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HEALTH
INSURANCE

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



explore

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	Explore									
Policy Number										
Type of the Insurance Product /Policy	Both Indemnity and Benefit									
Sum Insured (Basis)	- Individual Basis: (each member has a separate sum insured under the policy).									
	Plan	Explore Asia (Plan 1)	Explore ANZ (Plan 2)	Explore Africa (Plan 3)	Explore Europe (Plan 4)	Explore Canada + (Plan 5)	Explore Silver(Plan 6)	Explore Gold (Plan 7)	Explore Platinu m (Plan 8)	
	Sum Insured	US \$ 10k, 25K, 50K & 100K	US \$ 25K, 50K & 100K	US \$ 25K, 50K & 100K	€ 30K & 100K	US \$ 50K & 100K	US \$ 25K, 50K & 100K, 200k	US \$ 50K, 100K, 200k, 300K & 500K	US \$ 50K, 100K, 300K, 500K, 750k, 1000k	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)										
Benefits / Plan		Explore Asia	Explore ANZ	Explore Africa	Explore Europe	Explore Canada +	Explore Silver	Explore Gold	Explore Platinum	
Hospitalization Expenses – Indemnifies the Medical Expenses incurred by the Policyholder, Emergency Care as in-patient or out-patient treatment arising out of Injury or Illness during the Period of Insurance. A Deductible of US \$ 100 / € 75 shall be applicable on per Claim basis.		✓	✓	✓	✓	✓	✓	✓	✓	Clause 2.1 Benefit 1
Daily Allowance – Pays a fixed amount per day for each and every completed day of hospitalization, if such hospitalization is for a minimum of 1 day and subject to a maximum of 5 consecutive days. A Deductible of 2 days shall be applicable on per Claim basis.		✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.2 Benefit 2
Compassionate Visit – Indemnifies the Policyholder for the travel expenses incurred for an Immediate Family Member to travel to the place of hospitalization of the Insured Person, if such hospitalization is for a period of 5 consecutive days.		✗	✗	✗	✗	✗	✗	✗	✓	Clause 2.3 Benefit 3

Return of Minor Child – Indemnifies the Policyholder for the travel expenses incurred towards return of the minor child to the Country of Residence, for safety of the minor child in case the Insured is hospitalized for an Emergency Care for any Illness or Injury and is travelling alone with child, who otherwise would be left unattended.	x	x	x	x	x	x	x	✓	Clause 2.4 Benefit 4
Up-gradation To Business Class – Indemnifies the Policyholder for up-gradation to business class air travel in case of hospitalization of more than five consecutive days due to any Illness or Injury sustained whilst on a Trip.	✓	✓	✓	✓	✓	x	✓	✓	Clause 2.5 Benefit 5
Dental Treatment – Indemnifies the medical expenses incurred for “Dental Treatment” during the Period of Insurance in connection with any Injury to the Insured Person’s Sound Natural Teeth or any Acute Pain to the Insured Person’s Sound Natural Teeth during the Period of Insurance,. A Deductible of US \$ 100 / € 75 per tooth shall be applicable on per Claim basis.	✓	✓	✓	✓	✓	✓	✓	✓	Clause 2.6 Benefit 6
Personal Accident – Pays the Policyholder in an unfortunate event of the Insured Person’s death or disablement due to an Accident during the Period of Insurance.	✓	✓	✓	✓	✓	✓	✓	✓	Clause 2.7 Benefit 7
Common Carrier Accidental Death – Pays the Policyholder in an unfortunate event of the Insured Person’s death due to an Accident as a fare paying passenger on a common carrier.	x	x	x	x	x	x	x	✓	Clause 2.8 Benefit 8
Repatriation of Mortal Remains –Indemnifies the Policyholder the cost incurred for transportation of the mortal remains of the Insured Person in the event of his death while on the trip or for a local burial or cremation at the place of death.	✓	✓	✓	✓	✓	✓	✓	✓	Clause 2.9 Benefit 9
Trip Cancellation- Indemnifies the travel and accommodation expenses (less any refund)incurred by the Insured on the event of cancellation of the outward journey from the Country of Residence to an International Place of Destination on a Common Carrier, before the commencement of Period of Insurance which is solely attributable to and / or arising solely and directly due to specific conditions.	✓	✓	✓	✓	✓	x	✓	✓	Clause 2.10 Benefit 10

