

## group care 360<sup>o</sup>

### Mobility Extension Coverage

#### Plan Details

Particulars	Description
Cover Type	Individual
Relationship Type	Self
Entry Age - Min	Adult: 18 years
Entry Age - Max	Adult: 60 years
Exit Age	Adult: Lifelong*
Pre-policy Medical Check-up	NO, Good health declaration basis
Tenure	1 Year
<b>Personal Accident Cover</b>	
Sum Insured (SI) in Rs.	10,000
Permanent Total Disablement	Up to SI as per PTD table(Refer Table) of Group Care 360
Mobility Extension	Up to 10,000

#### Mobility Extension

We will indemnify the reasonable and customary charges necessarily incurred by the Insured Member, for procuring medically necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfills the Insured Member's basic mobility needs, consequent to an Injury for which a Claim is payable under Permanent Total Disablement and provided that such devices or equipment are procured on the written advice of the treating Medical Practitioner

**Durable medical equipment** or devices should satisfy the following minimum criteria:

- Procurement amount must not exceed the reasonable purchase price of the durable medical equipment
- Spectacles, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment

#### Premium in INR Incl. GST @18%

Age Band	Premium
18 to 60 Years	212

\* Tax benefits are subject to change in tax laws.

## Permanent Total Disablement

Sr. No.	Insured Events	Amount payable = % of the Sum Insured
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%
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%
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%
4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
5	Paraplegia or Quadriplegia or Hemiplegia	100%

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019. Correspondence Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana). Website: [www.careinsurance.com](http://www.careinsurance.com). E-mail: [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com). Call: 1800-102-4488.

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