



super mēdiclaim

Superhero of Health Insurance

Customer Infromation 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	Super Mediclaim	
Policy Number		
Type of the Insurance Product /Policy	Both 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). - Sum Insured : 1L,2L,3L,5L,7L,10L,20L,25L,50L,100L,200L,300L,600L 	
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of :	
	BASE BENEFITS	
	1. Hospitalization Expenses:	
	In-patient Care - Admission in hospital beyond 24 hrs., covered up to Sum insured.	3.1.1
	Day-Care Treatments - Specified procedures requiring less than 24 hours of hospitalization (day care), covered up to Sum insured.	
	2. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses :	3.1.2
	Treatment prior to 30 days of admission in hospital and treatment within 60 days after discharge from hospital, covered up to Sum Insured.	
	3. Chemotherapy and Radiotherapy Cover : Chemotherapy and Radiotherapy treatment under Hospitalization expenses covered up to Sum Insured , if Medical Expenses are related to the Cancer Condition for which claim is accepted by company. Applicable for Critical Mediclaim and Cancer Mediclaim plans only.	3.1.3
	4. Dialysis Cover: Medical Expenses incurred on dialysis under Hospitalization Expenses, covered up to Sum Insured . Applicable for Critical Mediclaim only.	3.1.4
	5. Ambulance Cover : Covers charges for Ambulance service offered by the hospital or any service provider, in an emergency situation, Up to Rs 3000 per hospitalization.	3.1.5
	6. Organ Donor Cover: Medical expenses incurred in respect of donor, for organ transplant surgery, covered up to Sum Insured or 15 L whichever is lower.	3.1.6
7. AYUSH Treatment: In-patient Care taken for AYUSH Treatment covered up to Sum insured. Available only for Critical Mediclaim, Cancer Mediclaim and Heart Mediclaim plans.	3.1.7	
8. Second Opinion: Second Opinion from a Medical Practitioner within India covered once per Policy Year per Insured Person for any of the covered conditions	3.1.8	
9. Annual Health Check-up: Health check-up is arranged (for listed tests) at Network / other empanelled Service Providers, once every Policy year for all insured members, on cashless basis. Available from 2nd Policy Year on continuous coverage.	3.1.9	
10.No Claims Bonus (NCB): Increase in 50% of Sum Insured for 1st claim free year, 25 % of Sum Insured for 2nd claim free year and 25 % of Sum Insured for 3rd claim free year, maximum up to 100% of Sum Insured. Corresponding decrease in case of claim (decrease is only in Sum Insured accrued as NCB). Note : Insured Person has Option to opt for discount in renewal Premium instead of additional Sum Insured.	3.1.10	

	<p>11. Health Services:</p> <p>Quick Recovery Counseling: Up to Rs1000 / Session, Max. 8 Sessions Post Hospitalization per Policy year (can be taken twice per month)</p> <p>Doctor on Call: Telephonic/Online Mode</p> <p>Health Portal: Value added services through Company's Website</p>	3.1.11
	<p>12. Global Coverage: Hospitalization Expenses (In Patient and Day care)incurred outside India covered up to the Sum Insured. Available only for SI >=1 Cr and 10 % Co-pay applicable.</p>	3.1.12
	<p>13. OPD Expenses: Diagnostics, Consultations and Pharmacy expenses covered up to 1% of SI, Max up to Rs 25,000.</p>	3.1.13
	Optional benefits	
	<p>1. Deductible options: Deductible amount (as opted) shall be bear by Insured before any benefits are payable by the Company and is on aggregate basis for all claims in a policy year.</p>	3.2.1
	<p>2. Co-payment options: 20% of the admissible claim amount shall bear by the Insured whose entry age is below 61 years.</p>	3.2.2
	<p>3. Unlimited Automatic Recharge: Base Sum Insured is reinstated, unlimited times during the Policy Year. Available for Sum Insured - 2/3/5/7/10/20/25/50 L only and for unrelated illness only.</p>	3.2.3
	<p>4. International Second Opinion: Covered once per Policy Year per Insured Person for any of the covered conditions from a Medical Practitioner anywhere in the world excluding India on Policy Holder's request</p>	3.2.4
	<p>5. Room Rent Modification: Room Rent / Room Category limit gets modified to No sub-limit (only for SI >= 5 L)</p>	3.2.5
	<p>6. Additional Sum Insured for Accidental Hospitalization: If Insured is admitted under In-patient Care due to an accident , Additional 100 % Sum Insured is payable.</p>	3.2.6
	<p>7. Air Ambulance Cover: Air Ambulance transportation charges (during medical emergency) offered by a hospital/any service provider (in India) are covered Up to Rs.5 Lacs per Policy Year.</p>	3.2.7
	<p>8. Reduction in PED Wait Period: PED Wait Period reduced to 24 months.</p>	3.2.8
<p>Exclusions (What the policy does not cover)</p>	Standard Exclusions:	
	<p>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.</p> <p>i. The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits :</p> <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 7. Breach of law 8. Excluded Providers 9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home 	4.1(b)

