



student explorē health unlimited

International Travel & Health Insurance for students

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	Student Explore – Health Unlimited												
Policy Number													
Type of the Insurance Product/Policy	Both Indemnity and Benefit												
Sum Insured (Basis) (Along with amount)	Individual Sum Insured- Unlimited (No maximum Sum Insured limit)												
Policy Coverage (What the policy covers?) (Policy Clause Number/s)													2.1
Base Benefits													
	Plan A			Plan B			Plan C			Plan D			
Policy Year Maximum	Unlimited			Unlimited			Unlimited			Unlimited			
Per Illness/Injury Maximum Limit	Unlimited			Unlimited			Unlimited			Unlimited			
Area of Cover	USA & Canada			USA & Canada			USA & Canada			USA & Canada			
Maximum Outside USA & Canada cover limit per Insured Person per policy year	USD 500			USD 500			USD 500			USD 500			
	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	
Policy Deductible (Per Insured per Policy Year)	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	
Out of Pocket Maximum Expenses per Insured Person per Policy Year	USD 6,350	NA	NA	USD 6,350	NA	NA	USD 6,350	NA	NA	USD 6,350	NA	NA	
In-patient and Day-Care treatment Benefits	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	
Hospital Room & Board – Single Private Room	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%	

<p>Hospital Charges</p> <ul style="list-style-type: none"> · Diagnostic procedures · Surgical procedures · Operating theatre charges · Nursing care, drugs and dressings · Surgical appliance and surgical implants · Surgeon and anaesthetist charges · Intensive care unit and high dependency unit charges · CT scan, MRI, x-rays and other such proven medical imaging techniques · Chemotherapy and/or radiotherapy · Kidney dialysis 	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%	
<p>Mental Health (treated as any other eligible medical condition)</p>	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%	
<p>Organ Transplant</p> <ul style="list-style-type: none"> · Expenses for Donor are not covered · No benefits when an Out-of-Network Provider is used 	80%	No Benefit	100%	90%	No Benefit	100%	90%	No Benefit	100%	70%	No Benefit	100%	
<p>Injury from Attempted Suicide/Self-inflicted Injury</p>	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%	
<p>Alcohol and Substance Abuse</p>	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%	
<p>AIDS, HIV, and Sexually Transmitted Diseases</p>	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%	
<p>Coverage at home country</p> <p>i. In-patient & Day care Treatment</p> <p>Subject to Benefit Deductible-USD \$ 100</p> <p>(Policy Deductible and coinsurance do not apply to this benefit)</p>	Up to USD \$ 3,000												

Out-patient treatment Benefits	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada
Benefit Deductible per visit by the Insured Person to a General Practitioner who is not from the University Student Centre or Student Health Centre	USD 25	USD 50	USD 25	USD 25	USD 50	USD 25	USD 25	USD 50	USD 25	USD 25	USD 50	USD 25
Benefit Deductible per visit by the Insured Person to a Specialist who is not from the University Student Centre or Student Health Centre	USD 50	USD 100	USD 50	USD 50	USD 100	USD 50	USD 50	USD 100	USD 50	USD 50	USD 100	USD 50
Out-patient treatment Benefits	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada
Out-patient Treatment - Consultation - Diagnostic procedures - CT Scan, PET Scan, MRI - Radiotherapy and/or Chemotherapy - Kidney dialysis - Out-patient Surgical Procedures	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%
Out-patient Prescription Drugs including Contraception drugs (Benefit Deductible do not apply to this benefit)	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%
Emergency Out-patient Treatment (Benefit Deductible shall be waived off if admitted as an in-patient)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Therapeutic Services - Occupational Therapy - Physical Therapy - Speech Therapy Subject to USD 50 per visit and a maximum of 30 days per Insured Person per Policy Year	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%

