



surrogacy and oocyte carē

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	Surrogacy and Oocyte Care					
Policy Number						
Type of the Insurance Product /Policy	Indemnity					
Sum Insured (Basis) (Along with amount)	Individual Sum Insured - Sum Insured : Rs. 2Lacs/5 Lacs /10 Lacs					
Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of : (A) complication arising during Surrogacy pregnancy & Post-partum delivery in respect of the Surrogate Mother OR for (B) complications arising due to Oocyte retrieval in respect of the Oocyte Donor	3.1				
	Base Benefits					
	1. Hospitalization Expenses					
	<ul style="list-style-type: none"> - In-patient Care - Admission in hospital beyond 24 hrs, covered up to Sum Insured. - Day Care Treatments - All Day Care procedures requiring less than 24 hours of hospitalization (day care).covered up to Sum Insured. - Advance Technology Methods – Specified methods taken during Hospitalization, covered up to Sum insured. - Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses - Pre-Hospitalization expense cover for 30 days prior to hospitalization & Post-Hospitalization expense cover for 60 days after discharge; Covered up to Sum Insured. - Home Care Treatment - Treatment taken at home on the written advice of a Medical Practitioner which in normal course would require hospitalization , covered up to Sum insured - Road Ambulance Cover - Ambulance service offered by the hospital or any service provider, in an emergency situation covered up to Sum Insured. 					
	2. Maternity Care Program					
	<table border="1"> <thead> <tr> <th>PLAN A (for Surrogate Mother)</th> <th>PLAN B (for Oocyte donor)</th> </tr> </thead> <tbody> <tr> <td> Offer listed Services through network service provider during the policy year by any mode of communication (Voice/Video /Chat /Email Chat/etc. 1) Unlimited E-Consultation with Gynaecologist 2) Unlimited E-Consultation with Nutritionist & Dietician 3) Mother Support – Lactation support, Postpartum support, 4 calls from Gynaecologist, Curated content , etc. </td> <td style="text-align: center;">NA</td> </tr> </tbody> </table>	PLAN A (for Surrogate Mother)	PLAN B (for Oocyte donor)	Offer listed Services through network service provider during the policy year by any mode of communication (Voice/Video /Chat /Email Chat/etc. 1) Unlimited E-Consultation with Gynaecologist 2) Unlimited E-Consultation with Nutritionist & Dietician 3) Mother Support – Lactation support, Postpartum support, 4 calls from Gynaecologist, Curated content , etc.	NA	3.1.2
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	Optional Covers	3.2				
	<ol style="list-style-type: none"> 1. Out-patient consultation with Gynecologist – Covered Up to Rs. 1000/2000 per consultation in a year, maximum 3 /6 physical consultations (as opted). 2. Room Rent Modification - Room Rent / Room Category limit gets modified to Single Private Room , if opted. 					

Exclusions (What the policy does not cover)	<p>(a) Permanent Exclusions:</p> <p>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. Change-of-Gender treatments: (Code- Excl07) 4. Hazardous or Adventure sports: (Code- Excl09) 5. Breach of law: (Code- Excl10) 6. Excluded Providers: (Code- Excl11) 7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 8. 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) 9. 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) 10. Unproven Treatments: (Code- Excl16) 11. Sterility and Infertility: (Code- Excl17) 12. Maternity: (Code Excl18) 	4.1(b)
	<p>(b) Specific Exclusions:</p> <p>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. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Policy Terms & Conditions). 2. Medical Expenses incurred towards <ol style="list-style-type: none"> i. Delivery expenses (Normal Delivery or caesarean section) of the Surrogate Mother; ii. New Born baby through Surrogacy to the Surrogate Mother; iii. Miscarriage (including miscarriage due to accident) except in case of life threatening medical condition to the Surrogate Mother, during the policy period of the Surrogate Mother; iv. Treatment of any pre-existing conditions / disease of the Insured including its complications; v. Surrogacy Treatment Procedure cost (Injection, tests, Ultra sound, Embryo transfer, Ovum pickup); vi. Surrogacy consultations with fertility specialist and others; 3. Surrogacy which is for commercial purposes. 4. Costs associated with cryopreservation and storage of sperm, eggs and embryos. 5. Selective termination of an embryo. 6. Services done at unrecognized center 7. Surgery / procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures. 	4.2

	<ol style="list-style-type: none"> 8. Any Illness or Injury other than complications arising out of pregnancy and post-partum delivery for the Surrogate Mother or complications arising out of Oocyte retrieval for the Oocyte Donor. 9. 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. 10. 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. 11. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects. 12. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability. 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. 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. 16. 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. 17. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness. 18. 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. 19. 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. 20. 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. 	
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	<p>21. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.</p> <p>22. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalization or Day Care Hospitalization is excluded.</p> <p>23. Expenses which are not Reasonable and customary and treatments which are not Medically Necessary.</p> <p>24. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).</p> <p>25. Any other exclusion as specified in the Policy Schedule.</p> <p>Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.</p>	
<p>Waiting Period</p> <ul style="list-style-type: none"> - Time period during which specified diseases/treatments are not covered - It is counted from the beginning of the policy coverage. 	<p>Initial waiting Period: 30 days for all illnesses (not applicable in case of accidents)</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>ii. Any other limit (as applicable)</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"> - Room/ICU charges beyond – Twin Sharing Room (Option to modify the room category as Single Private Room available under Optional Benefit - Room Rent Modification) 	3.1.1 (vii) & 3.2.2
<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 (emergency hospitalization) and 48 hours prior to planned date of admission (Planned hospitalization) from the date of occurrence of event .</p> <p>Turn Around Time (TAT) for claims settlement :</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 4 hours ii. TAT for cashless final bill authorization : 6 hours <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 	6.1.2



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,
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CIN: U66000DL2007PLC161503 UIN:CHIHLP24136V012324

IRDAI Registration Number - 148

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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