

Prospectus

1. ELIGIBILITY CRITERIA

Product Name	Extra Care
Age of Proposer	As per Base Policy
Entry Age – Minimum	As per Base Policy
Entry Age – Maximum	As per Base Policy
Exit Age	As per Base Policy
Cover Type	As per Base Policy
Tenure Options	As per Base Policy
Pre-policy Issuance Medical Check up	As per Base Policy
Who are covered (Relationship with respect to the Proposer having Insurable Interest)	As per Base Policy
Premium Payment Term	As per Base Policy
Eligibility Criteria	Proposer must have a Retail Policy from Care Health Insurance Ltd in order to buy this Add-on

2. SCHEDULE OF DISCOUNTS & LOADINGS

Discounts & Loadings in this Add-on Policy shall be as applicable as mentioned in the Base Policy.

3. BENEFITS COVERED UNDER THE ADD-ON POLICY

GENERAL CONDITIONS:

- 1) The Add-on policy can only be bought along with the Base Policy either on Policy Issuance or on Renewal and cannot be bought in isolation or as a separate product or mid-term.
- 2) The Add-on policy is subject to the terms and conditions and applicable endorsements stated herein and in the Base Policy.
- 3) Coverage available under this Add-on shall be over and above Base Policy Sum Insured except for the Benefit “Sub-Limit on Specified Diseases”.
- 4) All Claims shall be payable subject to the limits, terms, conditions, wait periods ,exclusions of the Add-on Policy and Base policy and subject to availability of the amount against each and every Benefit.
- 5) Benefits can be opted in any combination.
- 6) If any Benefit or coverage is opted in the Base Policy, then same or similar coverage/Benefit cannot be opted in Add-on Policy.
- 7) This Add-on policy shall be available only if the same is specifically mentioned in the Base Policy Schedule.
- 8) This Add-on shall be available for only those Insured Person covered under Base Policy.
- 9) The maximum, total and cumulative liability of the Company towards an Insured Person for any and all Claims arising under this Add-on Policy during the Add-on Policy Year, on occurrence of an Insured event in relation to that Insured Person, shall not exceed the amount/limit of that Insured Person which is specified against every Benefit, mentioned in the Add-on Policy Schedule.
- 10) Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or child birth. Additional differential premium will be calculated on a pro rata basis.

3.1. BASE BENEFITS

3.1.1 Cover Base Benefit 1 : Concierge/ Geriatric Care:

Under this Add-on Policy, if this Benefit is opted then we shall provide the following services through the Company's network to the Insured Person during the Add-on Policy Year:

- i. Emergency Doctor on Call
- ii. Access to 24*7 Help Desk
- iii. Fortnightly health check-up via electronic mode- Once in a 15 Days

- iv. Health related content access

Conditions applicable under this Benefit:

- (i) The services under this Benefit are provided by the respective Network Service Provider to you. We shall only a facilitator for such services by Network Service Provider and does not represent, assure or endorse the accuracy, completeness, reliability, suitability, appropriateness or the quality of the actual services provided by Network Service Provider/s. Decision to avail the services of Network Service Provider shall be taken by you after careful and independent evaluation, which shall be at your sole discretion and risk. We are not responsible / liable in any way for any deficiency of services provided by Network Service Providers or for any losses / sufferings / injuries, if any, incurred by you as a result of availing / utilizing the services from Network Service Provider/s.
- (ii) We and /or Network Service Provider will not be held liable for non-delivery of Services in case of unforeseen circumstances beyond their control including but not limited to strikes, lockouts, civil commotion, riots, war, acts of terrorism, action of any government or regulatory authority, abnormal weather conditions or act of God perils at the location of services, or any other cause beyond the reasonable control which by exercise of reasonable diligence could not have been prevented or provided against.
- (iii) Insured Person agrees to pay for all the additional charges levied for the services booked and availed through 24*7 Help Desk. These additional charges are not reimbursable from us.
- (iv) The Insured Person should under no circumstances share their password or banking credentials or any critical personal information with the Network Service Provider.

3.1.2 Base Benefit 2: Palliative Care:

We shall indemnify medical expenses up to the amount per day maximum up to limit as specified against this Benefit in Add-on Policy Schedule, if the Insured Person has been diagnosed with terminal illness during Add-on Policy Year and treating Medical Practitioner certifies that Insured Person requires Palliative Care.

For this Benefit purpose:

Palliative Care means treatment directed at controlling pain, relieving other symptoms, and focusing on the special needs of the patient as he or she experiences the stress of the dying process, rather than the treatment aimed at investigation and intervention for the purpose of cure or prolongation of life.