Mental Health	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%	
Maternity Benefits	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	
Maternity Care for covered pregnancy - Pre- and post-natal routine care , - Pre- and post-natal complications and - Cost of delivery - Investigation and treatment to the cause of infertility * Dependent daughters are excluded from the coverage * No waiting period on coverage. * Conception must occur after the Policy Period start date	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%	
Surgical Contraception Policy Deductible and coinsurance do not apply to this benefit)	100%	No Benefit	No Benefit										
Abortion Subject to USD 500 per Insured Person per Policy Year	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%	
New born Benefits	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	
Premature Birth, Congenital conditions, Anomalies of the New born.	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%	
Routine New born Care	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%	

Other Benefits	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada
Dental Treatment due to accident Subject to USD 300 per tooth and a maximum of USD 600 per Insured Person per Policy Year	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%
Paediatric Dental and Vision Care (for dependent child < 19 years old) (Policy Deductible do not apply to this benefit)	100%	70%	No benefit	100%	70%	No benefit	100%	70%	No benefit	100%	50%	No benefit
	Out-patient routine dental check-up subject to 2 visits per Policy Year			Out-patient routine dental check-up subject to 2 visits per Policy Year			Out-patient routine dental check-up subject to 2 visits per Policy Year			Out-patient routine dental check-up subject to 2 visits per Policy Year		
	Vision examination subject to 1 per Policy Year			Vision examination subject to 1 per Policy Year			Vision examination subject to 1 per Policy Year			Vision examination subject to 1 per Policy Year		
	Eye glasses or contact lens subject to US\$ 150 per Policy Year			Eye glasses or contact lens subject to US\$ 150 per Policy Year			Eye glasses or contact lens subject to US\$ 150 per Policy Year			Eye glasses or contact lens subject to US\$ 150 per Policy Year		
Cancer Screening (Policy deductible and coinsurance do not apply to this benefit)	100%	No benefit	No benefit									
Extended Care / Inpatient Clinics / In-patient Rehabilitation Subject to maximum of 30 days per Insured Person per Policy Year	80%	60%	100%	90%	60%	100%	90%	70%	100%	70%	50%	100%
Hospice and palliative care Subject to lifetime maximum of 30 days	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%
Home Health Nurse / Skilled Nursing / In-Home Nurse / Private Duty Nurse Subject to a maximum of 100 days per Insured Person per Policy Year	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%

Intercollegiate, interscholastic, intramural, club sports (shall restrict to IPD, OPD)	Pays 80% Up to USD 1500 per Insured Person per policy year	Pays 60% Up to USD 1500 per Insured Person per policy year	Pays 80% Up to USD 500 per Insured Person per policy year	Pays 90% Up to USD 1500 per Insured Person per policy year	Pays 60% Up to USD 1500 per Insured Person per policy year	Pays 80% Up to USD 500 per Insured Person per policy year	Pays 90% Up to USD 1500 per Insured Person per policy year	Pays 70% Up to USD 1500 per Insured Person per policy year	Pays 80% Up to USD 500 per Insured Person per policy year	Pays 70% Up to USD 1500 per Insured Person per policy year	Pays 50% Up to USD 1500 per Insured Person per policy year	Pays 70% Up to USD 500 per Insured Person per policy year
Durable Medical Equipment	80%	60%	80%	90%	60%	80%	90%	70%	80%	70%	50%	70%
Local Road Ambulance	100%		100%		100%		100%		100%			
Emergency Medical Evacuation and Repatriation	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Upto Outside USA & Canada cover limit	
Repatriation of Mortal Remains	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit	Unlimited	Upto Outside USA & Canada cover limit		
Emergency Reunion (Policy Deductible and coinsurance do not apply to this benefit)	Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit	Upto Outside USA & Canada cover limit	Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit.	Upto Outside USA & Canada cover limit	Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit.	Upto Outside USA & Canada cover limit	Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit.	Upto Outside USA & Canada cover limit	Up to USD 5,000 per Insured Person per policy year maximum of 15 days per Policy, 5 Days of Minimum hospitalisation required to avail this benefit.	Upto Outside USA & Canada cover limit		
Accidental Death and Dismemberment (PTD, PPD) Note - Coverage under this benefit shall be available in Home Country as well.	Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)		Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)		Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)		Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)		Lifetime Maximum USD 25,000 (Insured person) USD 10,000 (Spouse) USD 5,000 (Child)			
Value Added Services (VAS)	VAS Services are provided by Assistance Service Provider such as Arrangement of Emergency Medical Evacuation, Medical Service Provider Referral, Psychological Hotline etc.											

