



# carē plus

**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 Plus	
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> Maximum up to 6 Persons (each member has a separate sum insured under the policy).</li> <li>- <b>Floater Sum Insured :</b> 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)</li> <li>- <b>Sum Insured :</b> 3L\ 4L \ 5L \ 6L \ 7L \ 8L \ 9L \ 10L \ 15L \ 20L \ 25L \ 30L \ 40L \ 50L \ 60L \ 75L \ 100L</li> </ul>	
<b>Policy Coverage (What the policy covers?)</b>  (Policy Clause Number/s)	<b>Expenses in respect of :</b>  <b>BASE BENEFITS</b>  <b>1. Hospitalization Expenses:</b> <b>In-patient Care</b> - Admission in hospital beyond 24 hrs., covered up to Sum Insured.  <b>Day-Care Treatments</b> - All procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured.  <b>Advance Technology Methods</b> - Specified/ Listed methods taken during 'Hospitalization expenses', covered up to Sum insured.	3.1.1
	<b>2. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses –</b>  <b>Pre-hospitalization</b> - treatment prior to admission in hospital) of 60 days, covered up to Sum Insured.  <b>Post-hospitalization</b> - treatment after discharge from hospital within 90 days from date of discharge, covered up to Sum Insured.	3.1.2
	<b>3. Ambulance Cover</b> - Ambulance service offered by the hospital or any service provider, in an emergency situation, Up to Rs.2,000 per policy year.	3.1.3
	<b>4. Organ Donor cover</b> - Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to Sum Insured.	3.1.4

	<p><b>5. Domiciliary Hospitalization</b> – Treatment taken at home , covered up to Sum insured.</p>	3.1.5
	<p><b>6. Second Opinion</b> – Covered once per Policy Year per Insured Person for each Major illness/injury, from a Medical Practitioner in India.</p>	3.1.6
	<p><b>7. Annual health Check-up:</b> Health check-up is arranged (for listed tests) at Network / other empanelled Service Providers, once every Policy year for all adult insured members, on cashless basis.</p>	3.1.7
	<p><b>8. Unlimited Automatic Recharge</b> – the base Sum Insured is reinstated, unlimited times during the Policy Year. Available for Unlimited Times for unrelated or same illness.</p>	3.1.8
	<p><b>9. Ayush Treatment</b> - In-patient Care/ Day Care Treatment taken for Ayurveda, Sidha , Unani and Homeopathy, covered up to 10% of Sum insured.</p>	3.1.9
	<p><b>10. Air Ambulance Cover:</b> Air Ambulance transportation charges (during medical emergency) offered by a hospital/any service provider (in India) are covered Up to Sum Insured or Rs. 5 Lacs per Policy Year (whichever is lower)</p>	3.1.10
	<p><b>11. No Claim Bonus Protect:</b> Increase in 50% of Sum Insured for every claim free year, maximum up to 200% of Sum Insured and will reduce by 50% in case of claim.</p> <p>No reduction in NCB in subsequent year, if total claim amount &lt;25% of applicable SI in a policy year.</p>	3.1.11
	<p><b>12. OPD Coverage :</b></p> <p>a) <b>Out-patient Consultations :</b> Out-patient Consultation (except Dental and Ophthalmic Treatment) covered up to limits specified in Policy Schedule ( limit of Rs. 350 per consultation)</p> <p>b) <b>Out-patient Dental and Ophthalmic Treatments :</b> Out-patient Consultation for Dental and Ophthalmic Treatment only covered up to limits specified in Policy Schedule .</p>	3.1.12
	<p><b>13. Personal Accident Cover (AD and PTD) :</b> Accidental Death covered up to Sum Insured and Permanent Total Disablement, covered as per table of benefits . This Benefit is applicable for Primary Insured member.</p>	3.1.13
	<p><b>14. Inflation Shield :</b> The Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year.</p>	3.1.14
	<p><b>15. Unlimited E-Consultation :</b> Unlimited e-consultations with qualified General Physicians at company's network through Voice/Video Call /Chat /Email Chat/etc.</p>	3.1.15
	<p><b>16. Earn and Burn :</b> Wellness program allows the adult Insured person to Earn and Burn the reward points on the basis of healthy regimes.</p>	3.1.16

