

Policy Terms

	Care Freedom Plan 1	Care Freedom Plan 2
Minimum Entry age	Adult: 18 years Child: 90 days	Individual: 46 years Floater: Eldest Insured Person - 46 years Other Adult: 18 years Child: 90 Days
Maximum Entry Age	Adult: Lifelong Child: 24 years	
Age of Proposer	18 years or above	
Cover Type	Floater/Individual (upto 6 members)	
Renewal	Lifelong Renewal. The policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI	
Grace Period	30 days from the policy period end date	
Initial Waiting Period	30 days for any illness	
Waiting Period - Named Ailments	2 years of continued coverage	
Waiting Period - Pre Existing Diseases	2 years of continued coverage	

Plan Option

Sun Insured - on annual basis (in ₹)	3 Lacs [#]	5 Lacs [#]	7 Lacs / 10 Lacs ^{##}
In-Patient Care	Upto Sum Insured		Upto Sum Insured
Day Care Treatment (for selected ailments)	Upto Sum Insured		Upto Sum Insured
Recharge of Sum Insured	100% of original SI upon exhaustion of SI		100% of original SI upon exhaustion of SI
Annual Health Check-up	Annually		Annually
Consumable Allowance (Max. 7 days per Hospitalization covered after 3 days)	₹ 750 per day	₹ 1,000 per day	₹ 1,000 per day
Companion Benefit (if hospitalisation exceeds 10 days)	₹ 10,000	₹ 15,000	₹ 15,000
Pre-hospitalization and Post-hospitalization expenses	Upto 7.5% of payable Hospitalization expenses	Upto 10% of payable Hospitalization expenses	Upto 10% of payable Hospitalization expenses
Ambulance Cover	Upto ₹ 1,000 per Hospitalization		Upto ₹ 1,000 per Hospitalization
Domiciliary Hospitalization	Upto 10% of Sum Insured covered after 3 days		Upto 10% of Sum Insured covered after 3 days
Dialysis Cover	Upto ₹ 1,000 per sitting limited to 24 consecutive months		Upto ₹ 1,000 per sitting limited to 24 consecutive months
Tenure	1 year/2 years/3 years		1 year/2 years/3 years

[#]Plan details under Rs. 3 Lacs and Rs. 5 Lacs Sum Insured refers to Care Freedom Plan-1

^{##}Plan details under Rs. 7 Lacs and Rs. 10 Lacs Sum Insured refers to Care Freedom Plan-2

What is not covered ?

- Any pre-existing ailment/injury not covered upto 24 continuous months from the date of policy issuance
- Any diseases contracted during first 30 days of the policy start date except those arising out of accidents
- Any OPD Treatment
- Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide)
- Expenses arising out of or attributable to alcohol or drug use/misuse/abuse
- Cost of spectacles/contact lenses, dental treatment expenses that do not require hospitalisation
- Medical expenses incurred for treatment of AIDS
- Treatment arising from or traceable to pregnancy and childbirth, miscarriage, abortion and its consequences
- Congenital disease
- Tests and treatment relating to infertility

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

For a detailed set of exclusions, please log on to www.careinsurance.com.

Care Health Insurance Limited

Care Health Insurance (CHI) is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With CHI's operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates.

The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Awards & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards. Care Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards.

Best Health Insurance Company - ABP News – BFSI Awards 2015, Best Claims Service Leader of the Year - Insurance India Summit & Awards 2018,

Best Product Innovation - Editor's Choice Award Finnoviti 2013, Best Medical Insurance Product - FICCI Healthcare Awards 2015.

To know more, visit our website

www.careinsurance.com

✓ Quick quote & buy ✓ Online renewals ✓ Customer support ✓ Claim centre

1800-102-4488 | 1800-102-6655

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Care Health Insurance Limited
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Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)
Website: www.careinsurance.com
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This is only summary of selective features of product care freedom. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Insurance is a subject matter of solicitation.
CIN:U66000DL2007PLC161503 UAN:20094044
UIN:IRDA/NL-HLT/RHL/P-H/V.1/36/2014-15

IRDA Registration Number - 148

care
HEALTH INSURANCE

Health ki Guarantee

care freedom

Ver: SEP/20



EMERGING ASIA
INSURANCE AWARDS 2019

carē freedom

Presenting the freedom to get Health Insurance Coverage without worrying about your current health status. This plan of Care Freedom offers you the liberty to lead the life of your choice and stay worry-free, always. Under this plan, you get

- Freedom to get health insurance cover without any hassles
- Freedom of quality treatment at leading network hospitals
- Freedom to choose optional coverage



Key Benefits

- Only 2 year wait period in case of Pre-existing Diseases
- Annual health check-up for all insured members covered as adults
- Automatic recharge of base sum insured if claim amount exhausts your coverage limit
- Ease of cashless treatment & settlement of claims directly by the company
- Life-long Renewability
- Tax benefit on premium paid, u/s 80D of Income Tax Act – 1961*

The freedom to be covered

In-patient Care (hospitalisation more than 24 hours)

If you are admitted to a hospital for in-patient care, for a minimum period of 24 consecutive hours, we cover for your treatment expenses - right from room charges, nursing expenses and intensive care unit charges to surgeon's fee, doctor's fee, anaesthesia, blood, oxygen, operation theatre charges, etc.

Day Care Treatment (hospitalisation less than 24 hours)

We also pay for your medical expenses if you undergo any of the specified day care treatments at a hospital or a Day Care Centre - we cover more than 170 day care treatments.

