

Prospectus

Eligibility Criteria

Entry Age – Minimum	Adult : 18 years Child : 1 Day
Entry Age – Maximum	Adult : No Age bar Child : 24 years
Cover Type	Group travel Cover which includes coverage on Individual basis and / or Floater basis
Eligible Relationship	<ul style="list-style-type: none">• Insured Person should be an employee or member of the group• The eligibility criteria for dependents are that he/she should be a family member (legally wedded spouse, natural or legally adopted child, parents and parents –in- law) of the Primary Insured Person
Geographical Scope	<ul style="list-style-type: none">• Worldwide excluding India• Worldwide excluding US, Canada & India• Europe• Asia excluding India• India excluding City of Residence
Trip Type	Single Trip / Annual Multi Trip
Trip Duration – Single Trip	Minimum – 1 Day Maximum – 365 Days
Trip Duration – Annual Multi Trip	Maximum Trip Duration – 30 days / 45 days / 60 days / 90 days
Tenure of Policy	One year
Group Size	Minimum – 5 members Maximum – No limit

Note : You can add /delete Insured Persons mid- way by paying/ refunding/additional premium if member has joined/separated the group after the commencement/ before expiry of the Policy.

The coverage under this product will commence only when:-

- The Insured Person crosses the international border of the Country of Residence (or crosses the border of City of Residence if Geographical scope is 'India excluding City of Residence') to leave that country (or city if Geographical scope is 'India excluding City of Residence') on a Common Carrier; And
- The travel commences within the Policy Period.

Key Benefits

The policy provides compensation of Medical Expenses incurred by the Insured Person during hospitalization, for emergency care of any Illness or Injury suffered whilst on a trip during the Period of Insurance along with other opted Optional Extensions.

Specified Deductible and/or Co-payment amount shall be borne by the Insured Person on each Claim or the specified timeframe for which the Medical Expenses/ or other costs and expenses incurred in respect of the Insured Person for that timeframe shall be borne by the Insured Person on each Claim.

This product offers a mandatory benefit – 'Medical Cover', which includes 'In-patient Care with Day care Treatment' (this includes 'Pre-Existing Disease Cover In Life Threatening Medical Condition' for up to 10% of Sum Insured of Medical Cover) or 'In-patient Care for Injury with Day care Treatment'. Policyholder has the option to choose any of the 14 optional extensions with this mandatory benefit.

Along with the mandatory Benefit – 'Medical Cover' and its optional extensions, Policyholder has further choice to opt for any of the 38 Optional Benefits, together with any of their Optional Extensions, if applicable. Please note that apart from mandatory benefit – 'Medical Cover', Optional Extensions are available only for Optional Benefit 25 – Out-patient Cover.

I. Benefit I - Medical Cover

We shall indemnify the Medical Expenses reasonably incurred by the Insured for medical treatment undertaken on account of any Illness contracted or Injury.

- Under this Benefit, Insured has the option to choose either :

(1) In-patient Care

If an Insured Person is diagnosed with an Illness or suffers an Injury that requires the Insured Person's Hospitalization, then We will indemnify the Medical Expenses incurred on Hospitalization;

Or

(2) In-patient Care for Injury

If an Insured Person suffers an Injury that requires the Insured Person's Hospitalization, then We will indemnify the Medical Expenses incurred on Hospitalization.

b. Day Care Treatment

If an Insured Person has to undergo Day Care Treatment (as specified in Annexure – I), We will indemnify the Medical Expenses incurred on that Day Care Treatment.

Note: 'In-patient Care with Day care Treatment' includes 'Pre-Existing Disease Cover in Life Threatening Medical Condition' for up to 10% of Sum Insured of Medical Cover.

c. Optional Extension to Benefit – 'Medical Cover'

i. Optional Extension 1: Pre-existing Disease Cover in Life Threatening Medical Condition

The scope of cover under this Benefit is extended to the Medical Expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease.

ii. Optional Extension 2: Extended Cover in the Country of Residence / City of Residence

If a Claim is admitted under Benefit – 'Medical Cover':

- (i) We will indemnify the Medical Expenses incurred on Hospitalization of the Insured Person in the Country of Residence/City of Residence.
- (ii) We will indemnify the costs of direct route economy class airfare for the Insured Person and one accompanying attendant to return to the Country of Residence/City of Residence from the place of occurrence of the Illness or Injury.

iii. Optional Extension 3: Automatic Extension

We will automatically extend the Period of Insurance up to 7 days from the expiry of the Period of Insurance provided that:

- (i) The Claim is admitted under Benefit – 'Medical Cover'; Or
- (ii) There is a delay or cancellation of the departure of the Common Carrier in which the Insured Person was booked to return to the Country of Residence/City of Residence and such delay was beyond the control of the Insured Person and no alternative transportation was available to the Insured Person to return.

iv. Optional Extension 4: Additional Sum Insured in Case of Accident

In case any Claim is made for any Injury due to an Accident, We shall automatically provide an additional Sum Insured up to a specified limit as chosen by the Policyholder for that Insured Person who is hospitalized. This benefit can be availed only once during the Policy Period.

v. Optional Extension 5: Maternity

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred in respect of the Insured Person for Hospitalization for the delivery of the child, after the completion of the waiting period as chosen by the Policyholder. We shall also cover pre natal and post-natal expenses up to 10% of Sum Insured under this Optional Extension.

This Optional Extension shall supersede Clause (q) (viii) of the Exclusions section.

vi. Optional Extension 6: Treatment of Mental & Nervous Disorder

The scope of cover under Benefit – 'Medical Cover' is extended to cover mental and nervous disorders Expenses incurred in respect of the Insured Person. This Optional Extension shall supersede Clause (q) (xviii) of the Exclusions section.

vii. Optional Extension 7: Hiv/ Aids Cover

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred for the treatment of acquired immune deficiency syndrome (AIDS) whereas Claim would not be payable if the Insured Person is suffering from HIV / AIDS prior to the Period of Insurance. This Optional Extension shall supersede Clause (q) (vii) of the Exclusions section.

viii. Optional Extension 8: Drug and Alcohol Abuse

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred for treatment of alcohol and drug abuse in case of Hospitalization. This Optional Extension shall supersede Clause (q) (xxvi) of the Exclusions section.

ix. Optional Extension 9: Self Inflicted Injury

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred due to any self- inflicted injury in case of Hospitalization. This Optional Extension shall supersede Clause (q) (v) of the Exclusions section.

x. Optional Extension 10: Maternity Complications

We will indemnify for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person for treatment of any of the complications specified below:

- (i) Uterine rupture
- (ii) Post partum haemorrhage
- (iii) Amniotic fluid embolism
- (iv) Placenta previa
- (v) Placental Abruption

- (vi) Disseminated Intravascular Coagulation(DIC)
- (vii) Still Birth
- (viii) Uterine Inversion

xi. Optional Extension I 1 : Sub-limit on Medical Expenses

If chosen by the Policyholder, the sub-limits on Medical Expenses will be applicable as per the limits mentioned in Appendix – I.a.

xii. Optional Extension I 2 : Adventure Sports Injury

The scope of cover under Benefit – 'Medical Cover' is extended to cover Medical Expenses incurred for the Insured Person due to any injury arising out of Adventure Sports in case of Hospitalization. This Optional Extension shall supersede Clause (q) (xxxii) & q (xxxiii) of the Exclusions section.

xiii. Optional Extension I 3 : Corporate Floater

If an Insured Person has exhausted his respective Sum Insured under Benefit – 'Medical Cover' and further incurs any medical expenses, the same would be payable from the Sum Insured of Corporate Floater. The amount payable under this Optional Extension for an Insured Person shall be restricted to any of the following conditions as chosen by the Policyholder (maximum up to the corporate floater sum insured):-

1. Restricted to Named Illnesses and up to the sum insured of Benefit – 'Medical Cover' for an Insured Person; Or
2. Restricted only up to the sum insured of Benefit – 'Medical Cover' for an Insured Person; Or
3. Maximum up to the corporate floater Sum Insured.

Named illnesses:

- Cancer;
- End Stage Renal Failure;
- Multiple Sclerosis;
- Major Organ Transplant;
- Heart Valve Replacement;
- Coronary Artery Bypass Graft / Angioplasty (PTCA);
- Stroke excluding transient ischemic attack (TIA);
- Paralysis;
- Myocardial Infarction
- Brain surgery
- Road traffic accident with the following conditions:
 - Head injury or
 - Fractures in two or more limbs (upper / lower) or
 - RTA injury requiring ventilation support

xiv. Optional Extension I 4 : Recharge of Sum Insured

If, due to claims made, you ever run out of/exhaust your sum insured under Benefit – 'Medical Cover', we reinstate the entire sum insured once in the policy Period. 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 Policy Period.

A Claim will be admissible under this Optional Extension only if the Claim is admissible under Benefit – 'Medical Cover'.

Recharge of Sum Insured is applicable only for Benefit – 'Medical Cover'.

For any single Claim during a Period of Insurance 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 under Benefit – 'Medical Cover'
- Recharge of Sum Insured

2. Optional Benefit I - Medical Evacuation

We will indemnify for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person.

3. Optional Benefit 2 - Repatriation of Mortal Remains

If the Insured Person dies solely and directly due to an Accident, We will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence / City of Residence or for a local burial or cremation at the place where death has occurred.

4. Optional Benefit 3 - Dental Expenses

We will indemnify for the Medical Expenses incurred in connection with any Injury / illness to the Insured Person's Sound Natural Teeth.

This Optional Benefit shall supersede Clause (q) (x) of the Exclusions section.

5. Optional Benefit 4 - Loss of Passport

If the Insured Person loses his original passport, We will indemnify the cost incurred by the Insured Person towards obtaining a duplicate or new passport.

6. Optional Benefit 5 - Loss of Checked-in Baggage

We will indemnify the Insured for the value of the Checked-In Baggage totally lost whilst in custody of the Common Carrier.

7. Optional Benefit 6 – Delay of Checked-in Baggage

We will pay if the delivery of the Insured Person's Checked-In Baggage is delayed by more than a specific time period as chosen by the Policyholder.

8. Optional Benefit 7 - Personal Accident

We will pay in the event of death or Permanent Total Disablement of the Insured Person within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance.

9. Optional Benefit 8 - Common Carrier Fatality

Under this Optional Benefit Insured has the option to choose either:

a) 1. Common Carrier Fatality

We will pay in the event of death of the Insured Person within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier on a valid ticket.

Or;

a) 2. Common Carrier Fatality - Flight Only

We will pay in the event of death of the Insured Person within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier Flight on a valid ticket.

10. Optional Benefit 9 - Personal Liability

We shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.

We shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred.

