

care

HEALTH
INSURANCE

BEST

HEALTH INSURANCE
COMPANY IN RURAL SECTOR

**CLAIMS
SERVICE**

LEADER OF THE YEAR

INDIA INSURANCE SUMMIT & AWARDS 2024



Domestic Staff Insurance Add-on

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	Domestic Staff Insurance Add-on	
Policy Number		
Type of the Insurance Product /Policy	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 : max up to 2A2C (all members under the policy have a single sum insured limit which may be utilized by any or all members) Sum Insured : 50,000/1,00,000/2,50,000/5,00,000 	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of : BASE BENEFITS	
	1. Hospitalization Expenses <ul style="list-style-type: none"> - In-Patient Hospitalization: Admission in hospital beyond 24 hours, covered up to Sum insured. - Day Care Treatment: All Day Care procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured. - Advance Technology Methods: Specified methods taken during Hospitalization, covered up to Sum insured. - AYUSH Treatment : In-patient Care Treatment taken for AYUSH Treatment covered up to Sum insured. 	3.1.1
	2. Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses : Pre-hospitalization - treatment prior to admission in hospital of 15 days, covered up to Sum insured. Post-hospitalization - treatment after discharge from hospital within 30 days from date of discharge, covered up to Sum insured.	3.1.2
	3. Personal Accident: Accidental Death covered up to 3 times the Sum Insured and Permanent Total Disablement covered up to 3 times the Sum Insured , as per table of benefits .	3.1.3
	4. Daily Allowance: A fixed amount (as opted) is payable; Max. 5 days per hospitalization. (1 day deductible is applicable)	3.1.4
Exclusions (What the policy does not cover)	Standard Exclusions:	
	Permanent Exclusions Any Claim in respect of any Insured Person for, arising out of or due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Add-on Policy terms and conditions. The following list of permanent exclusions is applicable to all the Benefits : <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 	4.1

