SCHEME DOCUMENT

Customized exclusively for the registered customers of OHEALER HEALTHCARE SERVICES PRIVATE LIMITED

ABOUT CARE HEALTH INSURANCE LIMITED

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

POLICY CONDITIONS & BENEFITS

Eligibility	
Cover type	Individual
Allowed Relationship	Self
Minimum Entry Age	Adult: 18 Years
Maximum Entry Age	Adult : 60 Years
Exit Age	Adult : Lifelong*
Claims Payout	Re-imbursement
Claims Servicing	In-House
Pre-Policy Health Check-up / Issuance Guidelines	Occupation Declaration
Premium Payment Mode	Annual / Quarterly

Covered Benefits	
Sum Insured	1 Lac / 3 Lac / 5 Lac / 10 Lac
Accidental Death	100% of SI
PTD	Up to SI: As per PTD table of Group Care 360
PPD	Up to SI; As per PPD table of Group Care 360

Policy Terms and Conditions

Preamble: The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured Members (also referred as Insured) and Care Health insurance Ltd. (also referred as Religare Health Insurance Company), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made:

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein, the Company agrees to pay/indemnify the Insured Member(s)/Claimant, the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective benefit in any Cover Period.

Policy Terms & Conditions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the product are to be construed in accordance with the applicable provisions contained in the product.
The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

Definitions

1. **Accidental / Accident** is a sudden, unforeseen and involuntary event caused by external and visible means.
2. **Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities;
3. **Actively at Work** Refers to an employee who is actually at work on his/her eligibility date and performing each and every duty of his/her present occupation on a customary and full- time basis. An employee shall also be deemed actively at work if he/she is on annual leave and is not absent from work due to long term illness, irrecoverable condition etc. If an employee is not actively at work on his/her cover start date, he/she will not be covered.
4. **Activities of Daily Living** Applies to a member (who is eligible for cover under this policy) and who is aged at least five 5 years old who cannot perform the following activities:
   - Dressing: The ability to put on, take off, secure, and unfasten all garments and as appropriate, any braces, artificial limbs, or other surgical appliances;
   - Feeding: The ability to feed one's self once food has been prepared and made available;
   - Mobility: The ability to move indoors from room to room on level surfaces;
   - Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   - Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
5. **Age** means the completed age of the Insured Member as on his last birthday.
6. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
7. **Ambulance** means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
8. **Annexure** means the document attached and marked as Annexure to this Policy.
9. **Any one illness (not applicable for Travel and Personal Accident Insurance)** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
10. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner*(s) comprising of any of the following:
    a. Central or State Government AYUSH Hospital or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:

   i. Having at least 5 in-patient beds;
   ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
   iii. Having dedicated AYUSH therapy sections as required;
   iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative; and
   v. Having either Pre-entry level Certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)

11. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner* (s) on day care basis without in-patient services and must comply with all the following criterion:

   i. Having qualified registered AYUSH *Medical Practitioner(s)* in charge;
   ii. Having dedicated AYUSH therapy sections as required;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative; and
   iv. Having either Pre-entry level Certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)

12. **Assistance Service Provider** means the service provider specified in the Policy Schedule or as appointed by the Company from time to time.

13. **Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network Provider by the company to the extent pre-authorization approved.

14. **Certificate of Insurance** means the certificate the Company issues to an Insured Member evidencing cover under the Policy.

15. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Member as covered under the Policy.

16. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.

17. **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

18. **Company (also referred as Insurer/We/Us)** means CARE Health Insurance Company Limited (formally known as Religare Health Insurance Co. Ltd).

19. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

20. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position :

(a) Internal Congenital Anomaly –

Congenital anomaly which is not in the visible and accessible parts of the body

(b) External Congenital Anomaly –

Congenital anomaly which is in the visible and accessible parts of the body

21. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

22. **Cover End Date** means the date specified in Annexure 'A'(Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy expires.

