



carē heart 

Customer Information Sheet

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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 Heart	
Policy Number		
Type of the Insurance Product/Policy	Both Indemnity and Benefit	
Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> - Individual Sum Insured: Maximum up to 6 Persons (each member has a separate sum insured under the policy). - Floater Sum Insured: 2A (Self and Spouse) (members under the policy have a single sum insured limit which may be utilized by any or both members) <p>Sum Insured : 2L/3L/4L/5L/7L/10L</p>	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of : BASE BENEFITS 1. Hospitalization Expenses: In-patient Care - Admission in hospital beyond 24 hrs., covered up to Sum insured. Day-Care Treatments - Specified / Listed procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum Insured.	3.1.1
	2. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses – Treatment prior to 30 days of admission in hospital and treatment within 60 days after discharge from hospital , covered up to 5 % Sum Insured.	3.1.2
	3. Alternate Treatment - In-patient Care/ Day Care Treatment taken for Ayurveda, Sidha , Unani and Homeopathy, covered up to 25 % Sum insured.	3.1.3
	4. Ambulance Cover - Covers charges for Ambulance service offered by the hospital or any service provider, in an emergency situation.	3.1.4
	5. Domiciliary Hospitalization - Treatment taken at home and exceeding 3 days, covered up to Sum insured.	3.1.5
	6. Automatic Recharge: the base Sum Insured is reinstated, only once during the Policy Year. Available for unrelated illness only.	3.1.6
	7. No Claims Bonus (NCB) : Increase in 10% of Sum Insured for every claim free year, maximum up to 50% of Sum Insured and	3.1.7

	will reduce by 10% in case of claim (decrease is only in Sum Insured accrued as NCB).	
	8. Cardiac Health Check-up : Listed tests under Cardiac Health check-up for every member covered under the policy on a Cashless basis.	3.1.8
	Optional Benefits	
	1. OPD Care : Covers Out-Patient Consultations, Diagnostic Examinations and Pharmacy services up to the amount specified in Policy Schedule.	3.2.1
	2. International Second Opinion : The Company shall arrange for an International Second Opinion from a Medical Practitioner up on the Insured Person's request, if diagnosed with any listed Major Illness / Injury during the Policy Year, covered once per Policy Year per Insured Person for each Major illness/injury.	3.2.2
	3. Home Care : For Hiring a Qualified Nurse for Home care treatment , up to Rs. 1000 per day payable (applicable for Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person , after 1 day deductible)	3.2.3
	4. Active Health Check-up: Active Health Check-up arranged for every member, on a Cashless basis which can be used max. 3 times in a Policy Year.	3.2.4
Exclusions (What the policy does not cover)	<p>Standard Exclusions: 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> <p>The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits:</p> <ol style="list-style-type: none"> 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. 	4.1

	<p>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.</p> <p>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.</p> <p>12. Refractive Error</p> <p>13. Unproven Treatments</p> <p>14. Sterility and Infertility</p> <p>15. Maternity</p>	
	<p>Specific Exclusions:</p> <p>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> <p>The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits:</p> <ol style="list-style-type: none"> 1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions). 2. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family. 3. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV. 4. 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. 5. Charges incurred for Treatment/Diagnosis in connection with routine eye, ear and denture, artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment. 6. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery. 7. 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. 	4.2

8. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
9. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
10. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
11. All preventive care (except eligible and entitled for Benefit 8: Cardiac Health Check-up and Optional Benefit 4: Active Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.
12. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
13. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine. This exclusion will not be applicable for Inpatient Hospitalization of the Insured to the extent covered under the Benefit 3: Alternative Treatments.
14. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
15. 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.
16. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol ,tobacco(smoking/non -smoking)or hallucinogens.
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:
 - 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.
 - 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.

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.

18. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
19. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
20. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
21. Remicade, Avastin or similar injectable treatment not requiring 24 hour hospitalization.
22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1 (iv).
23. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.
24. In-case Insured Person is suffering from or has been diagnosed with or has been treated for any of the following disorders prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be treated as a Pre-existing Disease and will not be covered within first 24 months from the date of first issuance of the Policy
 - I Chronic Bronchitis
 - II Esophageal Stricture or stenosis;
 - III Unoperated Varicose Veins;
 - IV Deep Vein Thrombosis (DVT);
 - V Spondyloarthropathies (Spondylosis/Spondylitis/Spondylolisthesis);
 - VI Residual Poliomyelitis;
 - VII Avascular Necrosis, Idiopathic;
 - VIII Unoperated Hyperthyroidism;
 - IX Renal/Ureteric/BladderCalculi;
 - X DUB/Endometriosis;
 - XI Unoperated Fibroid Uterus;
 - XII Retinal Detachment;
 - XIII Otosclerosis;
 - XIV Deafness;
 - XV Blindness;
 - XVI Any implant in the body except Cardiac stents
 - XVII Down's Syndrome/Turner's Syndrome/Sickle Cell Anaemia/ Thalassemia Major/G6PD deficiency
25. Any other exclusion as specified in the policy schedule