Trip Interruption- Indemnifies additional travel and accommodation expenses(similar standard and class as original) after deducting of refund (if any), when Insured's overseas trip is unavoidably curtailed(cutting short by early return to India) after the commencement of Period of Insurance which is solely attributable to and / or arising solely and directly due to specific conditions after the onset of the trip	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.11– Benefit 11
Trip Delay- Pays a fixed amount for each block of 4 hours delay up to the limits as specified in the Policy Schedule, if the Actual departure time of a Common Carrier in which the insured is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 4 hours from the Scheduled departure time	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.12– Benefit 12
Loss of Checked-In Baggage – Indemnify up to Sum Insured in case the Checked-In Baggage is lost whilst in custody of the Common Carrier in which the Insured was a ticketed passenger. A Deductible of US \$ 50 / € 30 shall be applicable on per Claim basis.	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.13– Benefit 13
Delay of Checked-In Baggage – Pays the Policyholder if there is a delay in receipt of the Checked-In Baggage beyond 12 consecutive hours.	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.14– Benefit 14
Loss of Passport and/or International Driving License(IDL) – Pays a fixed amount to Policyholder incurred towards obtaining a new or duplicate Passport and/or a duplicate or new International Driving License (IDL), in case the Insured Person loses his original passport and /or IDL during the Period of Insurance on a valid trip in a foreign country	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.15– Benefit 15
Personal Liability – Indemnifies the Policyholder against legal liability arising by an act of the Insured Person for bodily Injury or property damage to third parties occasioning on account of an Accident occurring anytime during the trip or within the Period of Insurance. A Deductible of US \$ 100 / € 75 shall be applicable on per Claim basis.	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.16– Benefit 16
Hijack Distress Allowance- The Company shall pay a fixed allowance to the Policyholder/Insured Person for each 24 consecutive hours, maximum up to the limits specified in the	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.17– Benefit 17

Policy Schedule in case the Common Carrier in which the Insured is traveling as a passenger during the Period of Insurance shall be subject of Hijack and that the Common Carrier is held captive by the hijackers									
Missed Flight Connection- Company will reimburse the Insured Person for reasonable extra accommodation and travel costs(less refunds if any) up to the specified amount to reach the next destination shown on the ticket/itinerary, if the Insured Person missed a pre-booked Common Carrier as a result of the scheduled Common Carrier (on which the Insured had booked to travel) not running on its published time table. Time gap between scheduled arrival of incoming common carrier and scheduled departure of connecting common carrier should not be less than 6 hours.	✓	✓	✓	✓	✓	✗	✓	✓	Clause 2.18- Benefit 18
Automatic Trip Extension - Company will extend Period of Insurance once for a period of up to 7 consecutive days due to specified reasons which directly results in the extension of the Trip duration. A specified Deductible shall be applicable on per Claim basis (as applicable under Benefit 1).	✓	✓	✓	✓	✓	✓	✓	✓	Clause 2.19- Benefit 19
Optional Benefits									Clause 3.A
Life Threatening Condition Due To PED- By opting this Benefit, coverage for Pre-existing diseases for Life Threatening Conditions will be included for Hospitalization Expenses up to a specified limit, and scope is also extended to additional Benefits where Insured Person is hospitalized due to Emergency Care of any illness. A specified Deductible shall be applicable on per Claim basis (as applicable under Benefit 1).	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.1- Optional Benefit 1
Medical Expenses Due To Accident Only- By opting this Benefit, Coverage for Hospitalization Expenses (Benefit 1) during the Period of Insurance for the Insured Person will be restricted to Emergency Care of any Injury due to an Accident only and up to the Sum Insured as mentioned The scope of this Benefit is also extended to Benefits where Insured Person is	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.2- Optional Benefit 2

