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A New-age, Comprehensive  
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	Care									
Policy Number										
Type of the Insurance Product/Policy	Both Indemnity and Benefit									
Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>- <b>Individual Sum Insured:</b> Where each member has a separate Sum Insured under the policy</li> <li>or</li> <li>- <b>Floater Sum Insured :</b> Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> <li>- <b>Sum Insured :</b> 1 L \ 2 L \ 3 L \ 4 L \ 5L \ 7L \ 10 L \ 15 L \ 20 L \ 25 L \ 30 L \ 40 L \ 50 L \ 60 L \ 75 L / 100 L \ 150 L \ 200 L \ 300 L \ 600 L ( based on plan/ sum insured opted)</li> </ul>									
<b>Policy Coverage (What the policy covers?) (Policy Clause Number/s)</b>										
Plan	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9	
Sum Insured (in Lakhs) – on an annual basis (Amount in Rupees)	1 L \	2 L \	3 L \ 4 L	5L \ 7L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 4 L	5L \ 7L \ 10 L	
<b>Hospitalization Expenses</b> <b>In-patient Care</b> – indemnifies up to the Sum Insured for the medical expenses pertaining to In-patient Hospitalization beyond 24 hours. <b>Day Care Treatment</b> – indemnifies up to the Sum Insured for the medical expenses incurred during specified surgical treatments that requires the Insured Person's stay in a hospital for less than 24 hours.	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Clause 3.1.1(i) & Clause 3.1.1(ii)
<b>Pre-Hospitalization Medical Expenses &amp; Post-Hospitalization Medical Expenses</b> – indemnifies up to the Sum Insured, for medical expenses incurred 30 days immediately before hospitalization & 60 days immediately after discharge from hospital, respectively.	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured	Clause 3.1.2 (i) & Clause 3.1.2(ii)

<b>Daily Allowance</b> – pays a fixed amount for each completed day of hospitalization, subject to a maximum of 5 consecutive days.	Rs. 250 per day	Rs. 500 per day	Rs. 500 per day	×	×	×	×	Rs. 500 per day	×	Clause 3.1.3
<b>Ambulance Cover</b> – indemnifies up to a specified amount per hospitalization, for transportation expenses incurred towards availing Ambulance service offered by a hospital or any service provider, during medical emergency situation.	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Clause 3.1.4
<b>Organ Donor Cover</b> – indemnifies up to a specified amount, for medical Expenses in respect of his/her Organ Donor for any Organ transplant surgery provided that the Insured Person is the recipient of the Organ so donated. (Pre & Post Hospitalization Medical Expenses of the donor are not covered)	×	Up to Rs 50,000	Up to Rs 50,000	Up to Rs. 1 Lakh	Up to Rs. 2 Lakh	Up to Rs. 3 Lakh	Up to Rs. 5 Lakh	Up to Rs 50,000	Up to Rs. 1 Lakh	Clause 3.1.5
<b>Domiciliary Hospitalization</b> – indemnifies up to 10% of Sum Insured, for medical expenses incurred during his/her treatment at home so long as it involves medical treatment for a period exceeding 3 days and had actually merited domiciliary hospitalization.	×	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Up to 10% of Sum Insured	Clause 3.1.6
<b>Automatic Recharge</b> – reinstates up to the amount of Sum Insured, once during the Policy Year in case the Sum Insured gets exhausted in a Claim. The Recharge of Sum Insured so made, shall be available for same illness as well different illnesses	×	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Clause 3.1.7
<b>Second Opinion</b> – The Company shall arrange for a Second Opinion from a Medical Practitioner within India up on the Insured Person's request, in case he /she is diagnosed with any Major Illness / Injury during the Policy Year.	×	×	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Once per Major Illness / Injury	Clause 3.1.8
<b>AYUSH Treatments</b> – indemnifies up to a specified amount towards Medical Expenses incurred towards In-Patient treatment undergone at any Government hospital or in any Institute recognized by Government and/ or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, in India, through any of the AYUSH treatments namely Ayurveda, Sidha, Unani and Homeopathy	×	×	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Up to SI	Clause 3.1.9