11. Optional Benefit 10 - Hijack Distress Allowance

If the Common Carrier in which the Insured Person is traveling is hijacked, we will pay the daily payable benefit amount for each day up to a specific number of days as chosen by the Policyholder after completion of a specified time period (post hijack) as chosen by the Policyholder.

12. Optional Benefit 11 - Emergency Cash Advance

We or the Assistance Service Provider will co-ordinate with the Insured Person's relatives in his Country of Residence / City of Residence to provide emergency financial assistance to the Insured Person if the Insured Person suffers a Financial Emergency.

13. Optional Benefit 12 - Trip Cancellation and Interruption

We will indemnify for the financial loss (ticket cancellation charges / direct route economy class airfare) incurred by the Insured Person arising out of cancellation of the Trip (whether wholly or in part) solely attributable to and / or arising out of the following:

- (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
- (ii) Terrorism;
- (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury;
- (iv) The Insured Person is hospitalized in an Emergency due to an unforeseen Illness or Injury and is not fit to undertake travel. (applicable only for Trip Cancellation)

14. Optional Benefit 13 - Trip Delay

We will pay in case the departure of a Common Carrier in which the Insured Person is scheduled to travel is delayed by more than a specific time period as chosen by the Policyholder due solely and directly to any one of the following:

- (i) Earthquake, flood, rains, storm, cyclone or tempest; or
- (ii) Terrorism

15. Optional Benefit 14 - Missed Connection

We will indemnify for the cost of direct route economy class airfare actually incurred by the Insured Person to continue the journey to the scheduled Place of Destination if the Insured Person misses the connecting flight solely and directly due to the delayed arrival of the Common Carrier in which the Insured Person was traveling.

16. Optional Benefit 15 - Spectacles Damage

We will indemnify the Insured Person for any damage to eye vision corrective spectacles provided that such damage is caused due to an Accident.

17. Optional Benefit 16 - Identity Document Theft

We will indemnify the cost incurred towards obtaining a duplicate Identity proof if the Insured Person loses his original Identity proof - Driving license, PAN card or Voter ID card on account of theft.

18. Optional Benefit 17 - Bounce Booking

We will indemnify the cost incurred by the Insured for alternative flight arrangements or for alternative accommodation in the event of bouncing of the confirmed flight reservation or confirmed accommodation booking at place of stay.

19. Optional Benefit 18 - Political Risk and Catastrophe Evacuation

We will indemnify the cost incurred by the Insured for return to the Country of Residence / City of Residence or the nearest place of safety up to the cost of direct route economy class airfare or hotel accommodation for 7 days provided that:

- (i) Officials of embassy of the Country of Residence of the Insured in writing recommend, or a notification is issued by the Government of the city where Insured is visiting, that people, which include the Insured, should leave the city; or
- (ii) A catastrophe (fire, flood, earthquake, storm, lightning, explosion, hurricane or epidemic due to contagious disease) has occurred in the City the Insured is in, necessitating his immediate evacuation in order to avoid risk of personal Injury or Illness to himself/herself.

20. Optional Benefit 19 - Compassionate Visit

We will indemnify the cost incurred by the Insured for the actual cost of a return (two-way) direct route economy class airfare from the Country of Residence / City of Residence of an Immediate Family Member to the place of Hospitalization where Insured Person is hospitalized for Emergency Care of any Injury or Illness.

21. Optional Benefit 20 - Return of Minor Child

We will indemnify the cost incurred by the Insured for the reasonable expenses incurred in respect of the children, of such Insured Person, for the actual cost of direct route economy class airfare to the Country of Residence / City of Residence provided that the Insured Person is to be hospitalized for a specific time period as chosen by the Policyholder for Emergency Care of any Injury or Illness.

22. Optional Benefit 21 - Up-gradation to Business Class

We will indemnify the cost incurred by the Insured for the actual cost of up-gradation to a business class air ticket by the most direct route from the place of Hospitalization to the Country of Residence / City of Residence, provided that the Insured Person is hospitalized for Emergency Care for an Injury or Illness for at least a specific time period as chosen by the Policyholder.

23. Optional Benefit 22 - Daily Allowance

We will pay for each continuous and completed day of Hospitalization for a maximum specific duration as chosen by the Policyholder if the Illness or Injury suffered by the Insured Person requires Hospitalization. However, in case 'Zero days' deductible applicability, we will pay 50% of daily Allowance limit in case of Day Care Treatment.

24. Optional Benefit 23 - Replacement of Staff

We will indemnify for the actual cost of direct route economy class airfare for another staff member of Your organization from the Country of Residence / City of Residence to the place of Hospitalization of the Insured Person (who is a staff member of the Policyholder's Organization and is on an official trip) for minimizing the loss of business and/or violation of Your contractual obligation.

25. Optional Benefit 24 - Emergency Hotel Accommodation / Extension

We will indemnify for the reasonable hotel accommodation charges incurred by an Immediate Family Member in the place of Hospitalization of the Insured Person if the Illness or Injury suffered by the Insured Person requires Hospitalization of more than 5 consecutive days.

26. Optional Benefit 25 - Out-patient Cover

We shall indemnify the Insured for the Out-Patient Cover reasonably incurred by the Insured whilst on a Trip during the Period of Insurance. Under this Optional Benefit, You have an option to cover either of the following:

a. (1) Out-patient Care

If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out-patient Care, then We will indemnify for the Medical Expenses incurred on that Out-patient Care. 'Out-Patient Care' includes 'Pre-Existing Disease Cover in Life Threatening Medical Condition' for up to 10% of Sum Insured of Out-Patient Cover.

a. (2) Out-patient Care For Injury

If an Insured Person suffers an Injury that requires the Insured Person to take Out-patient Care, then We will indemnify for the Medical Expenses incurred on that Out-patient Care.

b. Optional Extension to Optional Benefit – 25 (Out-patient Cover)

i. Optional Extension 1 : Pre-existing Disease Cover in Life Threatening Medical Condition

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease.

ii. Optional Extension 2 : Cancer Screening and Mammography

The scope of cover under Optional Benefit 25 is extended to cover expenses incurred for cancer screening and mammography.

iii. Optional Extension 3 : Treatment of Mental & Nervous Disorder

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder for mental and nervous disorders Expenses . This Optional Extension shall supersede Clause (q) (xviii) of the Exclusions section.

iv. Optional Extension 4 : Radiotherapy and Chemotherapy Charges

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder for Radiotherapy and Chemotherapy charges. This Optional Extension shall supersede Clause (l) (vi) of the Exclusions section.

v. Optional Extension 5 : Vaccination Charges

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder for Vaccination charges. This Optional Extension shall supersede Clause (q) (xxii) & Clause (l) (viii) of the Exclusions section.

vi. Optional Extension 6 : Non-Emergency OPD Consultation

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder for Non-Emergency OPD Consultation. This Optional Extension shall supersede Clause (l) (iii) & (l) (vi) of the Exclusions section.

vii. Optional Extension 7 : Adventure Sports Injury

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person up to a specified limit as chosen by the Policyholder due to any injury arising out of Adventure Sports. This Optional Extension shall supersede Clause (q) (xxxii) & (q) (xxxiii) of the Exclusions section.

27. Optional Benefit 26 - Hotel Cancellation :

We shall indemnify for any cancellation charges related to the accommodation booked in advance in a hotel or guest house due to one of the reasons below:

- (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
- (ii) Terrorism;
- (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury;
- (iv) The Insured Person is hospitalized in an Emergency due to an unforeseen Illness or Injury and is not fit to undertake travel.

28. Optional Benefit 27 - Reimbursement of Golf Fees

We shall indemnify for any cancellation charges related to golf fees already paid in advance in case of Insured Person's Hospitalization.

29. Optional Benefit 28 - Home Care

We will pay 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.

30. Optional Benefit 29 - Maternity Cash Benefit

For Maternity claim expenses incurred in case of Hospitalization for delivery of a child after the completion of the waiting period as chosen by the Policyholder, we will provide a fixed amount to the Insured Person as chosen by the Policyholder and this will happen once in the policy period.

31. Optional Benefit 30 - Loss of Laptop / Tablet / Hand Baggage

We shall indemnify for loss incurred due to theft of Laptop / Tablet / Hand Baggage.

32. Optional Benefit 31 - Non-Allopathic Treatments

We shall indemnify for expenses incurred for the medical consultation, diagnostic tests or medical treatment taken by the Insured Person for the following:

- (i) Homeopathic
- (ii) Osteopathy
- (iii) Chiropractic
- (iv) Acupuncture
- (v) Physiotherapy

33. Optional Benefit 32 - Parent Accommodation

We will indemnify the actual expenses / cost incurred in respect of one of Parent Accommodation with child in hospital, in case of Insured Person's (Child) hospitalization.

34. Optional Benefit 33 - Health Checkup

We will indemnify cost incurred for health check-up including Dental Health Check-up and eye/ Vision Check-up for the Insured Person.

35. Optional Benefit 34 - Bail Bond

We will indemnify for the legal costs of procuring a bail bond, which is required to be furnished in the event of the arrest or imminent arrest of the Insured Person by any government or statutory body or authority.

36. Optional Benefit 35 - Sponsor Protection

We will indemnify for the balance fees for regular classroom study for the educational course in the event of the death of the Sponsor due to an Injury.

37. Optional Benefit 36 - Study Interruption

We will indemnify for any tuition fees which are to be paid to the Educational Institute on account of the Insured Person having to repeat the semester due to any of the following reasons:

- (i) Hospitalization of the Insured Person for more than 30 consecutive days or in case of Medical Evacuation to Country of Residence / City of Residence; or
- (ii) Death of an Immediate Family Member due to an Injury.

38. Optional Benefit 37 - University Insolvency

We will indemnify cost incurred by the Insured for Common Carrier expenses for returning back to the Country of Residence / City of Residence and accommodation expenses in case the University in which the Insured Person has applied has become insolvent.

39. Optional Benefit 38 - Additional Services

We or Assistance Service Provider will arrange for the Insured Person to avail any of the following services which have been opted by You, including but not limited to:

- (i) Health Card in physical form
- (ii) Doctor On Call

We / Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the telephone.

(iii) Other value added services as follows:

- i. Medical Assistance Services

We / Assistance Service provider shall provide Medical assistance service e.g. Referral, emergency medical assistance etc.