to Benefits where Insured Person is Hospitalized due to Emergency Care for any Accident. A specified Deductible shall be applicable on per Claim basis (as applicable under Benefit 1).									
Option Of Waiver Of Deductible- By opting this Benefit, Deductible applicable on the component Hospitalization Expenses-Benefit 1 (In-Patient and Out-patient only) , Optional Benefit 1(Life Threatening Condition due to PED) and Optional Benefit 2(Medical Expenses due to Accident only) will be waived off	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.3- Optional Benefit 3
Adventure Sports Cover- The coverage under this Optional Benefit will be limited to Benefit 1 (In-Patient Care) and Benefit 7 (Personal Accident) for the illness or injury or death occurring due to participation of Insured Person in Hazardous Activities. A Deductible of US \$ 100/€75 shall be applicable on per Claim basis.	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.4- Optional Benefit 4
Refund Of Visa Fee (If Visa Rejected)- Company will pay for re-imbursment of Visa fee if the Insured's Visa got rejected for no fault or negligence of the Insured Person	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.5- Optional Benefit 5
Option of Waiver of Sub-limit- Company will waive-off the sub-limit applicable for In-patient Care if this Optional Benefit is chosen by the Insured Person	✓	✓	✓	✓	✓	✓	✓	No sub-limits by default	Clause 3.6- Optional Benefit 6
Option of Co-payment- Co-payment of 20% will be applicable on specified Benefits. applicable on each Claim for Hospitalization Expenses, Up-gradation to Business Class, Medical Evacuation, Life Threatening Condition for PED (if opted), Medical Expenses due to Accident only(if opted), Adventure Sports Cover(if Opted)	✓	✓	✓	✓	✓	✓	✓	No co-pay by default	Clause 3.7- Optional Benefit 7
Optional Package									Clause 3.B
Loss Of Laptop/Tablet/Hand Baggage/ Personal Belongings Company will indemnify the depreciated amount to the Insured Person as per specific Sum Insured due to declaration of loss of Laptop/Tablet/Hand Baggage/ Personal belongings (while the Insured Person was carrying them) within the Period of Insurance due to Theft, robbery or being stolen. A Deductible of US \$ 50 /€30 shall be applicable	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.B.1

Bounce Booking-Hotel/Common Carrier Company will reimburse up to the amount mentioned in the Policy schedule in the unexpected event of the accommodation provider(hotel) or the Common carrier unable to honor the Insured Person's confirmed bookings(pre-paid or contracted to pay) due to overbooking . A Deductible of US \$100/€75 shall be applicable.	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.B.2
Home to Home Cover Company will extend the Coverage for the Insured Person before /beyond the Period of Insurance for In -Patient Care, Out-Patient and Personal Accident Benefits up to the Sum Insured of the respective Benefits for the following: 1. Starting of the Journey from Home (or any intermediate place) at the Country of Residence to the Airport for duration of 6 hours before the Scheduled departure time of the Common Carrier; and 2. Return journey from the Airport to Home (or any intermediate place) after de-boarding the Common Carrier at the Country of Residence for duration of 6 hours after the Actual arrival time of the Insured Person.	✓	✓	✓	✓	✓	✓	✓	✓	Clause 3.B.3
Exclusions (What the policy does not cover)	General 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: (a) Any events occurring outside the Period of Insurance except for a Claim for Treatment at Country of Residence and Refund of Visa Fee(if opted) Trip Cancellation , Trip Delay, Home to Home Cover(if opted), Automatic Trip Extension (b) The Insured Person is : (i) Traveling against the advice of a Medical Practitioner; or (ii) Receiving, or is supposed to receive, medical treatment; or (iii) Having received terminal prognosis for a medical condition; or (iv) Travelling for the purpose of obtaining medical treatment; or (v) Taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation. (c) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, areca nut/betel nut, intoxicating drugs or alcohol. (d) Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent. (e) Any condition directly or indirectly caused by or associated with any sexually transmitted disease except arising out of HIV.								Clause 5