Pre-Existing Condition	No waiting period	No waiting period	No waiting period	No waiting period	
Non Pre-certification Penalty	Applicable	Applicable	Applicable	Applicable	
Optional Covers					
Benefit	Deductible	Pay-out Basis	Description		2.2
Daily Allowance	3 days	Benefit	US \$ 50 per day, max 7 days		
Loss of Checked-in Baggage	N.A.	Indemnity	US \$ 1000, US \$ 2000		
Delay of Checked-in Baggage	12 Hours	Benefit	US \$ 150		
Loss of Passport	US \$ 50	Indemnity	US \$ 150, US \$ 200		
Loss of International driving license	US \$ 50	Indemnity	US \$ 100, US \$ 150		
Personal Liability	US \$ 200	Indemnity	US \$ 100,000		
Study interruption	N.A.	Indemnity	US \$ 10,000, US \$ 15,000		
Sponsor Protection	N.A.	Indemnity	US \$ 15,000		
Bail Bond	N.A.	Indemnity	US \$ 5,000		
University Insolvency	N.A.	Indemnity	US \$ 7,500		
Trip Delay	12 Hours	Indemnity	US \$ 200		
Loss of Laptop / Tablet	N.A.	Indemnity	US \$ 250		
Adventure Sports Injury	US \$ 100	Indemnity	US \$ 50,000 / US \$ 100,000 / US \$ 300,000 / US \$ 500,000 / US \$ 1,000,000		
Family cover Benefits covered :- i. In-patient & Day care Treatment(except Injury from Attempted Suicide/Self-inflicted Injury, Alcohol & Substance Abuse Benefits) ii. Out-patient iii. Dental Treatment due to accident iv. Paediatric Dental & Vision v. Accidental Death & Dismemberment vi. Delay of checked in baggage vii. Loss of checked in baggage viii. Loss of Passport ix. Personal Liability x. Trip Delay xi. Daily Allowance xii. Local Road Ambulance	As per Benefit condition	As per Benefit condition	As per Plan		

Health Screening /Preventive Care (except Cancer Screening)	N.A.	Indemnity	Upto \$500/1000/2000/5000 Note - Coverage applicable only in USA & Canada (In Network)	
Deductible Options (Per Insured per policy year)	S.No.	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada
	Option 1	USD 100	USD 250	USD 100
	Option 2	USD 400	USD 400	USD 400
	Option 3	USD 500	USD 750	USD 500
Exclusions (What the policy does not cover)	<p>Standard 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.</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation: (Code- Excl04) 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) 8. Excluded Providers: (Code- Excl11) 9. 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) 10. 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) 11. Refractive Error: (Code- Excl15) 12. Unproven Treatments: (Code- Excl16) 13. Sterility and Infertility: (Code- Excl17) 			Clause- 4

Permanent 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) of policy terms & conditions.
2. The Company shall not admit any Claim in respect of an Insured Person which involves treatment/consultation in any of the hospitals as listed in Annexure – II of policy terms & conditions.
3. The Insured Person:
 - a. traveling against the advice of a Medical Practitioner; or
 - b. receiving, or is supposed to receive, medical treatment; or
 - c. having received terminal prognosis for a medical condition; or
 - d. travelling for the purpose of obtaining medical treatment; or
 - e. taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.
4. An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.
5. Any dental treatment or surgery unless necessitated due to an Injury.
6. 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.
7. Charges incurred in connection with ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
8. 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.
9. Treatment of all external Congenital Anomalies or Illnesses or defects or anomalies or treatment relating to external birth defects or vegetative state cover (on the basis of declaration by treating doctor). We define vegetative state as a condition of profound non-responsiveness with no sign of awareness or consciousness or a functioning mind, even if the Insured can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery
10. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
11. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
12. All vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.