- ii. Medical Service Provider Referral

We / Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). We / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although We / Assistance Service Provider shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of

- a Medical Service Provider shall be the decision of the Insured Person. We / Assistance Service Provider, however, will exercise care and diligence in selecting the Medical Service Providers.
- iii. Arrangement of Hospital Admission
If the medical condition of the Insured Person is of such gravity as to require hospitalization, We / Assistance Service Provider will assist such Insured Person in the hospital admission.
- iv. Arrangements of Appointments with Local Doctors for Treatment
We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local doctors for treatment.
- v. Medical Translation Service
We / Assistance Service Provider will arrange for the provision of medical translation to the Insured Person over the telephone.
- vi. Delivery of Essential Medicine
We / Assistance Service Provider will arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. We / Assistance Service Provider will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.
- vii. Arrangement of Compassionate Visit
We / Assistance Service Provider will arrange for one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is hospitalized outside the Country of Residence / City of Residence.
- viii. Arrangement of Return of Minor Child
We / Assistance Service Provider will arrange for one-way airfares for the return of minor child to the Country of Residence / City of Residence if they are left unattended as a result of the accompanying Insured Person's illness, accident or Emergency Medical Evacuation. Escort will be provided, when requested.
- ix. Arrangement of Parent Accommodation
We / Assistance Service Provider will arrange for the hotel accommodation of the Insured Person's one of the Parents related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or hospitalization.
- x. Inoculation and Visa Requirement Information
We / Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. The Company / Assistance Service Provider shall inform the Insured Person requesting such information that The Company / Assistance Service Provider is simply communicating the requirements set forth in a document and The Company / Assistance Service Provider shall name the document.
- xi. Embassy Referral
We / Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- xii. Emergency Document Delivery
We / Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Family Member, upon the Insured Person's request to do so.
- xiii. Home Care Assistance
If the medical condition of the Insured Person is of such gravity as to require qualified nurse, We / Assistance Service Provider will assist such Insured Person to provide reference of such qualified nurse.
- xiv. Lifestyle Services
We / Assistance Service Provider shall assist the Insured Person by arranging local lifestyle service provider reference e.g. gym, spa etc.
- xv. Diet and nutrition consultation
We / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local diet and nutrition consultation.

xvi. Chat with Medical Practitioners

We / Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the online chat.

xvii. Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or Hotel or any travel related services and skin-clinics

xviii. Special discounts on medical equipment's or medicines as provided by service providers

xix. Health risk assessment

Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his / her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status

xx. Crisis Management Services provided by companies

We / Assistance Service Provider will arrange to provide emergency alerts for the country the Insured Person is travelling.

xxi. Tele Support: Basic medical advice and symptom information, pre-travel advice, Details of local and national support groups, emotional stress related to foreign environs

It is agreed and understood that:

- (i) The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Optional Benefit, then whether or not to act on it.
- (ii) This Optional Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- (iii) The company do not provide the services under this Optional Benefit or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the services under this Optional Benefit are put.
- (iv) The company do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Optional Benefit or for any consequences of actions taken or not taken in reliance thereon.
- (v) The Insured Person shall indemnify the Company and hold the company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advise, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Optional Benefit:

- (i) Claim under this Optional Benefit can be claimed only under Cashless Facilities in accordance with the Policy.
- (ii) Payment of Claims for this Optional Benefit is not subject to availability of the Sum Insured under the Policy.
- (iii) The Company or Assistance Service Provider will arrange for the above mentioned services to the Insured Person; On utilizing these services, the Insured Person shall make payment for the services (if any), directly to the service provider.

Special Condition

The below conditions are offered to the customer & it is on his volition (not mandatory except for the Trip Type).

1. Floater Cover

Under the Floater plan, You can cover family members (legally wedded spouse, natural or legally adopted child, parents and parents –in- law) of the Primary Insured Person for the Sum Insured under a single policy.

2. Co-payment

The Insured Person will bear a Co-payment 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.

3. Deductible

Deductible is the claim amount which is to be borne by the Insured Person under this Policy. Deductible would apply on a per claim basis. We shall be liable only once the Claim amount exceeds the Deductible.

4. Trip Type

We provide an option to opt for Single Trip Policy or / and Annual Multi Trip Policy.

Salient Features

1. 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 / Assistance Service Provider's 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.

2. Reimbursement

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation as required shall be submitted (at the Insured Person's expense) to Us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

3. Cancellation / Termination

- (i) We may at any time, cancel this Policy on grounds of misrepresentation, fraud, 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 the Policyholder, the Insured Person or any one acting on his or their behalf and We shall have no liability to make payment of any claims and the premium paid shall be forfeited to Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.
- (ii) Policies where You and Insured Person are different, in the event of Your demise, this Policy shall continue till the Policy Period End Date.
- (iii) At Your request, the Certificate of Insurance will be cancelled any time prior to the Period of Insurance End Date subject to the following conditions:
 - i. Full refund shall be made if the request for cancellation is received by Us not later than 7 days from the Period of Insurance Start Date and before commencement of the first Period of Insurance if the sole reason for such cancellation is denial of visa for the countries where the Insured Person was scheduled to visit. The visa denial or cancellation letter issued by appropriate authorities shall be submitted to Us along with the request for cancellation.
 - ii. Cancellation of Certificate of Insurance, issued for a Single Trip, at a date earlier than the Period of Insurance End Date specified in Certificate of Insurance can be done only if the Insured Person returns to the Country of Residence / City of Residence before the Period of Insurance End Date. Refund of premium shall only be applicable if the difference between the arrival date to the Country of Residence and the Certificate of Insurance End Date is at least 1 day. Premium refunded will be the difference of the amount of premium paid for the original Period of Insurance and the premium applicable by taking the arrival date as the new Period of Insurance End Date.
 - iii. Cancellation of Certificate of Insurance, issued for an Annual Multi Trip, at a date earlier than the Period of Insurance End Date will be effected by Us and We shall retain premium on short period scales as specified hereunder:

Period from Period of Insurance Start Date	Number of Trip days utilized	Premium Retained by Us
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & up to 21 days	50% annual rate
	Greater than 21 days	75% annual rate
From 2nd month Up to 3 months	Less than or up to 21 days	50% annual rate
	Greater than 21 days and up to 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month Up to 6 months	Less than or up to 35 days	75% annual rate
	Greater than 35 days	Full annual rate
Exceeding 6 months	Any Trip duration	Full annual rate

- iv. No refund of premium shall be eligible in case of cancellation of this Certificate of Insurance where a Claim has been incurred/ registered. We shall have no liability to make payment of any claims which are incurred post cancellation of the Certificate of Insurance.

4. Extension

- (i) Extension of the Period of Insurance for a Single Trip Policy:

On Your written request, We will extend the Period of Insurance provided that the total Period of Insurance shall not exceed the maximum trip duration (as opted by You). If a Claim has been made under the Certificate of Insurance:

- i. No insurance cover will be available under the Benefit or Optional Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Benefit or Optional Extension is available on a fixed benefit amount basis;
- ii. Insurance cover up to the available Sum Insured will be available under the Benefit or Optional Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Benefit or Optional Extension is available on an indemnity basis.

(ii) Extension of the Geographical Scope :

On Your written request, We will extend Geographical Scope provided that the additional premium specified by Us is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope made any medical related Claim under the Policy.

(iii) All requests for extensions must be made at least 1 day before the expiry of the original Period of Insurance and accompanied by all the following information and documentation:

- i. Duly completed application for extension;
- ii. Details of complete particulars of all Claims;
- iii. A good health declaration.

(iv) Extension will automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

5. Contribution Clause

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.

In case the claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then You shall have the right to choose the companies with whom the claim is to be settled. In such cases, the settlement shall be done as under:

- (i) If at the time when any claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same claim (in whole or in part), then We may not be liable to pay or contribute more than its ratable proportion of any claim.
- (ii) This clause shall not apply to any Benefit offered on a fixed benefit basis.

6. Subrogation Clause

You shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We would become entitled upon by paying for a claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. You shall not prejudice these subrogation rights in any manner and shall at Your own expense provide with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us of effecting a recovery, where after We shall pay any balance remaining to You. This clause shall not apply to any Benefit offered on a fixed benefit basis.

Grievance Redressal

- (i) We have developed proper procedures and effective mechanism to address complaints, if any, of the customers. We are committed to comply with the regulations and standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
- (ii) If You have a grievance that You wish Us to redress, You may contact Us with the details of your grievance through:

Website : www.careinsurance.com
Email : customerfirst@careinsurance.com
Contact No. : 1800-102-4488
Or write to :

Manager - Customer Services
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,
Gurugram-122001 (Haryana)

Post/Courier : Any branch office or the correspondence address, during normal business hours. The detailed list of our branch in operations in the country is available on our website.

- (iii) If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Us at:
Head – Customer Services
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park, Sector-39,
Gurugram-122001 (Haryana)
- (iv) You may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website : www.careinsurance.com

Claims Management

a. Notification of Claim

In case of claim, You / Insured Person should immediately notify Us or the Assistance Service Provider about the Claim by calling at the toll free number as specified in the Policy or in writing and provide the following details:

- (i) Policy Number;
- (ii) Policyholder's Name;
- (iii) Name of the Insured Person in respect of whom the Claim is being made;
- (iv) Nature of Illness or Injury or contingency for which Claim is being made and the Benefit under which the Claim is being made;
- (v) Date of admission to Hospital or date of loss, as applicable;
- (vi) Name and address of the attending Medical Practitioner and Hospital (if applicable);
- (vii) Any other information, documentation or details requested by Us or the Assistance Service Provider;

Any event that may give rise to a Claim has not to be notified to the Company or the Assistance Service Provider, within 48 hours of Hospitalization or before discharge (whichever is earlier).

b. Documents to be submitted

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his expense) provide the documents specified below and any additional information or documents as specified in the benefit under which the claim is being made to Us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury / Illness or loss or treatment.

- (i) Duly completed and signed Claim form, in original;
- (ii) Passport copy with entry/exit stamp;
- (iii) Any other document as required by Us or Assistance Service Provider
- (iv) Additional documents as specified for each benefit

Note : All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefits. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels.

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

c. 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 any sub-limits on Medical Expenses are applicable in accordance with Clause I (c) (xi), Our liability to make payment shall be limited to such extent as applicable.
- (iii) The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
- (iv) Co-payment shall then be applicable on the amount payable by Us.

d. Duties of the Claimant

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

- (i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (ii) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in 'Claims Management' section here above and the specific procedures and timeframes specified under the respective Benefit or Optional Benefit or Optional Extension under which the Claim is being made.
- (iv) The Insured Person will, at our request and at his / her own cost and expense, submit himself / herself for a medical examination by Our/Assistance Service Provider's nominated Medical Practitioner as often as We considers reasonable and necessary.
- (v) Our/Assistance Service Provider'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.
- (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.
- (vii) Report any information / document which helps the insurance system to eliminate bad practices in the market.

e. Payment Terms

- (i) We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
- (ii) All payments under this Policy shall be made in Indian Rupees and within India. For all admissible reimbursement Claims, the exchange rate on the date of payment shall be applied and for all admissible benefit (fixed pay-out) Claims, the exchange rate on the date of loss shall be applied.
- (iii) If We or Assistance Service Provider requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You or the Insured Person.
- (iv) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions or any Benefit / Optional Benefit / Optional Extension applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Policy Period.
- (v) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- (vi) If the 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 and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (vii) For Cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (viii) For the Reimbursement Claims, We will pay to the Insured Person unless specified otherwise. In the event of death of the Insured Person, unless specified otherwise, We will pay to the Nominee and in case of no Nominee to the legal heir of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (ix) 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. 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.
- (x) No loading based on individual claim experience shall be applicable on renewal premium payable in case of Annual Trip Policy.