23. **Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure 'A' (Certificate of Insurance).

24. **Cover Start Date:** means the date specified in Annexure 'A' (Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy commences.

25. **Country of Residence** means the country in which the Insured Member is currently residing and as specified in the Insured's address in the Certificate of Insurance

26. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

(a) has qualified nursing staff under its employment;

(b) has qualified Medical Practitioner/s in-charge;

(c) has a fully equipped operation theatre of its own, where Day Care Treatment is carried out.

(d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

27. **Day Care Treatment** means medical treatment, and/ or Surgical Procedure which is:

(a) undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 consecutive hours because of technological advancement, and

(b) which would have otherwise required a Hospitalization of more than 24 consecutive hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. As listed in Annexure "I"

28. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Note: Under this Policy, deductible for a specified number of days/hours is applicable on the following Benefits in addition to the deductible applicable on Indemnity / hospital cash benefits

29. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

30. **Dependent** means a person who is a member of the Primary Insured Member's family who is legally wedded spouse, natural or legally adopted child, dependent parents, dependent parent-in-law, dependent brothers , dependent sisters and who is named in Annexure "A" to the Policy as an Insured Member;

31. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

32. **Disclosure to Information Norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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

(a) The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

(b) The patient takes treatment at home on account of non-availability of room in a Hospital.

34. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

35. **Emergency Care (Emergency)** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured member's health.

36. **Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

37. **Hazardous Activities** (or Adventure sports) means any sport or activity or Adventure sport, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving , hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

38. **Hospital** (not applicable for Overseas Travel Insurance) means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    (a) has qualified nursing staff under its employment round the clock;
    (b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    (c) has qualified Medical Practitioner(s) in charge round the clock;
    (d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
    (e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

39. **Hospitalization** (not applicable for Overseas Travel Insurance) means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

40. **Immediate Family Member** means an Insured Member's lawful spouse, children only.

41. **Indemnity/Indemnify** means compensating the Policy Holder/Insured Member up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

42. **Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
    (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        I. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
        II. It needs ongoing or long-term control or relief of symptoms;
        III. It requires rehabilitation for the patient or for the patient to be specially trained to cope with
        IV. It continues indefinitely;
        V. It recurs or is likely to recur.

43. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

44. **In-patient Care** (not applicable for Overseas Travel Insurance) means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.

45. **Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

46. **Insured Member (Insured)** means a person whose name specifically appears under Insured in the Annexure A or the Certificate of Insurance and is a covered group member.

47. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

48. **ICU Charges** or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges

49. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

50. **Medically Dependent** means mentally or physically disabled, unable to perform 'Activities of Daily living' without the assistance or direction of another person

51. **Medical Expenses** means those expenses that an Insured Member has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

52. **Medical Practitioner** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

    For Benefits / optional Extensions effective outside India:

    Medical Practitioner means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

53. **Medically Necessary** (not applicable for Overseas Travel Insurance) means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
    (a) Is required for the medical management of the Illness or Injury suffered by the Insured Member;
    (b) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    (c) Must have been prescribed by a Medical Practitioner;
    (d) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

54. **Network Provider** (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.

55. **Nominee** means the person named in the Certificate of Insurance who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Member is deceased.

56. **Non-Allopathic Medical Practitioner** for the purpose of Alternative Forms of Medicine means a Medical Practitioner qualified and practicing Ayurveda or Unani or Sidha or Homeopathic forms of Medicine for treatment of Illness/Injury, and registered as per Indian Medicine Central Council Act, 1970.

57. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.

58. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

59. **OPD Treatment** (Out-patient Care) is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

60. **Physiotherapist** refers to a person who is licensed to practice as a physiotherapist where the treatment is to take place and is recognized as a physiotherapist.

61. **Preferred Provider** means the Hospital empanelled by the Company or TPA and enlisted on the Preferred Provider Network List, specified in the Policy Schedule (and as updated by the Company from time to time).

