

carē saksham

**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
<b>Name of the Insurance Product/Policy</b>	<b>Care Saksham</b>	
<b>Policy Number</b>		
<b>Type of the Insurance Product/Policy</b>	<b>Indemnity</b>	
<b>Sum Insured (Basis)</b> (Along with amount)	- <b>Individual Sum Insured</b> - <b>Sum Insured</b> : 4L \ 5L	
<b>Policy Coverage (What the policy covers?)</b>  (Policy Clause Number/s)	<b>Expenses in respect of :</b>  <b>BASE BENEFITS</b>	4.1
	<b>1. In-patient Care</b> - Admission in hospital beyond 24 hrs., covered up to Sum insured.	
	<b>Day-Care Treatments</b> – All Day Care procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum Insured.	
	<b>2. Ayush Treatment</b> - In-patient Care/ Day Care Treatment taken for Ayurveda, Sidha , Unani and Homeopathy, covered up to 50% of Sum insured.	4.2
	<b>3. Pre-hospitalization Medical Expenses</b> (treatment prior to admission in hospital) of 30 days, covered up to Sum insured.	4.3
	<b>4. Post-hospitalization Medical Expenses</b> (treatment after discharge from hospital) within 60 days from date of discharge, covered up to Sum insured.	4.4
	<b>5. Emergency Ground Ambulance</b> – Ambulance service offered by the hospital or any service provider, in an emergency situation covered up to Rs. 2000 per hospitalization.	4.5
	<b>6. Cataract Treatment</b> - Medical expenses incurred for treatment of Cataract covered up to Rs.40,000 , per eye per Policy Year.	4.6
	<b>7. Modern Treatment</b> - Listed procedures covered up to 50% of Sum Insured. Available under Inpatient Care only.	4.7
	<b>OPTIONAL BENEFITS</b>	
<b>8. Waiver of Co-Pay:</b> Option to waive off the mandatory 20% co-pay per claim.		4.8
<b>9. Deductible:</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.		4.9

<p><b>Exclusions</b> (What the policy does not cover)</p>	<p><b>Standard Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. <b>Investigation &amp; Evaluation.</b></li> <li>2. <b>Rest Cure, rehabilitation, and respite</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. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</li> <li>10. Treatments received in health 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.</li> <li>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.</li> <li>12. <b>Refractive Error</b></li> <li>13. <b>Unproven Treatments</b></li> <li>14. <b>Sterility and Infertility</b></li> <li>15. <b>Maternity</b></li> </ol>	<p>8.1</p>
	<p><b>Specific Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Any medical treatment taken outside India.</li> <li>2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.</li> <li>3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from: <ol style="list-style-type: none"> <li>a. any nuclear fuel or from any nuclear waste; or</li> <li>b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);</li> <li>c. nuclear weapons material.</li> <li>d. nuclear equipment or any part of that equipment.</li> </ol> </li> <li>4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.</li> <li>5. Injury or Disease caused by or contributed to by nuclear weapons/materials.</li> <li>6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.</li> </ol>	<p>8.2</p>

	<ol style="list-style-type: none"> <li>7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.</li> <li>8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.</li> <li>9. Vaccination or inoculation except as post bite treatment for animal bite.</li> <li>10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.</li> <li>11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.</li> <li>12. Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury.</li> <li>13. Venereal/ Sexually Transmitted disease.</li> <li>14. Stem cell storage.</li> <li>15. Any kind of service charge, surcharge levied by the hospital.</li> <li>16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</li> <li>17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II of Policy Terms and conditions</li> <li>18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</li> </ol>	
<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>: 48 months (For pre-existing diseases other than Disability and HIV/AIDS)</p> <p>For HIV/AIDS : 30 days initial waiting period will be applicable.</p> <p>For Disability: 24 months initial waiting period is applicable.</p>	5
<p><b>Financial limits of coverage</b></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>In case of a claim, this policy requires you to share the following costs (Expenses exceeding the following Sub-limits):</p> <p><b>Room charges</b>: Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to 1% of the sum insured per day.</p> <p><b>ICU charges</b>: Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured per day.</p>	4.1

<p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>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 )</p> <p>iv. Any other limit (as applicable)</p>	<p>Specified Co-payment percentage applicable on each claim.  - Mandatory Co-payment of 20% per Claim will be applicable on all claims</p> <p>- Waive off-Mandatory 20% co-pay per claim (Optional Cover).</p> <p>Deductible amount (as opted) applicable on aggregate basis for all claims in a policy year (Optional Cover)</p>	<p>10.5</p> <p>4.8</p> <p>4.9</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> <table border="1" data-bbox="357 852 900 1067"> <thead> <tr> <th>S.No.</th> <th>Type of Claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Within thirty days of the date of discharge from the hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post-hospitalization expenses</td> <td>Within fifteen days from completion of post-hospitalization treatment</td> </tr> </tbody> </table> <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 24 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> <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>	S.No.	Type of Claim	Prescribed Time Limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of the date of discharge from the hospital	2	Reimbursement of post-hospitalization expenses	Within fifteen days from completion of post-hospitalization treatment	<p>10</p>
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<b>Policy Servicing</b>	<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>	9.1.15
<b>Grievances/Complaints</b>	<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></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>	9.1.15
<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> <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> <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. For migration and portability 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> <li>· For Detailed Guidelines on Migration and Portability, kindly refer the link: <a href="https://www.careinsurance.com/other-disclosures.html">https://www.careinsurance.com/other-disclosures.html</a>, <a href="https://www.careinsurance.com/health-insurance-portability.html">https://www.careinsurance.com/health-insurance-portability.html</a></li> </ul> <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 <b>only for the enhanced portion of the sum insured.</b></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>	<p>9.1.14</p> <p>9.1.10</p> <p>9.1.8 and 9.1.9</p> <p>9.2.b)</p> <p>9.1.12</p>

<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>Disclosure of other material information during the policy period.</p> <p><b>Disclosure of Information</b> :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>	9.1.1
	<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. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly</p>	9.2.c)

**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: CHIHLP23186V012223

IRDAI Registration Number - 148

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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)