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| 13. | 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. | |
| 14. | Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine | |
| 15. | All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery. | |
| 16. | 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. | |
| 17. | Stem cell implantation, harvesting, storage or any kind of treatment using stem cells. | |
| 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: <ul 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 or 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. <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> | |
| 19. | Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants. | |
| 20. | Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons. | |

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| | <ol style="list-style-type: none"> 21. Any claim relating to Hazardous Activities. 22. Any claim relating to aviation training 23. Treatment within ninety (90) days of birth of a baby conceived by artificial means or any assisted conception. 24. Treatments directly related to surrogacy that occurs when the Insured acts as a surrogate mother or a parent entrusting others to carry a surrogate. 25. Fetal surgery (referring to the treatment of the fetus in the womb). 26. Subsequent treatment or treatment of complications of voluntary male or female sterilization surgery. 27. Treatment to eliminate symptoms associated with physical changes caused by physiological or natural causes (such as aging, menopause or puberty), except for treatment caused by underlying diseases or trauma. 28. Sleep disorders, including but not limited to snoring, insomnia, obstructive sleep apnea, or sleep study tests; however, the first sleep study test (limited to one per Insured Person) and the Company's prior consent and compliance with the following Except for standard obstructive sleep apnea surgery: <ol style="list-style-type: none"> I. Specialist has prescribed other forms of treatment for the Insured but has not been successfully cured, and the specialist has confirmed that the operation is medically necessary, otherwise it will be life-threatening; 29. Examination or treatment for hair loss, replacement or hair transplantation; treatment for all forms of acne, ear or body piercings and tattoos; 30. Evaluation and treatment of various learning disabilities, educational problems, behavioral problems, physical development or mental development problems, including but not limited to dyslexia, movement disorders, autism, attention deficit hyperactivity disorder (ADHD) and speech question; 31. Non-medically necessary or non-reasonable and customary treatment; hospitalization for a condition that can be treated entirely as an outpatient. 32. Treatment provided to the Insured Person by the policyholder or its business partners, agents, family members, and treatment performed by the Insured Person for himself. 33. Fees for childcare or other training (such as prenatal classes), courses (such as abstinence from alcohol, tobacco, drugs or addictive substances). 34. Expenses for using drugs that have not been proven to be effective, or experimental drugs, or drugs that are still in the clinical trial stage. | |
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	<p>35. Home visit expenses (such as visits by physicians, health professionals) unless specified elsewhere in the Policy.</p> <p>36. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future unless requires for current medical treatment;</p> <p>37. Purchase of personal items and use of telephone, television, radio, newspapers, visitor catering, report fees, printing fees and any non-medical administrative expenses.</p> <p>38. Bank foreign currency transfer fees and exchange losses incurred when making claims in foreign currencies;</p> <p>39. The cost of any prescription drug in excess of the amount prescribed by the Physician / Medical Practitioner, or the cost of refilling the drug ninety 90 days after the initial prescription was issued by the Physician / Medical Practitioner except for contraception drugs; The cost of non-prescription drugs purchased directly over the counter at the pharmacy.</p> <p>40. Expenses incurred in countries not sanctioned by the Indian Government, the United Nations (UN), the United States of America (USA) & Canada, and the European Union (EU).</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. 	<p>No waiting period shall be applicable for Pre-Existing Condition provided the Pre Existing illness or any other medical history has been declared at the time of policy issuance and the same has been incorporated in the Policy Schedule.</p>	<p>Clause-4.2(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>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:</p> <table border="1" data-bbox="241 1037 931 1497"> <thead> <tr> <th></th> <th colspan="3">Plan A</th> <th colspan="3">Plan B</th> <th colspan="3">Plan C</th> <th colspan="3">Plan D</th> </tr> </thead> <tbody> <tr> <td>Maximum Outside USA & Canada cover limit per Insured Person per policy year</td> <td colspan="3">USD 500</td> <td colspan="3">USD 500</td> <td colspan="3">USD 500</td> <td colspan="3">USD 500</td> </tr> <tr> <td></td> <td>USA & Canada (In-Net work)</td> <td>USA & Canada (Out-of-Net work)</td> <td>Outside USA & Canada (In-Net work)</td> <td>USA & Canada (In-Net work)</td> <td>USA & Canada (Out-of-Net work)</td> <td>Outside USA & Canada (In-Net work)</td> <td>USA & Canada (In-Net work)</td> <td>USA & Canada (Out-of-Net work)</td> <td>Outside USA & Canada (In-Net work)</td> <td>USA & Canada (In-Net work)</td> <td>USA & Canada (Out-of-Net work)</td> <td>Outside USA & Canada (In-Net work)</td> </tr> <tr> <td>Policy Deductible (Per Insured per Policy Year)</td> <td>USD 250</td> <td>USD 500</td> <td>USD 250</td> </tr> </tbody> </table>		Plan A			Plan B			Plan C			Plan D			Maximum Outside USA & Canada cover limit per Insured Person per policy year	USD 500				USA & Canada (In-Net work)	USA & Canada (Out-of-Net work)	Outside USA & Canada (In-Net work)	USA & Canada (In-Net work)	USA & Canada (Out-of-Net work)	Outside USA & Canada (In-Net work)	USA & Canada (In-Net work)	USA & Canada (Out-of-Net work)	Outside USA & Canada (In-Net work)	USA & Canada (In-Net work)	USA & Canada (Out-of-Net work)	Outside USA & Canada (In-Net work)	Policy Deductible (Per Insured per Policy Year)	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250										
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Policy Deductible (Per Insured per Policy Year)	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250	USD 250	USD 500	USD 250																																										