Contact Details of the Assistance Service Provider

Toll free no.	1800-102-4488 1800-102-6655
Address	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, Gurugram-122001 (Haryana)
Website	www.careinsurance.com
E-mail	customerfirst@careinsurance.com

Exclusions

a) Exclusions Applicable to Benefit – 'Medical Cover', Optional Benefit 19 to 24, Optional Benefit 27, Optional Benefit 32 & Optional Benefit 36:

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 under these Benefits / Optional Benefits unless expressly stated to the contrary elsewhere in the Policy:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expense incurred for any illness/injury which was pre-existing at the time of commencement of Policy except for those covered under Optional Extension I to Benefit – 'Medical Cover' which is subject to those Pre-existing Diseases being declared and accepted by Us prior to Policy Period Start Date and specified in the Certificate of Insurance.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (v) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vi) Physiotherapy expenses or any services provided by chiropractitioner.
- (vii) Expenses related to any kind of Non-medical charges, service charge, surcharge, night charges levied by the hospital under whatever head.

b) Exclusions applicable to Optional Benefit 3 - Dental Expenses

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Treatment of any orthopedic, degenerative or oenological diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution;
- (iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence / City of Residence.

c) Exclusions applicable to Optional Benefit 5 - Loss of Checked-in Baggage:

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage;
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities;
- (iii) Any loss due to damage to the Checked-In Baggage;
- (iv) Valuables
- (v) Any loss for which a Claim has already been made under Optional Benefit 6;
- (vi) Any loss of Checked-In Baggage sent in advance or shipped separately.

For this Optional Benefit, Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

d) Exclusions applicable to Optional Benefit 6 - Delay of Checked-in Baggage:

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Any delay which does not exceed the time period specified in this Optional Benefit.
- (ii) Any loss for which a Claim has already been made under Optional Benefit 5;
- (iii) Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- (iv) Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.

e) Exclusions applicable to Optional Benefit 9 - Personal Liability

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Liability of the Insured Person in relation to any professional services rendered by him;
- (ii) Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities;
- (iii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract;
- (iv) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances;
- (v) Fines, penalties, punitive or exemplary damages of any kind;
- (vi) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles;
- (vii) Any liability, which is the subject matter of specific insurance elsewhere;
- (viii) Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial;
- (ix) Liability resulting from transmission of an illness or disease by the Insured Person;
- (x) Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from;
- (xi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets;
- (xii) Liability arising from the possession of animals, birds, reptiles or insects and their byproducts such as skin, hair, feathers, horns, fur, ivory, bones or eggs;
- (xiii) Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms;
- (xiv) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction;
- (xv) Liability arising from any supply of goods or services on the part of the Insured Person;
- (xvi) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence;
- (xvii) Any liability arising from a contingency occurring anywhere in the Country of Residence / City of Residence of the Insured Person;
- (xviii) Liability arising out of any breach of law or rules or any criminal liability.

f) Exclusions applicable to Optional Benefit I 2 - Trip Cancellation and Interruption

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) strikes or labor disputes or slowdown;
- (ii) Interruption or cancellation of the journey either wholly or in part at the instance of the Common Carrier (apart from the reasons listed above) or by the travel agent;
- (iii) Interruption or cancellation of the journey either wholly or in part at the instance of the authority governing the Common Carrier or the government;
- (iv) Any Claim under the Policy which arises out of an event which occurs prior to Policy Period Start Date.

g) Exclusions applicable to Optional Benefit I 3 - Trip Delay

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Any contingencies other than those specifically named above;
- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;
- (iii) A Claim has already been made under either Optional Benefit I 0 or Optional Benefit I 4.

h) Exclusions applicable to Optional Benefit I 4 – Missed Connection

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) A Claim has already been made under either Optional Benefit I 0 or Optional Benefit I 3.
- (ii) Missing of the flight is the result of: Any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
- (iii) Any advance intimation given to the Insured Person of a possible delay of the Common Carrier that might lead to missing of connecting flight;
- (iv) Any circumstances other than those directly attributable to the delay of the earlier Common Carrier.

i) Exclusions applicable to Optional Benefit I 5 – Spectacles Damage:

Any Claim related to any loss of eye glasses or power lenses in respect of any Insured Person.

j) Exclusions applicable to Optional Benefit I 7 – Bounce Booking:

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) If the Insured shall fail to adhere to the rules of the Common Carrier or the accommodation provider in connection with reconfirmation of the booking before the date of travel or date of accommodation as the case may be;
- (ii) In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later;
- (iii) If the confirmed accommodation is a personal arrangement or is free of charge;
- (iv) Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within 6 hours from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed.

k) Exclusions applicable to Optional Benefit I 8 – Political Risk And Catastrophe Evacuation :

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Insured violating the laws or regulations of the city /country from which he is to be evacuated
- (ii) Failure to produce or maintain immigration, work, residence or similar visas, permits or other documentation
- (iii) Failure to honor any contractual obligation or bond or to obey any conditions in a license
- (iv) If geographical scope is out of India, Insured being a national of the country from which he/she is to be evacuated and if geographical scope is within India, City of Residence from which he/she is to be evacuated.
- (v) Circumstances that resulted in the Insured's evacuation being in existence prior to the Insured entering the city /country or their occurrence being foreseeable to a reasonable person before the Insured entered the country/ city.

l) Exclusions Applicable To Optional Benefit 25 – Out-Patient Cover:

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expense incurred for any illness/injury which was pre-existing at the time of commencement of Policy except for those covered under Optional Extension I which is subject to those Pre-existing Diseases being declared and accepted by Us prior to Policy Period Start Date and specified in the Certificate of Insurance.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Radiotherapy and Chemotherapy charges
- (v) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (vi) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vii) Physiotherapy expenses or any services provided by chiropractitioner.

m) Exclusions applicable to Optional Benefit 30 – Loss Of Laptop /Tablet / Hand Baggage :

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Any electrical or mechanical breakdown of the laptop / Tablet
- (ii) Any loss of softwares or data in the laptop / Tablet and any consequential loss
- (iii) Any loss as a result of any action taken by customs department.

n) Exclusions applicable to Optional Benefit 31 – Non-Allopathic treatment :

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expense incurred for any illness/injury which was pre-existing at the time of commencement of Policy.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (v) Routine physical tests and / or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.

o) Exclusions applicable to Optional Benefit 34 – Bail Bond :

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 under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy:

- (i) Legal liability of the Insured Person
- (ii) Any amount paid towards bail, surety or guarantee or of similar nature
- (iii) Fines, penalties, punitive or exemplary damages of any kind.
- (iv) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles.
- (v) Any liability, which is the subject matter of specific insurance elsewhere.
- (vi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets.
- (vii) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction.
- (viii) Liability arising out of any breach of law or rules or any criminal liability.

p) Exclusions applicable to Optional Benefit 37 – University Insolvency:

- (i) A Claim is not admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy, in respect of any Insured Person for, arising out of or directly or indirectly due to the Insured failing to adhere to the rules of the University or regulation of state in connection to admission as the case may be.

q) General Exclusions (applicable to Benefit – ‘Medical Cover’, all Optional Benefits & Optional Extensions)

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 the Policy:

- (i) Any condition or treatment as specified in Annexure – II.
- (ii) We shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – III.
- (iii) Any events occurring outside the Period of Insurance except for a Claim for Trip Cancellation under Optional Benefit I 2.
- (iv) The Insured Person:
 - i. traveling against the advice of a Medical Practitioner; or
 - ii. receiving, or is supposed to receive, medical treatment; or
 - iii. having received terminal prognosis for a medical condition; or
 - iv. travelling for the purpose of obtaining medical treatment; or
 - v. taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
 - vi. traveling to Country from which his/her visa is allotted.
- (v) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness.
- (vi) Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.
- (vii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- (viii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynecologist that it is life threatening.
- (ix) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- (x) Any treatment or surgery for any dental illness or injury.
- (xi) 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.
- (xii) Charges incurred in connection with cost of spectacles (unless to the extent covered under Optional Benefit I 5) and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.
- (xiii) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness / Injury which does not require Hospitalization.
- (xiv) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or 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.
- (xv) Weight management services and treatment, vitamins and tonics related to weight control programmers, services and supplies including treatment of obesity (including morbid obesity).
- (xvi) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- (xvii) Treatment of all external Congenital Anomalies or Illness or defects or anomalies or treatment relating to external birth defects.
- (xviii) Treatment of mental Illness, stress, psychiatric or psychological disorders.
- (xix) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury.
- (xx) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- (xxi) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xxii) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- (xxiii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.

- (xxiv) All expenses related to donor screening, treatment, including surgery to remove organs from the donor; in case of transplant surgery.
- (xxv) Non-allopathic treatment.
- (xxvi) Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, intoxicating drugs or alcohol.
- (xxvii) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.
- (xxviii) 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.
- (xxix) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
- (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 or 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 is also excluded.
- (xxxi) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- (xxxii) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.
- (xxxiii) Any Claim relating to Hazardous Activities.

