

Group Care 360(TVAM-GMC) - 80002623

Plan Details:

Particulars	Description
Coverage Details	
Cover Type	Individual/Floater up to 6 Members
Relationship Type	Self/Spouse/Dependent Children/Dependent Parents
Entry Age - Min	Adult: 18 years Child:91 Days
Entry Age - Max	Adult: 79 years Child: 24 years
Exit Age	Adult: Lifelong* Child:25 years
Pre-policy Medical Check-up	NO, Good health declaration basis, above 65 Years tele UW require
Membership	Registered Customers of Tvam Technologies Private Limited
Policy Tenure	1 Year
Claims payout	Cashless (within network)
Claims Servicing	In - house
Covered Benefits	
Hospitalization Expenses :-	
Sum Insured (SI) in Rs.	50K /1 Lac /2 lacs /3 Lacs / 4 Lacs/ 5 Lacs/7 lacs/10 lacs
In - patient care	Up to SI
Day Care Treatment	Up to SI
Pre-hospitalization Medical expenses	30 days
Post-hospitalization Medical expenses	60 days
Domestic Road Ambulance	Up to Rs.1,000 per hospitalization
Wait Period	
30 Days	Yes (except for Injuries/Accident)
Named Ailment (as defined in Group Care 360 Product)	24 Months
Pre-existing diseases	24 Months
Sub-limits	
On Room rent	Up to 1% of SI
ICU charges	Up to 2% of SI

Hospitalization Expenses:-

Yearly Premium Excluding GST as per below member combination:-

	Sum Insured	50k	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac	7 Lac	10 Lac
18 to 79 Years	Up to 5 Members	4152	5813	8187	10559	11745	12932	15305	18864
	Up to 6 Members	5191	7267	10233	13199	14681	16165	19132	23580
	1 Member	1731	2423	3411	4400	4893	5388	6377	7860
	2 Members	3115	4360	6140	7919	8809	9699	11479	14148

	Sum Insured	50k	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac	7 Lac	10 Lac
79 years above*	Up to 5 Members	5896	8255	11625	14993	16679	18364	21733	26787
	Up to 6 Members	7369	10319	14532	18741	20848	22955	27167	33484
	1 Member	2456	3440	4844	6247	6949	7652	9056	11161
	2 Members	4421	6191	8719	11245	12509	13772	16300	20091

Monthly Premium Excluding GST as per below member combination:-

	Sum Insured	50k	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac	7 Lac	10 Lac
18 to 79 Years	Up to 5 Members	387.52	542.57	764.09	985.48	1096.23	1206.99	1428.49	1760.64
	Up to 6 Members	484.40	678.23	955.11	1231.84	1370.29	1508.73	1785.63	2200.80
	1 Member	161.47	226.08	318.37	410.61	456.76	502.91	595.21	733.60
	2 Members	290.64	406.93	573.07	739.11	822.17	905.24	1071.37	1320.48

	Sum Insured	50k	1 Lac	2 Lac	3 Lac	4 Lac	5 Lac	7 Lac	10 Lac
79 years above*	Up to 5 Members	550.28	770.47	1085.00	1399.37	1556.65	1713.92	2028.47	2500.11
	Up to 6 Members	687.85	963.08	1356.25	1749.21	1945.81	2142.40	2535.59	3125.13
	1 Member	229.28	321.03	452.08	583.07	648.60	714.13	845.20	1041.71
	2 Members	412.71	577.84	813.76	1049.53	1167.48	1285.44	1521.35	1875.08

* Subject to Master Policy

In-patient Care

We will indemnify the Medical Expenses incurred which are Reasonable and Customary Charges that are Medically Necessary towards In-patient Care Hospitalization of the Insured Member, maximum up to the Coverage Amount, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in written, by a Medical Practitioner, where Insured is covered for hospital charges incurred for eligible treatment given between admission and discharge of hospital.

Day Care Treatment

We will indemnify the Medical Expenses incurred which are Reasonable and Customary Charges that are Medically Necessary towards Day Care Treatment of the Insured Member, up to the Coverage Amount provided that:

- The Day Care Treatment is listed as per the Policy Terms & Conditions; and
- The period of treatment of the Insured Member in Hospital/Day Care Centre does not exceed 24 hours; and
- The Day Care Treatment was taken on the advice of a Medical Practitioner

Sub Limit on room rent

If the Insured Member is admitted in a Hospital room where the room rent incurred is higher than the eligible limit, as specified below then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the room rent actually incurred less room rent limit and divided by room rent actually incurred, provided that We have admitted a Claim as In-patient Care.

