I. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications & Disorders Treatment for breakage of bones	Up to Rs. 1,50,000	Up to Rs. 2,00,000	Up to Rs. 2,25,000	Up to Rs. 2,50,000	Up to Rs. 3,00,000

Optional Cover – 1 : Good Health+ i. OPD Consultation Benefit ii. Discounts in pharmacy iii. Discounts in wellness centres	I. Up to 8 consultations at Network Service Providers with per consultation limit of Rs. 300 / 600 / 1,000. ii. Within Network Service Providers iii. Within Network Service Providers
Optional Cover – 2 : Home Care	Up to Rs. 1,000 per day; Max. 7 days per Any One Illness/Injury & Max. 45 days per Policy Year covered after a Deductible of 1 day
Optional Cover – 3 : Health Check+	'Benefit 9 – Annual Health Check-Up' upgraded to either Diabetes Health Check – Up or Cardiac Health Check – Up

Note: Coverage under Optional Cover is over and above the Sum Insured.

About Us

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 the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance 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 Awards & '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 Awards 2015, Best Claims Service Leader of the Year - Insurance India Summit & Awards 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 E-mail: customerfirst@careinsurance.com Call: 1800-102-4488

Insurance is a subject matter of solicitation. UAN:20104215 UIN: RHIHLIP21519V022021 CIN:U66000DL2007PLC161503 IRDAI Registration Number - 148

Note:
1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receives the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.