An updated list of 'Preferred Provider Network' may be obtained from the Company's website or the call centre.

62. **Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form, Policy Schedule, Endorsements, Member List and Annexures which form part of the policy contract and shall be read together.

63. **Policy Schedule** is a Schedule attached to and forming part of this Policy.

64. **Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof.

65. **Policyholder** (also referred as You) means the person or the entity who is the Group Administrator and named in the Policy Schedule as the Policyholder.

66. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Schedule.

67. **Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Schedule.

68. **Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Schedule.

69. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Member is discharged from the Hospital provided that:

    i. Such Medical Expenses are incurred for the same condition for which the Insured Member's Hospitalization was required and
    ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company.

70. **Pre-existing Diseases** means any condition, ailment, injury or disease:

    a.) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer **or**
    b.) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
    c.) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.

71. **Pre-hospitalization Medical Expenses** Means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Member, provided that :

    i. Such Medical Expenses are incurred for the same condition for which the Insured Member's Hospitalization was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

72. **Prescription** Refers to out-patient drugs (excluding supplements, vitamins and traditional medicine) and dressings as prescribed by a medical practitioner for the treatment of a medical condition covered by your member's plan. For avoidance of doubt, prescription will not include vitamins nor supplements nor over the counter medication even if they are prescribed by a medical practitioner.

73. **Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.

74. **Primary Insured Member** means employee or a member of group who satisfies and continues to satisfy the eligibility criteria specified in the Certificate of Insurance and who is named in Annexure "A" to the Policy as an Insured Member.

75. **Qualified Nurse** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

76. **Reasonable and Customary Charges** (not applicable for Overseas Travel Insurance) means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.

77. **Rehabilitation** means assisting an Insured Member who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

78. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

79. **Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.

80. **Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.

81. **Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of the policy.

82. **Specialized Practitioner** refers to a practitioner who specializes in at least one of the following acupuncture, osteopathy, chiropractic or Chinese traditional medicine and is qualified and registered in the country where the out-patient treatment is to take place.

83. **Service Provider** means any person, organization, institution that has been empanelled with the Company to provide Services specified under the benefits.

84. **Subrogation** (Applicable to other than Health Policies and health sections of Travel and PA policies) means the right of the Insurer to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source.

85. **Sum Insured** (Base Coverage Amount) means the amount specified against each Benefit for Member in the Policy Schedule which represents Our maximum liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period.

86. **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

87. **Third Party Administrator or TPA** means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.

88. **Twin Sharing Room** means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.

89. **Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

90. **Variable Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges applicable in a Hospital:
    (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Member availed medical treatment;
    (b) Intensive Care Unit charges;
    (c) Fees charged by surgeon, anesthetist, Medical Practitioner;
    (d) Investigation expenses incurred towards diagnosis of ailment requiring Hospitalization.
    Expenses related to the Hospitalization will be considered in proportion to the room rent stated in the Policy.

91. **Medical Practitioner** means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
Refers to a person (other than you, your member, or a business partner or a relative of yours or your member) has the primary degrees in the practice of Allopathy and surgery following attendance at a recognized medical school and who is licensed to practice Allopathy by the relevant licensing authority where the treatment is given. By 'recognized medical school' we mean "a medical school which is listed in AVICENNA Directory, which is in collaboration with the World Health Organization and the World Federation for Medical Education".

92. **Network Provider** means Hospitals enlisted by an insurer or by a Assistance Service Provider together to provide services to an insured on payment by a cashless facility;

93. **Qualified Nurse** means a person who holds a valid registration issued by the Nursing Council/Statutory Regulatory Authority for Medical Education in that Country and thereby entitled to render Nursing Care within the scope and jurisdiction of license.

94. **Reasonable and customary (R&C)** means charges or treatment for medical care which shall be considered by the Company or by Company's medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges or treatment being made by others of similar standing in the locality where the charges or treatment are incurred when giving like or comparable treatment.