Room Rent Limit General Ward - 1% of SI per day

Sub limit on ICU charges

If the Insured Member is admitted in an ICU where the ICU charges incurred are higher than the ICU charges Limit specified below, then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the ICU charges actually incurred less ICU charges limit and divided by the ICU charges actually incurred, provided that We have admitted a Claim as In-patient Care.

ICU charges Limit = 2% of SI per day Up

Claims Payout

Cash Less within Network Hospital

Waiting Periods & Exclusions

30-day waiting period

We are not liable for medical expenses towards any illness that was diagnosed or hospitalization that began within 30 days of the commencement of the policy, except for those Medical Expenses incurred due to an injury.

24 Months waiting period list of Named Ailment

List of Named ailments periods are as follows:

Wait Period	Name of ailments
24 Months	1) Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal disorders, joint replacement Surgery 2) Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty), nasal septum deviation, Sinusitis and related disorders 3) Benign Prostatic Hypertrophy 4) Cataract 5) Dilatation and Curettage 6) Fissure/Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers 7) Surgery of Genitourinary system unless necessitated by malignancy; 8) All types of Hernia, Hydrocele 9) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; 10) Internal tumors, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant 11) Kidney Stone/Ureteric Stone/Lithotripsy/Gall bladder Stone 12) Myomectomy for fibroids 13) Varicose veins and varicose ulcers

Pre-existing diseases:-

We are not liable for any medical expenses incurred during hospitalization for a diagnosis / treatment of any pre-existing diseases till the time as defined in the Policy but not exceeding 24 months of continuous coverage, since the cover start date under the first policy with us.

Permanent Exclusions

Any Claim in respect of any Insured Member 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.

- 1) Any item or condition or treatment specified in List of Non-Medical Items
- 2) Any pre-existing injury / illness or disability and any complications thereof and its associated medical conditions unless we had agreed otherwise in writing;
- 3) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim. Note: Refer Care Health Insurance Website for list of excluded hospitals.
- 4) 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;
- 5) Maternity
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

- b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 6) Any treatment directly related to surrogacy whether the member is acting as surrogate, or is the intended parent;
 - 7) Any treatment begun or for which the need has arisen during the first ninety (90) days after birth, for any child conceived by artificial means or any form of assisted conception or if the child is born via surrogacy;
 - 8) Birth control, Sterility and Infertility: Expenses related to Birth Control, sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization;
 - 9) 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;
 - 10) Charges incurred in connection with routine eye examinations and ear examinations, dentures, crowns, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment;
 - 11) Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
 - 12) Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
 - 13) Expenses incurred on advanced treatment methods
 - 14) Any expenses incurred on providing or fitting any external prosthesis or orthosis or appliance or medical aids or durable medical equipment of any kind, like wheelchairs, walkers, crutches, ambulatory devices, unless allowed under the Policy, cost of Cochlear implants;
 - 15) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence and any treatment in an establishment that is not a Hospital;
 - 16) Treatment of any external Congenital Anomaly or Illness or defects or anomalies including their associated medical conditions or chronic medical conditions or vegetative state cover (on the basis of declaration by the treating doctor) or treatment relating to external birth defects; We define vegetative state as a condition of profound non-responsiveness with no sign of awareness or consciousness or a functioning mind, even if the Insured can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery;
 - 17) Treatment whilst staying in a hospital for more than ninety (90) continuous days for permanent neurological damage on the basis of declaration by the treating doctor. It is stated that treatment up to 90 days for permanent neurological damage will be covered under this Policy;
 - 18) 18) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability
 - 19) Obesity/ Weight Control: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - I) Surgery to be conducted is upon the advice of the Doctor
 - II) The surgery/Procedure conducted should be supported by clinical protocols
 - III) The member has to be 18 years of age or older and
 - IV) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
 - 20) Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner;
 - 21) Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex;