Exclusion:

- 1) Any services, equipment used or treatment provided to cure Terminal Illness
- 2) Any nursing services availed under this Benefit

3.1.3 Base Benefit 3: Home Modification:

We shall indemnify the relevant expenses incurred during the Add-on Policy Year, as specified in the Add-on Policy Schedule, for the reasonable and necessary modification of the Insured Person's place of residence, if Insured Person is hospitalized for a medically necessary treatment and post discharge from the hospital requires mobility support to facilitate the Insured Person's movement at his/her place of residence, subject to admissible Hospitalization, provided that such modification is carried out within 30 days from the date of discharge from the hospital.

3.1.4 Base Benefit 4: Home Physiotherapy:

We shall reimburse the medical expenses up to the amount per session per Insured Person as specified in Add-on Policy Schedule for physiotherapy sessions with a qualified Physiotherapist at home taken during the Add-on Policy Year, provided that:

- (i) The Insured Person suffers from any illness/injury i.e. occurred during the Add-on Policy Year for which Physiotherapy is required and same shall be prescribed by a qualified Medical Practitioner.
- (ii) Coverage can be availed up to maximum 10 sessions per Insured Person during the Add-on Policy Year.

3.1.5 Base Benefit 5: Sub-Limit on Specified Diseases:

Under this Add-on Policy, if this Benefit is opted then sub-limits shall be applicable on listed treatments and procedures up to the amount specified against each treatment and procedures on Base Policy Sum Insured and our liability shall be limited to such extent.

Listed Treatments and Procedures are as follows:

- (i) Treatment of Cataract
- (ii) Treatment of Total Knee Replacement
- (iii) Cerebrovascular Accident and Cardio vascular Diseases
- (iv) Cancer (Including Chemotherapy / Radiotherapy)
- (v) Medical Renal Diseases (Including Dialysis)
- (vi) Treatment of Breakage of Long Bones
- (vii) Surgery for treatment of all types of Hernia
- (viii) Hysterectomy
- (ix) Surgeries for Benign Prostate Hypertrophy (BPH)
- (x) Surgical treatment of stones of renal system

Note:

- a) Sub-limits shall apply to total claim amount payable under all Hospitalization related Benefits listed in Base Policy.

3.1.6 Base Benefit 6: Vaccination cover:

We shall indemnify the vaccination cost up to the amount as specified in Add-on Policy Schedule during the Add-on Policy Year incurred by the Insured Person for vaccination of Pneumococcal, Influenza and Zoster vaccine only.

3.1.7 **Base Benefit 7: Nursing Care:**

We shall indemnify you for the expenses incurred up to the limit per day as specified in Add-on Policy Schedule incurred towards the hiring of a qualified nurse. If Insured Person requires to be attended by a qualified nurse at home after the discharge from the hospital to avail post-operative care at home during the Add-on Policy Year subject to admissible Hospitalization, provided that:

- i. Nursing care must be recommended and certified by attending Medical Practitioner in writing.
- ii. We shall not be liable to make payment under this Benefit for more than 7 days per Add-on Policy Year per Insured Person.
- iii. This Benefit does not apply to terminally ill, Palliative Care and coma patients.

3.1.8 **Base Benefit 8 : Compassionate Care :**

We shall indemnify the expenses incurred on hiring compassionate caregiver up to the amount per day as specified in the Add-on Policy Schedule for a maximum period of 14 days in an Add-on Policy Year subject to admissible Hospitalization, provided Insured Person is hospitalized for a medically necessary treatment and post discharge from the hospital Insured Person is unable to perform Activities of Daily Living independently.

Conditions applicable on this Benefit:

- i. Post Hospitalization care must be recommended and certified by attending Medical Practitioner in writing.
- ii. This Benefit does not apply to terminally ill, Palliative Care and Coma patients.

For purpose of this Benefit Activities of Daily Living means:

- (a) Bathing: Ability to wash in a bathtub or shower (including getting in and out of a bathtub or shower) or otherwise wash satisfactorily.
- (b) Dressing: The ability to put on, take off, tighten, and unfasten all clothing and, as necessary, braces, prosthetics, or other surgical devices.
- (c) Transfer: Ability to transfer from bed to upright chair or wheelchair and vice versa.
- (d) Mobility: The ability to move from room to room on a flat surface indoors.
- (e) Toilet: Ability to use a toilet or otherwise manage bowel and bladder function in order to maintain a satisfactory level of personal hygiene. When the meal is ready and served.
- (f) Feeding: the ability to feed oneself once food has been prepared and made available.

Note: Either of Base Benefit: Nursing Care or Base Benefit: Compassionate Care can be opted but not both

4. **EXCLUSIONS:**

4.1. **Standard Exclusions:**

(a) **Waiting Periods:**

(i) **30-day waiting period- Code- Excl03**

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Notes:

- (i) The Waiting Periods as defined above shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (ii) If Coverage for Benefits are added afresh at the time of renewal of this Add-on Policy, the Waiting Periods as defined above shall be applicable afresh to the newly added Benefits (if applicable), from the time of such renewal.