Pre-hospitalisation

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

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

Post-hospitalisation

Back home and till you are back on your feet - The expenses don't end once you are discharged. There are bound to be follow-up visits to your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medical expenses incurred by you after your hospitalisation and is valid till 30 consecutive days beyond the Policy End Date.

Ambulance Cover

Getting to the hospital - It is our utmost concern that you get the medical attention you require as soon as possible in an emergency. We will reimburse you for expenses that you incur on an ambulance service offered by the hospital or any ambulance service provider, in an emergency situation.

Domiciliary Hospitalisation

Despite suffering from an illness/disease/injury (which would normally require care and treatment at a hospital), hospitalisation may not be possible - perhaps your state of health is such that you are in no condition to be moved to a hospital, or a room may not be available. Don't worry, we understand that and are happy to let you know that under 'Domiciliary Hospitalisation', we will reimburse the medical expenses incurred by you during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited hospitalisation.

Consumable Allowance

It all adds up! A trip to a hospital involves more than just using the doctor's services and hospital facilities. You are bound to incur numerous 'non-medical' expenses such as consumables, transportation, attendant's cost and other daily expenses that you may not be able to even foresee. To meet these expenses, we pay 'Consumable Allowance' - Max. 7 days per Hospitalization covered after 3 days.

Recharge of Sum Insured

A refill is always welcome! Get automatic recharge of base Sum Insured if claim amount exhausts your coverage limit. The recharged Sum Insured can be used by other insured members under the same policy for any future claim. The claimant can also use the recharged Sum Insured for any future claim, not related to the ailment already claimed during the same year.

Health Check-up

Under this plan, you get Annual health check-up for all insured members, covered as adults, regardless of claims history. This includes Complete Blood Count with ESR, Urine routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG.

Longer Policy Term

To make the process of renewing your health insurance more convenient, choose a policy with a term of one, two or three years. What's more! Avail a discount on your premium if you opt for a 2-year policy term or a 3-year policy term.

Tax Benefit

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

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

Free look period

We have your best interests at heart and at the same time recognise that you know your needs best. Hence, after purchasing the policy, if you find it unsuitable, you can cancel and return the policy to us. Our policies come with a free-look period of 15 days from the date of receipt of policy. If no Claim has been made under the Policy, we will refund the premium received after deducting proportionate risk premium for the period of cover & stamp duty charges, as applicable.

The edge of new-age

- **Companion Benefit** – We will pay lumpsum amount once in a policy year if the insured person is admitted to a Hospital and the period of stay is more than 10 consecutive days.
- **Dialysis Cover** – We will cover Dialysis expenses by paying upto an amount per sitting, payable upto 24 months.
- **Home Care** (optional cover 2)** - We will indemnify the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to perform Insured Person's daily activities, subject to maximum of 7 days per illness/injury & maximum of 45 days per policy year after a deductible of 1 day.

- **Health Check+** (optional cover 3)** - We provide You an option to get Your Benefit – Annual Health Check-up upgraded to either Diabetes Health Check-up or Cardiac Health Check-up. You can avail the following set of tests under the upgraded annual health check-up:-

Diabetes Health Check – up	Cardiac Health Check – up
Complete Blood Count with ESR, Urine RE, Blood Group, Fasting & PP Blood Sugar, TMT, Lipid Profile, Kidney Function Test, Liver Function Test, TSH, Medical Examination Report, HbA1C, Urine for Micro Albuminuria, Hbs Ag	Complete Blood Count with ESR, Urine RE, Blood Group, Fasting & PP Blood Sugar, TMT, Lipid Profile, Kidney Function Test, Liver Function Test, TSH, Medical Examination Report, HbsAG, Chest X-ray

**Optional Cover is available on payment of additional premium. For complete set of optional covers please visit our website.

Direct Claim Settlement

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

- Either in the case of an emergency or a planned hospitalisation, all you have to do is present the CHI Health Card at any of our network of more than 7,000+ leading hospitals pan India and avail the cashless service.
- In case of reimbursement of expenses, all you need to do is notify us immediately about the claim. Call us directly, send us the specified documents and we'll process your claim.

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

Sub-limits

Sum Insured - on annual basis (in ₹)	3 Lacs [#]	5 Lacs [#]	7 Lacs / 10 Lacs ^{##}
Room Rent/Room Category	Twin Sharing Room subject to a max. of 1% of SI per day	Twin Sharing Room	Single Private Room
ICU Charges	Upto 2% of SI per day	No Limit	No Limit
Co-payment*	20% per claim	20% per claim	20% per claim
Treatment of Cataract	Upto ₹ 20,000 per eye	Upto ₹ 30,000 per eye	Upto ₹ 30,000 per eye
Treatment of Total Knee Replacement	Upto ₹ 80,000 per knee	Upto ₹ 1,00,000 per knee	Upto ₹ 1,20,000 per knee
Treatment for each Ailment/Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system	Upto ₹ 50,000	Upto ₹ 65,000	Upto ₹ 80,000
Treatment for each Ailment/Procedure mentioned below:- i. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones	Upto ₹ 2,00,000	Upto ₹ 2,50,000	Upto ₹ 3,00,000

*The applicable Co-payment will increase by 10% per Claim in the Policy Year following the Insured Person (or eldest Insured Person in the case of a Floater cover) attaining Age 71. If an Insured Person (or eldest Insured Person in the case of a Floater cover) attains age 71 years during the Policy Period, additional 10% co-payment will be applicable to the Policy only at the time of subsequent renewal. However, if the age of the Insured Person or eldest Insured Person (in case of Floater) at the time of issue of the first Policy with the Company is 70 years or below, then the Insured Person has an option to waive the condition for the additional 10% Co-payment upon payment of extra premium in this regard.

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