If the charges are higher than customary or the treatment is not reasonable and customary, the Company will only pay the amount which is, in the Company's experience, customarily charged and Insured has to pay the rest.

Scope of Cover

2.1 If the Insured Member suffers an Injury during the Cover Period solely and directly due to an Accident that occurs during the Cover Period which results in an Insured Event within twelve calendar months from the Injury, We will pay to the Insured Member (or the Nominee or his legal heir) the amount specified against the benefits detailed below subject always to the terms and conditions of the Policy, the availability of the Sum Insured and the Capital Sum Insured.

Accidental Death

If the Insured Member dies within twelve calendar months from the date of occurrence of the Injury, We will pay the Sum Insured provided that death is solely and directly due to the Injury.

Permanent Total Disablement (PTD)

If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, We will pay the amount specified in the table below:

Sr. No.	**Insured Events**	**Amount payable =** % of the Sum Insured specified in the Policy Certificate against Benefit A2.
E2.1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
E2.2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
E2.3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
E2.4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
E3	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of the above Insured Events, physical separation of a hand or foot shall mean separation of the hand at or above the wrist and of the foot at or above the ankle.

(i) For the purpose of this Benefit only:

I Hemiplegia means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

II Paraplegia means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;

III Quadriplegia means complete and irrecoverable paralysis of all four limbs.

Permanent Partial Disablement (PPD)

If the Injury suffered by the Insured Member solely and directly results in any of the following Insured Events within twelve calendar months of the occurrence of the Injury, We will pay the amount specified in the table below:

Sr. No.	**Insured Events**	**Amount payable =** % of the Sum Insured specified in the Policy Certificate against Benefit A3.
E4.1	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	30%
E4.2	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toe for each toe	1%
E4.3	Loss of four fingers and thumb of one hand	40%
E4.4	Loss of four fingers of one hand	35%
E4.5	Loss of thumb	
	a) both phalanges	25%
	b) one phalanx	10%
E4.6	Loss of Index finger	
	a) three phalanges	10%
	b) two phalanges	8%
	c) one phalanx	4%
E4.7	Loss of middle finger	
	a) three phalanges	6%
	b) two phalanges	4%
	c) one phalanx	2%

E4.8	Loss of ring finger	
	a) three phalanges	5%
	b) two phalanges	3%
	c) one phalanx	2%
E4.9	Loss of little finger	
	a) three phalanges	4%
	b) two phalanges	3%
	c) one phalanx	2%
E4.10	Loss of metacarpus	
	first or second	3%
	third, fourth or fifth	2%
E4.11	Permanent partial disablement not otherwise provided for under Insured Events E4.1 to E4.10 inclusive.	Such percentage of the Sum Insured as determined in accordance with the assessment carried out by Medical Practitioner of Our Network Hospital provided that the percentage under Insured Event E4.11 shall not exceed 50% of the Sum Insured.

Note: For the purpose of Insured Events E4.2 to E4.10 inclusive, loss means either actual physical separation or total and irrecoverable loss only.

1. Permanent Exclusions

3.1 Any Claim in respect of any Insured Member, 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:

(a) Any Medical Expenses unless covered by way of an applicable Optional Extension;
(b) Any illness including any pre-existing condition or its complications except where an Insured Event under Clause 2 or Optional Extension 1 results from an illness which arises directly as a consequence of an Injury which is sustained during the Cover Period;
(c) Any pre-existing injury or physical condition;
(d) An Insured Member operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;
(e) An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;

(f) Any intentional self- inflicted Injury, suicide or attempted suicide, sexually transmitted conditions, mental or nervous disorders, insanity;

(g) Influence of drugs, alcohol beyond the medically permissible limit or other intoxications or hallucinogens;

(h) 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;

(i) Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor;

(j) A complication of infection with Human Immunodeficiency Virus (HIV) or any variance including Acquired Immune Deficiency Syndrome (AIDS) and AIDS Related Complex (ARC) or venereal disease;

(k) Training for or participating in professional sport of any kind;

(l) Any act resulting in breach of law committed by Insured Member with criminal intent;

(m) The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;

(n) Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;

(o) Insured Member working in or with Underground mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities as specified under Clause 1.12;

(p) 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 mean 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 incapacitating disablement or death.