- 22) Out-patient treatment;
- 23) Treatment received outside India;
- 24) Domiciliary hospitalization or treatment (Covered under this Policy Up to 10% of SI as explained in Features);
- 25) Investigation & Evaluation
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded;
- 26) Rest Cure, rehabilitation and respite care-
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs;
- 27) 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;
- 28) 28) An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- 29) Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanour or activity;
- 30) Professional fees charged by a member of the Insured Member's immediate family or by a person normally resident in the household of the Insured or under his employment;
- 31) Training for or participating in professional sport of any kind or any sport for which the insured receives a salary or monetary reimbursement, including grants or sponsorship;
- 32) The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;
- 33) Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;
- 34) Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident;
- 35) All preventive care, Vaccination including Inoculation and Immunizations (except in case of post bite treatment) and tonics;
- 36) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure;
- 37) 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;
- 38) Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent;
- 39) 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, Areca nut intoxicating drugs and alcohol or hallucinogens;
- 40) Any charges incurred to procure documents related to treatment or illness pertaining to any period of Hospitalization or illness or any administration costs or any other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services;
- 41) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies;
- 42) Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or any room upgrades, menu items not included as standard or visitors meals;
- 43) 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;

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.

- 44) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner;
- 45) Continuous ambulatory peritoneal dialysis. Coverage for 'Continuous ambulatory peritoneal dialysis' is available on OPD basis and as part of Pre-Post hospitalization expenses;
- 46) Charges for items not listed in the policy schedule applicable to the member or considered as not medically necessary or which may be considered as elective;
- 47) Alopecia wigs and/or toupee and all hair or hair fall treatment and products including any investigations; all forms of acne;
- 48) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions;
- 49) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Schedule including the associated medical conditions shown on the endorsement;
- 50) Cryopreservation or harvesting or storage of stem cells as a preventive measure against possible disease/illness/injury, or implantation or re-implantation of living cells or living tissue whether autologous or provided by a donor;
- 51) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- 52) Any other weight management services, treatment and supplies unless requires hospitalization and surgery ;
- 53) Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- 54) Hormone Replacement Therapy;
- 55) Hazardous or Adventure sports: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving;
- 56) The evacuation would involve moving Insured Member from a remote location where there is no or limited access;
- 57) Dental, Orthodontics, Periodontics, Endodontics or any preventative dentistry no matter who gives the treatment;
- 58) Charges for residential stays in Hospital which are not medically necessary or are incurred for social or domestic reasons or for reasons which are not directly connected with treatment or where the Hospital has effectively become the place of domicile or permanent abode;
- 59) Any charges made by the medical practitioner, hospital, laboratory or any such medical services which are not reasonable and customary;
- 60) Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;
- 61) Insured Person suffering from or has been diagnosed with or has been treated for Down's Syndrome/Turner's Syndrome/Sickle Cell Anaemia/Thalassemia Major/G6PD deficiency prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be treated as a Pre-existing Disease and will not be covered within first 48 months from the date of first issuance of the Policy
- 62) Ear or body piercing and tattooing or treatment needed as a result of any of these;
- 63) Any charges for treatment incurred during a period for which the premium is not paid;
- 64) Any claim or part of a claim in which the member has to pay a deductible or co-insurance (where applicable). In such a claim, we will only pay the balance of the claim after we have deducted the excess (or deductible or co-insurance) amount;
- 65) All bank or credit or foreign exchange charges when the claims payment is made in a currency other than the policy currency upon the member's request;
- 66) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound);
- 67) Any other conditions at the discretion of Underwriter
- 68) All expenses related to donor treatment, including screening, surgery to remove organs from the Donor, in case of transplant surgery;
- 69) Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine;

Note: 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 Permanent Exclusions shall also be excluded.

Claims servicing team / Third Party Administrator (TPA) details

Name of TPA/In-house: Care Health Insurance Limited
Address: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector – 43,
Gurugram-122009.(Haryana)
Phone: 1800-102-4488
Email id: claims@careinsurance.com
Website: www.careinsurance.com
Premium Payment by: Policyholder

For Care Health Insurance Limited



Authorized Signatory

Registered office address – Care Health Insurance Limited, 5th Floor, 19 Chawla House, Nehru Place, New Delhi -110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43,
Gurugram-122009. (Haryana)
CIN – U66000DL2007PLC161503
UIN: RHIHLGP20126V011920

The contract will be cancelled ab-intio in case the consideration under the policy is not realized. “Consolidated Stamp Duty paid vide E-Challan GRN no. 98389442 dated 17 Jan 2023”

RCM Applicability- N/A
IRDAI Registration Number- 148