<p><b>No Claims Bonus (NCB) - 10%</b> increase in Sum Insured for every claim free year, subject to a maximum of 50% of Sum Insured;</p> <p>In case a claim is made during a policy year, the bonus proportion accrued as NCB, would reduce by 10% of Sum Insured in the subsequent Policy year &amp; in any case not below the Sum Insured</p>	x	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	10% increase in SI per Policy Year in case of claim-free year	Clause 3.1.10
<p><b>Global Coverage (excluding U.S.A.)</b> - indemnifies up to a specified amount, for the Medical expenses incurred towards Hospitalization Expenses (In-Patient Care &amp; Day Care Treatment) and Maternity Expenses, outside India, anywhere across the world, excluding United States of America. (Coverage in a Policy Year – 45 continuous days from the date of travel in a single trip &amp; maximum 90 days on a cumulative basis in a Policy Year). <b>Note</b> - An additional Co-Payment of 10% per Claim is applicable.</p>	x	x	x	x	x	x	Up to Sum Insured	x	x	Clause 3.1.11	
<p><b>Annual Health Check-up</b> - Up on the Insured Person's request, the Company shall arrange for health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services, for each insured member covered under the policy once in a Policy Year on a Cashless basis.</p>	x	Once in a Policy Year	Once in a Policy Year	Once in a Policy Year	Once in a Policy Year	Once in a Policy Year	Once in a Policy Year	Once in a Policy Year	Once in a Policy Year	Clause 3.1.12	
<p><b>Vaccination Cover</b> - indemnifies up to a specified amount, towards Vaccination expenses for the Insured Person(s) up to 18 years of Age, as prescribed in the National Immunization Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases.</p>	x	x	x	x	x	x	Up to Rs. 10,000	x	x	Clause 3.1.13	
<p><b>Care Anywhere</b> - indemnifies up to a specified amount, for the Medical Expenses towards any listed Major Illness treatment undertaken outside India.</p>	x	x	x	x	x	Up to Sum Insured	x	x	x	Clause 3.1.14	
<p><b>Maternity Cover</b> - We will pay up to a specified amount, for the Medical Expenses associated with Hospitalization of the Insured Person (aged 18 Years or above) for the delivery of a child, provided that:</p> <ul style="list-style-type: none"> <li>- The delivery occurs after the completion of a waiting period of 24 months since the inception of the first Policy with us</li> <li>- Available only under Floater Cover Type</li> </ul>	x	x	x	x	x	Up to Rs 1 Lac	Up to Rs 2 Lac	x	x	Clause 3.1.15	

Optional Covers										
<b>Global Coverage - Total -</b> indemnifies up to a specified amount, for the Medical expenses incurred towards any kind of Hospitalization (In-Patient Care & Day Care Treatment) and Maternity Expenses underwent outside India, anywhere across the world, including United States of America. (Coverage in a Policy Year – 45 continuous days from the date of travel in a single trip & maximum 90 days on a cumulative basis in a Policy Year).	x	x	x	x	x	x	Upto Sum Insured; Additional Co-Payment of 10% per Claim applicable	x	x	Clause 3.2.1
<b>Travel Plus -</b> If an Insured Person is on a foreign land out of India, the following 6 Benefits can be availed (Coverage in a Policy Year – 45 continuous days in a single trip & maximum 90 days on a cumulative basis in a Policy Year):										
<b>Worldwide In - Patient Cover</b> (for emergency): indemnifies up to Sum Insured, for the medical expenses incurred towards In-Patient Treatment in an Emergency medical condition while on a foreign land. (Note – A Deductible of Rs. 5,000 is applicable per Claim)	x	x	Upto SI	Upto SI	Upto SI or Rs. 20 Lacs	Upto Rs. 20 Lacs	x	Upto SI	Upto SI	Clause 3.2.2
<b>Worldwide OPD Cover:</b> indemnifies up to Sum Insured, for the medical expenses incurred towards Out-Patient Treatment while on a foreign land. (Note – A Deductible of Rs. 5,000 is applicable per Claim).	x	x	Upto SI	Upto SI	Upto SI or Rs. 20 Lacs	Upto Rs. 20 Lacs	x	Upto SI	Upto SI	
<b>Loss of Passport:</b> indemnifies up to a specified amount, towards the expenses incurred for obtaining a duplicate or new passport, if the Insured Person loses his original passport while on a foreign land. (Note – A Deductible of Rs. 2,500 is applicable per Claim).	x	x	Upto 1% of SI	Upto 1% of SI	Upto 1% of SI or Rs. 20,000	Upto Rs. 20,000	x	Upto 1% of SI	Upto 1% of SI	
<b>Loss of Checked - in Baggage:</b> indemnifies up to a specified amount, towards the expenses incurred for replacement of the entire baggage and its contents as per market value, if the entire Checked-In Baggage is lost whilst in the custody of the Common Carrier. In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds Rs. 5,000/-, the Company's liability shall be limited to Rs. 5,000/- only. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person, if all the pieces of Checked-in Baggage are not lost, the Company's liability shall be restricted to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).	x	x	Upto 1% of SI	Upto 1% of SI	Upto 1% of SI or Rs. 20,000 (whichever is lesser)	Upto Rs. 20,000	x	Upto 1% of SI	Upto 1% of SI	