  (ii) Chemical attack or weapons mean the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death.

  (iii) Biological attack or weapons mean 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 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;

(q) Resulting from pregnancy or childbirth;

(r) Impairment of the Insured Member's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance;

(s) Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period.

CLAIMS

How to file your Claim

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

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

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

In case of any unfortunate event which is covered under the Policy, you or anyone acting on your behalf should immediately notify us and should provide following information.

(a) Policy Number;
(b) Your name;
(c) Name and unique identification number of the Insured Member in respect of whom the Claim is being made;
(d) Nature of Injury and the Benefit and/or Optional Extension under which the Claim is being made;
(e) Date and place of Injury or Death and/or date and place of admission to Hospital (as applicable);
(f) Name and address of the attending Medical Practitioner and Hospital (if applicable);
(g) Any other information, documentation or details requested by Us.

You or anyone claiming on your behalf should then send us the following documents in original within 30 days from date of the accident.

Claims Documents

The following documents shall be provided for in support of the Claim:

- Eligibility certificate / document duly certified by nodal officer
- Age proof
- Claim form duly filled and signed by the nominee (where applicable)
- Post Mortem Report (if conducted)
- F.I.R. or accident death report or inquest panchnama (in original)

Claims documents may vary according to nature of claim and the cover under which it is payable. Please refer to the policy wordings for further details.

You or the Insured Member's Nominee/ Legal heir shall provide Us the following documents for or in support of the Claim:

Applicable to all Claims

A) For Identification *(Any one of the following)*

Sr. #	Name of Document
1	Voter Id Card
2	PAN Card
3	Passport

4	Driving License
5	Aadhar – UID Card
6	Any other document as required by Us.

B) For Eligibility *(Any one of the following)*

Sr. #	Name of Document
1	For Employer - Employee – Employee ID Card/Salary slip/muster roll copy of the employee
2	For Student - School / University id
3	For Farmers - 7/12 (area of land, mortgage / loan taken on land), 8A (summary of land holding), 6 (inheritance records nominees name), "*Khata khatauni*" (summary of 7/12, 6, 8A), "*Ferfar*" (land inheritance)
4	For BPL - As mentioned under BPL guidelines issued by respective State Govt.
5	Any other document to establish the eligibility under a Group as required by Us.

C) For Verification of Age *(Any one of the following)*

Sr #	Name of Document
1	Voters Id
2	Birth Certificate
3	Passport
4	PAN Card
5	Matriculation Pass Certificate
6	Any other document as required by Us.

1.1.1 Indicative list of documents Required for processing of Claim under Policy

Document Name
Certificate from treating doctor
Claim form duly filled & signed by Insured Member/ Legal heir / Nominee
Death certificate (in original copy)
Diatomic test atoms of water in stomach and water of reservoir, if applicable

Discharged Summary, if applicable (Certified Copy)
In RTA cases-Driving license, if applicable
Electrocution case - SEB (State Electricity Board) Panchnama, whenever applicable
Employer certificate mentioning the cause and nature of accident resulting in Death
F.I.R. or accident Death report or Inquest Panchnama (in original or certified copies)
Factory inspector report if accident occurred in the organization
Forensic report , whenever applicable
FSL report , whenever applicable
Hospital indoor Treatment Papers including Discharge Summary & medical bills
Investigation /test reports & Payment Receipts there of
Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
Mechanical report of the vehicle which met with an accident, if applicable
Medical bills with prescriptions (Original copy)
Police Final Report
Post Mortem Report (certified copies), if conducted
RACT, MACT documents as applicable
Salary Certificate/Slips/ Form 16, if applicable
Spot Panchnama (certified copies) if applicable

Free Look Period

- The Policyholder/Insured Member may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- If no Claim has been made during the free look period under the Policy, then CARE Health Insurance will refund the full premium through FIRST FINANCE CREDIT COOPERATIVE SOCIETY LIMITED. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- Provision for Free look period is not applicable and available at the time of renewal of the Policy.