	<p><b>17. Health services :</b></p> <p><b>Health Portal</b> - Doctor on chat, Healthy tips reminder, Digital locker for medical records, etc.</p> <p><b>Discount Connect</b> – Discounts on services at our network</p>	3.1.17
	<b>Optional Benefits</b>	
	<p><b>1. Maternity &amp; New Born Cover:</b> Medical Expenses for Hospitalization of Insured Person (aged 18 Years or above) for the delivery of a child and for the New Born Baby, covered up to specified amount. Available only under Floater combination of 2A &amp; 2A1C and after Waiting period of 24 months.</p>	3.2.1
	<p><b>2. Daily allowance:</b> A fixed amount per day (as opted) is payable for each completed day of hospitalization, max. 15 days in a Policy Year. For ICU, twice of the above specified amount is payable.</p>	3.2.2
	<p><b>3. International Second Opinion</b> – Covers once per Policy Year per Insured Person for each Major illness/injury, from a Medical Practitioner.</p>	3.2.3
	<p><b>4. Smart Select:</b> Reduction on the premium for treatment taken at listed smart select hospitals, 20% Co-pay shall be applicable if treatment taken other than smart select hospitals.</p>	3.2.4
	<p><b>5. Deductible Option:</b> Deductible amount (as opted) shall bear by Insured before any benefits are payable by the Company and is on aggregate basis for all claims in a policy year.</p>	3.2.5
	<p><b>6. Co-Payment:</b> 20% Co-payment of the admissible claim amount shall bear by the Insured whose entry age is 61 years or above.</p>	3.2.6
	<p><b>7. Room Rent Modification :</b> Room Rent / Room Category limit gets modified to Single Private AC room and ICU charges to no limit (only for SI &lt; 5 L)</p>	3.2.7
<p><b>Exclusions</b>  (What the policy does not cover)</p>	<p><b>Standard Exclusions:</b> 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>1. <b>Investigation &amp; Evaluation</b></li> <li>2. <b>Rest Cure, rehabilitation and respite care</b></li> <li>3. <b>Obesity/ Weight Control</b></li> <li>4. <b>Change-of-Gender treatments</b></li> <li>5. <b>Cosmetic or plastic Surgery</b></li> <li>6. <b>Hazardous or Adventure sports</b></li> <li>7. <b>Breach of law</b></li> <li>8. <b>Excluded Providers</b></li> <li>9. <b>Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</b></li> <li>10. <b>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.</b></li> </ol>	4.1(b)

	<p><b>11.</b> 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><b>12. Refractive Error</b></p> <p><b>13. Unproven Treatments</b></p> <p><b>14. Sterility and Infertility</b></p> <p><b>15. Maternity</b></p>	
	<p><b>Specific Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Policy Terms &amp; Conditions).</li> <li>2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.</li> <li>3. 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.</li> <li>4. 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</li> <li>5. 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.</li> <li>6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</li> <li>7. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.</li> <li>8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.</li> <li>9. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.</li> <li>10. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.</li> <li>11. 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.</li> </ol>	<p>4.2(b)</p>

	<ol style="list-style-type: none"> <li>12. Non-Allopathic Treatments (except Ayurveda, Unani, Sidha and Homeopathy), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.</li> <li>13. 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.</li> <li>14. 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.</li> <li>15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.</li> <li>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.</li> <li>17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.</li> <li>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: <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> </li> <li>19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.</li> </ol>	<p>4.2(b)</p>
--	---	---------------

	<p>20. 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>21. 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>22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iv).</p> <p>23. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.</p> <p>24. Hormone replacement therapy.</p> <p>25. Any other exclusion as specified in the Policy Schedule.</p> <p><b>Note:</b> 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>	
<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>· Time period during which specified diseases/ treatments are not covered</li> <li>· It is counted from the beginning of the policy coverage.</li> </ul>	<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 36 months</p> <p><b>Maternity &amp; New Born Cover :</b> 24 months (if Opted)</p>	<p>4.1(a)</p> <p>4.2(a)</p>
<p><b>Financial limits of coverage</b></p> <p><b>I. 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><b>ii. Co-payment</b> (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p><b>iii. Deductible</b> (It is a specified amount :</p> <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>	<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 charges :</b> Up to 1% of SI/day ( for SI&lt;5L) Single Private A/C Room (SI&gt;=5Lac)</p> <p><b>ICU charges:</b> Up to 2% of SI/day ( for SI&lt;5L) No limit (SI&gt;=5Lac)</p> <p><b>Co-payment :</b> 20% on each claim, If Insured Person is aged 61 Years or above (Optional Benefit 6)</p> <p>Up to 1L/2L/3L/5L options (Optional Benefit 5).</p>	<p>3.1.1(iii)</p> <p>3.2.6</p> <p>3.2.5</p>

<p><b>iv. Any other limit (as applicable)</b></p>		
<p><b>Claims/ Claims Procedure</b></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><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 30 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 (for emergency) and before 48 hours (for planned hospitalization) from the date of occurrence of event.</p> <p><b>Turn Around Time (TAT) for claims settlement :</b></p> <p>i. TAT for preauthorization of cashless facility: 4 hours ii. TAT for cashless final bill authorization : 6 hours</p> <p>Web link (<a href="https://www.careinsurance.com/rhicl/claim/login">https://www.careinsurance.com/rhicl/claim/login</a>) for following :</p> <p>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>	<p>6.1</p>
<p><b>Policy Servicing</b></p>	<p>I. Call center number of the insurer - whatsapp number: 8860402452</p> <p>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</p>	<p>5.1.16</p>
<p><b>Grievances/Complaints</b></p>	<p>In case of any grievance the Insured Person may contact the Company through Website/link: <a href="https://www.careinsurance.com/customer-grievance-redressal.html">https://www.careinsurance.com/customer-grievance-redressal.html</a> 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. <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> 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>	<p>5.1.16</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: CHIHLIP22047V012122

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)