

**Policy Certificate - Group Care 360°**

TUNIP INFO SERVICES PVT LTD  
RD FLOOR, PLOT NO. 32  
I ST LINK STREET, NEHRU NAGAR  
KOTTIVAKKAM  
OMR Chennai-600041  
TAMIL NADU  
GSTN : 33AADCT6289N1ZP  
STATE CODE : 33

Policy No	46363066
Name of Policyholder	TUNIP INFO SERVICES PVT LTD
Cover type	Individual
Policy Period - Start Date	00:00 hrs 08-Sep-2022
Policy Period - End Date	Midnight 07-Sep-2023

**Premium Details**

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 14,104	₹ 1269.36	₹ 0	₹ 1269.36	₹ 0	₹ 16,643	ANNUAL PREMIUM

**Details of Insured**

S No.	Particulars	Nos.
1	Primary Insured Members	7
2	Dependents	0
	Total	7

For details of each insured refer to “Annexure A”

**Details of Cover**

S No.	Particulars	Amount
1	Total Sum Insured	₹ 700,000

**Intermediary Details**

Name	Code	Contact Number
<b>MAHINDRA INSURANCE BROKER</b>	<b>20064538</b>	<b>02266423800</b>

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## Benefits

S. No.	Particulars	Details
1	In-patient Care	Flat Sum insured
<b>Room Rent</b>		
Sum Insured	Maximum eligibility for Normal Hospitalization	Maximum eligibility for ICU Hospitalization
Rs. 100,000	1 % of Sum Insured per day	2 % of Sum Insured per day

If the Insured Member is admitted in a room where the room rent incurred is higher than the room rent limit specified above, then the Insured Member shall bear the ratable proportion of the total Medical Expenses in the proportion of the room rent actually incurred-room rent limit/room rent actually incurred.

**Day Care Treatment : List of Day Care procedure attached as “Annexure A under Know your policy Better”  
List of Expenses Generally Excluded (Non-Medical) in Hospital Indemnity Policy "Annexure B under Know your policy Better"**

## Details of Benefits and Optional Extensions

1. Policy type : **Non selective**
2. Family Structure : **Self only**
3. Age Limit: **18 - 80 years**

## Waiting Period

1. Pre-existing diseases are **covered** for existing members and new joinees.
2. 30 Days Wait Period condition is **waived off** for existing members and new joinees.
3. First & Second year exclusion condition for specific diseases is **waived off** for all Insured Members.

## Pre & Post Hospitalization

1. Pre & Post Hospitalization is covered for **30 days and 60 days** respectively.

## Other Benefits

1. Ambulance charges payable up to a maximum amount of Rs. 1,000/- per claim.
2. Claim for lasik treatment - if power of eye is above +/- 7.5d, is payable.
3. Modern treatments, psychiatric treatments and weight loss treatment covered under the policy as per terms and conditions upto 50% of the Sum Insured
4. E-Consultation General Physician

## PPE Kit only COVID 19 treatments

1. Upto Isolation Rooms : Upto Rs. 1200 or 2 PPE kit per day whichever is lower
2. ICU with or without Ventilators : Upto Rs. 2000 or 4 PPE kit per day whichever is lower

\*\*PPE kit includes overall cost of kit including mask, gloves, head and shoe cover, face shield and coverall suit.

## Premium per life Excluding tax:

Age Band	100000
0-35	2014.857
36-45	2670.965
46-55	5148.045
56-65	7265.274
66-70	14192.41
71-75	14617.41
76-80	17324.05

#### Other Term and Conditions

Below terms & conditions are applicable unless specifically waived or amended under the policy.

