care HEALTH® INSURANCE

BEST CLAIM SETTLEMENT COMPANY OF THE YEAR

9th ANNUAL INDIA INSURANCE SUMMIT & AWARDS 2025^

care classic®

Customer Information Sheet

^The Company Was Awarded 'Best Claim Settlement Company of The Year' Award At The 9th Annual India Insurance Summit & Awards 2025, in March 2025

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 Classic**	
Policy Number		
Type of the Insurance Product /Policy	**Indemnity**	
Sum Insured (Basis) (Along with amount)	- **Floater Sum Insured** : 1A1C / 1A2C / 1A3C / 2A / 2A1C / 2A2C / 2A3C (all members under the policy have a single sum insured limit which may be utilized by any or all members) - **Sum Insured** : 1L \ 2L \ 3L \ 4L \ 5L \ 7L \ 10L \ 15L \ 20L\25L	
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** - All procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured. **Advance Technology Methods** – Listed methods covered up to specified limits **Pre-hospitalization Medical (treatment prior to admission in hospital)** of 60 days, covered up to Sum insured. **Post-hospitalization Medical Expenses (treatment after discharge from hospital)** within 90 days from date of discharge, covered up to Sum insured. **Ayush Treatment** - In-patient Care taken for Ayurveda, Yoga, Naturopathy, Sidha, Unani and Homeopathy,covered up to SI. **Domiciliary Hospitalization** – Treatment taken at home and exceeding 3 days, covered up to Sum insured. **Organ Donor cover** - Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to 10% Sum Insured.	3.1.1
	2. Ambulance Cover - Ambulance service offered by the hospital or any service provider, in an emergency situation, up to Rs.1000 per policy year.	3.1.2
	3. No claim Bonus: Increase in 25% of Sum Insured for every claim free year, maximum up to 150% of Sum Insured and will reduce in case of claim at same rate as it was accrued. Note – Insured Person has Option to opt for discount in renewal Premium instead of additional Sum Insured.	3.1.3

	4. **Second Opinion** : Second Opinion from a Medical Practitioner within India covered Once per Policy Year per Insured Person for each Major illness/injury	3.1.4
	5. **Unlimited Automatic Recharge** – the base Sum Insured is reinstated, unlimited times during the Policy Year. Available for Unlimited Times for unrelated or same illness. This Benefit is not available for Advance Technology Methods.	3.1.5
	6. **Unlimited E-Consultation**: Unlimited e-consultations with qualified General Physicians at company's network through Voice /Video Call /Chat /Email Chat/etc.	3.1.6
	7. **Assisted Reproductive Treatment**: covered once in every block of 3 years, up to Rs. 2 Lakh per policy year.(Applicable only for SI > 5 Lakhs)	3.1.7
	8. **Compassionate Travel** : Transportation expenses for immediate family member (one adult) , covered up to Rs. 5000 per policy year (Applicable for SI >= 5 Lakhs and if Insured person is admitted under In-patient care only)	3.1.8
	9. **Other Value Added Services :** **Health Portal**- Doctor on chat, Healthy tips reminder, etc. **Discount Connect** – Discounts on services such as consultations, diagnostics, maternity etc. at our network.	3.1.9
	Optional Benefits	
	1. **Smart Select**: 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.	3.2.1
	2. **Deductible**: Deductible amount (as opted) shall be bear by Insured before any benefits are payable by the Company and is on aggregate basis for all claims in a policy year.	3.2.2
	3. **Co-Payment Waiver** : Option to waive off the mandatory 20% co-pay per claim (for Insured whose entry age is 61 years and above).	3.2.3
	4. **Room Rent & ICU Modification**: Room Rent / Room Category limit gets modified to Single Private AC room and ICU charges to no limit (only for SI < 5 L)	3.2.4
	5. **OPD Care**: Consultation & diagnostic charges are covered up to amount/limit specified in the Policy Schedule.	3.2.5
	6. **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.	3.2.6
	7. **Additional Sum Insured for Accidental Hospitalization** : If Insured is admitted under In-patient Care due to an accident , additional 100 % Sum Insured is available.	3.2.7