<b>Repatriation of Mortal Remains</b> - indemnifies up to Sum Insured, for the costs of Repatriation of the Mortal Remains of the Insured Person back to the Country of Residence or for a local burial or cremation at the place where death has occurred provided such death happens solely and directly due to an Insurable event.	x	x	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	x	Up to SI	Up to SI	Clause 3.2.2
<b>Medical Evacuation</b> - indemnifies up to Sum Insured, for the expenses incurred towards an Emergency medical evaluation of the Insured Person in a Life Threatening Medical Condition, through an Ambulance (including Air Ambulance) to the nearest Hospital. It includes necessary medical care en-route forming part of the treatment for any Illness/Injury.	x	x	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	x	Up to SI	Up to SI	
<b>Unlimited Automatic Recharge</b> – reinstates up to Sum Insured, unlimited times during the Policy Year in case the Sum Insured gets exhausted due to Claims made. The Recharge of Sum Insured so made, shall be available for same illness as well different illnesses in the Policy Year.	x	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	x	Up to SI (unlimited times)	Up to SI (unlimited times)	Clause 3.2.3
<b>No Claims Bonus Super (NCBS)</b> – (a) 50% increase in your Sum Insured for every claim free year, subject to a maximum of 100% of Sum Insured (b) In case a claim is made during a policy year, the bonus proportion accrued as NCBS, would reduce by 50% of the Sum Insured in the subsequent Policy year & in any case not below the Sum Insured accrued as NCBS	x	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	x	50% increase in SI per Policy Year in case of claim-free year	50% increase in SI per Policy Year in case of claim-free year	Clause 3.2.4
<b>Deductible Option</b> - The claim amount assessed by the Company for a particular claim shall be reduced by a specified Deductible and hence Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.  The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year. (Amount in Rupees)	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	5,000/ 10,000/ 25,000/ 50,000/ 1 Lac/ 2 Lac/ 3 Lac/ 5 Lac	Clause 3.2.5
<b>Everyday Care</b> - the following Services are provided under this Benefit:  <b>Out-Patient Consultations:</b> The Insured Person may avail out-patient treatment anywhere within the Company's Network; up to a maximum limit of 1% of Sum	x	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services								Clause 3.2.6

Insured (A flat Co-payment of 20% per consultation is applicable).

**Diagnostic Examinations:** The Insured Person may avail Diagnostic Examinations anywhere within the Company's Network, up to a maximum limit of 1% of Sum Insured, prescribed by a Medical Practitioner. (A flat Co-payment of 20% per diagnostic examination is applicable).

**Health Care Services:**

**(a) Doctor Anytime /Free Health Helpline:** The Insured Person may seek medical advice from a Medical Practitioner through the telephonic or on online mode by contacting the Company on the helpline details specified on the Company's website;

**(b) Health Portal:** The Insured Person may access health related information and services available through the Company's website;

**(c) Health & Wellness Offers:** The Insured Person may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on the Company's website).

