

BEST HEALTH INSURANCE COMPANY OF THE YEAR INDIA INSURANCE SUMMIT & AWARDS 2023



care opd

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 OPD	
Policy Number		
Type of the Insurance Product /Policy	Indemnity	
Sum Insured (Basis) (Along with amount)	Individual Sum Insured (Where each member has a separate sum insured under the policy) - Maximum up to 6 Person	
Policy Coverage (What the polic (Policy Clause Number/s)	y covers?)	
Base Benefit: Physical Consultations with General Physicians	Max. 4 physical consultations per Insured per Add on Policy Year with General Physicians. Co-payment of 10% per claim is applicable if per consultation limit opted is greater than Rs.500	3.1.1
Base Benefit: Physical Consultations with Specialist Doctors	Max. 4 physical consultations per Insured per Add on Policy Year with any listed specialist doctors. Co-payment of 5% per claim is applicable if per consultation limit opted is greater than or equal to Rs.1000.	3.1.2
Base Benefit: OPD Pharmacy	Covered up to specified amount, as opted.	3.1.3
Optional Benefit		
Optional Benefit: Unlimited E-consultation	Unlimited E-Consultation with General physician and Specialist doctors at network.	3.2.1
Optional Benefit: Online Fitness Classes	Unlimited Live interactive classes broadcasted online by Fitness experts on Yoga, Zumba, MMA, Kickboxing, Functional fitness etc.	3.2.2
Optional Benefit: OPD Physiotherapy	Covered up to specified amount, as opted.	3.2.3
Optional Benefit: Psychologist Counseling	Covered up to specified amount, as opted. Sub-limit: Rs.800 per session Cover counselling session(s) with a Psychologist with dealing with issues such as but not limited to personal and lifestyle imbalance, pre-marital counselling, parenting and child care, speech impairment, and problems related to psychological / mental Illness / psychiatric and psychosomatic disorders, stress, anxiety.	3.2.4
Optional Benefit: Preventive Health check-up	Covered up to specified amount, as opted. If aggregate claim amount is greater than Rs.5000 in an Add on Policy Year then a co-payment of 10% shall be applicable on the additional amount claimed over and above Rs.5000. (Minimum 3 Tests and above shall be considered as package)	3.2.5
Optional Benefit: AYUSH Treatment	Indemnifies outpatient medical treatment expenses incurred under Ayurveda, Unani, Siddha and Homeopathy systems of medicines in any institute recognized by the Government of India and/or accredited by the Quality Council of India/National Accreditation Board on Health up to the amount opted.	3.2.6
Optional Benefit: Dental Care - Covers Outpatient Dental Expenses incurred towards listed Dental treatments.	Covered up to specified amount, as opted. Waiting Period: 6 Months	3.2.7
Optional Benefit: Vision Care - Covers Outpatient Vision Care treatment expenses incurred.	Covered up to specified amount, as opted. Waiting Period: 6 Months	3.2.8

Optional Benefit: Therapy Expenses	Indemnifies prescribed therapy expenses up to the amount opted. (either choose Optional Benefit : OPD Physiotherapy or Optional Benefit : Therapy Expenses.)	3.2.9
Optional Benefit: Medical Devices	Indemnifies the availed Medical Devices expenses up to the amount opted as prescribed by Medical Practitioners only. Those devices that are replaceable can be availed only once in 3 years on continuous renewal of Add on Policy.	3.2.10
Optional Benefit: OPD Diagnostic tests	Indemnifies diagnostic expenses as prescribed by Medical Practitioner up to the amount opted.	3.2.11
Optional Benefit: Modification of Physical Consultations with General Physicians	Unlimited physical consultations per Insured per Add on Policy Year with General Physicians, without any sublimit and co-payment.	3.2.12
Optional Benefit: Modification of Physical Consultations with Specialist Doctors	Unlimited physical consultations per Insured per Add on Policy Year with specified specialist doctors, without any sub-limits and co-payment.	3.2.13
Exclusions	Standard Exclusions:	4
(What the policy does not cover)	Any Claim of an Insured arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.	
	1. Rest Cure, rehabilitation and respite care: (Code- Excl05)	
	2. Change-of-Gender treatments: (Code- Excl07)	
	3. Cosmetic or plastic Surgery: (Code- Excl08)	
	4. Hazardous or Adventure sports: (Code- Excl09)	
	5. Breach of law: (Code- Excl10)	
	6. Excluded Providers: (Code- Excl11)	
	 Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 	
	 Treatments received in heath hydros, 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) 	
	 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) 	
	10. Unproven Treatments: (Code- Excl16)	
	Specific Exclusions:	
	Any Claim of an Insured arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.	
	 Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature. 	
	 Treatment taken from anyone who is not a Medical Practitioner/therapist or from a Medical Practitioner/therapist who is practicing outside the discipline for which he is licensed or any kind of self-medication. 	
	3. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.	
	4. Treatment of any external Congenital Anomaly, Illness or defects or	1

	Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
	 All preventive care (except eligible and entitled for Benefit: 'Preventive Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
	 Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
	 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.
	 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 tobacco, intoxicating drugs, alcohol or hallucinogens.
	10. 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.
	 Impairment of an Insured's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
	12. 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.
	13. Remicade, Avastin or similar injectable treatments.
	14. Any other exclusion as specified in the Policy Schedule.
Waiting Period	No Waiting Period is applicable in this Add on Policy unless specified under any
 Time period during which specified diseases/treatments are not covered 	benefit
- It is counted from the beginning of the policy coverage.	

Financial limits of coverage	Co-payment -	
 sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) 	Base Benefit: Physical Consultations with General Physicians - Co-payment of 10% per claim is applicable if per consultation limit opted is greater than Rs.500 (can be waived off by opting optional benefit 3.2.12- Modification of Physical Consultations with General Physicians)	3.1.1
ii.Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)	Base Benefit: Physical Consultations with Specialists Doctors - Co-payment of 5% per claim is applicable if per consultation limit opted is greater than or equal to Rs.1000. (can be waived off by opting optional benefit 3.2.13 -Modification of Physical Consultations with specialist doctors)	3.1.2
	Optional Benefit: Preventive Health check-up - Co-payment of 10% shall be applicable on the additional amount claimed over and above Rs.5000	3.2.5
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)		
Claims/ Claims Procedure	Details of procedure can be followed for cashless service as well as for reimbursement of claim.	6.1
	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	
	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	
	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	
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 	
Grievances / Complaints	In case of any grievance the Insured Person may contact the Company through	5.16
	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/	
Things to remember	Free Look cancellation: This Add-on Policy shall follow conditions as mentioned in the Base Policy.	5.15
	Policy renewal: This Add-on Policy shall follow conditions as mentioned in the Base Policy.	5.10
	Migration and Portability: This Add-on Policy shall follow conditions as mentioned in the Base Policy.	5.8 & 5.9
	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.	
	After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent conditions specified in the policy contract.	
Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	5.1 & 5.18
	Disclosure of other material information during the policy period.)	
	This Add-on Policy shall follow conditions as mentioned in the Base Policy.	

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

 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: CHIHLIA23060V012223 IRDAI Registration Number - 148