	<p>(f) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.</p> <p>(g) Any dental treatment or surgery unless necessitated due to an Injury or any Acute Pain</p> <p>(h) 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.</p> <p>(i) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.</p> <p>(j) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.</p> <p>(k) Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment. Any diagnosis or treatment of an Illness / Injury which does not require Hospitalization.</p> <p>(l) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.</p> <p>(m) Weight management services and treatment, services and supplies including treatment of obesity (including morbid obesity).</p> <p>(n) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.</p> <p>(o) Treatment of all Congenital Anomalies or Illness or defects or anomalies or treatment relating to birth defects.</p> <p>(p) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability</p> <p>(q) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an accident injury or burns.</p> <p>(r) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.</p> <p>(s) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.</p>	
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	<p>(t) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins & tonics.</p> <p>(u) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.</p> <p>(v) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.</p> <p>(w) Non-allopathic treatment.</p> <p>(x) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.</p> <p>(y) 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>(z) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.</p> <p>(aa) 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> <p>(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 or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.</p> <p>(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.</p> <p>(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> <p>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 is also excluded.</p> <p>(bb) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.</p> <p>(cc) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.</p> <p>(dd) Any claim relating to Hazardous Activities unless declared beforehand and agreed by the Company subject to additional premium being paid and incorporated accordingly in the Policy.</p> <p>(ee) The Insured Person engaged in any air travel unless he is flying as a passenger on an airline.</p>	
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	<p>(ff) Travel by any Insured Person against whom general or special travel restrictions have been imposed.</p> <p>(gg) Any consequential losses.</p> <p>(hh) Any Hospitalization primarily for investigation and / or diagnosis purpose.</p> <p>(ii) Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.</p> <p>(jj) Any specific time-bound or lifetime exclusions specified in the Policy Schedule.</p> <p>(kk) Any Policy which is bought after the Insured Person has left the Country of Residence.</p> <p>(ll) Any item or condition or treatment specified in List of Non-Medical Items(Annexure-I to Policy Terms and Conditions)</p> <p>Note: Any other exclusion as specified in the Policy Schedule.</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.	No Waiting Period is applicable in this product unless specified under any benefit.																			
<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>In case of a claim, this policy requires you to share the following costs (Expenses exceeding the following Sub-limits) :</p> <ul style="list-style-type: none">- Sub-limits on Medical Expenses under In-patient Care are applicable for Insured Persons <table><thead><tr><th>Medical Expense</th><th>Sub-limit</th></tr></thead><tbody><tr><td>Room Rent including boarding and lodging</td><td>1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day</td></tr><tr><td>ICU Charges</td><td>2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day</td></tr><tr><td>Operation Theatre charges (including Surgeon Charges)</td><td>10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim</td></tr><tr><td>Anesthesia</td><td>25% of the surgery cost payable</td></tr><tr><td>Ambulance Services</td><td>US \$ 500 per Claim / € 375 per Claim</td></tr><tr><td>Diagnostics and Radiology Services</td><td>US \$ 1,000 per Claim / € 750 per Claim</td></tr><tr><td>Medical Practitioners visit fees</td><td>US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim</td></tr><tr><td>Miscellaneous Expenses</td><td>US \$ 1,000 per Claim / € 750 per Claim</td></tr></tbody></table> <p>(Sub- Limits can be waived through Optional Benefit: 6 - Option of Waiver of Sub-limit)</p>	Medical Expense	Sub-limit	Room Rent including boarding and lodging	1.5% of the Sum Insured subject to a maximum of US \$ 2,000 per day / € 1,500 per day	ICU Charges	2% of the Sum Insured subject to a maximum of US \$ 3,000 per day / € 2,250 per day	Operation Theatre charges (including Surgeon Charges)	10% of the Sum Insured subject to a maximum of US \$ 20,000 per Claim / € 15,000 per Claim	Anesthesia	25% of the surgery cost payable	Ambulance Services	US \$ 500 per Claim / € 375 per Claim	Diagnostics and Radiology Services	US \$ 1,000 per Claim / € 750 per Claim	Medical Practitioners visit fees	US \$ 100 per visit / € 75 per visit subject to maximum of 10 visits per Claim	Miscellaneous Expenses	US \$ 1,000 per Claim / € 750 per Claim	2.1.2(B) - Benefit 1 & Clause 3.6
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<p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	<ul style="list-style-type: none">- 20% Co-payment applicable on each claim if opted through Optional Benefit: 7 (Co-payment if opted will be applicable on each Claim for Hospitalization Expenses, Up-gradation to Business Class, Medical Evacuation, Life Threatening Condition for PED (if opted), Medical Expenses due to Accident only (if opted), Adventure Sports Cover (if Opted).	Clause 3.7																		