**Smart Select -** This Optional Cover provides 15% discount in the premium paid by the Policyholder.

If the Insured Person takes Medical Treatment in hospitals other than those listed by the Company, then the Policyholder/ Insured Person shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy. However, no such additional co-payment shall be applicable if treatment is availed in the hospitals listed under Annexure – IV to the Policy Terms and Conditions.

**For listed Hospitals :** Up to SI;  
**For Other Hospitals :** Up to SI with an additional co-payment of 20% per claim

Clause 3.2.7

**OPD Care** – the following Services are provided under this Benefit, only on a reimbursement basis:

- (1) Out-Patient Consultations
- (2) Diagnostic Examinations
- (3) Pharmacy

Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K	Up to 5K/ 10K/ 15K/ 20K/ 25K/ 30K/ 35K/ 40K/ 45K/ 50K
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Clause 3.3.8

<p><b>Note:-</b> Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by the Company. However, claim can be filed with the Company, only twice during that Policy year, as and when that Insured Person may deem fit.</p>										
<p><b>Daily Allowance+</b> - pays a fixed amount (as chosen) for each completed day of hospitalization; Max. 30 days in a Policy Year (In case of stay in an ICU, twice of such chosen amount will be payable). The Payment under this Optional Cover will be in addition to any payment made under Benefit 'Daily Allowance'. (Note: Either regular Hospital room or ICU room would be considered at one point of time, for pay-out as per the Insured Person's room occupancy in the Hospital)</p>	x	x	Up to Rs. 10K (in multiples of 1000) per day	Up to Rs. 10K (in multiples of 1000) per day	Up to Rs. 10K (in multiples of 1000) per day	x	x	Up to Rs. 10K (in multiples of 1000) per day	Up to Rs. 10K (in multiples of 1000) per day	Clause 3.2.9
<p><b>Personal Accident (applicable to events arising worldwide) –</b></p> <p>(1) <b>Accidental Death</b> - pays a fixed amount in event of death of the Insured Person due to an Accident within the Policy Period or within 12 months thereafter.</p> <p>(2) <b>Permanent Total Disablement</b> - pays as per table of benefits in event of permanent total disablement of the Insured Person due to an Accident within the Policy Period or within 12 months thereafter.</p>	<p><b>Accidental Death</b> – 100% of the respective coverage amount;</p> <p><b>Permanent Total Disablement</b> – up to 100% of the respective coverage amount;</p> <p>(Please refer to general conditions Note 8, for more coverage details)</p>									Clause 3.2.10
<p><b>Additional Sum Insured for Accidental Hospitalization</b> - Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident</p>	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	Additional SI of up to 100%	x	Additional SI of up to 100%	Additional SI of up to 100%	Clause 3.2.11
<p><b>International Second Opinion</b> - The Company shall arrange for an International Second Opinion from a Medical Practitioner up on the Insured Person's request, in case he / she is diagnosed with any Major Illness / Injury during the Policy Year.</p>	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Once per Major Illness/ Injury per policy year	Clause 3.2.12
<p><b>Reduction in PED Wait Period</b> – This Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.</p>	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Clause 3.2.13