Schedule of Discounts / Loading

S.No.	Description	Rates	
		No. of travel days covered	Discount
1	Group Volume Discount	250 - 499	5.0%
		500 – 1999	10.0%
		2000 – 4999	15.0%
		5000 – 7499	25.0%
		7500 & above	35.0%
2	Discount for Existing customers of Group Care (Group Health Indemnity Product)	5.0%	
3	Discount/Loading for Common Carrier chosen for travel We will consider following grid to rate the common carriers:		
	Average rating of last three monthly reports (% of Cases)		
	Parameter	Good	Average
	Flight delay	< 9%	9 - 10%
	Cancellation of Common Carrier	< 0.45%	0.45% - 0.55%
	Delay of checked in baggage	< 0.15%	0.15% - 0.16%
	Loss of Checked in baggage	< 0.23%	0.23% - 0.24%
	Rating	Score	
	Good	3	
	Average	2	
	Bad	1	
	Parameter	Weight	Score
	Common Carrier delay	10%	3.00
	Cancellation of Common Carrier	40%	2.00
	Delay of checked in baggage	10%	3.00
	Loss of Checked in baggage	40%	2.00
	Weighted Average Score:		
	Weighted Average Score	Discount / Loading	
	2.6 - 3	10% discount	
	1.8 - 2.6	0%	
	1 - 1.8	10% loading	
	Note: Weighted Average Score is calculated based on the weights given to the four components mentioned above and the score which is derived based on Good/Average/Bad rating.		
4	Floater Discount - This discount shall be applicable if more than one persons of the same family are covered in the same Policy under the same Sum Insured.	No. of persons	Discount
		2	5.0%
		3	7.5%
		4	10.0%
		5	12.5%
		6 & above	15.0%
5	Family Discount - This discount shall be applicable if more than one persons of the same family are covered in the same Policy, on individual Sum Insured basis.	No. of persons	Discount
		2	2.5%
		3	3.5%
		4	5.0%
		5	6.0%
		6 & above	7.5%

Schedule of Discounts / Loading

S.No.	Description	Rates		
6	Discount for Employees and their dependents of: A. Religare Enterprises Limited & its subsidiaries / affiliates B. Corporation Bank and its subsidiaries / affiliates C. Union Bank of India and its subsidiaries / affiliates	15%		
7	Group Underwriter Loading / Discount			
Below mentioned are the criterion on which this discount will be calculated:				
Particulars	Discount	Loading	% of Total Discount/ Loading	
Claim Experience	Below 70% (Loss Ratio of previous year)	Above 100% (Loss Ratio of previous year)	5% of premium	
Industry Type	Software industry, KPO, BPO, Multi national Service Industries, Consultancies, Banks and other financial companies. (Any other similar Industry may be added with prior approval of Appointed Actuary)	Explosive and Fireworks industries, Underground Mines, Construction, Divers, Offshore Oil rigs, Fishermen, Defense /Police.	2.5% of premium	
Occupation	White Collar	Blue collar	2.5% of premium	
Reason for travel	Business trip	Leisure or sports	2.5% of premium	
Note: Maximum loading or discount restricted to 10% of Premium.				

1. Maximum Loading / discount on cumulative basis cannot exceed 35% (excluding Floater discount, Family Discount and Group Underwriter Discount).
2. Loadings and discounts are applied on the cumulative premium arrived based on the total man-days.

Schedule of Benefits

S. No.	Description	Pay – out basis	Deductible	Co – Pay	Worldwide excluding India (Sum Insured - SI)	Worldwide excluding US, Canada & India (Sum Insured - SI)	Europe (Sum Insured - SI)	Asia excluding India (Sum Insured - SI)	India excluding City of Residence (Sum Insured - SI)
I	Benefit – ‘Medical Cover’	Indemnity	upto \$5,000/ upto €3,750/ Up to INR 325,000	upto 50%	Min: \$ 1,000 Max: \$ 1,000,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: € 750 Max: € 750,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: ₹ 1,000 Max: ₹ 5,000,000
	a. 1. In-Patient Care; Or a. 2. In-patient Care For Injury (Treatment should commence within 7 days of occurrence of Injury)				Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
	b. Day care Treatment				Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
Note – ‘In-patient Care with Day care Treatment’ includes ‘Pre-Existing Disease Cover in Life Threatening Medical Condition’ for up to 10% of Sum Insured of Medical Cover									
c. Optional Extensions To Benefit – ‘Medical Cover’									
	i. Optional Extension 1 : Pre-Existing Disease Cover In Life Threatening Medical Condition	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI
	ii. Optional Extension 2 : Extended Cover in the Country of Residence / City of Residence Minimum : 30 days Maximum : 180 days	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: US \$ 1000 Max: US \$ 50,000	Min: US \$ 1000 Max: US \$ 50,000	Min: € 750 Max: € 37,500	Min: US \$ 1000 Max: US \$ 50,000	Min: ₹ 1000 Max: ₹ 2,00,000
	iii. Optional Extension 3 : Automatic Extension (maximum up to 7 days)	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI
	iv. Optional Extension 4 : Additional Sum Insured In Case Of Accident	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: \$ 1,000 Max: \$ 1,000,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: € 750 Max: € 750,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: ₹ 1,000 Max: ₹ 5,000,000
	v. Optional Extension 5 : Maternity Wait Period – Minimum : 0 months Maximum: 9 months Pre-natal and post-natal expenses covered up to 10% of SI chosen under this Optional Extension	Indemnity	upto \$2000/ upto €1,500/ Up to ₹ 10,000	upto 50%	Min: US \$ 1000 Max: US \$ 30,000	Min: US \$ 1000 Max: US \$ 30,000	Min: € 750 Max: € 22,500	Min: US \$ 1000 Max: US \$ 30,000	Min: ₹ 10,000 Max: ₹ 1,00,000
	vi. Optional Extension 6 : Treatment of Mental & Nervous Disorder	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: US \$ 100 Max: US \$ 5,000	Min: US \$ 100 Max: US \$ 5,000	Min: € 75 Max: € 3,750	Min: US \$ 100 Max: US \$ 5,000	Min: ₹ 5,000 Max: ₹ 50,000
	vii. Optional Extension 7 : HIV / AIDS Cover	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: US \$ 1000 Max: US \$ 1,000,000	Min: US \$ 1000 Max: US \$ 1,000,000	Min: € 750 Max: € 750,000	Min: US \$ 1000 Max: US \$ 1,000,000	Min: ₹ 50,000 Max: ₹ 1,00,00,000
	viii. Optional Extension 8 : Drug And Alcohol Abuse	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: US \$ 1000 Max: US \$ 1,000,000	Min: US \$ 1000 Max: US \$ 1,000,000	Min: € 750 Max: € 750,000	Min: US \$ 1000 Max: US \$ 1,000,000	Min: ₹ 50,000 Max: ₹ 1,00,00,000
	ix. Optional Extension 9 : Self-Inflicted Injury	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: US \$ 1000 Max: US \$ 1,000,000	Min: US \$ 1000 Max: US \$ 1,000,000	Min: € 750 Max: € 750,000	Min: US \$ 1000 Max: US \$ 1,000,000	Min: ₹ 50,000 Max: ₹ 1,00,00,000
	x. Optional Extension 10 : Maternity Complications	Indemnity	upto \$2000/up to €1,500/ Up to ₹ 10,000	upto 50%	Min: US \$ 1000 Max: US \$ 30,000	Min: US \$ 1000 Max: US \$ 30,000	Min: € 750 Max: € 22,500	Min: US \$ 1000 Max: US \$ 30,000	Min: ₹ 10,000 Max: ₹ 1,00,000

Schedule of Benefits

S. No.	Description	Pay – out basis	Deductible	Co – Pay	Worldwide excluding India (Sum Insured - SI)	Worldwide excluding US, Canada & India (Sum Insured - SI)	Europe (Sum Insured - SI)	Asia excluding India (Sum Insured - SI)	India excluding City of Residence (Sum Insured - SI)
	xi.Optional Extension 11 : Sub-Limit On Medical Expenses	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Please refer to Appendix – I a				
	xii.Optional Extension 12 : Adventure Sports Injury	Indemnity	up to \$2000/ up to €1,500/ up to ₹ 10,000	up to 50%	Min: US \$ 1000 Max: US \$ 50000	Min: US \$ 1000 Max: US \$ 50,000	Min: € 750 Max: € 37500	Min: US \$ 1000 Max: US \$ 50,000	Min: ₹ 30,000 Max: ₹ 2,500,000
	xiii.Optional Extension 13 : Corporate Floater	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: \$ 10,000 Max: \$ 10,000,000	Min: \$ 10,000 Max: \$ 10,000,000	Min: € 7500 Max: € 7,500,000	Min: \$ 10,000 Max: \$ 10,000,000	Min: ₹ 10,000 Max: ₹ 50,000,000
	xiv.Optional Extension 14 : Recharge of Sum Insured	Indemnity	as opted for Medical Cover	as opted for Medical Cover	Min: \$ 1,000 Max: \$ 1,000,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: € 750 Max: € 750,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: ₹ 1,000 Max: ₹ 5,000,000
2	Optional Benefit 1: Medical Evacuation	Indemnity	N.A.	N.A.	Min: US \$ 100 Max: US \$ 100,000	Min: US \$ 100 Max: US \$ 100,000	Min: € 75 Max: € 75,000	Min: US \$ 100 Max: US \$ 100,000	Min: ₹ 5,000 Max: ₹ 500,000
3	Optional Benefit 2: Repatriation of Mortal Remains	Indemnity	N.A.	N.A.	Min: US \$ 100 Max: US \$ 100,000	Min: US \$ 100 Max: US \$ 100,000	Min: € 75 Max: € 75,000	Min: US \$ 100 Max: US \$ 100,000	Min: ₹ 1,000 Max: ₹ 100,000
4	Optional Benefit 3: Dental Expenses	Indemnity	up to \$250/ up to €185/ up to ₹ 15,000	N.A.	Min: US \$ 50 Max: US \$ 5000	Min: US \$ 50 Max: US \$ 5000	Min: € 35 Max: € 3750	Min: US \$ 50 Max: US \$ 5000	Min: ₹ 1,000 Max: ₹ 65,000
5	Optional Benefit 4: Loss of Passport	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000	N.A.	Min: US \$ 50 Max: US \$ 5000	Min: US \$ 50 Max: US \$ 5000	Min: € 35 Max: € 3750	Min: US \$ 50 Max: US \$ 5000	Min: ₹ 1,000 Max: ₹ 35,000
6	Optional Benefit 5: Loss of Checked-in Baggage	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000	N.A.	Min: US \$ 50 Max: US \$ 2500	Min: US \$ 50 Max: US \$ 2500	Min: € 35 Max: € 1875	Min: US \$ 50 Max: US \$ 2500	Min: ₹ 1,000 Max: ₹ 100,000
7	Optional Benefit 6: Delay of Checked-in Baggage	Benefit	4/6/8/12/16/ 20/24 hrs	N.A.	Min: US \$ 50 Max: US \$ 500	Min: US \$ 50 Max: US \$ 500	Min: € 35 Max: € 375	Min: US \$ 50 Max: US \$ 500	Min: ₹ 1,000 Max: ₹ 35,000
8	Optional Benefit 7: Personal Accident (As per Appendix – I.b)	Benefit	N.A.	N.A.	Min: US \$ 1000 Max: US \$ 300,000	Min: US \$ 1000 Max: US \$ 300,000	Min: € 750 Max: € 225,000	Min: US \$ 1000 Max: US \$ 300,000	Min: ₹ 10,000 Max: ₹ 5,000,000
9	Optional Benefit 8: Common Carrier Fatality a. 1. Common Carrier Fatality Or a. 2. Common Carrier Fatality – Flight only	Benefit	N.A.	N.A.	Min: US \$ 1000 Max: US \$ 300,000	Min: US \$ 1000 Max: US \$ 300,000	Min: € 750 Max: € 225,000	Min: US \$ 1000 Max: US \$ 300,000	Min: ₹ 50,000 Max: ₹ 5,000,000
10	Optional Benefit 9: Personal Liability	Indemnity	up to \$1000/ up to €750/ up to ₹ 25,000	N.A.	Min: US \$ 1000 Max: US \$ 500,000	Min: US \$ 1000 Max: US \$ 500,000	Min: € 750 Max: € 375,000	Min: US \$ 1000 Max: US \$ 500,000	Min: ₹ 1,000 Max: ₹ 500,000
11	Optional Benefit 10: Hijack distress allowance	Benefit	12.Hrs/24.Hrs	N.A.	Min: US \$ 100 Max: US \$ 500 Per day up to 30 days	Min: US \$ 100 Max: US \$ 500 Per day up to 30 days	Min: € 75 Max: € 375 Per day up to 30 days	Min: US \$ 100 Max: US \$ 500 Per day up to 30 days	Min: ₹ 50 Max: ₹ 1,000 Per day up to 30 days
12	Optional Benefit 11: Emergency Cash Advance	Benefit	N.A.	N.A.	US \$ 1000	US \$ 1000	€ 750	US \$ 1000	₹ 25,000
13	Optional Benefit 12: Trip Cancellation & Interruption	Indemnity	up to \$500/ up to €375/ up to ₹ 30,000	N.A.	Min: US \$ 50 Max: US \$ 7500	Min: US \$ 50 Max: US \$ 7500	Min: € 35 Max: € 5300	Min: US \$ 50 Max: US \$ 7500	Min: ₹ 1,000 Max: ₹ 100,000
14	Optional Benefit 13: Trip Delay	Benefit	4/6/8/12/16/20/ 24 hrs	N.A.	Min: US \$ 100 Max: US \$ 500	Min: US \$ 100 Max: US \$ 500	Min: € 75 Max: € 375	Min: US \$ 100 Max: US \$ 500	Min: ₹ 1,000 Max: ₹ 50,000
15	Optional Benefit 14: Missed Connection	Indemnity	3 Hrs/6 Hrs/9 Hrs /12 Hrs	N.A.	Min: US \$ 100 Max: US \$ 1,000	Min: US \$ 100 Max: US \$ 1,000	Min: € 75 Max: € 750	Min: US \$ 100 Max: US \$ 1,000	Min: ₹ 1,000 Max: ₹ 50,000
16	Optional Benefit 15: Spectacles Damage	Indemnity	up to \$50/ up to €38/ up to ₹ 1,000	up to 50%	Min: US \$ 10 Max: US \$ 100	Min: US \$ 10 Max: US \$ 100	Min: € 5 Max: € 75	Min: US \$ 10 Max: US \$ 100	Min: ₹ 100 Max: ₹ 5,000