	<p>7. Breach of law</p> <p>8. Excluded Providers</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <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>Permanent Exclusions</p> <p>Any Claim in respect of any Insured Person for, arising out of or due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Add-on Policy terms and conditions.</p> <p>The following list of permanent exclusions is applicable to all the Benefits :</p> <ol style="list-style-type: none"> 1. Any item or condition or treatment specified in List of Non-Medical Items (same as per Annexure to Base 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 eye, ear and dental and all other external appliances and/or devices whether for diagnosis or treatment. 6. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iv). 7. 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. Treatment of any external Congenital Anomaly or 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, Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment) and tonics. 	<p>4.2</p>
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	<p>11. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.</p> <p>12. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.</p> <p>13. War (whether declared or not) 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.</p> <p>14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.</p> <p>15. 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:</p> <ul style="list-style-type: none"> i. 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. ii. 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. iii. 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. <p>16. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>17. 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>18. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalization or Day Care Hospitalization is excluded. Treatment sought for any medical condition, not covered under the benefit but arising during the Hospitalization for the condition covered under the benefit.</p> <p>19. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.</p> <p>20. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.</p> <p>Additional Exclusions applicable to any Claim under Personal Accident:</p> <p>Any Claim in respect of any Insured Person for, arising out of or due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Add-on Policy terms and conditions :</p> <ul style="list-style-type: none"> 1. Any pre-existing injury or disability; 2. An Insured Person operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal; 3. An Insured Person flying in an aircraft other than as a fare paying 	<p>4.2</p>
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	<p>passenger in a Scheduled Airline;</p> <ol style="list-style-type: none"> 4. Sexually transmitted disease except arising out of HIV. 5. Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor; 6. Training for or participating in professional sport of any kind; 7. The Primary Insured Person serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces; 8. Primary Insured Person working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs or ship crew services or as jockeys or circus personnel or aerial photography or engaged in any Hazardous Activities. 9. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover period. 10. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport. 11. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound). 12. As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body. <p>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>																															
<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 36 months</p>	<p>.4.1(a)</p>																														
<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> <table border="1" data-bbox="328 1083 964 1469"> <thead> <tr> <th></th> <th>SI 50,000</th> <th>SI 1,00,000</th> <th>SI 2,50,000</th> <th>SI 5,00,000</th> </tr> </thead> <tbody> <tr> <td>Treatment of Cataract</td> <td>Up to 10,000 per eye</td> <td>Up to 10,000 per eye</td> <td>Up to 10,000 per eye</td> <td>Up to 12,500 per eye</td> </tr> <tr> <td>Treatment of Total Knee Replacement</td> <td>Up to Rs 50,000 per Knee</td> <td>Up to Rs 50,000 per Knee</td> <td>Up to Rs 50,000 per Knee</td> <td>Up to Rs 62,500 per Knee</td> </tr> <tr> <td>Treatment for each and every Ailment / Procedure mentioned below:-</td> <td>Up to Rs 20,000</td> <td>Up to Rs 20,000</td> <td>Up to Rs 20,000</td> <td>Up to Rs 25,000</td> </tr> <tr> <td> i. Surgery for treatment of all types of Hernia</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> ii Hysterectomy</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		SI 50,000	SI 1,00,000	SI 2,50,000	SI 5,00,000	Treatment of Cataract	Up to 10,000 per eye	Up to 10,000 per eye	Up to 10,000 per eye	Up to 12,500 per eye	Treatment of Total Knee Replacement	Up to Rs 50,000 per Knee	Up to Rs 50,000 per Knee	Up to Rs 50,000 per Knee	Up to Rs 62,500 per Knee	Treatment for each and every Ailment / Procedure mentioned below:-	Up to Rs 20,000	Up to Rs 20,000	Up to Rs 20,000	Up to Rs 25,000	i. Surgery for treatment of all types of Hernia					ii Hysterectomy					
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	<p>iii Surgeries for Benign Prostate Hypertrophy (BPH)</p> <p>iv Surgical treatment of stones of renal system</p>						
<p>ii.Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	<p>-In case of a claim , this policy requires you to share the following costs(Expenses exceeding the following Sub-limits) :</p>						
		SI 50,000	SI 1,00,000	SI 2,50,000	SI 5,00,000		
	Room Rent / Room Category	Lower of 1% of SI or 'General Ward'	Lower of 1% of SI or 'General Ward'	Lower of 1% of SI or 'General Ward'	Lower of 1% of SI or 'General Ward'		
	ICU Charges	Lower of 2% of SI or Up to Rs 2000 per day	Lower of 2% of SI or Up to Rs 2000 per day	Lower of 2% of SI Up to Rs 5000 per day	Lower of 2% of SI Up to Rs 5000 per day		
	Not Applicable						
<p>iii.Deductible (It is a specified amount :</p> <p>- up to which an insurance company will not pay any claim , and</p> <p>- which will be deducted from total claim amount is more than the specified amount)</p> <p>iv.Any other limit (as applicable)</p>	Not Applicable						
<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>Claim process is same as Base Policy.</p> <p>Turn Around Time (TAT) for claims settlement :</p> <p>i. TAT for preauthorization of cashless facility: 1 hours</p> <p>ii. TAT for cashless final bill authorization : 3 hours</p> <p>Web link (https://www.careinsurance.com/rhicl/claim/login) for following :</p> <p>i. Network hospital details</p> <p>ii. Helpline number</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer</p> <p>iv. Downloading/getting claim form</p>						6.1
<p>Policy Servicing</p>	<p>i. Call center number of the insurer - whatsapp number: 8860402452</p> <p>ii. Details of Company officials -</p> <p>Customer Service</p> <p>Care Health Insurance Limited ,</p> <p>Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector– 43, Gurugram – 122009</p>						

<p>Grievances/ Complaints</p>	<p>In case of any grievance the Insured Person may contact the Company through</p> <ul style="list-style-type: none"> - 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>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.</p> <p>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>5.1.5</p>
<p>Things to remember</p>	<p>Free Look cancellation: Conditions under this Add-on policy will be similar to the base policy.</p> <p>Policy renewal: Conditions under this Add-on policy will be similar to the base policy.</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>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> <p>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 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>5.1.6</p>
<p>Your Obligations</p>	<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>	

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