Cancellation / Termination

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

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

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

In case of demise of the Primary Insured Member,

- Where the Policy covers only the Primary Insured Member, this Policy shall stand null and void from the date and time of demise of the Primary Insured Member.
- Where the Policy covers other Insured Members, this Policy shall continue till the end of Cover Period for the other Insured Members. If the other Insured Members wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a Primary Insured Member provided that:
  - Written notice in this regard is given to the Company before the Cover End Date; and
  - A Person who satisfies the Company's criteria to become a Primary Insured Member. The criteria being:
    (a) He / She should become a member of the Group against whom the Master policy is issued.
    (b) He / She should satisfy the age limit criteria as mentioned in the product
- If Policyholder cancels the Policy after the Free look period or demise of Insured where he/she is the only insured in the Policy, then the Company will refund 50% of the instalment premium for the unexpired instalment period, provided no Claim has been made under the Policy

Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder or the Insured Member proves to the Company satisfaction that the delay in reporting of the Claim was for reasons beyond the Insured Member's control.

Communication

- Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule/ Certificate of Insurance. Any communication meant for the Policyholder or Insured Member will be sent by the Company to his last known address or the address as shown in the Policy Schedule/ Certificate of Insurance.
- All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule/ Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company's behalf.
- Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.
Out of all the details of the various benefits provided in the Policy Terms and Conditions, only the details pertaining to benefits chosen by policyholder as per Policy Schedule shall be considered relevant

Electronic Transactions

The Policyholder and Insured Member agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions

Continuity Benefits

The company will grant continuity of benefits which were available to the Insured Members under a group insurance policy in the immediately preceding Cover Period provided that:

i. The company shall be liable to provide continuity of only those benefits (for e.g: Initial wait period, wait period of Specific Diseases etc)which are applicable under the Policy;
ii. The Insured Members to whom continuity benefits will be provided should be covered under the group insurance policy;
iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by the company and the credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by the company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy
iv. Insured Member can apply only at the time of renewal of the group Policy.

Obligation in respect to minor

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

Nominee

The Primary Insured Member can at the inception or at any time before the expiry of the Policy, make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement to the Policy is made by the Company.

In case of any Insured Member other than the Primary Insured Member under the Policy, for the purpose of payment of Claims in the event of death, the default nominee would be the Primary Insured Member.

Proximate Clause

The Company covers the Policyholder/Insured Member only to the extent of Proximity cause which means active and efficient cause that sets in motion a chain of events which brings about a result, without the intervention of any force started and working actively from a new and independent source.

Sanctions and Compliance with Laws

This insurance does not apply to the extent that trade or economic sanctions or other similar laws or regulations prohibit the coverage provided by this insurance.

GRIEVANCE PROCESS

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

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

Website	www.careinsurance.com
E-mail	customerfirst@careinsurance.com
Customer Care	1800-102-4488 / 1860-500-4488
Post /Courier	Any of Our branch offices or our correspondence address, during normal business days

If the Insured Member is not satisfied with our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:
The Grievance Cell,
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park,
Sector-39, Gurugram-122001 (Haryana)

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

DISCLAIMER

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

STATUTORY WARNING

Prohibition of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers.
Any person making default in complying with the provision of this section shall be punished with fine, which may extent to five hundred rupees.

Insurance is a subject matter of solicitation.
IRDA Registration number: 148