	<p>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>	
Specific Exclusions:		
	<p>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.</p> <p>i. The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits:</p> <ol style="list-style-type: none"> 1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to 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 Persons’s family. 3. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV and not specifically mentioned in definition above. 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 (or Treatment undergone) 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. 6. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1 (iv). 7. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery. 8. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects. 9. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability. 10. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. 11. All preventive care (except eligible and entitled for Benefit 9: Annual Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment) and tonics. 12. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery. 13. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine. 	4.2

14. 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.
 15. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.
 16. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
 17. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
 18. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
 19. 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.
 20. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
 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. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.
 23. Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.
 24. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.
- ii. Additional Exclusions applicable to any Claim under the Optional Benefit 6 'Additional Sum Insured due to Accidental Hospitalization':**

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. The Insured Person operating or learning to operate any aircraft or performing duties as a Person of a crew on any aircraft or Scheduled Airline or any airline personnel;

	<ol style="list-style-type: none"> 2. The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline; 3. Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanor; 4. The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports; 5. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport; 6. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Policy Year; 7. Infections (except pyogenic infection which occurs through an Accidental cut or wound); 8. 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>iii. Additional Exclusions applicable to any Claim for the Covered Condition related to Operation Mediclaim Plan:</p> <ol style="list-style-type: none"> 1. All OPD based procedures not requiring day care/hospitalization 2. Any Surgery done for diagnostic/investigative purpose except in case of Pre and Post Hospitalization <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> <ul style="list-style-type: none"> - Any other exclusion as specified in the Policy Schedule. 	
<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: 90 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): Only applicable for Operation Mediclaim plan - 24 months for listed Named Ailments</p> <p>Pre-existing diseases: Covered after 36 months</p>	4.1(a)
<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> <p>Room/ICU charges: 1% of SI per day, only for SI < 5 L and Single Private room (SI => 5L)</p> <p>(Option to modify the room category as No sub-limit, available under Optional Benefit: Room Rent Modification for SI >= 5L)</p> <p>ICU: 2% of SI per day, only for SI < 5 L and No Sub-limit (SI => 5L)</p>	3.1.1(iii)
<p>ii.Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p>	<p>- Co-payment:</p> <ul style="list-style-type: none"> - Mandatory Co-payment of 20% per Claim will be applicable if Age of Insured Person or eldest Insured Person (in case of Floater) is 61 Years or above. - Option to bear 20 % Co-payment applicable on each claim for all the Insured whose entry age is below 61 years (Optional Benefit). - 10 % co-pay under Global coverage (Base Benefit) 	3(3) 3.2.2 3.1.12

<p>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>iii.Any other limit (as applicable)</p>	<p>Deductible amount (as opted) applicable on aggregate basis for all claims in a policy year.</p>	<p>3.2.1</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>For Cashless service: The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at our Network Provider. For Network Provider list, Insured Person may please log on to the Company’s website</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>Claim intimation: If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours (for emergency) and prior to 48 hours (for planned hospitalization) from the date of occurrence of event.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: Approx. 1 hours</p> <p>TAT for cashless final bill authorization: Approx. 3 hours</p> <p>Web link (https://www.careinsurance.com/rhicl/claim/login) for following :</p> <ul style="list-style-type: none"> i. Network hospital details ii. Helpline number iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer iv. Downloading/getting claim form 	<p>6.1</p>
<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>5.1.16</p>
<p>Grievances/ Complaints</p>	<p>In case of any grievance the Insured Person may contact the Company through</p> <p>Website/link: https://www.careinsurance.com/customer-grievance-redressal.html</p> <p>Mobile App: Care Health- Customer App</p> <p>Toll free (whatsapp number): 8860402452</p> <p>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.</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>	5.1.16
Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within Thirty days from the beginning of the policy.</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 	5.1.15 / 5.1.10
	<p>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.</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 	5.1.8 and 5.1.9
	<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>	5.2.7
	<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>	5.1.12
	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	5.1.1
Your Obligations	<p>Disclosure of other material information during the policy period.</p>	5.2.1
	<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</p>	

	<p>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>	
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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.