	Co-payment	Refer s.no. 5 i.e. Policy Coverage (What the policy covers?) for details		
	Benefit Deductible	Refer s.no. 5 i.e. Policy Coverage (What the policy covers?) for details		
	Room/ICU charges beyond	Single Private Room		
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)	Option to modify the Policy Deductible :			
	S.No.	USA & Canada (In-Network)	USA & Canada (Out-of-Network)	Outside USA & Canada
	Option 1	USD 100	USD 250	USD 100
	Option 2	USD 400	USD 400	USD 400
	Option 3	USD 500	USD 750	USD 500
iv. Any other limit (as applicable)				
Claims/ Claims Procedure	<p>Details of procedure can be followed for cashless service as well as for reimbursement of claim :</p> <p>a) Pre-certification Call</p> <p>Pre-certification should be secured within the timeframes specified below. To obtain pre-certification, reach at the toll-free number. This call must be made:</p> <ul style="list-style-type: none"> · Non-emergency admissions: Insured Person, Insured Person's physician/ Medical Practitioner or the facility will need to call and request pre-certification at least 48 hours before the date Insured Person is scheduled to be admitted. · An emergency admission: Insured Person, Insured Person's authorized representative, Physician / Medical Practitioner or the facility must call within 48 hours or as soon as reasonably possible after Insured Person has been admitted <p>b) Cashless: Cashless treatment facilities are available only at Network Providers. The Insured Person can avail of this cashless facility at the time of admission into a Network Provider</p> <p>c) Reimbursement : Under Reimbursement Facility, all the information and documentation specified in Policy Terms & Conditions shall be submitted to the Company / Assistance Service Provider 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: Name of the Assistance Service Provider - Falck Global Assistance US and Canada Toll free number : +1 8443013135/+18443013146</p>			Clause-6.2

	<p>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>	
Policy Servicing	<p>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</p>	
Grievances/Complaints	<p>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</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>	<p>Clause 5.1 (XI)</p>
Things to remember	<p>Free Look cancellation: 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>The Free Look Period shall be applicable only for the policies which are issued for a period of at least 12 months</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 	<p>Clause- 5.1(X)</p>
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>Clause - 5.1 (I) & 5.2 (I)</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.

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: CHITIOP24111V012324

IRDAI Registration Number - 148

REACH US @



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