Schedule of Benefits

S. No.	Description	Pay – out basis	Deductible	Co – Pay	Worldwide excluding India (Sum Insured - SI)	Worldwide excluding US, Canada & India (Sum Insured - SI)	Europe (Sum Insured - SI)	Asia excluding India (Sum Insured - SI)	India excluding City of Residence (Sum Insured - SI)
17	Optional Benefit 16: Identity Document Theft	Indemnity	up to \$250/ up to €185/ up to ₹ 15,000	N.A.	Min: US \$ 50 Max: US \$ 500	Min: US \$ 50 Max: US \$ 500	Min: € 35 Max: € 375	Min: US \$ 50 Max: US \$ 500	Min: ₹ 500 Max: ₹ 25,000
18	Optional Benefit 17: Bounced Booking	Indemnity	up to \$1,000/ up to €750/ up to ₹ 5,000	N.A.	Min: US \$ 100 Max: US \$ 5,000	Min: US \$ 100 Max: US \$ 5,000	Min: € 75 Max: € 3,750	Min: US \$ 100 Max: US \$ 5,000	Min: ₹ 1,000 Max: ₹ 50,000
19	Optional Benefit 18: Political Risk & Catastrophe Evacuation (In case Hotel Accommodation is provided, max of USD 300 / EURO 225 / ₹ 1500 per day for maximum of 7 days is payable)	Indemnity	N.A.	N.A.	Min: US \$ 5000 Max: US \$ 100,000	Min: US \$ 5000 Max: US \$ 100,000	Min: € 3,750 Max: € 75,000	Min: US \$ 5000 Max: US \$ 100,000	Min: ₹ 5,000 Max: ₹ 100,000
20	Optional Benefit 19: Compassionate Visit	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000 Min days of hospitalization required - 5 to 15 days	N.A.	Min: US \$ 500 Max: US \$ 7500	Min: US \$ 500 Max: US \$ 7500	Min: € 375 Max: € 5,625	Min: US \$ 500 Max: US \$ 7500	Min: ₹ 10,000 Max: ₹ 500,000
21	Optional Benefit 20: Return of Minor Child	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000 Min days of hospitalization required - 2 to 15 days	N.A.	Min: US \$ 500 Max: US \$ 5,000	Min: US \$ 500 Max: US \$ 5,000	Min: € 375 Max: € 3,750	Min: US \$ 500 Max: US \$ 5,000	Min: ₹ 10,000 Max: ₹ 350,000
22	Optional Benefit 21: Up-gradation to Business Class	Indemnity	Min days of hospitalization required - 5 to 15 days	N.A.	Min: US \$ 100 Max: US \$ 2500	Min: US \$ 100 Max: US \$ 2500	Min: € 75 Max: € 1,875	Min: US \$ 100 Max: US \$ 2500	Min: ₹ 5,000 Max: ₹ 175,000
23	Optional Benefit 22: Daily Allowance (payable only 50% of Daily Allowance limit in case of Day Care Treatment, with a 'Zero Day' Deductible)	Benefit	up to 5 days	N.A.	Min: US \$ 5 Max: US \$ 500 per day, max 60 days	Min: US \$ 5 Max: US \$ 500 per day, max 60 days	Min: € 5 Max: € 375 per day, max 60 days	Min: US \$ 5 Max: US \$ 500 per day, max 60 days	Min: ₹ 300 Max: ₹ 15,000 per day, max 60 days
24	Optional Benefit 23: Replacement of Staff (Min. days of Hospitalization: 10 consecutive days)	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000	N.A.	Min: US \$ 500 Max: US \$ 7500	Min: US \$ 500 Max: US \$ 7500	Min: € 375 Max: € 5,625	Min: US \$ 500 Max: US \$ 7500	Min: ₹ 30,000 Max: ₹ 350,000
25	Optional Benefit 24: Emergency Hotel Accommodation / Extension (Min. days of Hospitalization: 5 consecutive days)	Indemnity	up to \$250/ up to €185/ up to ₹ 15,000	N.A.	Min: US \$ 200 Max: US \$ 5,000	Min: US \$ 200 Max: US \$ 5,000	Min: € 150 Max: € 3,750	Min: US \$ 200 Max: US \$ 5,000	Min: ₹ 1,000 Max: ₹ 100,000
26	Optional Benefit 25: Out-patient Cover	Indemnity	up to \$5,000/ up to €3,750/ up to ₹ 325,000	up to 50%	Min: \$ 1,000 Max: \$ 1,000,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: € 750 Max: € 750,000	Min: \$ 1,000 Max: \$ 1,000,000	Min: ₹ 1,000 Max: ₹ 5,000,000
	a. 1. Out-patient Care (this includes 'Pre-Existing Disease Cover In Life Threatening Medical Condition' for up to 10% of Sum Insured of Out-Patient Cover); Or a. 2. Out-patient Care for Injury	Indemnity			Up to SI	Up to SI	Up to SI	Up to SI	Up to SI

Schedule of Benefits

S. No.	Description	Pay – out basis	Deductible	Co – Pay	Worldwide excluding India (Sum Insured - SI)	Worldwide excluding US, Canada & India (Sum Insured - SI)	Europe (Sum Insured - SI)	Asia excluding India (Sum Insured - SI)	India excluding City of Residence (Sum Insured - SI)
b.Optional Extensions To Optional Benefit – 25 (Out-Patient Cover)									
	i. Optional Extension 1 : Pre-Existing Disease Cover In Life Threatening Medical Condition	Indemnity	as opted for Out-Patient Cover	as opted for Out-Patient Cover	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI	Within the range of 0% to 100% of SI
	ii. Optional Extension 2 : Cancer screening & Mammography	Indemnity	as opted for Out-Patient Cover	as opted for Out-Patient Cover	Min: US \$ 100 Max: US \$ 5,000	Min: US \$ 100 Max: US \$ 5,000	Min: € 75 Max: € 3,750	Min: US \$ 100 Max: US \$ 5,000	Min: ₹ 5,000 Max: ₹ 50,000
	iii. Optional Extension 3 : Treatment of Mental & Nervous Disorder	Indemnity	as opted for Out-Patient Cover	as opted for Out-Patient Cover	Min: US \$ 100 Max: US \$ 5,000	Min: US \$ 100 Max: US \$ 5,000	Min: € 75 Max: € 3,750	Min: US \$ 100 Max: US \$ 5,000	Min: ₹ 5,000 Max: ₹ 350,000
	iv. Optional Extension 4 : Radiotherapy and Chemotherapy Charges	Indemnity	up to \$500/ up to €375/ up to ₹ 1,00,000	up to 50%	Min: US \$ 50 Max: US \$ 10,000	Min: US \$ 50 Max: US \$ 10,000	Min: € 35 Max: € 7,500	Min: US \$ 50 Max: US \$ 10,000	Min: ₹ 1,000 Max: ₹ 500,000
	v. Optional Extension 5 : Vaccination Charges	Indemnity	up to \$50/ up to €38/ up to ₹ 3,000	up to 50%	Min: US \$ 50 Max: US \$ 500	Min: US \$ 50 Max: US \$ 500	Min: € 35 Max: € 375	Min: US \$ 50 Max: US \$ 500	Min: ₹ 1,000 Max: ₹ 35,000
	vi. Optional Extension 6 : Non-emergency OPD consultation	Indemnity	up to \$500/ up to €375/ up to ₹ 1,00,000	up to 50%	Min: US \$ 50 Max: US \$ 1,000	Min: US \$ 50 Max: US \$ 1,000	Min: € 35 Max: € 750	Min: US \$ 50 Max: US \$ 1,000	Min: ₹ 500 Max: ₹ 50,000
	vii. Optional Extension 7 : Adventure Sports Injury	Indemnity	up to \$2000/ up to €1,500/ up to ₹ 1,00,000	up to 50%	Min: US \$ 500 Max: US \$ 50,000	Min: US \$ 500 Max: US \$ 50,000	Min: € 375 Max: € 37,500	Min: US \$ 500 Max: US \$ 50,000	Min: ₹ 30,000 Max: ₹ 2,500,000
27	Optional Benefit 26: Hotel Cancellation (In case of Hospitalization, Min. days of Hospitalization: 2 consecutive days)	Indemnity	up to \$250/ up to €185/ up to ₹ 15,000	N.A.	Min: US \$ 200 Max: US \$ 5,000	Min: US \$ 200 Max: US \$ 5,000	Min: € 150 Max: € 3,750	Min: US \$ 200 Max: US \$ 5,000	Min: ₹ 1,000 Max: ₹ 100,000
28	Optional Benefit 27: Re-imbursment of Golf fees (Min. days of Hospitalization: 5 consecutive days)	Indemnity	up to \$1,00/ up to €75/ up to ₹ 5,000	N.A.	Min: US \$ 100 Max: US \$ 5,000	Min: US \$ 100 Max: US \$ 5,000	Min: € 75 Max: € 3,750	Min: US \$ 100 Max: US \$ 5,000	Min: ₹ 1,000 Max: ₹ 50,000
29	Optional Benefit 28: Home Care	Benefit	up to 5 days	N.A.	Min: US \$ 5 Max: US \$ 500 per day, max 60 days	Min: US \$ 5 Max: US \$ 500 per day, max 60 days	Min: € 5 Max: € 375 per day, max 60 days	Min: US \$ 5 Max: US \$ 500 per day, max 60 days	Min: ₹ 300 Max: ₹ 15,000 per day, max 60 days
30	Optional Benefit 29: Maternity Cash Benefit Wait Period – Minimum : 0 months Maximum: 9 months	Benefit	N.A.	N.A.	Min: US \$ 25 Max: US \$ 2,500	Min: US \$ 25 Max: US \$ 2,500	Min: € 20 Max: € 2,000	Min: US \$ 25 Max: US \$ 2,500	Min: ₹ 1,000 Max: ₹ 10,000
31	Optional Benefit 30: Loss of Laptop/ Tablet / Hand baggage	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000	up to 50%	Min: US \$ 100 Max: US \$ 500	Min: US \$ 100 Max: US \$ 500	Min: € 75 Max: € 375	Min: US \$ 100 Max: US \$ 500	Min: ₹ 5,000 Max: ₹ 35,000
32	Optional Benefit 31: Non-Allopathic Treatments	Indemnity	up to \$500/ up to €375/ up to ₹ 1,00,000	up to 50%	Min: US \$ 50 Max: US \$ 10,000	Min: US \$ 50 Max: US \$ 10,000	Min: € 35 Max: € 7,500	Min: US \$ 50 Max: US \$ 10,000	Min: ₹ 1000 Max: ₹ 100,000
33	Optional Benefit 32: Parent Accommodation (Min. days of Hospitalization required: 5 consecutive days)	Indemnity	up to \$100/ up to €75/ up to ₹ 5,000	up to 50%	Min: US \$ 100 Max: US \$ 5,000	Min: US \$ 100 Max: US \$ 5,000	Min: € 75 Max: € 3,750	Min: US \$ 100 Max: US \$ 5,000	Min: ₹ 1,000 Max: ₹ 50,000
34	Optional Benefit 33: Health Check-up	Indemnity	up to \$500/ up to €375/ up to ₹ 1,00,000	up to 50%	Min: US \$ 50 Max: US \$ 1,000	Min: US \$ 50 Max: US \$ 1,000	Min: € 35 Max: € 750	Min: US \$ 50 Max: US \$ 1,000	Min: ₹ 500 Max: ₹ 50,000