Note to 'Permanent Exclusions': In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or

	indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.											
<p>Waiting Period</p> <ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage. 	<p>Initial waiting Period : 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident) : 24 months for listed Named Ailments</p> <p>Pre-existing diseases : Covered after 24 months</p>	4.1(a)										
<p>Financial limits of coverage</p> <p>I. sub-limit (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> <p>i) Treatment of Cataract: Up to Rs. 20,000 per eye (up to SI 4L) and Up to Rs. 30,000 per eye (SI 5 to 10 L)</p> <p>ii) Treatment of Total Knee Replacement : Up to - Rs. 70,000 (SI 2 L) , Rs. 80,000 (SI 3 L and 4 L) , Rs. 100,000 (SI 5 L) and Rs. 1,20,000 (SI 7 – 10 L) , per knee.</p> <p>iii) Treatment for below procedure :</p> <table border="1" data-bbox="372 801 939 1240"> <tr> <td>Surgery for treatment of all types of Hernia</td> <td rowspan="4">Up to Rs 35,000 (SI 2 L) Up to RS 50,000 (SI 3 L) Up to Rs 55,000 (SI 4 L) Up to Rs 65,000 (SI 5 L) Up to Rs 80,000 (SI 7-10 L)</td> </tr> <tr> <td>Hysterectomy</td> </tr> <tr> <td>Surgeries for Benign Prostate Hypertrophy (BPH)</td> </tr> <tr> <td>Surgical treatment of stones of renal system</td> </tr> <tr> <td>Treatment of Cerebrovascular disorders</td> <td rowspan="4">Up to Rs 150,000 (SI 2 L) Up to Rs 200,000 (SI 3 L) Up to 2,25,000 (SI 4 L) Up to 2,50,000 (SI 5 L) Up to Rs 3,00,000 (SI 7- 10 L)</td> </tr> <tr> <td>Treatments/Surgeries for Cancer</td> </tr> <tr> <td>Treatment of other renal complications and Disorders</td> </tr> <tr> <td>Treatment for breakage of bones</td> </tr> </table> <p>- In case of a claim , this policy requires you to share the following costs (Expenses exceeding the following Sub-limits) :</p> <p>Room charges : up to 1% of SI per day (SI 2-4 L) and Single Private room (SI 5-10 L)</p> <p>ICU charges : up to 2% of SI per day (SI 2-4 L) and No Limit (SI 5-10 L)</p>	Surgery for treatment of all types of Hernia	Up to Rs 35,000 (SI 2 L) Up to RS 50,000 (SI 3 L) Up to Rs 55,000 (SI 4 L) Up to Rs 65,000 (SI 5 L) Up to Rs 80,000 (SI 7-10 L)	Hysterectomy	Surgeries for Benign Prostate Hypertrophy (BPH)	Surgical treatment of stones of renal system	Treatment of Cerebrovascular disorders	Up to Rs 150,000 (SI 2 L) Up to Rs 200,000 (SI 3 L) Up to 2,25,000 (SI 4 L) Up to 2,50,000 (SI 5 L) Up to Rs 3,00,000 (SI 7- 10 L)	Treatments/Surgeries for Cancer	Treatment of other renal complications and Disorders	Treatment for breakage of bones	3.1.1 (iii) (c)
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<p>II. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	<p>Specified Co-payment percentage applicable on each claim. (will increase by 10% if insured attains age 71 years during the Policy Period)</p>	<p>3.B</p>
<p>III. Deductible (It is a specified amount :</p> <ul style="list-style-type: none"> - 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) <p>IV. Any other limit (as applicable)</p>	<p>Deductible amount (as opted) applicable on aggregate basis for all claims in a policy year.</p>	<p>3.A.3</p>
<p>Claims/ Claims Procedure</p>	<p>Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>For Cashless service: 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>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, immediately and in any event within 30 days of Insured Person's discharge from Hospital</p> <p>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 48 hours (for emergency) and prior to 48 hours (for planned hospitalization) from the date of occurrence of event.</p> <p>Turn Around Time (TAT) for claims settlement :</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: Approx. 4 hours ii. TAT for cashless final bill authorization : Approx. 6 hours <p>Web link (https://www.careinsurance.com/rhicl/claim/login) for following :</p> <ul style="list-style-type: none"> 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 	<p>6.1</p>

<p>Policy Servicing</p>	<p>i. Call center number of the insurer - whatsapp number: 8860402452 ii. Details of Company officials –</p> <p>Customer Service Care Health Insurance Limited , Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector– 43, Gurugram - 122009</p>	<p>5.1.15</p>
<p>Grievances/Complaints</p>	<p>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</p> <p>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</p> <p>Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	<p>5.1.15</p>
<p>Things to remember</p>	<p>Free Look cancellation: 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"> • 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 <p>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.</p> <p>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.</p> <p>For migration and portability process, reach us:</p> <ul style="list-style-type: none"> • 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 • For Detailed Guidelines on Migration and Portability, kindly refer the link: https://www.careinsurance.com/other-disclosures.html , https://www.careinsurance.com/health-insurance-portability.html 	<p>5.1.14</p> <p>5.1.10</p> <p>5.1.8 and 5.1.9</p>

	<p>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.</p>	5.2.7
	<p>Moratorium Period: 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>	5.1.12
Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>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.</p>	5.1.1
	<p>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</p>	5.2.1

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: RHIHLIP21371V022021

IRDAI Registration Number - 148

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Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:

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

Submit Your Queries/Requests:

www.careinsurance.com/contact-us.html