(b) **Permanent Exclusion:**

This Add-on policy shall follow exclusions as mentioned in the Base policy.

4.2. **Specific Exclusions:**

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

1. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
2. Treatment taken from anyone who is not a Medical Practitioner/therapist or from a Medical Practitioner/therapist who is practicing outside the discipline for which he is licensed or any kind of self-medication.
3. Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
4. 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 detention of all kinds.
5. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.
6. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical

- compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
7. Impairment of an Insured's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
 8. Any other exclusion as specified in the Policy Schedule.

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

5. GENERAL TERMS AND CLAUSES

5.1. Claim Settlement (provision for Penal Interest)

Conditions under this section are same as Base Policy.

5.2. Multiple Policies

Conditions under this section are same as Base Policy.

5.3. Fraud

Conditions under this section are same as Base Policy.

5.4. Cancellation / Termination

Conditions under this section are same as Base Policy.

5.5. Migration

Conditions under this section are same as Base Policy.

5.6. Portability

Conditions under this section are same as Base Policy.

5.7. Renewal of Policy

Conditions under this section are same as Base Policy.

5.8. Withdrawal of Policy

Conditions under this section are same as Base Policy.

5.9. Premium payment Installment

Conditions under this section are same as Base Policy

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

Conditions under this section are same as Base Policy.

5.11. Free Look Period

Conditions under this section are same as Base Policy.

5.12. Grievances

Conditions under this section are same as Base Policy.

5.13. Alterations in the Policy

Conditions under this section are same as Base Policy.

6. OTHER TERMS AND CLAUSES

6.1. Claims procedure and management

Claim Procedure and Management under this Add-on Policy shall be same as in the Base Policy. Original supportive documents to be submitted for claim admissibility under this Add-on Policy

7. SCHEDULE OF BENEFITS: .

S.No.	Benefits	Description
1	Concierge/ Geriatric Care	The following services are available at home. <ol style="list-style-type: none"> 1. Emergency Doctor on Call 2. Access to 24*7 Help Desk 3. Fortnightly health check-up via electronic mode- Once in a 15 Days 4. Health related content access

2	Palliative Care	Up to Rs. 5000 per day, maximum up to 1 Lac in a Policy Year
3	Home Modification	Up to Rs. 5000/ 10,000 in a Policy Year
4	Home Physiotherapy	Up to 10 Sessions at home per Insured Person per Policy Year. Coverage amount limited to 1000 / 2000/ 5000 / 10000 per session. Payable on reimbursement basis.
5	Sub-Limit on Specified Diseases	Option to Select the Sublimit as per Appendix I
6	Vaccination cover	Covers Pneumococcal, Influenza, Zoster vaccination cost up to Rs. 5,000 /10,000 / 20,000
7	Nursing Care	Up to Rs. 500/1000 per day, max. 7 days in a Policy Year
8	Compassionate Care	Up to Rs. 500/1000 per day, max 14 days in a Policy Year if Insured Person cannot perform ADL

Appendix 1

Treatments	Sub-Limit
Cataract (Per Eye)	(SI <Rs.10L) - up to Rs.30,000
	(SI=Rs.10L- Rs.20L) – up to Rs.40,000
	(SI > Rs.20L) – up to Rs.50,000
Knee Replacement (Per Knee)	(SI <Rs.10L) - up to Rs.1,25,000
	(SI=Rs.10L- Rs.20L) – up to Rs.1,50,000
	(SI > Rs.20L) – up to Rs.2,00,000
Treatment for each and every Ailment / Procedure mentioned below:-	
I. Cerebrovascular Accident and Cardio vascular Diseases	SI <Rs.10L) - up to Rs.3,00,000
ii. Cancer (Including Chemotherapy / Radiotherapy)	(SI=Rs.10L- Rs.20L) – up to Rs.4,00,000
iii. Medical Renal Diseases (Including Dialysis)	(SI > Rs.20L) – up to Rs.5,00,000
iv. Treatment of Breakage of Long Bones	
Treatment for each and every Ailment / Procedure mentioned below:-	
I. Surgery for treatment of all types of Hernia	(SI <Rs.10L) - up to Rs.1,00,000
ii. Hysterectomy	
iii. Surgeries for Benign Prostate Hypertrophy (BPH)	(SI=Rs.10L- Rs.20L) – up to Rs.1,50,000
iv. Surgical treatment of stones of renal system	(SI > Rs.20L) – up to Rs.2,00,000

Contact details for Claims & Policy Servicing

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
Tollfree (WhatsApp Number)	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of features of 'Extra Care'. 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 provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

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

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

Insurance is a subject matter of solicitation.

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