<b>Extension of Global Coverage</b> – Duration of Coverage for Benefit ‘Global Coverage (excluding USA)’ and Optional Cover ‘Global Coverage – Total’ will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis.	x	x	x	x	x	x	Duration of Coverage will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis	x	x	Clause 3.2.14
<b>Air Ambulance Cover</b> – This Optional cover will pay up to a specified amount, for transportation expenses incurred towards availing Air Ambulance service offered by a hospital or any service provider (in India), during medical emergency situation.	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	up to Rs 5 Lacs	Clause 3.2.15
<b>Advance Annual Health Check-up</b>	x	Annual	Annual	Annual	Annual	Annual	Annual	Annual	Annual	Clause 3.2.16
<b>Room Rent Modification</b>	Non – ICU: Single Private Room ICU: No Limit	Non – ICU: Single Private Room ICU: No Limit	Non – ICU: Single Private Room ICU: No Limit	Non – ICU: Single Private Room ICU: No Limit	Non – ICU: Single Private Room ICU: No Limit	Non – ICU: Single Private Room ICU: No Limit	Non – ICU: Single Private Room ICU: No Limit	x	x	Clause 3.2.17
<b>Be-Fit Benefit</b>	Unlimited visits to Fitness centers can be availed by Insured members aged above 12 years									Clause 3.2.18
<b>Co-payment</b>	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Option of 20% per claim, where age of Insured/ eldest member is 61 years or above	Clause 3.2.19
<b>Exclusions</b> (What the policy does not cover)	<p>The following list of exclusions is applicable to all the Benefits and Optional Covers. Any Claim in respect of any Insured Person 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 Terms and conditions.</p> <ol style="list-style-type: none"> <li><b>Investigation &amp; Evaluation: (Code- Excl04)</b></li> <li><b>Rest Cure, rehabilitation and respite care: (Code- Excl05)</b></li> <li><b>Obesity/Weight Control: (Code- Excl06)</b></li> <li><b>Change-of-Gender treatments: (Code- Excl07)</b></li> <li><b>Cosmetic or plastic Surgery: (Code- Excl08)</b></li> <li><b>Hazardous or Adventure sports: (Code- Excl09)</b></li> <li><b>Breach of law: (Code- Excl10)</b></li> <li><b>Excluded Providers: (Code- Excl11)</b></li> <li><b>Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</b></li> </ol>									

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. (Code- Excl13)

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 (Code- Excl14)

12. Refractive Error: (Code- Excl15)

13. Unproven Treatments: (Code- Excl16)

14. Sterility and Infertility: (Code- Excl17)

15. Maternity: (Code Excl18)

**Specific Exclusions:**

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
2. 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.
3. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
4. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
5. Treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
6. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
8. All preventive care (except eligible and entitled for Benefits – 12: Annual Health Check-up and Optional Benefit 16 : Advance Annual Health Check-up ), Vaccination (except eligible and entitled for Benefit – 13: Vaccination Cover), including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
9. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
10. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery (This exclusion is only applicable for Care Plan 1).
11. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
12. 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.
13. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane
14. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.
15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
16. 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.
17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.