<p>iii. Deductible (It is a specified amount :</p> <ul style="list-style-type: none"> - 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>iv. Any other limit (as applicable)</p>	<ul style="list-style-type: none"> - Deductible (Mandatory) applicable on Hospitalization Expenses, Dental Treatment, Life Threatening Condition due to PED (if opted), Medical Expenses due to Accident only (if opted), Loss of Checked-in Baggage, Personal Liability, Adventure Sports Cover (if opted), Loss of Laptop/Tablet, Hand Baggage and Personal Belongings (if opted), Bounced Booking - Hotel/Common Carrier (if opted). - Deductible on Hospitalization Expenses-Benefit 1 (In-Patient and Out-patient only), Optional Benefit 1(Life Threatening Condition due to PED) and Optional Benefit 2(Medical Expenses due to Accident only) can be waived off through Optional Benefit: 3 - Option of Waiver of Deductible. - Time Excess applicable on Daily Allowance, Delay of Checked-in Baggage, Missed Flight Connection 	<p>Clause 3.3</p>
<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 Intimation: Notification to Company either at the Company's call center or the Assistance Service Provider's call center or in writing immediately and in any event within 7 days from the Date of Loss under which the Claim is made.</p> <p>If the Hospitalization is required, the Company shall be notified with full particulars at least within 24 hours of admission to Hospital.</p> <p>For Cashless service: Cashless Facility is available only at Network Providers for In-patient Care under Benefit 1(The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider. For Network Provider list, Insured Person may please log on to the Company's website.</p> <p>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.</p> <p>For assistance related to Policy Servicing, Network hospital details, Claims, etc. please contact below:</p> <p>Name of the Assistance Service Provider - Falck Global Assistance US and Canada Toll free number : +1 8443013135/+18443013146 Any other country: +91 124 4498760 (Call Back Facility) Fax No. : +91 124 4006674 E-mail : travelassistance@careinsurance.com (for claims) Website : www.careinsurance.com Web link (https://www.careinsurance.com/rhicl/claim/login) for downloading claim form.</p>	<p>Clause 6</p>
<p>Policy Servicing</p>	<ol style="list-style-type: none"> Call center number of the insurer - whatsapp number: 8860402452 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>Clause 7.17</p>
<p>Grievances/Complaints</p>	<p>In case of any grievance the Insured Person may contact the Company through Website/link: https://www.careinsurance.com/customer-grievance-redressal.html</p> <p>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. 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>	Clause 7.17
Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>(This Clause shall be applicable only for the policies which are issued for a period of at least 365 days.)</p> <p>For free look cancellation 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 	Clause 7.8
Your Obligations	<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> <p>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</p>	<p>Clause 7.1</p> <p>Clause 7.4</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: RHITIOP20134V031920

IRDAI Registration Number - 148

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Customer App



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Self Help Portal:

www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:

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