



Arogya Sanjeevani Policy - Care Health Insurance

Customer Information Sheet

Customer Information Sheet

This document provides key information about your policy. You are also advised to go through your policy document.

Title	Description (Please refer to the applicable Policy Clause number in next column)	Policy Clause Number
Name of the Insurance Product/Policy	Arogya Sanjeevani Policy	
Policy Number		
Type of the Insurance Product/Policy	Indemnity	
Sum Insured (Basis) (Along with amount)	Individual Sum Insured: Maximum up to 6 Persons (each member has a separate sum insured under the policy). Floater Sum Insured: 1A1C / 1A2C / 1A3C / 1A4C / 2A / 2A1C / 2A2C / 2A3C / 2A4C (all members under the policy have a single sum insured limit which may be utilized by any or all members) Sum Insured : 50k to 10L (in multiple of 50k)	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of : BASE BENEFITS	
	1. Hospitalization Expenses - Expenses incurred on hospitalization for minimum period of 24 hours.	4.1
	Ambulance service offered by the hospital or any service provider, in an emergency situation covered up to Rs. 2000 per hospitalization	4.1.1
	Advance Technology Methods - Specified/ Listed methods taken as part of 'In-patient Care or Day Care Treatments ', covered up to 50% Sum insured	4.6
	2. Ayush Treatment - In-patient Care taken for AYUSH Treatment covered up to Sum insured.	4.2
	3. Cataract Treatment - medical expenses covered for Cataract Treatment, up to 25% of Sum Insured or Rs.40, 000/- (whichever is lower) , per eye per Policy Year.	4.3
	4. Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses – Pre-hospitalization - treatment prior to admission in hospital of 30 days, covered up to Sum insured. Post-hospitalization - treatment after discharge from hospital within 60 days from date of discharge, covered up to Sum insured.	4.4 and 4.5

	5. Cumulative Bonus (CB) – 5% of Sum Insured per year, maximum up to 50% of Sum Insured. If claim gets paid ; Accrued Cumulative Bonus decreases at same rate at which it is accrued.	5
Exclusions (What the policy does not cover)	Permanent Exclusions: 1. Investigation & Evaluation 2. Rest Cure, rehabilitation and respite care 3. Obesity/ Weight Control 4. Change-of-Gender treatments 5. Cosmetic or plastic Surgery 6. Hazardous or Adventure sports 7. Breach of law 8. Excluded Providers 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 10. 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. 11. 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 12. Refractive Error 13. Unproven Treatments 14. Sterility and Infertility 15. Maternity 16. 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. 17. 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: - 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.	7

	- 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. - 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. 18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment. 19. Treatment taken outside the geographical limits of India. 20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.	
Waiting Period - Time period during which specified diseases/ treatments are not covered - It is counted from the beginning of the policy coverage.	Initial waiting Period : 30 days for all illnesses (not applicable in case of continuous renewal or accidents) Specific Waiting periods (Not applicable for claims arising due to an accident) : 24 Months & 36 Months for listed Named Ailments	6.2
	Pre-existing diseases : Covered after 36 months	6.3
		6.1
Financial limits of coverage i. sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures : Cataract treatment : Up to 25% of Sum insured or Rs.40,000/- (whichever is lower) , per eye Listed Advance Technology Methods covered up to 50% Sum Insured	4.3
	In case of a claim , this policy requires you to share the following costs (Expenses exceeding the following Sub-limits) :	4.6
	Room rent/ Room category : Up to 2% of Sum Insured maximum up to Rs.5000/- per day ICU/ICCU Charges : Up to 5% of Sum Insured Maximum up to Rs.10,000/- per day	4.1
	5% Co-payment applicable on each claim.	9.5

iii. Deductible (It is a specified amount : - up to which an insurance company will not pay any claim , and - which will be deducted from total claim amount is more than the specified amount) iv. Any other limit (as applicable)	Not Applicable										
Claims/ Claims Procedure	Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. For Cashless service: Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. Cashless request form i.e. available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. Link for Initiating cashless service - https://www.careinsurance.com/health-plan-certified-network-hospitals.html For Reimbursement service: Under Reimbursement Facility, all the information and documentation specified in Policy Terms & Conditions shall be submitted to the Company at Insured Person's own expense , within the prescribed time limit as specified hereunder. <table border="1" data-bbox="374 859 938 1031"> <thead> <tr> <th>S.No.</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr> </thead> <tbody> <tr> <td>1</td><td>Reimbursement of hospitalization, day care</td><td>Within thirty days of date of discharge</td></tr> <tr> <td>2</td><td>Reimbursement of post hospitalization expenses</td><td>Within fifteen days from completion of post hospitalization</td></tr> </tbody> </table> Claim intimation - If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 24 hours (emergency hospitalization) and 48 hours prior to planned date of admission (Planned hospitalization) from the date of occurrence of event. Turn Around Time (TAT) for claims settlement : i. TAT for preauthorization of cashless facility: 1 hour ii. TAT for cashless final bill authorization : 3 hours Web link (https://www.careinsurance.com/rhicl/claim/login) for following : i. Network hospital details ii. Helpline number iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer iv. Downloading/getting claim form	S.No.	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care	Within thirty days of date of discharge	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization	9.1 9.2 9.3
S.No.	Type of Claim	Prescribed Time limit									
1	Reimbursement of hospitalization, day care	Within thirty days of date of discharge									
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization									

Policy Servicing	i. Call center number of the insurer - whatsapp number: 8860402452 ii. Details of Company officials - Customer Service Care Health Insurance Limited , Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector- 43, Gurugram – 122009	11
Grievances/Complaints	In case of any grievance the Insured Person may contact the Company through Website/link: https://www.careinsurance.com/customer-grievance-redressal.html Mobile App : Care Health- Customer App Toll free (whatsapp number): 8860402452 Courier: Any of Company's Branch Office or corporate office If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. https://www.cioins.co.in/Ombudsman Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/	11
Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from date of receipt of the policy document. For free look cancellation process reach us: - Care Health- Customer App - WhatsApp number – 8860402452 - Self Help Portal - https://www.careinsurance.com/self-help-portal.html - Submit Your Queries/ Requests - https://www.careinsurance.com/contact-us.html	10.19
	Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of the policy shall not be denied, provided the policy is not withdrawn.	10.16
	Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For migration and portability process, reach us: - Care Health- Customer App - WhatsApp number – 8860402452 - Self Help Portal - https://www.careinsurance.com/self-help-portal.html - Submit Your Queries/ Requests - https://www.careinsurance.com/contact-us.html .	10.14 and 10.15
	Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the Sum Insured. Moratorium Period: After completion of five continuous years under the policy, no look back to be applied. This period of five years is called the moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion	10.21

	of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	8
Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period. Disclosure of Information -The Policy shall be void and all premium paid thereon shall be forfeited to the Company or the Company may also adjust the scope of cover and / or the premium paid or payable in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.	10.1
	Material Change: Policyholder/ Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Person. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly	10.3

Note:

- i. For the product terms and conditions and other documents, including CIS, please refer the web link : <https://www.careinsurance.com/rhicl/login/register>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**



Care Health Insurance Limited

Registered Office: 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: RHIHLIP20154V011920

IRDAI Registration Number - 148

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WhatsApp - **8860402452**



Care Health - Customer App:
<https://careinsurance.app.link/3QB1xwRrNPb>



www.careinsurance.com/self-help-portal.html



Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html