	8. Sub-Limit on Specified Diseases : Sub-limits shall be applicable on specified treatments and procedures as per following : (Applicable for SI >=3L)				3.2.8
	Particulars		**SI 3L to <5L**	**SI >=5L**	
	Treatment of Total Knee Replacement		Up to Rs. 80,000 per knee	Up to Rs.1 Lakh per knee	
	Treatment for each and every Ailment / Procedure mentioned below :- a. Surgery for treatment of all types of Hernia b. Hysterectomy c. Surgeries for Benign Prostate Hypertrophy (BPH) d. Surgical treatment of stones of renal system		Up to Rs.50,000	Up to Rs.65,000	
	Treatment for each and every Ailment / Procedure mentioned below :- a. Treatment of Cerebrovascular and Cardiovascular disorders b. Treatments/Surgeries for Cancer c. Treatment of other renal complications and Disorders d. Treatment for breakage of bones		Up to Rs.2 Lakhs	Up to Rs.2.5 Lakhs	
	9. 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)				3.2.9
	10. Instant Cover: No PED wait period for Diabetes/ Hypertension/ Hyperlipidimia / Asthma.				3.2.10
	11. Disease Management Program (DMP) : Option to choose from any of the following DMP's :				3.2.11
		Consultations	**Pharmacy**	**Diagnostic tests**	
	a **Asthma**	Up to 4 consultations per year; max up to Rs.750 per consultation	Up to Rs.6, 000 per year	Chest X-ray, Spirometry test, Physiotherapy	
	b **Diabetes Mellitus**			HBA1c , Urine proteins – microalbuminuria, Electrolytes	
	c **Hypertension**			Electrolytes, Urine proteins – microalbuminuria, 2D-Echo	
	d **Hyperlipidemia**			SGOT, SGPT	

	12. **Waiver of Sub-limits on Cataract & Advance Technology Method Treatments:** Waive off specified sub-limits on Cataract and Advance Technology Methods.	3.2.12
	13. **Air Ambulance Cover**: Air Ambulance transportation charges (during medical emergency) offered by a hospital/any service provider (in India) are covered Up to Rs. 5 Lacs per Policy Year.	3.2.13
	14. **Maternity & New Born Cover**: 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. Waiting period of 24 months is applicable.	3.2.14
	15. **Annual health Check-up**: Health check-up is arranged (for listed tests) at Network / other empanelled Service Providers, once every Policy year for all insured members on cashless basis.	3.2.15
	16. **Reduction in PED Wait Period** : PED Wait Period reduced to 2 Years	3.2.16
Exclusions (What the policy does not cover)	**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. **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. **10.** 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. **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 **12.** Refractive Error	4.1

	13. Unproven Treatments **14.** Sterility and Infertility **15.** Maternity	
	Specific 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. **1.** Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Policy Terms & Conditions). **2.** Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature. **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. **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 **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. **6.** Alopecia wigs and/or toupee and all hair or hair fall treatment and products. **7.** Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects. **8.** Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability. **9.** Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. **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. **11.** Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or	4.2

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.

12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.

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.

14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.

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 or transportation charges by visiting consultant.

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:

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.

19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.