1. Mid-term increase in Sum insured due to change in level of the employee (promotion) is allowed, but in case of claims it will not be applicable.
  2. If Dependents are to be covered under Family Structure, then the same needs to be declared at the time of inception of the Policy. Mid-term inclusion of only Child by birth and Spouse after marriage falling during the Policy period is allowed.
  3. Definition - Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
  4. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence, cerebral palsy, cretinism, Mongolism, mental intellectual disability, Parkinson's disease, Alzheimer's disease and Dementia will not be covered under the policy.
  5. All additions and deletions will be done on a pro rate a basis unless otherwise agreed.
  6. The Insured must inform of new additions within a reasonable time but not later than 30 days from the date of the joining the organization. On exit of employees, deletion of employees should be informed in writing failing which the liability incurred on claims of such employees after their exit, would be of the employer.
  7. Domiciliary Hospitalization is specifically excluded unless mentioned specifically.
  8. Terrorism cover extended under the policy.
  9. Treatment related to genetic disorders is not covered.
  10. Internal congenital disorders are covered under the policy
  11. Individuals cannot be covered as an employee and dependent under the same policy, nor may children or parents will be covered by both under the same policy.
  12. List of hospitals where cashless can be availed is also available on our website. The Co. however reserves the right to include/exclude any hospital from this list. However if an insured has already availed a cashless from a hospital which is later on delisted by the Co., in such case the Co. will continue to provide cashless to that insured for the same treatment.
  13. Following charges levied by hospitals will not be payable under the policy:- Admission charge / Surcharge / Service charges / miscellaneous charges / Registration fee / Admission Fee / Other non- medical or non-treatment related expenses.
  14. Existing groups may not split into multiple groups to obtain multiple benefit levels.
  15. Excluding a class within a group from coverage is not permitted.
  16. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.
  17. Any hospitalization to undergo contraception is excluded under the policy.
  18. Infertility & related ailments including male sterility , treatment on trial /experimental basis; expenses on fitting of prosthesis (any device /instrument/contributing machine/replacing the functions of an organ) holster monitoring are outside the scope of this policy.
  19. Septoplasty for cosmetic purpose shall be excluded from the scope of the policy.
  20. 50% co-pay for Bio-absorbable Stent/Toric lens/Multi Focal lens.
  21. Subject otherwise to terms, conditions and exclusions of the Policy.
  22. Claim payment shall be done in favor of customer (employee)/Nominee
- Claims whether Cashless or Reimbursement pertaining to any treatment taken in Non-Preferred hospitals will not be payable. Please refer below link to access the latest list of such hospitals subjected to change from time to time.

<https://www.careinsurance.com/non-preferred-hospital-list.html>

23. In case of any mass media promotion of the product and policy, prior approval from the Co. shall be taken.

24. Physical - Health Cards will be provided if specifically mentioned on the policy.

Claims Servicing Team

Name of Service	Address	Phone	Fax	Email
Care Health Insurance Ltd	Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road Gurgaon - 122009	1800-102-4488	1800-200-6677	Claims@careinsurance.com

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



Authorized Signatory

Date of Issue : 28-Sep-2022

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited,  
(Formerly known as Religare Health Insurance Company Limited),  
5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019

Service Branch : CHIL, Rosy Towers, R S No. 146 Part Old No3 New Door No 7, Nungambakkam High Road, Chennai, Tamil Nadu - 600034 Branch Contact No. : 1800-102-4488

Correspondence Address: Care Health Insurance Limited  
(Formerly known as Religare Health Insurance Company Limited)

Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,  
Sector 39, Gurgaon - 122001.(HARYANA)

Call us : 1800-102-4488 Fax : 1800-200-6677

Website : www.careinsurance.com E-mail : customerfirst@careinsurance.com

Consolidated Stamp Duty paid vide E-Challan GRN no. 92250132 dated 07 July 2022, RCM Applicability- N/A  
SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 33AADCR6281N1ZZ  
IRDA Registration Number - 148

UIN : RHIHLGP20126V011920 CIN – U66000DL2007PLC161503

Note:

\*In case premium is paid (partly/fully) by the Insured Member, the same shall be eligible for deduction u/s 80D of Income tax act 1961