	<p>18. 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:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.</p> <p>20. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>21. 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.</p> <p>22. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.</p> <p>23. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.</p> <p>24. Expenses incurred on advanced treatment methods other than as mentioned in clause 3.1.1 (iv)</p> <p>25. Any other exclusion as specified in the Policy Schedule.</p>																																																			
<p><b>Waiting Period</b> - Time period during which specified diseases/treatments are not covered - It is counted from the beginning of the policy coverage.</p>	<p><b>Initial waiting period</b> : 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p><b>Specific Waiting periods (Not applicable for claims arising due to an accident)</b> : 24 months for listed Named Ailments</p> <p><b>Pre-existing diseases</b> : Covered after 48 months (Covered after 24 months on opting for Optional Cover 'Reduction in PED Wait Period')</p>	<p>Clause 4.1 (a) &amp; Clause 3.2.13</p>																																																		
<p><b>Financial limits of coverage</b> i. <b>sub-limit</b> (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures :</p> <table border="1" data-bbox="311 1025 1003 1464"> <thead> <tr> <th>Plan Name</th> <th>Care 1</th> <th>Care 2</th> <th>Care 3</th> <th>Care 4</th> <th>Care 5</th> <th>Care 6</th> <th>Care 7</th> <th>Care 8</th> <th>Care 9</th> </tr> </thead> <tbody> <tr> <td><b>Sum Insured (SI) – on annual basis (in Rs.)</b></td> <td>1L</td> <td>2L</td> <td>3L\4L</td> <td>5L\ 7L\ 10L</td> <td>15L\ 20L\ 25L\ 30L\ 40L</td> <td>50L\ 60L\ 75L</td> <td>100L\ 150L\ 200L\ 300L\ 600L</td> <td>3L\4L</td> <td>5L\ 7L\ 10L</td> </tr> <tr> <td><b>Treatment of Cataract</b></td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>Up to Rs. 20,000 per eye</td> <td>Up to Rs. 30,000 per eye</td> </tr> <tr> <td><b>Treatment of Total Knee Replacement</b></td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>Up to Rs. 80,000 per knee</td> <td>Up to Rs. 1 Lac per knee</td> </tr> <tr> <td><b>Treatment for each and every Ailment/ Procedure mentioned below:-</b></td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>No Sub-limit</td> <td>Up to Rs. 50,000</td> <td>Up to Rs. 65,000</td> </tr> </tbody> </table>	Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9	<b>Sum Insured (SI) – on annual basis (in Rs.)</b>	1L	2L	3L\4L	5L\ 7L\ 10L	15L\ 20L\ 25L\ 30L\ 40L	50L\ 60L\ 75L	100L\ 150L\ 200L\ 300L\ 600L	3L\4L	5L\ 7L\ 10L	<b>Treatment of Cataract</b>	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 20,000 per eye	Up to Rs. 30,000 per eye	<b>Treatment of Total Knee Replacement</b>	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 80,000 per knee	Up to Rs. 1 Lac per knee	<b>Treatment for each and every Ailment/ Procedure mentioned below:-</b>	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 50,000	Up to Rs. 65,000	<p>Clause 3.1.1 (iii)(c)</p>
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<p>i. Surgery for treatment of all types of Hernia</p> <p>ii. Hysterectomy</p> <p>iii. Surgeries for Benign Prostate Hypertrophy (BPH)s</p> <p>iv. Surgical treatment of stones of renal system</p>											<p>Clause 3.1.1 (iii)(a)</p>
<p><b>Treatment for each and every Ailment/ Procedure mentioned below:-</b></p> <p>i. Treatment of Cerebrovascular and Cardiovascular disorders</p> <p>ii. Treatments/ Surgeries for Cancer</p> <p>iii. Treatment of other renal complications and Disorders</p> <p>iv. Treatment for breakage of bones</p>	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Upto Rs. 2 Lacs	Upto Rs. 2.5 Lacs		
<p>In case of a claim, this policy requires you to share the following costs : Expenses exceeding the following <b>Sub-limits</b></p>											
<p><b>Room Rent / Room Category</b></p>	Up to 1% of SI per day	Up to 1% of SI per day	Up to 1% of SI per day	Single Private Room	Single Private Room (upgradable to next level, only if Single Private Room is not available)	Single Private Room (upgradable to next level, only if Single Private Room is not available)	Single Private Room (upgradable to next level, only if Single Private Room is not available)	Up to 1% of SI per day	Single Private Room (Max. Up to 1% of SI per day)		
<p><b>ICU Charges</b></p>	Up to 2% of SI per day	Up to 2% of SI per day	Up to 2% of SI per day	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to 2% of SI per day	Up to 2% of SI per day		
<p>Option to modify the room category is available under <b>Optional Cover - Room Rent Modification</b>, based on plan / sum insured opted.</p>											
<p>Room Rent Modification</p>	Non-ICU: Single Private Room ICU: No Limit	Non-ICU: Single Private Room ICU: No Limit	Non-ICU: Single Private Room ICU: No Limit	Non-ICU: No limit ICU: No Limit	Non-ICU: No limit ICU: No Limit	Non-ICU: No limit ICU: No Limit	Non-ICU: No limit ICU: No Limit	x	x		