	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. **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. **22.** Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(ix). **23.** Any condition caused by or associated with any sexually transmitted disease except arising out of HIV. **24.** Hormone replacement therapy. **25.** Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking. **26.** Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary. **Note:** 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.	
Waiting Period - Time period during which specified diseases/ treatments are not covered - It is counted from the beginning of the policy coverage.	**Initial waiting Period** : 30 days for all illnesses (not applicable in case of continuous renewal or accidents) **Specific Waiting periods (Not applicable for claims arising due to an accident)** : 24 Months for listed Named Ailments **Pre-existing diseases** : Covered after 36 months (option to modify PED wait period available under Optional Benefit - **Reduction in PED Wait Period**) **Assisted Reproductive Treatment Waiting Period** : 36 Months **Maternity & New Born Cover Waiting Period** : 24 Months (if Opted)	4.1(I), 4.1(ii), 4.1 (iii)
Financial limits of coverage **i. Sub-limit** (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	- The policy will pay only up to the limits specified hereunder for the following diseases/procedures : **i. Advance Technology Methods**	3.1.1.(ix)

Treatment/Procedure	Coverage Amount / SI limit
Uterine Artery Embolization and HIFU	15% of SI
Balloon Sinuplasty	5% of SI
Deep Brain stimulation	25% of SI
Oral chemotherapy	15% of SI

Immunotherapy- Monoclonal Antibody to be given as injection Intra vitreal injections	25% of SI 5% of SI	
Robotic surgeries	25% of SI	
Stereotactic radio surgeries	25% of SI	
Bronchical Thermoplasty	Up to SI	
Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	Up to SI	
IONM - (Intra Operative Neuro Monitoring)	Up to SI	
Stem cell therapy	25% of SI	

ii. Cataract treatment : — 3.1.1.(viii)

Sum Insured Options	Limits per policy Year
1 /2 Lakh	Up to 15,000 per eye, per policy year
3 Lakhs	Up to 25,000 per eye, Max 35,000 per policy year
4 Lakhs	Up to 30,000 per eye, Max 45,000 per policy year
5 Lakhs	Up to 40,000 per eye, Max 60,000 per policy year
7-25 Lakhs	Up to 50,000 per eye, Max 75,000 per policy year

(Sub-limits on Cataract & Advance Technology Method Treatments can be waived off using Optional Benefit - Waiver of Sub-limits on Cataract & Advance Technology Method Treatments)

- In case of a claim , this policy requires you to share the following costs (Expenses exceeding the following **Sub-limits**) : — 3.1.1.(viii)

  Room/ICU charges : Up to 1% of SI/day (for SI<5L)
  Single Private A/C Room (SI>=5Lac)

  ICU : Up to 2% of SI/day (for SI<5L)
  No limit (SI>=5Lac)

Option to modify the room and ICU category available under Optional Benefit - **Room Rent & ICU Modification** — 3.2.4
- Room Rent SI<Rs.5L - Single Private A/C Room
- ICU Charges SI<Rs.5L – No Limit

ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)

Co-payment :
Co-Payment - 20% per claim for Insured Person whose entry age is 61 years and above (Optional Benefit: Co-payment Waiver to waive off the Mandatory Co-payment) — 3 (3) (I) & 3.2.3

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)	- Deductible amount (as opted) applicable on aggregate basis for all claims in a policy year.	3.2.2
Claims/ Claims Procedure	Details of procedure can be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. **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 **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 before 48 hours (for planned hospitalization) from the date of occurrence of event. **Turn Around Time (TAT) for claims settlement** : i. TAT for preauthorization of cashless facility: 1 hours ii. TAT for cashless final bill authorization : 3 hours 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	6.1
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	5.1.16

Grievances/ Complaints	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 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/	5.1.16
Things To Remember	**Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 30 days from date of receipt of the policy document. For free look cancellation process reach us: - 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	5.1.15
	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.	5.1.10
	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. For migration and portability process, reach us: - 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	5.1.8 and 5.1.9
	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.**	5.2.7
	Moratorium Period: After completion of five continuous years under the policy, no look back to be applied. This period of five years is called the moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date	5.1.12

	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 exclusions 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. Disclosure of other material information during the policy period. **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.	5.1.1
	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	5.2.1

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 please refer the Policy Schedule for the applicable benefits.

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CIN: U66000DL2007PLC161503 UIN: CHIHLIP26048V022526
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

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