

Group Care 360°

Issued At: Gurgaon

Issue Date: 09-Sep-2024

Details of Policyholder

Name of the Policyholder

: **ASTIKAN HEALTHCARE PRIVATE LIMITED**

Address for correspondence

: B-45, SECTOR-56, NOIDA NEAR SBI, NOIDA, UTTAR
PRADESH: 201301

State Code

09

GST

: 09AAQCA8292B1ZC

Details of Intermediary

Intermediary name

: **CARE HEALTH INSURANCE LIMITED**

Intermediary code

: **20175039**

Intermediary contact no

+1800-102-4488

Policy Details:

Policy No.

89383224

Policy Period Start Date

: From 06 Sep, 2024 00.00 hours

Policy Period End Date

: To 05 Sep, 2025 Midnight

Policy Type

: Individual/Floater

Premium Schedule & Rate

Annual Premium

: 0.85

GST

: .15

Total premium

: 1.00

Details of Insured Members

Eligibility criteria for the Insured Members: Customers of **ASTIKAN HEALTHCARE PRIVATE LIMITED**

Plan Details:

Particulars	Description
Coverage Details	
Cover Type	HE/HS: Individual/Floater, PA/DC : Individual
Relationship Type	HE/HS: Self/Spouse/2 Dependent Children, PA/DC : Self
Entry Age - Min	Adult: 18 years Child:91 Days
Entry Age - Max	Adult: 65 years Child: 24 years
Exit Age	Adult: 66 Years Child:25 years
Pre-policy Medical Check-up	NO, Good health declaration basis
Membership	Registered Members of ASTIKAN HEALTHCARE PRIVATE LIMITED
Policy Tenure	1 Year
Claims payout	HE: Cashless (within network) / Re-imburement, PA/DC: Re-imburement
Claims Servicing	In - house
Covered Benefits	
Hospitalization Expenses :-	
Sum Insured (SI) in Rs.	50K/ 75K/1 Lacs/ 2 Lacs/ 3 Lacs/ 4 Lacs/ 5 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
Alternative Treatments (IPD basis)	Up to SI
Domiciliary Hospitalization	Up to SI; if it continues for a period exceeding 3 consecutive days
Wait Period	
30 Days	Yes (except for Injuries/Accident)
Named Ailment (as defined in Group Care 360 Product)	24 Months
Pre-existing diseases	36 Months
Sub-limits	
On Room rent	Up to 1% of SI for up to 4 Lac SI, Single Private Room for 5 Lac and above SI
ICU charges	Up to 2% of SI for up to 4 Lac SI, No Limits for 5 Lac and above SI
Personal Accident Cover	
Sum Insured	50K/ 1 Lacs/ 2 Lacs/ 3 Lacs/4 Lacs/5 Lacs
Accidental Death	100% of SI
Daily Cash Allowance	
Covered Amount	Covered Amount - INR 500 / 1000 /1500/ 2000 per day hospitalization with maximum limit upto 30 days in a year with 1 days deductible on Per claim.
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
Maternity	Not Covered

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/Master 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. 0107464159 dated 21 Sep 2023”

RCM Applicability- N/A

IRDAI Registration Number- 148