Schedule of Benefits

S. No.	Description	Pay – out basis	Deductible	Co – Pay	Worldwide excluding India (Sum Insured - SI)	Worldwide excluding US, Canada & India (Sum Insured - SI)	Europe (Sum Insured - SI)	Asia excluding India (Sum Insured - SI)	India excluding City of Residence (Sum Insured - SI)
35	Optional Benefit 34: Bail Bond	Indemnity	N.A.	N.A.	Min: US \$ 2500 Max: US \$ 10,000	Min: US \$ 2500 Max: US \$ 10,000	Min:€ 1875 Max:€ 7,500	Min: US \$ 2500 Max: US \$ 10,000	Min: ₹ 5,000 Max: ₹ 50,000
36	Optional Benefit 35: Sponsor Protection	Indemnity	N.A.	N.A.	Min: US \$ 500 Max: US \$ 1,000	Min: US \$ 500 Max: US \$ 1,000	Min:€ 375 Max:€ 750	Min: US \$ 500 Max: US \$ 1,000	Min: ₹ 5,000 Max: ₹ 100,000
37	Optional Benefit 36: Study Interruption (In case of Hospitalization, Min. days of Hospitalization: 30 consecutive days)	Indemnity	N.A.	N.A.	Min: US \$ 500 Max: US \$ 15,000	Min: US \$ 500 Max: US \$ 15,000	Min:€ 375 Max:€ 10,000	Min: US \$ 500 Max: US \$ 15,000	Min: ₹ 30,000 Max: ₹ 1,000,000
38	Optional Benefit 37: University Insolvency (For Accommodation: payable for a maximum of 7 days)	Indemnity	N.A.	N.A.	Min: US \$ 500 Max: US \$ 5,000	Min: US \$ 500 Max: US \$ 5,000	Min:€ 375 Max:€ 3,750	Min: US \$ 500 Max: US \$ 5,000	Min: ₹ 30,000 Max: ₹ 1,000,000
39	Optional Benefit 38: Additional Services	This is a service feature							

Appendix – I

a. Sub-Limit on Medical Expenses

Medical Expense	Sub-limit	
	Minimum	Maximum
Room Rent including boarding and lodging	Nil	2.5% of SI / US \$ 5,000 / € 3750/ INR 10,000 (whichever is less) per Day
ICU Charges	Nil	2.5% of SI / US \$ 2,000 / € 1500/ INR 7,500 (whichever is less) per Day
Operation Theatre charges (including Surgeon Charges)	Nil	50% of SI / US \$ 500,000 / € 375,000/ INR 50,000 per claim (whichever is less)
Anesthesia	Nil	50% of the surgery cost payable per Claim
Diagnostics and Radiology Services	Nil	US \$2000 / €1500/ INR 10,000 per Claim
Medical Practitioners visit fees	Nil	US \$ 500/ €375/ INR 1,500 per visit Maximum No of Visits: 4 to 20 visits
Miscellaneous Expenses	Nil	US \$2000 / €1500/ INR 10,000 per Claim
Ambulance Services	Nil	US \$2000 / €1500/ INR 10,000 per Claim

b.

S.No.	Event	% of the Sum Insured payable
1	Death	100%
2	Permanent Total Disablement (PTD)	
A	Loss of sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and loss of one entire hand or one entire foot	100%
B	Loss of sight of one eye, or actual loss by physical separation of one entire hand or one entire foot	50%

Notes:

- Sum Insured & deductible amounts can be chosen from the applicable range in multiples of 5 only.
- Percentage limits wherever applicable can be chosen from the applicable range up to 2 decimal places.
- The Sum Insured of any Optional Extension (excluding except Optional Extension 13 and Optional Extension 14 of Benefit – ‘Medical Cover’) cannot be greater than the Sum Insured of its respective Benefit / Optional Benefit.
- Any time period mentioned in the Deductible column represents the duration after which that respective benefit will be payable. The Policyholder can choose the time period from the range provided against the benefit.
- For the purpose of this document, ‘You’ means Policyholder or Insured Person (s).
- Deductible and co-payment applicable on any Benefit / Optional Benefit will apply on all of its Optional Extensions by default, except for:
 - Optional Extension 5, 10 & 12 of Benefit – ‘Medical Cover’.
 - Optional Extension 4, 5, 6 & 7 of Optional Benefit 25.

About Us

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

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) is a specialist health insurer engaged in the distribution & servicing of health insurance products. Care Health Insurance is promoted by Religare Enterprises Limited, a leading diversified financial services group based out of India; its other shareholders are Union Bank of India & Corporation Bank.

Care Health Insurance is promoted by the founders of Fortis Healthcare, which owns or manages 54 healthcare facilities in India, Dubai & Mauritius; SRL Diagnostics, India’s largest diagnostics company with 306 networking laboratories, 6900 collection points and presence in Dubai, Sri Lanka & Nepal and the Fortis Healthworld chain of pharmacy and wellness stores.

Our expertise in the spectrum of financial services, healthcare delivery and preventive health solutions, coupled with a robust distribution model, offers us a unique edge to deliver and excel in a business environment that is driven by serviceability & scale.

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 CyberPark, Sector-39, Gurugram-122001 (Haryana) Website: www.careinsurance.com E-mail: customerfirst@careinsurance.com Call: 1800-102-4488 / 1800-102-6655

Disclaimer: This is only a summary of features of ‘Group Explore’. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. 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:20094104 UIN: IRDAI/HLT/RHI/P-T/V.1/53/2014-15 CIN:U66000DL2007PLC161503 IRDA Registration Number - 148

Notes: 1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request. The Company also places on its website all necessary matters & material including advertisement about the product & its features in compliance of IRDAI advertisement regulations & guidelines. The prospect / customer is requested to take a view of the same & if there are queries thereon, the same can be referred to the Company or any of its representatives soliciting insurance business.

- 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.
- Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto) and underwriting acceptance.
- 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.
- For full details of this product, please log on to www.careinsurance.com
- The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Annexure I : List of Day Care Surgeries

1. Microsurgical operations on the middle ear

1. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles) for tympanic membrane injury

2. Other operations on the middle & internal ear

2. Surgeries for Injuries on middle and inner ear

3. Operations on the nose & the nasal sinuses

3. Surgeries for nasal injuries
4. Nasal repair due to fracture nasal bone
5. Foreign body removal from nose

4. Operations on the eyes

6. Excision and destruction of diseased tissue of the eyelid
7. Removal of a foreign body from the conjunctiva
8. Removal of a foreign body from the cornea
9. Removal of a foreign body from the lens of the eye
10. Removal of a foreign body from the posterior chamber of the eye
11. Removal of a foreign body from the orbit and eyeball
12. Diathermy/Cryotherapy to treat retinal tear
13. Enucleation of Eye without Implant
14. Laser Photocoagulation to treat Retinal Tear

5. Operations on the skin & subcutaneous tissues

15. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
16. Local excision of diseased tissue of the skin and subcutaneous tissues
17. Simple restoration of surface continuity of the skin and subcutaneous tissues
18. Other restoration and reconstruction of the skin and subcutaneous tissues.

