

protect plus

Customer information sheet

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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	Protect Plus				
Policy Number					
Type of the Insurance Product /Policy	Both Indemnity and Benefit				
Sum Insured (Basis) (Along with amount)	Plan	Basic	Premium	Elite	
	Sum Insured	5 Lacs to 20 Lacs	Above 20 Lacs and up to 1Cr	Above 1Cr to 6 Cr	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Section 1 : Global Plus				
	Plan	Basic	Premium	Elite	
		All conditions Only Planned Hospitalization is covered SI : 5 Lacs to 20 Lacs	All conditions Only Planned Hospitalization is covered SI : Above 20 Lacs and up to 1Cr	Option 1 - All conditions Option 2 - 32 CI SI : Above 1Cr to 6 Cr	
	Base Benefits				
	1.Hospitalization Expenses				
- In-patient Care and Day Care Treatments The company indemnifies the Expenses , through Cashless or Reimbursement basis, for Medically Necessary Hospitalization incurred outside India either Worldwide or Worldwide excl. US & Canada as opted, covering either 'All Conditions' or '32 Critical Illness'. No Limit on the Room Rent or Room Category and ICU charge(s)		Covered Up to Sum Insured		3.1.1(a)	
- Advance Technology Methods The company Indemnifies expenses incurred under Benefit 'In-patient Care and/or Day Care Treatment' for treatment taken through listed Advance Technology methods.	NA	Covered Up to 10% Sum Insured	Covered Up to Sum Insured	3.1.1(b)	
- Organ Donor Cover Medical expenses incurred in respect of donor, for organ transplant surgery.	NA	NA	Covered Up to Sum Insured	3.1.1(c)	
- Pre-Hospitalization Medical Expenses & Post-Hospitalization Medical Expenses	NA	30 days and 60 days respectively; Covered Up to Sum Insured	60 days and 120 days respectively; Covered Up to Sum Insured	3.1.1(d)	

2. Road Ambulance Cover				
Indemnifies for expenses incurred on an ambulance service offered by the hospital or any service provider, during medical emergency situation.	NA	Covered Up to Sum Insured	Covered Up to Sum Insured	3.1.2
3. Air Ambulance Cover				
Indemnifies transportation expenses incurred towards availing Air Ambulance service offered by a hospital or any service provider, during medical emergency situation.	NA	NA	Covered Up to Sum Insured	3.1.3
4. Repatriation of Mortal Remains				
Indemnifies costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence/Place of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred.	NA	NA	Covered Up to 5 Lac Sum Insured	3.1.4
5. Compassionate visit				
Indemnifies expenses incurred for the cost of a return economy class air ticket or equivalent by the most direct route from the Country of Residence of an Immediate Family Member (one adult) to the place of hospitalization of the Insured Person. Note : Minimum Hospitalization of 5 days shall be required for the applicability of the benefit	NA	NA	Covered Up to Sum Insured	3.1.5
Optional Benefits				
Maternity Expenses				
Indemnifies the amount for the Medical Expenses associated with Hospitalization of the Insured Person, for the delivery of the child during the Policy Year. Note : - Waiting period : 9 months - Eligibility : Female Insured members aged <= 45 years, covered for a continuous period.	NA	NA	Covered Up to 2.5% of Sum Insured	3.2.1
OPD cover				
Indemnify Expenses for availing Out-Patient Consultations, Diagnostic Examinations and Pharmacy as prescribed by Medical Practitioner, during the Policy Year.	NA	NA	Covered Up to 1% of Sum Insured	3.2.2
Modification of Waiting Period				
The applicable PED waiting period of 36 months shall be modified to specific time period as opted.	Option 1: PED wait period - Modified to No wait period/ 1 year/ 2 years			3.2.3

	And /or The applicable Named Ailment waiting period of 24 month waiting period shall be modified to specific time period as opted.	And / or Option 2 : Named ailment wait period shall be modified to No wait period /1 year			
International Second Opinion					
	In the event that the Insured Person is diagnosed with any Major Illness / Injury during the Policy Year, then at the Policyholder's / Insured Person's request, the Company arranges for a Second Opinion from a Medical Practitioner located worldwide excluding India only	Available	3.2.4		
Modification of Advance Technology Methods					
	Coverage for Advance Technology Methods treatments shall be modified up to the specified limit and the Company's liability shall be limited to such extent.	NA	50%/100% of SI	NA	3.2.5
Section 2 : Plus					
	Unlimited E-Consultations: Offers unlimited e-consultations with qualified General Physicians at our network (within India) during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.)	Available unlimited times in a Policy year	3.3		
	Pre-Post Hospitalization Expenses Modification- Offers modification of Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses under Base Policy, to the no. of days as opted.	Covered up to Base Policy Sum Insured	3.4		
Exclusions (What the policy does not cover)	Permanent Exclusions: Any Claim of an Insured Person arising 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 & EvaCode- Exclusion: (I04) 2. Rest Cure, rehabilitation and respite care: (Code- Excl05) 3. Obesity/ Weight Control: (Code- Excl06) 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10)			4	

7. **Breach of law: (Code- Excl10)**
8. **Excluded Providers: (Code- Excl11)**
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
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. **(Code- Excl13)**
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 **(Code- Excl14)**
12. **Refractive Error: (Code- Excl15)**
13. **Unproven Treatments: (Code- Excl16)**
14. **Sterility and Infertility: (Code- Excl17)**
15. **Maternity: (Code Excl18)**

Specific Exclusions:

Any Claim of an Insured Person arising 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 (as per Annexure to Base 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 as applicable in local laws.
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 , 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 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.

	<ol style="list-style-type: none"> 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 or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens. 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: <ol style="list-style-type: none"> 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 under clause 3.1.1. 23. Hormone replacement therapy. 24. Any illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking. 25. 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>Waiting Period</p> <p>- Time period during which specified diseases/treatments are not covered</p>	<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):</p> <p>24 months for listed Named Ailments (option to modify Named Ailment wait period available under Modification of Waiting Period Optional Benefit)</p>	4.1(a)

- It is counted from the beginning of the policy coverage.	Pre-existing diseases: Covered after 36 months (option to modify PED wait period available under Modification of Waiting Period Optional Benefit) 9 months waiting period in case of Maternity benefit (if opted)	3.2.1
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) ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured) 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)	Not Applicable	
Claims/ Claims Procedure	This Add-on Policy shall follow as mentioned in the Base Policy	6.1 & 6.2
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	
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/	5.16
Things to remember	Free Look cancellation: This Add-on Policy shall follow as mentioned in the Base Policy	5.15
	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.	5.10
	Migration and Portability: When your policy is due for renewal, you may migrate	5.5& 5.9

	<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 eight 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>	5.12
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>This Add-on Policy shall follow as mentioned in the Base Policy.</p>	5.1 5.18

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 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: CHIHLLIA25045V022425

IRDAI Registration Number - 148

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WhatsApp - [8860402452](https://wa.me/8860402452)



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



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