<b>ii. Co-payment</b> (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	<b>Co-payment</b> – 20% per claim, where age of insured / eldest member is 61 years or above (Optional Cover).	Clause 3.2.19
<b>iii. Deductible</b> (It is a specified amount): <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount is more than the specified amount)</li> </ul> <b>iv. Any other limit</b> (as applicable)	<b>Deductible</b> of specified amount, as opted will be applicable on an aggregate basis for all Claims made in a Policy Year (Optional Cover).	Clause 3.2.5
<b>Claims/ Claims Procedure</b>	<p>Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>For Cashless service:</b> The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at our Network Provider. For Network Provider list, Insured Person may please log on to the Company's website</p> <p><b>For Reimbursement service:</b> Under Reimbursement Facility, all the information and documentation specified in Policy Terms &amp; Conditions shall be submitted to the Company at Insured Person's own expense, immediately and in any event within 15 days of Insured Person's discharge from Hospital</p> <p><b>Claim intimation:</b> 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 48 hours (emergency hospitalization) and 48 hours prior to planned date of admission (Planned hospitalization) from the date of occurrence of event.</p> <p><b>Turn Around Time (TAT)</b> for claims settlement :</p> <ol style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 4 hours</li> <li>ii. TAT for cashless final bill authorization : 6 hours</li> </ol> <p>Web link (<a href="https://www.careinsurance.com/rhicl/claim/login">https://www.careinsurance.com/rhicl/claim/login</a>) for following :</p> <ol style="list-style-type: none"> <li>i. Network hospital details</li> <li>ii. Helpline number</li> <li>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer</li> <li>iv. Downloading/getting claim form</li> </ol>	Clause 6.1
<b>Policy Servicing</b>	<ol style="list-style-type: none"> <li>i. Call center number of the insurer - whatsapp number: 8860402452</li> <li>ii. Details of Company officials <ul style="list-style-type: none"> <li>Customer Service</li> <li>Care Health Insurance Limited,</li> <li>Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector – 43,</li> <li>Gurugram - 122009</li> </ul> </li> </ol>	
<b>Grievances/ Complaints</b>	<p>In case of any grievance the Insured Person may contact the Company through</p> <p>Website/link: <a href="https://www.careinsurance.com/customer-grievance-redressal.html">https://www.careinsurance.com/customer-grievance-redressal.html</a></p> <p>Mobile App : Care Health- Customer App</p> <p>Toll free (whatsapp number): 8860402452</p> <p>Courier: Any of Company's Branch Office or corporate office</p> <p>If Insured Person is not satisfied with the redressal of grievance through above methods, the</p>	Clause 5.1.16

	<p>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.  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p>Grievance may also be lodged at IRDAI integrated Grievance Management System -  <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	
<b>Things to remember</b>	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days (30 days in case of distance marketing) from the beginning of the policy.</p> <p>For free look cancellation process reach us:</p> <ul style="list-style-type: none"> <li>- Care Health- Customer App</li> <li>- WhatsApp number –8860402452</li> <li>- Self Help Portal - <a href="https://www.careinsurance.com/self-help-portal.html">https://www.careinsurance.com/self-help-portal.html</a></li> <li>- Submit Your Queries/ Requests - <a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a></li> </ul>	Clause 5.1.15
	<p><b>Policy renewal:</b> 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.</p>	Clause 5.1.10
	<p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>For migration and portability process, reach us:</b></p> <ul style="list-style-type: none"> <li>- Care Health- Customer App</li> <li>- WhatsApp number - 8860402452</li> <li>- Self Help Portal - <a href="https://www.careinsurance.com/self-help-portal.html">https://www.careinsurance.com/self-help-portal.html</a></li> <li>- Submit Your Queries/ Requests - <a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a>  <a href="https://www.careinsurance.com/health-insurance-portability.html">https://www.careinsurance.com/health-insurance-portability.html</a></li> </ul>	Clause 5.1.8 & Clause 5.1.9
	<p><b>Change in Sum Insured:</b> 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.</p>	
	<p><b>Moratorium Period:</b> After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called the moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>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.</p>	Clause 5.1.12
<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure</b> of other material information during the policy period.)</p> <p><b>Disclosure to Information Norm:</b> Misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made by the Policyholder, the Insured Person or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy</p> <p><b>Material Change:</b> 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</p>	<p>Clause 5.1.1</p> <p>Clause 5.2.1</p>

**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 and please refer the Policy Schedule for the applicable benefits



**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: CHIHLIP24065V072324

**IRDAI Registration Number - 148**

REACH US @



Care Health-  
Customer App



WhatsApp  
8860402452

Self Help Portal:

[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:

[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)