6. Operations on the tongue

19. Reconstruction of the tongue

7. Operations on the salivary glands & salivary ducts

20. Reconstruction of a salivary gland and a salivary duct

8. Other operations on the mouth & face

21. Incision, excision and destruction in the mouth
22. Palatoplasty
23. Other operations in the mouth

9. Operations on the female sexual organs

24. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

10. Operations on the testis

25. Surgeries for testicular injury

11. Operations on the penis

26. Local excision and destruction of diseased tissue of the penis

12. Operations of bones and joints

27. Surgery for hemoarthrosis/pyoarthrosis
28. Reduction of dislocation under GA
29. Closed reduction on fracture, luxation
30. Reduction of dislocation under GA
31. Arthroscopic knee aspiration
32. Trauma surgery and orthopaedics
33. Incision on bone, septic and aseptic
34. Suture and other operations on tendons and tendon sheath

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

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	Hair removal cream	54	Hansaplast/Adhesive bandages
2	Baby charges (unless specified/indicated)	55	Lactogen/Infant food
3	Baby food	56	Slings
4	Baby utilites charges		ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES
5	Baby set	57	Weight control programs/supplies/services
6	Baby bottles	58	Cost of spectacles/contact lenses/hearing aids, etc.
7	Brush	59	Dental treatment expenses that do not require hospitalisation
8	Cosy towel	60	Hormone replacement therapy
9	Hand wash	61	Home visit charges
10	Moisturizer paste brush	62	Infertility/subfertility/assisted conception procedure
11	Powder	63	Obesity (including morbid obesity) treatment
12	Shoe cover	64	Psychiatric & psychosomatic disorders
13	Beauty services	65	Corrective surgery for refractive error
14	Belts/braces	66	Treatment of sexually transmitted diseases
15	Buds	67	Donor screening charges
16	Barber charges	68	Admission/registration charges
17	Caps	69	Hospitalisation for evaluation/diagnostic purpose
18	Cold pack/Hot pack	70	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
19	Carry bags		
20	Cradle charges	71	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
21	Comb	72	Stem cell implantation/surgery and storage
22	Eau-de-cologne/Room fresheners		ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS
23	Eye pad	73	Ward and Theatre booking charges
24	Eye shield	74	Arthroscopy & Endoscopy instruments
25	Email/Internet charges	75	Microscope cover
26	Food charges (other than patient's diet provided by Hospital)	76	Surgical blades, Harmonic scalpel, shaver
27	Foot cover	77	Surgical drill
28	Gown	78	Eye kit
29	Leggings	79	Eye drape
30	Laundry charges	80	X-ray film
31	Mineral water	81	Sputum cup
32	Oil charges	82	Boyles apparatus charges
33	Sanitary pad	83	Blood grouping and cross matching of donors samples
34	Slippers	84	Savlon
35	Telephone charges	85	Band aids, bandages, sterile injections, needles, syringes
36	Tissue paper	86	Cotton
37	Tooth paste	87	Cotton bandage
38	Tooth brush	88	Micropore/Surgical tape
39	Guest services	89	Blade
40	Bed Pan	90	Apron
41	Bed under pad charges	91	Torniquet
42	Camera cover	92	Orthobundle, Gynaec bundle
43	Cliniplast	93	Urine container
44	Crepe bandage		ELEMENTS OF ROOM CHARGE
45	Curapore	94	Luxury tax
46	Diaper of any type	95	HVAC
47	DVD, CD charges	96	House keeping charges
48	Eyelet collar	97	Service charges where nursing charge also charged
49	Face mask	98	Television & Air conditioner charges
50	Flexi mask	99	Surcharges
51	Gause soft	100	Attendant charges
52	Gauze		
53	Hand holder		

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
101	Im Iv Injection charges	152	Microsheild
102	Clean sheet	153	Abdominal binder
103	Extra diet of patient (other than that which forms part of bed charge)	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
104	Blanket/Warmer blanket	154	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
ADMINISTRATIVE OR NON-MEDICAL CHARGES		155	Private nurses charges- Special nursing charges
105	Admission kit	156	Nutrition planning charges - Dietician charges - Diet charges
106	Birth certificate	157	Sugar free tablets
107	Blood reservation charges and Ante-natal booking charges	158	Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable)
108	Certificate charges		
109	Courier charges	159	Digestion gels
110	Conveyance charges	160	Ecg electrodes
111	Diabetic chart charges	161	Gloves
112	Documentation charges/Administrative expenses	162	HIV kit
113	Discharge Procedure charges	163	Listerine/Antiseptic mouthwash
114	Daily chart charges	164	Lozenges
115	Entrance pass/Visitors pass charges	165	Mouth paint
116	Expenses related to prescription on discharge	166	Nebulisation kit
117	File opening charges	167	Novarapid
118	Incidental expenses/Misc. charges (not explained)	168	Volini gel/Analgesic gel
119	Medical certificate	169	Zytee gel
120	Maintenance charges	170	Vaccination charges
121	Medical records	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
122	Preparation charges	171	AHD
123	Photocopies charges	172	Alcohol swabes
124	Patient identification band/Name tag	173	Scrub solution/Sterillium others
125	Washing charges	174	Vaccine charges for baby
126	Medicine box	175	Aesthetic treatment/Surgery
127	Mortuary charges	176	TPA charges
128	Medico legal case charges (MLC charges)	177	Visco belt charges
EXTERNAL DURABLE DEVICES		178	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
129	Walking aids charges	179	Examination gloves
130	BIPAP machine	180	Kidney tray
131	Commode	181	Mask
132	CPAP/CAPD equipments	182	Ounce glass
133	Infusion pump - cost	183	Outstation consultant's/Surgeon's fees
134	Oxygen cylinder (for usage outside the hospital)	184	Oxygen mask
135	Pulseoxymeter charges	185	Paper gloves
136	Spacer	186	Pelvic traction belt
137	Spirometre	187	Referral doctor's fees
138	SpO2 Probe	188	Accu check (glucometry/strips)
139	Nebulizer Kit	189	Pan can
140	Steam Inhaler	190	Sofnet
141	Arm sling	191	Trolley cover
142	Thermometer	192	Urometer, Urine jug
143	Cervical collar	193	Ambulance
144	Splint	194	Tegaderm/Vasofix safety
145	Diabetic foot wear	195	Urine bag
146	Knee braces (long/short/hinged)	196	Softovac
147	Knee immobilizer/Shoulder immobilizer	197	Stockings
148	Lumbo sacral belt		
149	Nimbus bed or water or air bed charges		
150	Ambulance collar		
151	Ambulance equipment		

Annexure III : List of Hospitals where Claim will not be admitted

S. No.	HOSPITAL NAME	ADDRESS	ZONE
1	Nulife Hospital and Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
2	Taneja Hospital	Q-Block,South City-2, Sohna Road, Main Sector-47, Preet Vihar, New Delhi, Delhi	North
3	Shri Komal Hospital & Dr. Saxena's Nursing Home	Silver Plaza Complex, Opposite Rupali Cinema, Rander Road, Rewari, Haryana	North
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana	North
5	Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70, Mohali, Punjab	North
6	Brij Medical Centre	Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sector 17, Ghaziabad, U.P.	North
7	Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62, Noida, U.P.	North
8	Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, U.P.	North
9	City Hospital & Trauma Centre	C-1,Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.	North
10	Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana	North
11	Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat, Gujarat	West
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V. Lane Road, Lokhandwala, Andheri, Mumbai, Maharashtra	West
13	Paramount General Hospital & I.C.C.U.	42-1,Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra	West
14	Gokul Hospital	Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra	West
15	Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra	West
16	Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road,Cidco Colony, Nashik, Maharashtra	West
18	Arpan Hospital And Research Centre	No.151/2,Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
19	Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka, Dhamtri Road,National Highway No 43, Raipur, Chhattisgarh	East
20	Gupta Multispeciality Hospital	Mezzanine Floor, Shakuntal B, Near Sanghvi Tower, Gujrat, Gas Circle, Adajan Road, Vivek Vihar, Delhi	North
21	R.K.Hospital	3C/59,BP, Near Metro Cinema, New Industrial Township I, Faridabad, Haryana	North
22	Prakash Hospital	D -12,12A,12B, Noida, Sector 33, Noida, Uttar Pradesh	North
23	Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat	West
25	Mohit Hospital	Khoya B-Wing,Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
26	Scope Hospital	628,Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
27	Agarwal Medical Centre	E-234, -, Greater Kailash I, New Delhi	North
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/I, Sector 41, Noida, Uttar Pradesh	North
30	Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
31	Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North
32	B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
33	East West Medical Centre	No.71 I, Sector 14, Sector 14, Gurgaon, Haryana	North
34	Jagtap Hospital	Anand Nagar, Sinhgoud Road, Anandnagar, Pune, Maharashtra	West
35	Dr. Malwankar's Romeen Nursing Home	No 14,Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra	West
36	Noble Medical Centre	C.K. Emerald No., N.S. Palya, Kaveriappa Industrial Area, Borivali West, Mumbai, Maharashtra	West
37	Rama Hospital	Sonepat Road, Bahalgarh, Bahalgarh, Sonipat, Haryana	North
38	S.B.Nursing Home & ICU	Lake Bloom 16 to 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Powai, Mumbai, Maharashtra	West
39	Saraswati Hospital	103-106, Vrurel Appt., Opp. Navjivan Post Office, Ajwa Road, Malad West, Mumbai, Maharashtra	West
40	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
41	Mahaveer Hospital & Trauma Centre	Plot No-25,B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh	North
42	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South
43	Amrapali Hospital	Plot No. NH-34,P-2, Omega -I, Greater Noida, Noida, Uttar Pradesh	North
44	Hardik Hospital	29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
45	Jabalpur Hospital & Research Centre Pvt. Ltd.	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
46	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
47	Santosh Hospital	L-629/63 I, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
48	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
49	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
50	Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
51	Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
52	Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
53	Sparsh Medicare and Trauma Centre	Shakti Khand - III/54, Indirapuram, Ghaziabad, Uttar Pradesh	North
54	Saras Healthcare Pvt. Ltd.	K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh	North
55	Getwell Soon Multispeciality Institute Pvt. Ltd.	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
56	Shivalik Medical Centre Pvt. Ltd.	A-93, Sector 34, Noida, Uttar Pradesh	North

S. No.	HOSPITAL NAME	ADDRESS	ZONE
57	Aakanksha Hospital	126, Aaradhananagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat	West
58	Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat	West
59	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat, Gujarat	West
60	Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat	West
61	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat	West
62	Auc Hospital	B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat	West
63	Dharamjivan General Hospital & Trauma Centre	Karmayogi - I, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat	West
64	Dr. Santosh Basotia Hospital	Bhatar Road, Surat, Gujarat	West
65	God Father Hospital	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat	West
66	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West
67	Hari Milan Hospital	L H Road, Surat, Gujarat	West
68	Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat	West
69	Jeevan Path Gen. Hospital	2nd Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
70	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udha, Surat, Gujarat	West
71	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
72	Krishnavati General Hospital	Bamroli Road, Surat, Gujarat	West
73	Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shopping Complex 1St Floor, Varachha Road, Surat, Gujarat	West
76	R.D. Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L H Road, Surat, Gujarat	West
79	Sparsh Multy Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhaa Citizan Co-Op.Bank, Surat, Gujarat	West

Notes:

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